

Journeys towards well-being: men, meditation and mental health

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JOURNEYS TOWARDS WELL-BEING:
MEN, MEDITATION AND MENTAL HEALTH

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ABSTRACT

There is a prominent discourse in academic literature, and society at large, that presents men as ‘damaged and damage doing’ (Mac an Ghaill and Haywood, 2012: 483). Incorporated within this idea is the notion that ‘masculinity’ itself is problematic and represents a ‘risk factor’ for health (Gough, 2006). For example, traditional masculine norms, like ‘toughness,’ have been linked to poor emotional management skills in men, which in turn are implicated in mental health problems (Aldao et al., 2010). However, it is increasingly acknowledged that there is diversity within and across men and masculinities, and that men are capable of positively managing their well-being, although little research exists exploring how they do so.

To address this deficit, this study sought to find men – meditators – who were likely to have found ways to positively manage well-being to examine factors relating to this engagement. Meditation was selected as it is associated with positive outcomes on a range of mental health indicators (Mars and Abbey, 2010). Thirty male meditators, mainly from one organisation in London, were selected using principles of maximum variation sampling. The study employed a longitudinal mixed methods design, including in-depth narrative interviews analysed using a modified constant comparison approach (Strauss and Corbin, 1998), and also a cognitive-neuroscience component, involving EEG measurement across a battery of cognitive tasks and a meditation sitting. All participants were interviewed and tested twice,¹ a year apart, between 2009 and 2010.

Drawing on various theories, including Connell's (1995) notion of hegemonic (i.e. dominant) masculinity, and Mayer and Salovey's (1997) model of emotional intelligence, the analysis explored themes relating to men's involvement with meditation, including how engagement came about, and its impact upon well-being.² The findings suggested that men negotiated difficult journeys towards meditation: for example, they came up against traditional and other hegemonic forms of masculinity, and most described subsequent strategies to be emotionally

¹ One participant did not complete the cognitive neuroscience component.

² Pollard and Davidson (2001: 10) define well-being as ‘a state of successful performance across the life course integrating physical, cognitive and social-emotional function.’ However, well-being is a contested concept, used in diverse ways according to different theoretical frameworks (De Chavez et al., 2005). The range of meanings attached to the concept is discussed in the theoretical review.

tough and/or disconnect from difficult emotions. Meditation itself was linked to well-being in various ways, notably through the cultivation of emotional intelligence via the development of attention – this was indicated by emergent themes in the qualitative analysis, and results from the cognitive neuroscience component.

Overall, the analysis was unusual in exploring masculinities and meditation, as well as the wider social context of practice, and how the social dimensions of meditation also impacted upon well-being. For example, many men meditated within a ‘community of practice’ (Lave and Wenger, 1991), which influenced their behaviour, e.g. reducing alcohol use. The findings also highlighted various problems linked to meditation that have received less attention in the literature, including mental health disorders, and ostracism from peers. In summary, the study discusses implications for helping men to better manage their well-being.

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Journal publications

Lomas T, Cartwright T, Edginton T and Ridge D (2012) 'I was so done in that I just recognised it very clearly, "You need to do something."' *Health*, Epub ahead of print 5 July 2012, DOI: 10.1177/1363459312451178.

Lomas T, Edginton T, Cartwright T and Ridge D (2013) Men developing emotional intelligence through meditation: A mixed methods enquiry. Forthcoming.

Conference presentations

Lomas T, Cartwright T, Edginton T and Ridge D (2011) Men behaving well?: Journeys towards constructive engagement with well-being through meditation. In: *BSA Medical Sociology 2011 Annual Conference*, Chester, UK, September 2011.

Lomas T, Cartwright T, Edginton T and Ridge D (2011) Men behaving well?: Journeys towards constructive engagement with well-being through meditation. In: *7th Biennial Conference of the International Society of Critical Health Psychology (ISCHP)*, Adelaide, Australia, April 2011.

Conference posters

Lomas T, Cartwright T, Edginton T and Ridge D (2010) Men behaving well?: Journeys towards constructive engagement with well-being through meditation. In: *24th European Health Psychology Conference*, Transylvania, Romania, September 2010.

Lomas T, Cartwright T, Edginton T and Ridge D (2010). Men behaving well?: Journeys towards constructive engagement with well-being through meditation. In: *Seminar Day on Men's Health Behaviour*, Sussex, UK, June 2010.

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AUTHOR'S DECLARATION

I declare that all the information contained in this thesis is my own work.

CHAPTER 1

INTRODUCTION

1.1. Background

In recent times, men have become a ‘problem.’ That is, in academic literature, and society at large, men are seen as ‘damaged and damage doing’ (Mac an Ghaill and Haywood, 2012: 483). In terms of physical health, the current life expectancy of men is 4.2 years lower than women (Office for National Statistics [ONS], 2010), and men have higher mortality and morbidity rates on a range of health indices (Courtenay, 2000a). Although it is suggested that men have greater biological susceptibility to some health problems (Jones, 2005), many argue that such health differentials are due to men enacting masculinity. For instance, men are more likely to engage in risk-taking behaviour, like dangerous driving (Doherty et al., 1998) or alcohol abuse (De Visser and Smith, 2007). Risk-taking accounts for much of the so-called ‘male mortality excess’ (e.g. among 15–29 year-olds, male deaths outweigh female ones by 2.6 to 1) (Phillips, 2006: 43). Masculinity is also linked to mortality/morbidity through poorer health behaviours, e.g. reluctance to use health services (Pinkhasov et al., 2009). Masculinity is thus widely viewed as a ‘risk factor’ and ‘bad for your health’ (Gough, 2006: 2477).

Moreover, masculinity is seen as having a detrimental impact on mental health. On the surface, the mental health of women appears worse, e.g. women are nearly twice as likely to be diagnosed with depression (Kessler, 2003). However, there is a concern that men express distress in specific ways, such as alcohol abuse, where men account for two out of every three alcohol-related deaths (ONS, 2011b), or suicide, with men over three times more likely to commit suicide (ONS, 2011c). It is thought that such behaviours may be related to the way men experience and express distress¹ (Addis, 2008). One suggestion is that women are more prone to ‘internalise’ distress, generating symptoms commonly associated with depression, like low mood or feelings of worthlessness (Peveler et al., 2002). In contrast, men are seen as more likely to ‘externalise’ it, through risk-taking, substance use, self-isolation, over-work, anger and suicide (Pollack, 1998).

¹ Distress refers to ‘an unpleasant emotional state’ (Gadalla, 2009). In contrast to identified disorders, distress is more general in its definition and measurement, involving psychophysical and behavioural symptoms not specific to a given disorder, including anxious and depressive reactions (Marchand et al., 2005).

Moreover, such ‘externalisation’ has been linked to the way socialisation pressures encourage certain ‘emotional styles’ in men (Addis, 2008). In particular, traditional masculine norms around emotional toughness are implicated in tendencies among men to take on an affective style referred to as ‘restrictive emotionality,’ i.e. denial, suppression or disconnection from emotions (Nolen-Hoeksema, 1991). It is argued that restrictive emotionality can lead to poor emotional management skills, which mean people are more likely to have difficulties dealing constructively with negative emotions (Addis, 2008). Poor emotional management skills are thought to be a transdiagnostic factor underlying distress and other mental disorders (Aldao et al., 2010). In this way, traditional masculine norms are implicated in mental health problems in men.

The observations above, together with other trends which reflect badly on males – such as the relatively poor educational performance of boys, outperformed by girls at all ages from five upwards (EHRC, 2010) – have led to the notion of a ‘crisis’ of masculinity, that is, the ‘widespread popular and academic agreement that something is troubling men’ (McDowell, 2000: 201). However, this discourse of a ‘crisis’ has been criticised by scholars, who have questioned its simplistic construction of men in negative, homogenous terms (Gough, 2006). For instance, more recent theories of gender suggest that men are diverse (Connell, 1995), and that some men can act in ways more conducive to well-being (O'Brien et al., 2005). For example, in terms of mental health, some men are able to respond to depression in relatively constructive ways, e.g. seeking help (Chuick et al., 2009).

However, despite these positive findings, men have long been overlooked and undertheorised in mental health research, and little research exists examining specifically how some men are able to negotiate their well-being more successfully (Riska, 2009). There is need for greater understanding of men’s experiences of mental health (Ridge et al., 2011), particularly around the heterogeneity of men’s approaches to managing well-being (Addis, 2008). In the light of promising studies suggesting some men can cope adaptively with difficult emotions, more research is needed to explore *how* men do so (Chuik et al., 2009). Moreover, research into men’s engagement with mental health is often limited to depression, with assessment of their engagement usually limited to help-seeking. There is no research examining men’s strategies for engaging positively with mental health and broader well-being. Thus, the current study explores the possibility that practising meditation may be one such strategy.

There are good empirical and theoretical reasons to support the contention that meditation is a means of positive engagement with well-being. Meditation is linked to positive outcomes on a wide range of mental health indicators, including depression and distress (Mars and Abbey, 2010). It is possible that meditation may be particularly helpful in terms of enabling men to cope with distress, given their tendencies towards ‘restrictive’ emotional styles. As a method of attention development, meditation is thought to promote emotional awareness, and to help ameliorate patterns of restrictive emotionality linked to distress and disorders (Bishop et al., 2004). However, this possibility is as yet untested in men: only a few studies have explored the intersection of meditation and masculinity (and only in passing); none have specifically examined the impact of meditation on men’s well-being. The present study aims to further our understanding in this area.

Moreover, from a wider psychosocial perspective, meditation may also engender well-being in other ways. The kind of social support provided by a community of meditators has been linked to mental health, where it offers a ‘buffer’ against stress, leading to lower depression and anxiety (McCullough and Larson, 1999). It is suggested that men often have smaller support networks than women, which can be detrimental to well-being (Courtenay, 2000a). However, most previous research on meditation has been from a narrow psychological or physiological perspective, with less attention on its structural and social dimensions (Dobkin and Zhao 2011). The current study is thus further unusual in exploring the social context of practice, and how this might impact upon well-being.

In addition to being the first study to explore meditation in relation to masculinity and men’s well-being, this study is unique in examining these issues using a mixed methods approach. This answers calls in the literature for interdisciplinary collaboration to ‘investigate men’s health using both qualitative and quantitative research methods’ (Smith et al., 2006: 81). In qualitative terms, men’s experiences of meditation and well-being were explored by eliciting narratives, analysed using a modified constant comparison approach. This approach enabled analysis of not only meditation, but wider psychosocial factors, and how men’s engagement unfolded over time. This qualitative investigation was augmented by quantitative cognitive neuroscience analysis. One way meditation is thought to impact upon well-being is through attention development, which then enhances emotional management capacities (Bishop et al., 2004). The impact of meditation on cognitive and neurophysiological measures of attention

was thus explored here. Examining how the different methodological approaches interacted was also a point of interest.

1.2. Outline of the study

Following this introduction, the dissertation unfolds over eight chapters. Chapter 2 outlines the theoretical background to the study. First, it explains that issues around masculinity and well-being will be explored from a social constructionist perspective, mainly through analysis of narratives. The second part discusses theories of gender, including social constructionist models – particularly Connell’s (1995) theory of masculinities – which argue that different enactments of masculinity are possible. The third part considers different aspects of well-being, before focusing on mental health. The last part looks at frameworks outlined by Addis (2008) which connect traditional masculinity to mental health issues, suggesting that norms around toughness can mean men have difficulty managing emotions. However, the chapter argues that the implications of Connell’s theory have not yet been brought to bear on these frameworks, and that some men may be able to engage constructively with mental health.

Chapter 3 is the empirical review. It begins by examining research suggesting that some men engage with mental health in more constructive ways, but argues that more research is needed to explore men’s strategies for positively managing well-being. The chapter then introduces meditation, focusing on attention development as its key feature, with particular reference to the cognitive neuroscience literature. The following part explores how attention development is connected to well-being through the idea of emotional intelligence (EI, Mayer and Salovey, 1997). The chapter also discusses sociological literature which views meditation as a form of religious participation, and suggests that such participation could also facilitate well-being.

Chapter 4 sets out the methodological details of the study. It first examines issues relating to mixed methods, including: justifying this approach; introducing Wilber’s (2006) ‘Integral Framework’ as a sensitising device and Mason’s (2006) ‘multi-dimensional’ approach as an analytic guide; and expressing a preference for an epistemological stance of critical realism (Layder, 1998). The second part describes participant selection/recruitment using principles of maximum variation sampling. The third part outlines data gathering procedures, including the interview and the cognitive neuroscience session. The fourth part discusses data analysis,

including analysis of interview data using a modified constant comparison approach (Strauss and Corbin, 1998), and the treatment of the cognitive neuroscience data.

Chapter 5 – the first of three presenting the qualitative results – focuses on men’s narratives leading up to engagement with meditation. Taking a psychosocial approach, used throughout the analysis, it explores connections between men’s subjectivities and wider social factors. In keeping with the source data, the chapter retains a sense of narrative, e.g. a temporal structure (Bell, 2002). It begins with men’s experiences of childhood/youth, and charts their ‘journeys’ towards meditation. It suggests men were influenced by toughness norms, which were linked to subsequent tendencies to dissociate from negative emotions, and difficulties managing distress. Coping strategies, including turning to drink/drugs and relationships, are discussed. Finally, the reasons men eventually turned to meditation are outlined, including exploration of alternate ways of living, coping with stress, existential questioning, and crisis/breakdown.

Chapter 6 examines men’s narratives around learning meditation. The focus is less on social themes, and more on men’s subjective experiences. Six key themes are explored. First, men learned to turn their attention inwards in meditation. Second, this process could be painful, as men encountered difficult thoughts/feelings they had previously disconnected from; men thus needed to cultivate attitudes like self-compassion. Third, men acquired skills to work actively with their inner experiences, e.g. detachment. Fourth, stronger positive effects of meditation were reported. The fifth theme is a cautionary one, concerning mental health problems linked to meditation. The final section examines the application of meditation skills in the ‘outside’ world, e.g. staying calm in difficult situations.

Chapter 7 steps back for a wider psychosocial view of men’s practice, exploring how many men meditated in a social context – identified as a Community of Practice (Lave and Wenger, 1991) – which promoted ‘positive’ forms of hegemonic masculinity. Men were encouraged to take on behaviours which were conducive to well-being, including connecting with others, abstinence, and spirituality. However, the chapter also discusses issues with the community, including some related to hegemony, e.g. marginalization. Men also had difficulties enacting new ways of being in the context of the rest of their lives. The chapter ends by focusing on narratives from the second interview, which offer an ‘update’ on the previous material.

Chapter 8 presents the cognitive neuroscience results. It was theorised that meditation may facilitate well-being by helping men pay attention to their ‘inner world,’ in turn enhancing EI. This idea was explored by examining cognitive neuroscience measures of attention. Men took part in a session featuring cognitive tasks assessing attention, and also emotional reactivity and empathy. EEG recordings were made of men’s brain activity as they completed the tasks, as well as during meditation, to assess the neurophysiological correlates of these activities. Men showed longitudinal improvement on the cognitive tasks. Moreover, the EEG analysis suggested that men had higher attention levels during meditation than during the tasks, as indicated by elevated alpha and theta activity, which reflects a mental state of attention (Josipovic, 2010). The chapter ends with a brief discussion of the quantitative results.

Chapter 9, the discussion, concentrates on five key findings. First, it was possible to find men constructively engaged with their well-being, highlighting the limitations of the homogenized ‘masculinity-as-risk-factor’ discourse. However, journeys towards this engagement featured struggle and distress, often connected to traditional masculinity, and taking on more helpful masculinities was a complex and challenging process. Second, men appeared to develop EI skills through meditation which helped them manage well-being more constructively, which is an addition to the masculinity literature. Third, tempering the second finding, meditation was also implicated in various psychological problems, including psychosis; such issues have received little research attention, particularly in non-clinical samples (Dobkin et al., 2012).

Fourth, the social context of meditation was a ‘Community of Practice’ which promoted a ‘positive’ hegemonic masculinity. This finding augments our understanding of masculinities, providing support for the argument that hegemonic norms are not necessarily detrimental to well-being (Golding et al., 2008). This finding also extends our understanding of meditation, as its social dimensions have rarely been explored (Dobkin and Zhao, 2011). However, fifth, even ‘positive’ hegemony can be problematic, as the community was still troubled by issues of power and marginalization. Feelings of conflict also emerged from men trying to enact new forms of behaviour in other social contexts dominated by traditional hegemonic norms. Implications are discussed, like the need to encourage emotional engagement in men, but also the importance of helping men resist restrictive norms which can hinder such engagement.

1.3 Reflexivity and the researcher

The starting point of critical elaboration is the consciousness of what one really is... 'knowing thyself' as a product of the historical processes to date, which has deposited in you an infinity of traces, without leaving an inventory... Therefore it is imperative to compile such an inventory' (Gramsci, 1971: 4).

Before commencing with the main body of the thesis, it is appropriate here to offer a brief introduction to the person who has written the work before you. There is a commitment in qualitative enquiry to reflexivity: exploring the way the researcher's own situated perspective influences the design, implementation and outcomes of the research (Cutcliffe, 2003). Such reflexivity is discussed in various places in the present study. In chapter 4, I outline my own ontological and epistemological position with respect to the research. In chapter 9, in a critical reflection on the thesis, I analyse some of the methodological and theoretical choices I made in conducting the study which contributed to the findings obtained and the conclusions drawn. However, reflexivity does not simply involve reflecting on one's methodological and theoretical position after the event, but also refers to an 'immediate, dynamic and continuing self-awareness' (Finlay and Gough, 2003: ix). Thus the task here is to turn the reflective gaze inward upon myself, as a person inextricably bound up with the research, rather than set apart from it.

As such, in this section, I attempt to offer an outline of who I am as a person – my historical, cultural and social location, my experiences, my connections and relationships, my goals and wishes, my commitments and values – so that the reader might better evaluate this research. Reflexivity is particularly important, as Schreiber (2001: 60) suggests, when using grounded theory (upon which the analysis in the present study is based), as the 'personal background of the researcher is the filter of salience through which data are sieved.' That said, I am minded by Cutcliffe's (2003) caution against excessive reflexivity, which can potentially carry the danger of epistemological narcissism, where researchers are more concerned with accounting for themselves than their data. Thus, rather than 'write myself' into this thesis throughout its presentation, I will limit the focus upon myself to the current section, which offers a brief reflective biographical account.

I grew up in a very loving family in West London. It was a secure middle-class upbringing, though my parents, teachers in further education, still continue to identify with their working class backgrounds. I attended a local comprehensive high school, whose intake was ethnically diverse, with a high proportion of students from disadvantaged backgrounds. While there was significant peer pressure not to study, or exceed academically in the school, I loved reading, and my parents were always very encouraging and attentive to my education. The house was full of books, and we would often talk about all kinds of interesting ideas, around philosophy, politics, literature. I was drawn towards psychology, which I took at A level, and fell in love with the subject. At the same time, I encountered Robert M. Pirsig's (1974) classic *Zen and the Art of Motorcycle Maintenance*. I was thrilled, confused, and intrigued by it, and read it repeatedly. Through this book, and through conversations with my parents, I became drawn to Buddhism and Eastern philosophy.

My interest in Buddhism grew when I had the chance to spend six months teaching English in China at 19 (though I didn't choose China because of its Buddhist links – my mum suggested it because she wanted an excuse to visit it!). While there, I didn't do much reading, strangely enough, but travelled extensively, particularly to 'sacred' places, like 'Holy Mountains' in the North, adorned with Buddhist scriptures on rocks, and Taoist monasteries in the cities. The next summer, after my first year of university, I spent time in Tibet. In Lhasa I visited the former palace of the Dalai Lama and other monasteries. In the Himalayan foothills I camped in the mountains where a monastery was holding its summer festival, and met the young holy Karmapa a few months before his escape to India (TIME, 2000). Such experiences and places were strange and otherworldly, and it was a heady, memorable, influential time. At university I studied psychology, but was more drawn to reading philosophy and religion. I made some (unsuccessful) attempts to meditate, and read all the books on Eastern philosophy I could lay my hands on (and vaguely understand!).

After university I began working in mental health (while trying with limited success to forge a music career!). I spent five years as a nursing assistant on various psychiatric wards, most often on a neurobehavioural unit with patients with acquired brain injuries. While the work was challenging and distressing – especially having to restrain violent patients, or guard those on suicide observations – I found it meaningful. I appreciated dwelling on ideas I was reading about (such as Buddhist ideas around suffering and compassion) in the hospital environment, and trying to make them real by exploring them in a practical sense. In caring for patients, my

actions had some purpose, and in an odd way, despite the unsettling environment and difficult duties I had to perform, I felt a level of peace there. At this time I also volunteered for the Samaritans, and felt the same mix of complex feelings. I then resolved that I wanted to work in mental health, and eventually train as a psychotherapist.

Coincidentally, I was formulating my own proposals for a PhD relating to mental health and meditation when I saw a scholarship offered by the University of Westminster in just this area. I applied and was fortunately accepted. The PhD has been a real journey in itself, a hard road – both personally, involving tough but necessary changes in personal circumstances and relationships, and academically, with considerable strain required to sustain one's motivation over a four year period and bring the project to fruition. At the same time though, it has been a wonderful exploration of people and ideas. Through undertaking this study, my interest in meditation/Buddhism has further deepened and yet also seasoned. While I remain drawn to intellectual appreciation of these topics, my own practice has been inconsistent (against the advice on most meditation books, which urge one *not* to read about it, but just to practise!). In the past, I attributed my inability to construct a regular practice as due to an itinerant lifestyle, irregular schedules, and lack of interaction with other meditators. In conducting the PhD, in addition to intellectual exploration of meditation from a critical academic perspective, I had hoped that immersing myself in the subject might help me to build up and sustain a personal engagement with meditation. However, this has not proved to be the case.

Through the PhD, I involved myself with one particular meditation centre (see chapter 4). Although the primary initial purpose of this involvement was to facilitate recruitment, it had a secondary function of allowing me to be a participant-observer. That is, like other scholars studying meditation and/or Buddhist centres (e.g. Obadia, 2008), I participated in meditation-related activities of my interviewees. This participation had a dual function: scholarly, and personal. In scholarly terms, there are advantages, in terms of insight and understanding, from trying to conduct research from an emic *and* etic perspective, or as Kanuha (2000: 443) put it, exploring the ambiguous space at 'the hyphen of insider-outsider.' That is, while keeping a critical reflexive distance, greater analytic understanding may be facilitated by also trying to step inside the participants' world to some extent. For example, by joining in activities, such as rituals, I felt I gained a greater degree of appreciation of the meaning and psychosocial dynamics of such occasions than had I just heard descriptions of these second

hand. Supervision was important for me here to be able to place one foot in the ‘whirlpool’ of a meditation centre, while keeping the other foot in academia.

The second purpose for such participation was more personal – I had hoped it would help me deepen my own meditation practice in the sustainable way that had hitherto eluded me. As I engaged with the centre, I joined in meditation sessions, retreats and rituals, and enjoyed some memorable and fulfilling experiences. However, mid-way through the PhD, my living circumstances altered and I left London. Though there are meditation groups in my new city of residence, I have not explored them, nor kept up a diligent practice at home. I find myself in the odd position of believing that I should meditate, yet being curiously reluctant to take steps that I know would help me do so. In justifying my ambivalence to myself, I find myself rehearsing arguments participants made regarding their own faltering practices (see chapters 6 and 7) – that I am too busy, that circumstances are not right.

However, the truth is I do not know why I am reluctant to undertake an activity that I profess to be interested in. Perhaps here we come to the limits of reflexivity. Cutcliffe (2003) argues that although the methodological ideal of reflexivity is founded upon the Socratic injunction to ‘know thyself,’ this is always difficult: from the perspective of post-structuralist identity theory, the self is a fleeting, multiple, fragmented phenomenon, with no singular, coherent ‘I’ to be known; from a psychoanalytic viewpoint, part of the self always remains hidden and elusive, even to myself, exercising influence from behind a shadowy veil at the limits of my conscious awareness. Thus, it is hard to state where my interest in meditation and Buddhism stands; for questions of whether I meditate, both yes and no feel inadequate. It is tempting to conclude this account by saying that this liminal zone beyond yes and no is actually very Buddhist, that my ambivalence was a mark of having gone ‘beyond judgements’ (as the Zen master Seng-ts’an advised for attaining peace, ‘Do not seek after truth, only cease to cherish opinions,’ in Jones, 2003: 62). However, this conclusion would be disingenuous, as I feel no such completion or finality. Perhaps it is just that while it is possible to render our past into narrative form, as I have above, the present is rather more elusive.

CHAPTER 2

THEORETICAL REVIEW

This chapter reviews the theoretical background to the study. As this study is located at the intersection of masculinity and well-being, it is necessary to explore theories in three areas: masculinity, well-being, and the interaction between the two. It is also important to have a theoretical appreciation for how these topics will be approached, which in the present study is from a social constructionist perspective, partly through analysis of narratives. This chapter is in four parts. The first part introduces social constructionism and narratives. The second part discusses masculinity, focusing on Connell's (1995) theory of masculinities. The third part considers theories of well-being, especially of coping and emotional management. The fourth part introduces theoretical frameworks at the intersection of masculinity and well-being which explore how masculine norms are implicated in mental health problems in men.

2.1. Overarching theoretical perspective

This study approaches masculinity and well-being from a social constructionist perspective. Within this approach, there is a particular focus on narratives. These are discussed in turn.

2.1.1. Social constructionism

Providing a concise summary of social constructionism is difficult, as it is a 'broad church,' incorporating diverse ideas and perspectives (Lock and Strong, 2010). Nevertheless, in this diversity, theorists recognise commonalities. Butt (2004: viii) views social constructionism as 'a family of approaches that emphasise the role of social forces, particularly language, in the production of individual action.' Burr (1995) argues that various approaches share 'family resemblances,' including preferences for anti-essentialism and anti-realism, recognition of the centrality of language in the production of knowledge, and awareness that our understanding of the world is historically and culturally situated. Before discussing these ideas, it may help to situate social constructionism in a wider perspective, as it is considered part of a broader current of poststructuralist thought (Brickell, 2006).

Brickell argues that although social constructionism and poststructuralism are often treated as coterminous and interchangeable, the former is a form of sociology, the latter a form of social

theory (social theory has a broader remit, encompassing sociology and ‘all the disciplines concerned with the behaviour of human beings;’ Giddens and Dallmayr, 1982: 5). As with social constructionism, defining poststructuralism is difficult. Not only is the term used in diverse ways by theorists, poststructuralism denies the possibility of articulating essential definitions per se (Brickell, 2006). However, poststructuralism can be usefully apprehended by considering its intellectual precursor, structuralism, from which it emerged as a critique (Marshall, 2010).

Structuralism, which originated in linguistics with De Saussure (1916), held that phenomena derive meaning from their position within a network of other linguistic signs (Jenning, 1999). As Lévi-Strauss (1981: 786) expressed it, ‘looking beyond the empirical facts to the meaning between them,’ is ‘more intelligible’ than analysing phenomena in isolation. The concept of ‘man,’ for example, only makes sense in relation to signifiers like ‘woman.’ However, while structuralism saw language structures as largely fixed and static, poststructuralism recognised the shifting, dynamic nature of these structures (Marshall, 2010). Theorists such as Derrida (1982) argued that meaning is not unitary or fixed, but ‘slippery and elusive’ (Rail, 1998: xii), with multiple interpretations possible. Objects and categories of knowledge are not ‘given by the world around us, but are instead produced by the symbolising systems we learn’ (Tyner, 2008: 4). Poststructuralism endeavours to ‘challenge terms that are assumed to be natural and unchanging,’ and to ‘disrupt meanings and labels, categories and classification schemes.’

As a form of poststructuralism, social constructionism thus emphasises that distinctions used to represent and explain the world – e.g. man and woman – are socio-cultural products (Lock and Strong, 2010), reflecting ‘particular historical and cultural understandings,’ rather than ‘universal and immutable categories of human experience’ (Bohan, 1996: xvi). So, to some extent, all phenomena are viewed as ‘constructed.’ However, this perspective has different ‘strengths.’ At one end, ‘hard constructionists’ veer towards radical relativism: knowledge is ‘whatever human beings come to socially certify as such’ (Potter and López, 2001: 7). In contrast, softer forms of construction may embrace realism to some extent, such as ‘critical realism,’ which recognises that although knowledge is culturally situated, it can approximate some degree of understanding of ‘reality’ (Layder, 1998).

In explaining people, constructionism departs from the presuppositions of ‘natural science’ psychology in important ways (Burr, 1995). First, constructionism has a tendency towards

anti-essentialism, denying that people possess an inherent ‘fixed’ nature. Instead, qualities manifested by people – like gender – are shaped in a fluid, dynamic way by social structures and processes (Weedon, 1997). There is a particular focus on ‘discourses,’ i.e. ‘language and communicative practices by which inter-subjective meanings are represented, apprehended or established’ (Dean, 2003: 3). People exist within discursive fields, where institutions, power relations and language intersect to construct the person, and our understanding of them (Hall, 1992). For example, a discourse of ‘gender’ creates gendered people – humans understanding themselves in terms of male and female, masculinity and femininity – and influences how people are approached as a focus of knowledge, e.g. ‘men’s studies’ (Brickell, 2006).

The way the world is constructed in discourse has implications for social practices, provoking particular forms of action. For example, constructing substance abuse as a crime or a sickness invites punishment or medical treatment respectively (Burr, 1995). Discursive practices are bound up with issues of power, as the particular understandings which come to be accepted as true tend to be determined by those with more power (Muehlenhard and Kimes, 1999). There is a focus on the social and political processes that influence how explanations of phenomena are arrived at, and who is advantaged/disadvantaged by such explanations (Maddux, 2008). Social constructionism thus explores how competing constructions compete for legitimacy as people seek to ‘normalise or trouble’ particular phenomena (Dean, 2003: 3).

As well as construing the focus of its enquiry – e.g. gender – as constructed, constructionism has implications for how this enquiry should be conducted. In contrast to a ‘natural science’ approach which seeks to identify causal mechanisms and universal ‘laws,’ a constructionist approach explores meaning and context (Potter and López, 2001). There are variations within this approach: some researchers aim at local description, others seek explanatory theoretical frameworks (Layder, 1998). Nevertheless, among these variations, there is an emphasis on exploring the construction of meaning in local historical contexts, with a preference for the particular over the general, and for highlighting diversity rather than similarity (Burr, 1995). In the present study, this means exploring configurations of masculinity as the product of local contexts, rather than the essentialist notion of ‘how men are.’ Before looking in detail at the construction of masculinity, the next part outlines the approach used here to explore these constructions: narrative.

2.1.2. *Narrative*

Interviews were conducted to elicit men's narratives relating to masculinity, meditation and well-being. Although narrative is an increasingly prominent concept in qualitative research, and societal discourse generally, e.g. as a journalistic trope, there is no clear agreement on what a narrative is (Squire et al., 2008). Georgakopoulou (2006: 122) argues that narrative is a 'contested, elusive and indeterminate concept,' used as an 'epistemology, a methodological perspective, an antidote to positivist research, a communication mode, a supra-genre, a text-type... a specific kind of discourse' and a 'way of making sense of the world.' Despite such conceptual indeterminacy, Savin-Baden and Van Niekerk (2007) suggest there is a degree of consensus that, in an elemental sense, narratives are stories about experiences. Taking this definition as a starting point, this section considers three questions: What is a story? Why are they important? and, What type of data do they produce?

There are different ideas as to what constitutes a story. Ochs and Capps (2001) argue that narrative research has been influenced by Labov's (1972) pioneering approach focusing on the presence of canonical story-telling features which contribute to the 'narrativity' of a story, like a coherent temporal sequence of events (Labov and Waletzky, 1997). However, Ochs and Capps suggest recent research has embraced a post-modern turn which allows for partial, fragmented and conflicting narratives. This approach embraces a poststructuralist view of identity, rejecting the idea of a 'unified, coherent, autonomous, reflected-upon and rehearsed self,' instead seeing people as comprised of 'fleeting, contingent, fragmented and multiple selves' (p.128). From this perspective, storytelling is a dynamic complex process, involving multiple 'small narratives' vying with each other, withheld, expressed, or altered depending on the circumstances of the telling (Georgakopoulou, 2006). However, while a poststructural perspective refuses to prescribe a specific form to stories, they are still usually recognised as possessing certain features, including temporality and causality (Bell, 2002).

As to why narratives are worth studying, Savin-Baden and Van Niekerk (2007: 259) suggest they are a 'means of understanding experience as lived and told.' This quote contains two key ideas: the experience itself (lived), and the way the person represents this to themselves and others (told). These two ideas relate to a similar distinction between narrative as method, and as phenomenon (Xu and Connelly, 2009). As method, narratives are a source of information about past experiences, and in this sense share conceptual overlap with approaches like life-

history and case-study research. Such approaches have been criticised for the questionable historical veracity of their data, with issues around memory, and the tendency of people to construct stories which uphold positive self-interpretations (Bell, 2002).

However, from the perspective of narrative-as-phenomenon, concerns around veracity are irrelevant, since regardless of historical accuracy, narratives are an overarching code for the way people construct, understand and transmit meanings about their identity, past, and life (White, 1987). Frank (1997: 22): ‘The stories we tell about our lives are not necessarily those lives as they were lived, but those stories become our experience of those lives.’ So, without denying the potential for narratives to reflect lived experience, as this would do injustice to participants’ efforts to truthfully share their lives (Connell, 1995), narratives reveal current constructions and meanings, which are valuable in their own right.

2.2. Masculinity

Many different theoretical approaches to gender and masculinity have been articulated over the years. Before exploring social constructionist approaches, these will be contextualised by outlining more conventional ways of understanding gender. This section is thus in two parts. The first part explores conventional approaches, including ideas around ‘sex differences,’ and gender roles and stereotypes. The second part considers social constructionist theories, which highlight the way gender is constructed relationally through interaction. There is a particular focus on Connell’s (1995) theory of masculinities, which argues that there are multiple forms of masculinity, not only among men, but within individual men, as they negotiate different ways of being a man according to the context. However, the theory also recognises that in a given context, a particular masculinity becomes dominant, or ‘hegemonic.’

2.2.1. Conventional approaches to masculinity

Conventional approaches to masculinity have often understood gender in either biological, social/cultural, or psychological terms (Cohen, 2009).

Biologically-oriented approaches tend to account for gender, i.e. masculinity and femininity, primarily in terms of sex, i.e. ‘socially agreed upon biological criteria for classifying persons as male or female’ (West and Zimmerman, 1987: 127). Gender is regarded as the behavioural

expression of biological attributes: masculinity is how men behave due to their ‘maleness’ (Eagly and Wood, 1999). Poststructuralists have critiqued the reductive simplicity of the binary distinctions underpinning this approach, arguing that even physiological classification as male or female is a social construction, bound up with issues of power and control (Lorber, 1996; Peterson, 2009). Nevertheless, Brickell (2006: 100) argues that such constructions have a powerful normative force, being ‘highly salient for those who live within them,’ with power to structure lives ‘in profound ways.’ Thus despite the force of the poststructuralist argument questioning the legitimacy of foundational distinctions, sex and gender binaries are powerful frames for viewing the world – for people ‘in general,’ and researchers – and have influenced how gender has been conceptualised and studied.

Biological approaches to gender view physical factors related to sex, like hormone levels, as exerting a strong deterministic effect upon gender, i.e. on how men and women act (Cohen, 2009). Research in this area is labelled the ‘sex-differences’ paradigm, involving the analysis of differential psychological and social outcomes on the basis of biological sex differences (Maccoby and Jacklin, 1974). This type of approach is evident in studies linking testosterone to aggression (Campbell et al., 1997) or risk-taking (Apicella et al., 2008). Such research is often explained theoretically using evolutionary psychology ‘origin theories,’ which connect behavioural traits to historical selection pressures (Eagly and Wood, 1999). This view of gender has considerable currency in society. For example, an emergent genre of discourse, labelled as ‘neurosexism’ (Fine, 2008), has latched selectively onto neuroscience research to portray men and women’s brains as ‘hardwired’ differently.

The biological determinism of the sex-differences approach has been challenged by theories suggesting gender is socially acquired. Conventional approaches in this area have focused on gender stereotypes and roles (Cohen, 2009). Stereotypes are ‘beliefs about what it means to be male or female in terms of physical appearance, attitudes, interests, psychological traits, social relationships and occupations’ (Granié, 2010: 727). Roles describe the way particular behaviours and activities are not only encouraged as gender-appropriate (Maccoby, 1988), but institutionalised in the ‘structural arrangements of society’ (West and Zimmerman, 1987: 128). Theories have explored how gendered behaviour emerges as stereotypes and roles are impressed upon people as they develop, from as early as 18 months (Eichstedt et al., 2002).

One model for the social acquisition of gender is social learning theory, which suggests that children observe and learn from the actions of models around them; behaviours and qualities are also reinforced or discouraged by significant others (Mischel, 1975; Bussey and Bandura, 1999). Social learning theorists have explored how gender is shaped through various social influences, including parents (Morrongiello and Dawber, 2000), peers (Hay et al., 1998) and the media (Witt, 2000). It is thought that one driver of social learning is that self-esteem is linked to acceptance by others, which can be contingent on acquiescence to gendered norms (Smith and Leaper, 2006). While social-learning is operative through childhood, and beyond, many theorists identify adolescence as a period when gender comes to the fore as a 'salient factor shaping orientations towards oneself and one's place in the social world' (Barratt and White, 2002: 451).

In terms of masculine stereotypes, Brannon (1976) identified four in Western culture that contemporary research has found are still influential. First is 'The big wheel,' a concern with success and status, reflected in studies associating masculinity with dominance (De Pillis and De Pillis, 2008) or achievement (Jackson and Dempster, 2009). Second is 'Give 'em hell,' shown in work connecting masculinity to risk-taking behaviours, like alcohol use (De Visser and Smith, 2007), unsafe sex (Campbell, 1995) or dangerous driving (Mast et al., 2008), and to anti-social behaviour, from 'laddishness' (Francis, 1999) to violence (Moore and Stuart, 2005). Third is 'No sissy stuff;' stigmatisation of 'feminine' qualities, such as emotionality (Mejía, 2005). Lastly, 'The sturdy oak' valorises strength and toughness, as in studies linking masculinity to self-reliance (Courtenay, 2000b) and independence (Smith et al., 2007). An important aspect of the latter two stereotypes is emotional toughness: emotional suppression and avoidance (Pollack, 1998), and reluctance or inability to express emotion (Cramer et al., 2005). Emotional toughness will be relevant below, as it connects to distress in men.

While stereotypes refer to beliefs, roles reflect the way these ideas create expectations and promote certain activities as gender-appropriate (Maccoby, 1988). For example, endorsement of risk-taking stereotypes means parents are less likely to intervene to prevent dangerous play by boys (Morrongiello and Dawber, 2000). In this way, diverse spheres of activity – from sporting participation (Tagg, 2008) to food consumption (Gough, 2007) – become regulated according to stereotypes which encourage/discourage participation on the basis of gender. Behaviours are not only encouraged, but institutionalised in societal structures, from implicit biases to explicit rules (Thurnell-Read and Parker, 2008). Institutionalisation can be operative

early in life. For instance, Anderson (2009: 3) argues that sport is a ‘microcosm of societies’ gendered values, myths and prejudices,’ with competitive sports ‘compulsory’ for boys.

In adulthood, gender roles are evident in the structuring of occupations along gendered lines. While occupations do not usually forbid participation by those of the ‘wrong’ gender (though some jobs remain sex-specific, e.g. in the military), the culture of certain jobs can be heavily gendered. For example, Thurnell-Read and Parker (2008: 127) describe the ‘organisational structures, workplace practices and daily routines’ of firefighting as ‘steeped in maleness.’ While the gendered composition of work is changing as women challenge prohibitive cultural and structural barriers (Kilminster et al., 2007), gender roles may still be reinforced via social pressure, including harassment of those who challenge convention, as witnessed with the first female beefeater (BBC, 2009).

Lastly, some conventional theories understand gender from a psychological perspective, with a focus on ‘gender-identity,’ i.e. ‘one’s subjective sense of one’s own maleness/femaleness’ (Kulis et al., 2008: 259). Theories of gender identity are often conceptualised with reference to the stereotypes identified above, where a person’s gender-identity refers to the extent to which they feel they adhere to conventional gender stereotypes (Bem, 1974). This perspective moves away from a strict male/female dichotomy. Masculinity and femininity are separate concepts rather than poles on a continuum, and people may feel they embody both masculine and feminine norms (Kulis et al., 2008). There is also the issue of the extent to which people feel they *should* adhere to stereotypes. Pleck’s (1995) gender role strain concept refers to the distress felt by a person as they struggle to meet ‘unattainable and contradictory standards’ of masculinity or femininity (Addis, 2008: 159). A related idea is ‘gender role conflict,’ which suggests that people may be harmed in various ways by attempts to conform to rigid gender norms, resulting in ‘devaluation or violation of others or self’ (O’Neil et al., 1995: 167).

Although research from these conventional perspectives is ongoing, scholars working from a social constructionist standpoint have begun to articulate a more dynamic, nuanced reading of gender. Such theorists critique the inherent essentialism of conventional approaches, which tend to invoke ‘singular categories of male and female’ (Mac an Ghaill and Haywood, 2012: 483), presenting them as two fixed ‘containers’ (Courtenay, 2000b). This is reflected in the homogenizing tendency towards making categorical generalisations about ‘men’ or ‘women’ as monolithic groups, ascribing definitive characteristics to *the* masculine personality (Addis,

2008). To take an example relevant to the discussion below, Nolen-Hoeksema's (1987: 276) 'sex-differences' theory of depression suggested that apparently higher rates of depression in women were due to their different emotional responses: 'women's ruminative response styles amplify and prolong their depressive episodes... while men's active response styles dampen their depressive episodes.'

Even theories that recognise the influence of culture/society are susceptible to essentialism, often viewing gender as 'fixed, unvarying and static – much like sex' (West and Zimmerman, 1987: 126). For example, although Nolen-Hoeksema's titles evolved from 'Sex-differences in unipolar depression' (1987) to 'Gender differences in depression' (2001), the latter still made categorical generalisations: 'gender differences in rumination at least partly account for the gender differences in depression' (p.175). Thus although the discourse had shifted to socially-produced gender patterns, tendencies to essentialise the differences between men and women remained. However, while some conventional approaches acknowledge a social influence on gender, constructionist theories emphasise agentic *construction*: people are not regarded as 'passive victims of a socially prescribed role,' nor 'simply conditioned or socialised by their cultures,' but as 'active agents,' continually engaged in constructing gender through social interaction (Courtenay, 2000b: 1387-1388). The next part looks in detail at these ideas.

2.2.2. *Constructionist approaches to masculinity*

Viewing people as actively engaged in an ongoing project of gender construction introduces two key ideas: the concept of 'doing' gender (West and Zimmerman, 1987), and the diversity of gender constructions, i.e. multiple masculinities (Connell, 1995). For both ideas, the point will be made that although traditional gendered behaviours are not inevitable or necessary, they remain compelling and common.

First, in terms of 'doing' gender, poststructuralist theories of identity move away from the essentialist idea of gender as a static psychological property or trait – even if learned through socialisation – towards a 'process' orientated view (Lorber, 1994). Gender is not seen as a fixed attribute, located 'within' the individual, but a fluid process, generated by the dynamics of social interaction (Jackson, 2004). West and Zimmerman (1987: 140) captured this shift in perspective from attribute to process by suggesting that gender should be seen more as a verb than a noun; rather than something one 'has' or 'is,' gender is 'something one does, and *does*

recurrently, in interaction with others.’ This notion of ‘doing gender’ incorporates two inter-related ideas: gender as relationally-produced, and gender as a ‘process.’

The first idea is that gender is seen in relational terms as a product of social interaction, rather than in individual terms as a personal attribute: i.e. gender is ‘a set of socially constructed relationships which are produced and reproduced through people’s actions’ (Gerson and Peiss, 1985: 327). Second, gender is an ongoing, dynamically evolving process, rather than a static, stable configuration – people are continually engaged in constructing/re-constructing their gendered identity as they negotiate their social world (McKinlay, 2010). The importance of understanding gender in relational terms can be seen as deriving from structuralism (Levi-Strauss, 1981). However, the emphasis on the fluid nature of these social productions – that gender is ‘not static but rather is constantly (re-defined) and contested in the contexts within which it is invoked’ – marks these theories as poststructuralist (Nightingale, 2006:171).

This process-oriented view of gender was captured persuasively by Butler (1990) with her influential notion of performativity. Butler argued that people do not have a foundational gendered identity generating their actions in a causal way, e.g. risk-taking *because* they are masculine. As Nayak and Kehily (2006: 460) put it, there is no ‘ontological subject which prefigures action.’ Instead, gender is produced through repetitive actions in social interaction: one becomes masculine by taking risks. Rejecting essentialist notions of self, Butler draws on Nietzsche’s idea of there being ‘no doer behind the deed’ (Digeser, 1994). Gendered identity is thus seen as the effect, not the cause, of an individual’s repeated behaviours: ‘Repetition is not performed *by* a subject: this repetition is what enables a subject’ (Butler, 1993: 95).

This lack of a ‘doer’ raises the question of who or what *is* the cause of gendered behaviour, if not the person themselves. Butler (1990: 25) locates responsibility in the ‘compulsory frames set by the various forces that police the social appearance of gender.’ People are situated in discursive fields, in which ‘regulatory regimes’ encourage repetition of particular behaviours that come to be viewed as ‘normal’ (Weedon, 1997). Gendered identity is thus produced by a ‘forced reiteration of norms’ (McKinlay, 2010: 235). This theory emphasises the constraining role of social pressures in channelling enactments of gender towards conventional patterns. So, even though there is no essential masculinity, regulatory regimes enforce the persistence of traditional gender behaviours, e.g. the roles and stereotypes discussed above.

The idea of performativity has its critics, especially in terms of its implication for subjectivity and agency. One of the central features of Butler's theory was that conventional patterns of behaviour could be resisted, and alternatives embraced. If gender was not foundational, but produced through performance, this offered one the opportunity to 'disrupt' gender norms by subverting expected patterns of behaviour (Nayak and Kehily, 2006). For example, Butler (1990: 137) saw drag-dressing as an act which 'mocks both the expressive model of gender and the notion of a true gender identity.' However, scholars have queried where the denial of a foundational subject leaves the notion of agency: if the subject is produced through forced repetition of norms, this seems to deny the volitional agent who would be capable of resisting these patterns of behaviour (Brickell, 2005).

A related criticism of Butler is the neglect of the subject who is 'produced by these discursive processes' (Brickell, 2005: 28). Social constructionist accounts in general are often seen as articulating 'overly-sociological' views of identity (Jefferson, 2002), concentrating on social aspects of gender production to the exclusion of men's subjectivity (Whitehead, 2002). Roper (2005: 58) suggests such theories often have an 'abstract quality,' which fails to address 'real human relationships and emotional states.' Thus there have been calls for a 'more adequate, psychosocial account of masculinity,' doing justice to men's 'inner world' (Jefferson, 2002: 63). Recent efforts have been made to explore men's inner experience, while acknowledging the impact of cultural factors – Gough (2004, 2009) pioneered a 'psychodiscursive' approach drawing on psychoanalysis and discourse analysis, for example. Examining subjectivities in the context of socio-cultural factors is also a concern of the present study.

A second key idea introduced by constructionist theories is the notion of diversity. Connell's (1995) theory shifted the focus from singular masculinity to *masculinities*, drawing attention to the variety of forms of masculinity enacted locally through everyday practices. However, a key feature of the theory was that in a given context, a particular form of masculinity – the 'most honoured way of being a man' (Connell and Messerschmidt, 2005: 832) – dominates and become normative. This dominant form was termed 'hegemonic masculinity.'

The concept of hegemony was adapted from the political philosopher Gramsci (1971), who argued that societal inequalities were entrenched because those in power maintained control not only via political and economic dominance, but more assiduously through ideological influence which legitimises the status quo as normal. Connell argued that masculinities exist

in hierarchical relationships, with a particular form of behaviour culturally authoritative in a given setting. Hegemonic masculinity dominates subordinate and marginalized masculinities through a normalising ability to frame behaviours as natural (Donaldson, 1993), and ability to levy social and economic penalties on those who deviate from expectations (Moss-Racusin et al., 2010). An example is how homosexuality, usually viewed as a marginalized masculinity, is 'censured' (Roberts, 1993), from bullying to anti-gay violence (Mills et al., 2004).

While Connell recognised that among the many ways of being a man, particular forms of masculinity were dominant, he also emphasised that the dominant forms varied according to context. Moving away from static ideas around 'the' masculine stereotype associated with conventional approaches, Connell argued that local milieus valorised particular masculinities as hegemonic. Different forms of gendered behaviour, or 'configurations of practice that are accomplished in social action' (Connell and Messerschmidt, 2005: 836), emerge in different contexts. As such, recent research has explored variation in local forms of hegemony.

Studying Norwegian lumberjack workers, Brandth and Haugen (2005) found that hegemonic norms included the possession of a 'weathered' countenance, reflecting years of outdoor toil. Moreover, their analysis showed that hegemonic norms can shift over time, even in a narrow context: changes to working practices meant that the ability to wield heavy machinery had since become valorised. Diversity in forms of hegemony has been examined at various levels of scale, from cross-cultural analyses at national levels, e.g. Argentinean machismo (Stobbe, 2005), or a post-conflict nationalistic Kosovan masculinity (Munn, 2008), to more specific groups or locales, including the US Navy (Barrett, 1996), working-class youth in post-industrial Northern England (Nayak, 2006), 'transnational' business executives (Connell and Wood, 2005) and netball players in New Zealand (Tagg, 2008).

To understand how contexts can promote particular configurations of practice, some theorists have used Lave and Wenger's (1991) idea of communities of practice (CoP) as a framework for analysing how identities are 'learned and reproduced within various groups and locales' (Creighton, 2011: 37). Although CoP is an evolving and contested concept (Lindkvist, 2005), CoP can be defined as 'groups or networks of people with shared understandings of identity' (Creighton and Oliffe, 2010: 414); or, 'people who come together around mutual engagement in an endeavour,' and practices which 'emerge in the course of this' (Ekert and McConnell-Ginet, 1992: 464).

Paechter (2003: 72) argues that CoP enable the 'production, reproduction and negotiation' of particular forms of gendered behaviour through the way they encourage such behaviour as a condition of participation, and eventually 'full membership,' in the group. Most studies have emphasised the role of CoP in the maintenance of traditional masculine norms (Parker, 2006). However, a study of the Australian 'shed' movement suggested these informal 'workshop-based spaces' functioned as CoP which offered a 'safe space' that allowed the emergence of 'non-traditional qualities in men,' like emotional expression (Golding et al., 2008: 254). The possibility that CoP can promote alternative 'positive hegemonic masculinities' is of interest in the present study.

Connell's theory has evolved in response to criticisms of the original formulation (Connell and Messerschmidt, 2005). Among the issues raised was the accusation that it offered a fixed typology of men which overlooked how men engaged in ongoing negotiations of masculinity (Wetherell and Edley, 1999), and paid insufficient attention to men's subjectivities (Jefferson, 2002). Connell and Messerschmidt (2005: 847) admitted the initial theory, which focused on men's 'global dominance' over women, was too simplistic to account for the 'complexity of the relationships among different constructions of masculinity.' However, they rejected the charge that the theory neglected subjectivities, highlighting how it drew upon psychoanalytic ideas to reveal 'tension and contradiction within conventional masculinities' (p.832). Lusher and Robins (2009: 390) argue that rather than 'undermining the central tenets' of the theory, the critiques helped 'expand the details.' As such, recent formulations have emphasised the dynamic nature of local hegemonic configurations (Connell and Messerschmidt, 2005).

Connell and Messerschmidt (2005: 841) proposed that diversity is not just between men, but within them. Rejecting essentialist ideas of gender, they suggested that men take up different subject positions according to need. Various enactments of masculinity represent not different types of men, but reflect the way men strategically 'position themselves through discursive practices' according to the dynamics of the social situation. As Paechter (2003: 69) put it, the theory implies a 'multiplicity of masculinities, inhabited and enacted by different people and by the same people at different times.'

This view of identity as a 'multiplicity' has implications for the reflexive self, which is seen as a site of confluence for competing discourses of masculinity. However, while there is no unitary self in this view, Connell and Messerschmidt (2005: 843) suggest this does not 'erase

the subject.’ There is still a place for agency and subjectivity, a volitional self who acts and experiences. Thus they reject ‘structural determinism’ (p.832) – men have some freedom in terms of the type of gendered performance they enact. However, this freedom is ‘constrained massively... by embodiment, by institutional histories, by economic forces, and by social and family relationships’ (p.843). In particular, men are constrained by hegemonic masculinity.

Thus, although masculinity is viewed as socially constructed, and multiple masculinities are acknowledged, as with Butler’s (1990) regulatory regimes, hegemony explains why certain forms of masculinity nevertheless become dominant within a given milieu. While hegemonic masculinity may not be a statistical norm – only a minority may successfully enact it – it is seen as normative (Connell and Messerschmidt, 2005). From this perspective, the stereotypes outlined above can be understood as ‘traditional’ hegemonic norms which men feel pressured to enact, or resist at the risk of censure.¹ Such pressures may be detrimental to well-being, as explored in the last section of this chapter. Before that, it is necessary to introduce the various ways in which well-being has been understood in the literature.

2.3. Well-being

Although well-being is of increasing interest to researchers in a range of disciplines, it is a contested term, used in diverse ways by different theoretical frameworks (De Chavez et al., 2005). For example, some psychological models focus on positive mood, while biomedical conceptualisations tend to equate well-being with physical health. De Chavez et al. note that while much of the work on well-being has been undertaken within single disciplines, there is an increasing preference for a multidimensional ‘biopsychosocial’² approach to well-being, incorporating physical, psychological, and social dimensions. The present study also seeks to take this approach. However, it will help to first outline the ways different disciplines have constructed well-being, including biomedical, psychological, social and critical theories.

¹ The qualifier ‘traditional’ is used to emphasise that there can be other forms of hegemony not based on these stereotypes; e.g. sensitivity could be valorised as a local norm (McNeill and Douglas, 2011). In the present study, ‘traditional hegemonic masculinity’ is used to refer to forms of hegemony which correspond to the stereotypes identified by Brannon (1976).

² The biopsychosocial model emerged in medicine as a holistic approach to health, accounting for ‘the patient, the social context in which he lives, and the complementary system devised by society to deal with the disruptive effects of illness’ (Engel, 1977: 132). The model is gradually gaining acceptance, being incorporated into research, medical training and the application of medicine (Adler, 2009).

2.3.1. *Biomedical approaches*

From a biomedical perspective, well-being is usually used ‘in an uncontested way to mean physical health’ (De Chavez et al., 2005: 74). Like well-being though, health is a contested concept, used in diverse ways (Larson, 1999). The conceptual links between health and well-being are complicated. Although multidimensional definitions of well-being position physical health as a component of the broader idea of well-being (Pollard and Davidson, 2001), some models of health incorporate well-being as a component, while other models use the terms synonymously. Larson outlines four health models: the ‘World Health Organization [WHO] model;’ the ‘wellness model;’ the ‘medical model;’ and the ‘environmental model.’

The WHO’s definition of health – ‘a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity’ – unchanged since 1948, has health as a polarity, with well-being its positive pole, illness its negative. In contrast, the wellness model uses health and well-being synonymously. This approach is less concerned with alleviating illness, focusing more on attaining ‘higher levels of health and wellness’ (Larson, 1999: 128-129). In the reductive ‘medical model’ the individual is seen in mechanical terms as a system of parts: disease is a ‘dysfunction of the body,’ and health is the absence of dysfunction (Patel et al., 2002: 8). This model is criticised as dehumanising, reducing people to component parts and ceding control over the body to health professionals (Frank, 1997). The environmental model concerns adaptation to one’s environment. In contrast to the medical model, here the individual is seen as a volitional agent, sharing responsibility for health through behaviour, as evident in health promotion literature (Simon et al., 2009).

2.3.2. *Psychological approaches*

From a psychological perspective, Hatch et al. (2010) suggest that well-being refers to mental health, conceptualised either negatively as the absence of mental illness, or positively as the presence of desiderata, such as pleasure. Ryff and Singer (1998) argue that psychology has often sought to emulate the medical model of health, pursuing a mainly ‘negative’ approach, constructing well-being as the absence of mental illness diagnoses – including discrete illness categories defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association [APA], 1994), and less-clearly defined phenomena such as distress (Gadalla, 2009). The most common disorders are depression and anxiety (Kessler et

al., 2005), together referred to as common mental disorders (CMDs), a term introduced by Goldberg and Huxley (1992). CMDs involve a mix of anxiety and depressive symptoms, and are mental conditions that cause ‘appreciable emotional distress and interfere with daily function’ (McManus et al., 2009: 11).

Depression refers to a spectrum of mood disturbance (mild to severe, transient to persistent); its two cardinal symptoms are low mood and diminished interest in pleasure; other symptoms include feelings of worthlessness (APA, 1994). Major depressive disorder is diagnosed if five or more symptoms persist over a two week period. Subtypes include bipolar (alternating with mania) and adjustment disorders (resulting from stressful events) (Elliott, 1998). Although anxiety is sometimes seen as on a continuum with depression, they are separate constructs, and can co-occur (Endler et al., 1998). Anxiety itself is on a continuum, from mild (can be adaptive, e.g. a warning signal), to severe (maladaptive, interferes with functioning) (Endler and Kocovski, 2001). Anxiety has various subtypes, including generalised anxiety disorder (unfocused worry), social anxiety disorder (fear of social situations), obsessive-compulsive disorder (intrusive thoughts/images; repetitive actions), panic disorder, post-traumatic stress disorder (trauma-related persistent memories), and phobias (APA, 1994).

While distress is often ill-defined (Ridner, 2004), it involves mental suffering, and is an ‘an unpleasant emotional state’ (Gadalla, 2009: 2200). In contrast to identified disorders, distress is more general in definition and measurement, with psychological/behavioural symptoms not specific to particular disorders, including anxious and depressive reactions (Marchand et al., 2005). Distress is used to denote negative experiences that fall short of clinical diagnoses for disorders, though there may be overlap (Green et al., 2010). Distress can range from ‘normal’ levels of negativity, to levels approaching clinical significance that fulfil diagnostic criteria for depression and anxiety (Ziegler et al., 2011). Distress also connects to depression in other ways: distress can precipitate its onset (Wang, 2005), be caused by it (Herman and Sadovsky, 2010), and they can co-occur (Pandey et al., 2007). Theories of distress and depression are explored further in the next section of this chapter.

In contrast to this ‘negative’ approach, a recent ‘positive psychology’ countermovement has attempted to articulate well-being in positive terms (Seligman, 2002b). Positive psychology sells itself as a ‘science that strives to promote flourishing and fulfilment... that studies what

makes life living' (Linley and Joseph, 2004: xv). Positive psychologists usually distinguish between subjective well-being (SWB) and psychological well-being (PWB).

The idea of SWB is rooted in utilitarian notions of happiness (Diener, 2009). SWB is viewed as comprising an affective component, involving the 'ratio' between negative and positive affect, and a cognitive component pertaining to judgements around life satisfaction (Myers and Diener, 1995). The former reflects short-term situation-dependent feelings of mood; the latter involves longer-term evaluations (Pittau et al., 2010). Theories of SWB often construct it as relatively stable over time and circumstance. 'Set-point' theory (Lykken and Tellegen, 1996) proposes that SWB levels fluctuate around a stable set point, determined largely by genetic factors (accounting for about 50% of SWB variance). A related theory is the hedonic treadmill (Brickman and Campbell, 1971), which suggests that losses or gains in SWB due to circumstantial changes are temporary, as people adapt to new situations, usually within three months (Suh et al., 1996).

These theories were prompted by studies which suggested that positive events like winning the lottery did not raise SWB long-term (Brickman et al., 1978), while negative events like spinal injury did not appear to significantly lower it (Chwalisz et al., 1988). However, recent refinements to hedonic theory suggest set-levels can be altered. Some events appear to leave such scarring as to permanently lower SWB, e.g. a child's death (Wortman and Silver, 1989), and longitudinal studies have also found permanent increases in SWB (Headey et al., 2010). To account for the possibility of altering SWB, Lyubomirsky et al.'s (2005) dynamic theory proposed three determinants: genetic set-point; circumstances; and activities. Empirical work suggested that while circumstantial changes were subject to habituation, activities were not, i.e. incremental efforts lead to durable increases in SWB (Sheldon and Lyubomirsky, 2006).

PWB – or '*eudaimonic*' well-being (Greek for 'good spirit') – concerns human 'flourishing' (Ryan and Deci, 2001). The concept of PWB centres on two key ideas: the importance of 'a purposeful and meaningful life,' and psychological growth across the lifespan (Keyes et al., 2002). The emphasis on meaning reflects the roots of PWB in Existentialism, a disparate body of thought whose common reference point is analysis of the 'human condition' (Yalom, 1980). Existentialists argue that it is incumbent upon people to find meaning in life, or suffer despair (Tillich, 1952). In finding meaning, existentialists emphasise the 'burden' of freedom – the need to take responsibility for choices, even as they are constrained by contingencies;

and the importance of authenticity – not renouncing this burden and allowing one's goals to be determined by others (Heidegger, 1962).

The idea of growth reflects the roots of the PWB paradigm in humanist philosophies (Keyes et al., 2002). However, theorists have recast the idea of 'flourishing' as 'optimal functioning,' i.e. striving to realise one's potential and 'use and develop the best of oneself' (Huta and Ryan, 2010: 735). The PWB paradigm is avowedly about development of 'good character' (Seligman, 2002a). This is an acknowledged value position with an intrinsically hierarchical perspective, in which people are at different developmental stages (Linley and Joseph, 2004). This perspective draws on theorists who have articulated structural developmental schemas for various capacities, e.g. cognition (Piaget, 1971), morals (Kohlberg, 1969), values (Graves, 1970), needs (Maslow, 1943), and worldviews (Gebser, 1991). PWB is viewed as reflecting the attainment of higher 'stages' of development in these capacities (Seligman, 2002a).

Drawing on these schools of thought, theorists have proposed various models of PWB. The 'Psychological well-being' theory identifies six key components: autonomy, purpose in life, personal growth, positive relations, environmental mastery and self-acceptance (Ryff, 1989; Ryff and Singer, 1998). Similarly, 'Self-determination theory' suggests that PWB depends on satisfaction of three psychological needs of autonomy, relatedness and competence (Ryan and Deci, 2000). Satisfaction of these needs is set within a larger motivational framework, which highlights the importance of 'inherently' rewarding intrinsic goals, rather than extrinsic ones (external inducements, like material rewards).

2.3.3. Social approaches

Social dimensions of well-being have been explored by theorists in various fields, including sociologists, economists and political theorists (and are also central to psychological theories discussed above). Various factors that impact upon well-being have been conceptualised.

A prominent theoretical notion is that of 'social capital,' defined as 'features of social life – networks, norms and trust – that enable participants to act together more effectively to pursue shared objectives' (Putnam, 1995: 664-665). Theorists separate social capital into cognitive (attitudinal beliefs, e.g. trust in people) and structural components (network connections, e.g. membership of organisations) (Yip et al., 2007). Social capital can further be conceptualised

either on a micro level as a resource individuals call upon, e.g. social support in dealing with stress (Berkman et al., 2000), or a macro level as a communal resource enabling achievement of goals that individuals could not manage alone (Putnam, 1993). Various relational bonds have been understood as forms of social capital, including family relationships (Nakhaie and Arnold, 2010). Numerous studies link social capital to lower levels of distress and disorders (e.g. Borgonovi, 2010) and higher SWB (e.g. Hurtado et al., 2011).

Theorists have identified other social factors, unrelated to people per se, that impinge upon well-being. Socio-economic factors are an important determinant of mental health. Men in the lowest socio-economic class in England are almost three times more likely to have CMDs than those in the highest (EHRC, 2010). Such socio-economic effects are observed cross-culturally. In a systematic review of 131 papers covering 33 countries, 79% of these reported positive associations between poverty and CMD measures (Lund et al., 2010). Theorists have sought to elucidate elements of socio-economic deprivation linked to mental health. Reduced social capital in deprived areas, reflected in social ‘disorder’ and higher crime rates, impacts upon CMDs (Ross, 2000). Such areas may also have more ‘environmental stressors,’ e.g. air or noise pollution (Rehdanz and Maddison, 2008). Interestingly, income per se may not be linked to mental health so much as relative income, where societal inequality leads people to make invidious social comparisons with affluent others (Solnick and Hemenway, 2005).

Political factors have also been explored. Cross-cultural research suggests that freedom, equality and human rights are important for well-being (Diener et al., 1995). Kaufmann et al. (1999) identify three types of freedom – personal, political and economic – that impact upon well-being. These freedoms are determined structurally by governments, and depend on six criteria: voice and accountability, stability and lack of violence, government effectiveness, the regulatory framework, rule of law, and non-corruption. Scholars emphasise the need for action, particularly in the developing world, to ensure more citizens enjoy social, political and economic freedom (Sen, 1999). The potential role of government in facilitating well-being has prompted calls for a ‘new utilitarianism’ to be the ‘goal’ of government, rather than GDP, promoting well-being through public policies (Duncan, 2010). However, others argue against such a centrist prescriptive political stance (Rhodes, 1996).

In theoretical terms, social factors are often conceptualised in terms of telic (goal satisfaction) theories of well-being. Individuals are seen as existing in a transactional relationship with the

environment; SWB is the result of the environment satisfying basic biopsychological needs (Diener et al., 1999). SWB thus depends on ‘livability’ (a congenial environment), and ‘life-ability’ (the ability of a person to take advantage of this) (Veenhoven and Ehrhardt, 1995). There are various theories of needs. Doyle and Gough (1991) outline 11 universal needs, the deprivation of which affects SWB, including nutrition, healthcare and relationships. Some theories are hierarchical: as basic physiological needs are met, more abstract ones assume importance, like self-esteem (Maslow, 1943). Others argue that there are trade-offs between different needs, that supportive relationships can minimise the impact of material deprivation, for example (Biswas-Diener and Diener, 2009).

2.3.4. Critical approaches

Critical theorists suggest that conceptualisations of well-being reflect ‘the cultural systems from which they originate’ (Izquierdo, 2005: 768). Anthropological research highlights cross-cultural variation in how well-being is constructed. For example, some societies place greater value on communal well-being, or obligation to the environment (Adelson, 2000; Calestani, 2009). It is argued that contemporary theories of well-being are blind to their contextuality, with ‘a fastidiously modern and ahistorical presumption about how individuals ought to fare in life’ (James, 2007: 20-21). Theorists often critique the positive psychology paradigm, even though this itself arose out of concern with the reductive discursive practices of traditional schools of psychology, e.g. behaviourism (Strawbridge, 2003). Wierzbicka (2004) argues that positive psychology presents a 20th Century Western notion of ‘expressive individualism’ as a universal model of happiness, for example.

Beyond presumptions of universality, pernicious aspects of positive psychology discourses have been identified. Ahmed (2007: 9) suggests its definitions of happiness – e.g. ‘In matters of politics, the happy tend to the conservative side of middle’ (Veenhoven, 1991: 16) – are the ‘face of privilege,’ and carry normative force that ascribes value to qualities which are closer to social norms. This normativity carries implicit blame and stigmatisation for those who fail to achieve such norms, with admission of unhappiness portrayed as a moral failure (Ehrenreich, 2009). Making happiness normative may also hinder well-being, as unrealistic expectations can lead to self-blame when not achieved (Schwartz, 2000). Going further, from a Buddhist perspective, preoccupation with happiness may even *cause* unhappiness, as the very desire for life to be different is held responsible for dissatisfaction (Gyatso, 2007).

Finally, by constructing happiness as an individual concern, positive psychology is accused of precluding critical social thinking, fostering a culture of passivity which not only denies, but is complicit in, the structural causes of unhappiness (Ehrenreich, 2009). That is, well-being is presented as a private matter, rather than something to tackle politically by creating a better society. For example, Harris (2012) argues that positive psychology has been used by the UK government to suggest that inability to find employment is due to the failure of job-seekers to ‘think positive,’ rather than an inhospitable economic climate.

Having given an overview of approaches to well-being, this review now focuses on theories of mental health, i.e. disorders and distress, and the way these intersect with masculinity.

2.4. Masculinity and mental health

In psychological terms, well-being is viewed negatively as the absence of disorder/distress, or positively as the presence of desiderata like SWB (Hatch et al., 2010). This section focuses on disorder/distress, referred to as mental health ‘issues’ or ‘problems’ (Seal et al., 2007). This section is in two parts. The first part considers theories of disorder/distress, with a focus on how mental health issues are linked to dysfunctional coping responses and poor emotional management skills. Building on these theories, the second part outlines various theoretical frameworks which connect disorder/distress to masculinity (Addis, 2008). For example, the ‘gendered responding framework’ suggests that emotional toughness norms are associated with emotional management deficits in men.

2.4.1. Disorder, distress and coping

There are different frameworks for exploring mental health issues. This part briefly considers biological and cognitive theories, before focusing on coping and emotional management.

One approach to mental illness adheres to the medical model of health highlighted above, and accounts for illness in terms of brain dysfunction. For example, neurochemical theories of depression have been proposed, like the monoamine deficiency model (Schildkraut, 1965), which explains depression in terms of reduced activity of neurotransmitters such as serotonin (Berton and Nestler, 2006), and is the basis for pharmacological treatments for depression (Ferguson, 2001). Neurochemical ‘imbalances’ may be genetically acquired, but psychosocial

stressors are usually required to provoke disorder onset (Hayley et al., 2005). Other biological approaches include linking depression to structural brain factors, including dysfunction of the prefrontal cortex (George et al., 1994) or the limbic system (Mayberg, 2003).

Cognitive theories explain mental health in terms of dysfunctional mental processes. Some theories implicate attentional information-processing biases, including selective preferences for negative stimuli in depression (Strunk and Adler, 2009), or threatening information with anxiety (Hunt et al., 2006). Other theories focus on maladaptive thought patterns (Beck et al., 1979). Depression is linked to a ‘dysfunctional’ attribution style which interprets negative events as internal (self-caused), stable (connected to enduring factors) and global (universally applicable), e.g. ‘I’m always bad at everything’ (Abramson et al., 1978). Depression is also associated with rumination, i.e. ‘repetitively thinking about the causes, consequences and symptoms of one’s negative affect’ (Smith and Alloy, 2009: 117). Cognitive therapy aims to challenge and reconfigure these ‘depressogenic’ thought patterns (Beck et al., 1979).

A third framework for disorder/distress is the ‘psychosocial stressors’ perspective. This takes a broader view, encompassing psychological and social factors, emphasising that stressful life events can precipitate mental health issues (APA, 1994; Tennant, 2002), including depression (Pace et al., 2010) and anxiety (Doron-LaMarca et al., 2010). As such, adversity is ‘causally implicated in the onset of depressive and anxiety disorders’ (Turner and Lloyd, 2004: 481). There are indications that overall exposure to traumatic events is greater for men than women in the US (Hatch and Dohrenwend, 2007). However, the issue is not simply one of ‘exposure’ to stressors – although particular events are seen as inherently stressful, people differ in their ability to cope (Chokkanathan, 2009).

Coping theories view the individual as in a transactional relationship with their environment: the environment imposes demands; the individual draws on internal and external resources to meet these; if demands exceed resources, stress occurs (Lazarus and Folkman, 1984, 1987). Theories of stress involve three factors (Chokkanathan, 2009): stressors (the source of stress); resources (coping ability); and distress (emotional consequences). Coping is not just about dealing with stressors, but with any subsequent distress, including distress unconnected to a stressor, as in some types of depression. If distress is sufficiently severe and/or prolonged, it can precipitate CMDs (Turner and Lloyd, 2004). Theorists identify various coping strategies, or ‘response styles’ (Carver et al., 1989). These are classified as ‘problem-focused’ (targeting

the stressor), ‘emotion-focused’ (managing reaction to the stressor), or ‘avoidance-focused’ (escaping the problem). These strategies can also be either cognitive or behavioural.

A cognitive problem-focused response could be rumination (Nolen-Hoeksema, 1991), while a behavioural response could be ‘confronting’ the problem (Kaiseler et al., 2009). An emotion-focused cognitive response could be cultivating positive thoughts, or trying to ‘accept’ the problem (Luginaah et al., 2002), while a behavioural response could involve expressing one’s feelings (Kaiseler et al., 2009). In terms of avoidance responses, a cognitive response could be denying or distracting oneself from the issue (Appelhans et al., 2011), while behavioural responses include suppressing negative thoughts/emotions through psychoactive substances (Benson, 2010), or self isolation and avoidance of stressful situations (Plexico et al., 2009).

In terms of mental health, different strategies are seen as either adaptive (alleviating distress, protective against disorders) or maladaptive (exacerbating distress, implicated in disorders) (Aldao et al., 2010). The most maladaptive strategies are avoidance and rumination. Aldao et al. suggest that there are gender differences here, with avoidance more common in men, and rumination in women. Avoidance is causally linked to psychopathologies, including anxiety (Roemer and Borkovec, 1994), depression (Borton et al., 2005), panic (Spira et al., 2004), self-harm (Chapman et al., 2005), and eating disorders (Polivy and Herman, 2002). Not only is suppression often ineffectual, it may even increase the salience of the suppressed qualia, exacerbating distress (Wegner and Gold, 1995). The dysfunctional nature of avoidance as a coping response is taken up in the next section, which explores how traditional masculine norms around toughness encourage men to adopt this strategy, with negative consequences.

Recently, coping theory has embraced a more dynamic paradigm of emotional management (Drach-Zahavy and Erez, 2002). Particular responses are still recognised as maladaptive, but the selection of these responses is seen as indicative of poor management skills. For example, avoidance is still seen as unhelpful, but tendencies to respond in this way is conceptualised as reflecting difficulties men have managing emotions generally (Addis, 2008). The concept of emotional management has been developed across various models, including emotion work (Hochschild, 1979), emotional regulation (Gross, 1999), emotional intelligence (Mayer and Salovey, 1997) and self-regulatory coping (Carver and Scheier, 1998).

These models are located within a wider framework of self-regulation theory, encompassing regulation of motivation, cognition, social interactions, and behaviour (Karoly, 1993). In self-regulation theory, individuals are seen as volitional agents, capable of conscious, wilful and motivated goal selection, decision making, planning and goal-directed determination (Drach-Zahavy and Erez, 2002). In this context, emotional management concerns the self-regulation of emotion, using cognitive and/or behavioural strategies to evoke, suppress or alter feelings and emotions (Schrock et al., 2009). The goal of these strategies is to reduce negative affect through the selection and implementation of specific coping strategies (Baumeister and Vohs, 2003). This is a ‘meta-coping’ model, in which the success of coping responses is monitored from a ‘higher’ perspective: the individual is reflexively aware of ongoing progress towards the goal through feedback processes which indicate: the effectiveness of enacted strategies; how experiential and circumstantial factors are changing; and whether it is necessary to alter the strategy (Carver and Scheier, 1998, 2002).

One of the most prominent emotion management models is emotional intelligence (EI, Mayer and Salovey, 1997). EI is constructed as hierarchical, involving awareness of emotions, and ability to manage them (Goleman, 1995). While various models of EI have been proposed, Mayer and Salovey's (1997) hierarchical four-branch model, developed over various papers (Salovey and Meyer, 1990; Meyer et al., 1999, 2000, 2001, 2003, 2008a, 2008b), is the most ‘commonly accepted’ (MacCann et al., 2011). The ‘lowest’ branch is emotional awareness and expression. The second branch is the ‘emotional facilitation of thought:’ the ‘ability to generate emotions in order to use them in other mental processes’ (Day and Carroll, 2004: 1444). The third branch concerns ‘understanding emotional patterns.’ The ‘highest’ branch is the strategic management of emotions.

The lower two branches, labelled collectively as ‘experiential EI,’ i.e. information processing of emotional stimuli, are conceptualised as precursors for the higher two branches, known as ‘strategic EI,’ i.e. the strategic management of this information. Rather than rigidly adopting coping strategies, those with high EI are conceptualised as selecting responses appropriate to their situational demands (Brown et al., 2007). Moreover, strategic EI goes beyond ‘reactive coping,’ i.e. dealing with stressful events. It also includes positive notions such as pro-active coping (anticipating future stressful events and modifying their impact before they occur) (Aspinwall, 2005), and the generation of positive emotions (Seligman and Csikszentmihalyi, 2000). Some regard EI as a dispositional trait (Petrides and Furnham, 2003). However, Mayer

et al. (2008b) conceptualise it as an ability amenable to development, a view supported by control-group interventions which have increased EI (Crombie et al., 2011).

High levels of EI are conceived as protective against disorders and distress, helping moderate negative emotions, and are linked to positive mental health outcomes (Berking et al., 2008). Conversely, poor emotional management skills, also labelled ‘affect dysregulation,’ are seen as a critical ‘transdiagnostic factor’ for mental illness (Aldao et al., 2010). Dysregulation is ‘integral to the development and maintenance of a wide range of mental disorders’ (Berking et al., 2008: 1230), including depression (Borton et al., 2005), anxiety (Mennin et al., 2007), and substance abuse (Sher and Grekin, 2007). This link between emotional management deficits and mental health issues is important, as men are seen as more likely to have such deficits, partly due to the influence of masculinity norms (Addis, 2008). Connections between masculinity and mental health are explored in the next section.

2.4.2. Masculinity, disorder and distress

A number of theoretical frameworks have been identified and articulated by Addis (2008), which seek to understand the links between masculinity and mental health. In various ways, these frameworks explore how ‘restrictive norms defining how men should think, feel and behave’ – particularly the prescription that men should be emotionally tough and stoical – influence how men experience, express and respond to distress and depression¹ (Addis, 2008: 157). Addis’ own ‘gendered responding framework’ proposes that traditional gender norms influence the way men respond to negative emotions. The ‘masked depression framework’ (Cochran and Rabinowitz, 2000) contends that men experience depression, as conventionally understood, but that it is concealed from themselves and others. The ‘masculine depression framework’ states that men are liable to a ‘phenotypic variant’ of depression, characterised by

¹ Addis’ (2008) paper is presented as an exploration of men and depression. However, he critiques conventional understandings of depression, arguing that men experience depression in ways that fall outside traditional diagnostic criteria. Moreover, he addresses a range of ‘distressing emotions,’ from ‘basic negative affect to an episode of major depression’ (p.154). He suggests that ‘masculinity can play a role not only in how men respond to depression as a disorder (“depression with a big D”), but also in how they respond to negative affect in general, including depressed mood, grief, sadness, and so on’ (p.160). Given this conceptual indeterminacy around the term ‘depression,’ and the range of negative emotional states covered in the paper, the present study uses the less specific term ‘distress’ alongside depression when discussing Addis’ frameworks.

‘externalising behaviours,’ like anger. The frameworks are explored below. First, it is worth articulating why the issue of masculinity and mental health is important.

On the surface, the mental health of women appears worse than men. Gender differences are often noted in rates of CMDs, with women nearly twice as likely to experience these as men (McManus et al., 2009). This trend is complicated with variations by ethnicity (Weich et al., 2004), age (Bebbington et al., 1998), and socio-economic status (SES) (McManus et al., 2009). For example, men appear more affected by poverty than women: men in the poorest 5th of the population are almost three times more likely to have CMD than men in the richest 5th, while for women the ratio is only two to one (EHRC, 2010). Thus the ‘intersectionality’¹ paradigm cautions against generalising by gender alone, as variation among men is produced by the way gender ‘intersects’ with other identity categories, like ethnicity or SES. However, intersectionality notwithstanding, higher rates of CMDs in women, particularly depression, is ‘one of the most widely documented findings in psychiatric epidemiology’ (Kessler, 2003: 6).

However, there is concern that men experience and express distress and depression in other ways. Men account for two out of every three deaths from alcohol (ONS, 2011a), and are three times more likely to commit suicide than women (ONS, 2011b). In accounting for these trends, theorists have argued that rather than ‘internalising’ distress as sadness, men are more likely to ‘externalise’ it in various ways, including anger, aggression, risk-taking, substance/ alcohol use, over-work and suicide (Pollack, 1998; Cochran and Rabinowitz, 2000; Brownhill et al., 2005). Theorists argue that this pattern of distress is overlooked by generic depression diagnostic criteria, which reflect ‘internalising’ responses seemingly favoured by women, e.g. rumination, and that this diagnostic bias explains the apparently lower rates of depression in men (Kilmartin, 2005).

Various theoretical frameworks have been outlined by Addis (2008) to understand the links between masculinity, depression and distress. First, Addis’ ‘gendered responding framework’ suggests masculine norms influence how men respond to emotions. This framework emerged from Nolen-Hoeksema’s (1991) ‘response-styles’ theory, which outlined gendered differences

¹ Intersectionality highlights the limitations of considering individual categories of identity (e.g. race, gender) in isolation (Hankivsky and Christoffersen, 2008). The paradigm focuses on the ‘interactions between social hierarchies,’ and how an individual’s ‘location in multiple shifting categories shapes experience in ways that are more than simply additive’ (Bates et al., 2009: 1002).

in emotional behaviour, with males tending towards an affective style known as ‘restrictive emotionality’ – denial, suppression or disconnection from emotions. Response styles theory sought to account for the differential levels of depression in men and women. Understanding depression in a conventional diagnostic way, it argued that a tendency towards rumination among women led to higher levels of depression.

The gendered responding framework adapted response styles theory in various ways. First, it widened the focus from depression to highlight patterns of emotional responses to negative emotions in general. Second, drawing on social learning theory, the framework highlighted the way socialisation pressures encouraged particular forms of gendered responding. Thus ‘restrictive emotionality’ is linked to traditional masculine norms, e.g. toughness, which ‘lead men to distract, avoid or get angry in the presence of negative affect’ (p.161). For example, a study by Chaplin et al. (2005) found boys’ expressions of sadness decreased 50% from pre- to early school, influenced by parental discouragement of emotional expression. Addis argues that restrictive emotionality in men leads to maladaptive coping responses, such as emotional suppression, and poor emotional management capacities, including alexithymia (the ‘inability to recognise or verbalise emotions;’ Honkalampi et al., 2000: 99). As discussed, suppression and emotional management deficits are implicated in the exacerbation of distress and the development of disorders (Gross and Levenson, 1997), and in externalising behaviours like aggression (Cohn et al., 2010).

A second approach to masculinity and depression/distress identified by Addis (2008) is the ‘masked depression framework’ (Cochran and Rabinowitz, 2000). This framework suggests that men do experience ‘prototypic’ depression, corresponding to conventional diagnostic criteria, but that this is ‘masked’ from men themselves, and from others. Addis (2008: 157): ‘[T]he disorder is definitively present but hidden in some fashion.’ First, men may experience symptoms like low mood, but are unable to recognise it as such. This inability connects to the idea of alexithymia introduced above. Moreover, even if depression/distress is recognised by men, they may be reluctant to reveal this. Such ‘external’ masking connects to a larger body of work which suggests men are reluctant to admit to or seek help for problems in general, not just mental health issues (Addis and Mahalik, 2003).

It is suggested that traditional masculine norms discourage men from admitting vulnerability (Chapple and Ziebland, 2002). Similarly, refraining from showing weakness can be a way of

performing masculinity (Saltonstall, 1993). Such norms are often cited in explaining men's reluctance to seek help and/or engage with health-care services (Addis and Mahalik, 2003: 5). Other factors may contribute to such reluctance, including a systemic bias against recognising distress in men (Peverler et al., 2002). Moreover, recent work has highlighted variation among men, in that some are willing to seek help (Galdas et al., 2007) – this point is explored in the empirical review, which looks at men resisting or redefining hegemony in constructive ways. Nevertheless, Addis and Mahalik conclude that 'a large body of empirical research supports the popular belief that men are reluctant to seek help.'

There are suggestions that men are particularly reluctant to seek help for mental health issues. Disclosure for depression may be particularly taboo among men in comparison to physical ailments (O'Brien et al., 2007). It is suggested that the lack of emotional control involved in depression means it is often constructed as a feminised illness (Doyal et al., 2009). If men do acknowledge that they are suffering, they may be reluctant to admit that emotional distress is the problem. For example, men diagnosed with depression may find it easier to construct it as stress (O'Brien et al., 2005), or to highlight physical aspects of their suffering, e.g. lack of energy, rather than emotional issues, like feeling sad (Danielsson and Johansson, 2005). Also, in discussing the aetiology of depression, men are found to be more likely to emphasise being 'struck down' by external causes, like work pressure, than by an inner 'flaw' (Danielsson et al., 2009). The masked depression framework suggests that these issues can render men's depression 'invisible,' preventing them from seeking and/or receiving help.

The healthcare system itself may contribute to men's distress being overlooked. Reluctance to seek help may be exacerbated by the way healthcare settings are seen by men as 'feminised spaces' (Robinson and Robertson, 2010). Even if men do seek help, their distress may be missed. Clinicians too may be influenced by gender stereotypes that men are less vulnerable to emotional problems, and be less sensitive to detecting depression in men (Peverler et al., 2002). Furthermore, aspects of the way some men express depression, like anger, can be less likely to emerge in clinical interviews (Winkler et al., 2006). If such responses do emerge, clinicians may focus on the presenting symptom and miss the underlying distress (Rabinowitz and Cochran, 2008). Thus there are calls for greater sensitivity in dealing with depression in men (Oliffe and Phillips, 2008). The WHO has recognised the importance of adapting health-care to men's needs (CSDH, 2008). Efforts have been made to reach to men in targeted ways, including refashioning health engagement in 'male-friendly' terms, e.g. using metaphors of

vehicle maintenance to resonate with men's 'functional and mechanistic attitudes' to health (Burton et al., 2009).

A third approach to masculinity and depression is the 'masculine depression framework.' This focuses on the externalising behaviours presented above, and argues that these constitute a 'phenotypic variant of prototypic depression' (Addis, 2008: 159). That is, in contrast to the masked depression framework (involving 'conventional' depression, as defined by standard diagnostic criteria, being hidden), in this masculine depression framework, the externalising behaviours are conceptualised as a distinct 'male-specific' form of depression (Pollack, 1998; Cochran and Rabinowitz, 2000; Brownhill et al., 2005; Winkler et al., 2006; Chuick et al., 2009). These behaviours are linked to traditional masculine norms which 'encourage action and discourage introspection' (Addis, 2008: 159), which again connects to ideas of restrictive emotionality and alexithymia.

In addition to these frameworks, other conceptual models linking masculinity to distress have been articulated. Pleck's (1995) 'gender role strain' model suggests that masculine norms can cause stress as men 'struggle to meet unattainable and contradictory standards of masculinity' (Addis, 2008: 159). This inner conflict, or 'intrapsychic strain' in Pleck's terminology, may be generated by various norms, e.g. failure to achieve expectations of success. The concept of gender role strain also intersects with the idea of 'masked depression' – if men are depressed, distress may be compounded by 'strain' around the idea that they should 'suffer in silence.'

A final link between traditional masculine norms and mental health was not identified by Addis, but is suggested by Connell's (1995) theory of masculinities. Hegemonic masculinity has been implicated in mental health issues through the marginalization of those who do not conform, as the censoring process by which norms are enforced can be distressing. A notable example is homosexuality. Many gay men suffer homophobic harassment (Mills et al., 2004). Links have been made between such censure and distress. Warner et al. (2004) found 31% of a sample of 2430 lesbian, gay, bisexual and/or transgendered (LGBT) people in Britain had attempted suicide; such attempts were associated with recent physical attacks or bullying, but *not* with higher scores on mental disorder. Such marginalization may also explain why men persist with traditional forms of masculinity, even to the detriment of well-being, as the marginalization resulting from deviance may be even more detrimental than the behaviour itself (Saewyc et al., 2008).

2.5. Positioning the current study

In theoretical terms, the present study is located at the intersection of Addis' frameworks and Connell's theory of masculinities. This is largely unexplored terrain. As Addis (2008:159) acknowledged in critiquing his own presentation of the frameworks, while there is 'a growing body of literature on variations in the social construction of masculinities... this work has not been integrated into the literature on men and depression.' He suggested that Connell's theory might reveal variation among men in terms of the extent to which these frameworks apply to them. As it stands though, masculinity is often used in a singular way as a 'catch-all' term to explain problems experienced by males (Mac an Ghaill and Haywood, 2012: 483). This view presents men along a continuum, from too much masculinity, producing aggression, to too little, causing vulnerability/risk.

However, constructionist theories argue that gender constructions are not set in stone, and are capable of being dynamically refashioned in more adaptive ways. The theory of masculinities opened up conceptual space for acknowledging variation in men. Recognition that hegemonic ideals can shift according to local configurations allows for a more nuanced conception of the relationship between masculinity and mental health. This more nuanced view has begun to be examined in relation to physical health, where more constructive approaches to health in men have begun to be explored (Sloan et al., 2010). However, men have long been overlooked and undertheorised in mental health (Riska, 2009). Despite increasing theoretical and empirical interest in the links between masculinity and mental health, as Addis admitted, there has been minimal exploration of heterogeneity in men when it comes to mental health.

There is need for greater understanding of men's experiences of distress and mental health, particularly around the heterogeneity of men's approaches to managing well-being (Ridge et al., 2011). The empirical review chapter highlights promising studies which suggest that men can cope adaptively with negative emotions, and negotiate more constructive approaches to mental health. However, more research is needed to explore *how* men are able to adopt such approaches (Chaik et al., 2009). Moreover, work on men's engagement with mental health is generally limited to coping with depression, with assessment of engagement often confined to help-seeking. There is no research examining men's strategies for engaging pro-actively with mental health and broader well-being. The present study seeks to address this lack.

2.6. Summary

The chapter began by discussing social constructionism, and introducing narratives. It then highlighted conventional approaches to masculinity, e.g. roles and stereotypes, observing that traditional norms valorise toughness, and denigrate ‘feminine’ qualities like emotionality. A constructionist perspective was then explored, with gender constructed relationally through interaction. Connell’s (1995) theory was introduced: while there are multiple masculinities, in any setting, a particular form will be ‘hegemonic,’ constraining behaviours and marginalizing men and masculinities that do not attain to the hegemonic standard.

The chapter then explored perspectives on well-being. From a biological perspective, well-being was linked to health. From a psychological standpoint, well-being was characterised as the absence of distress and disorders, and the presence of positive qualities, like SWB. From a social perspective, contextual factors which influenced well-being were considered, such as ‘social capital.’ Various critiques of well-being were also noted. The focus moved to theories of distress and disorders. In particular, the idea was introduced that mental health problems are linked to maladaptive coping responses and poor emotional management skills.

Finally, frameworks linking masculinity to depression/distress were discussed. The gendered responding framework suggested that norms around emotional toughness link to restrictive emotionality in men, where men are liable to avoid/suppress negative emotional states, with deleterious consequences. The masked depression framework proposed that men experience depression, but that this can often be concealed from themselves and others. The masculine depression framework argued for a ‘male-specific’ depression, where distress is externalised in various ways. Lastly, it was suggested that social constructionist theories of masculinity had not yet been brought to bear on the connections between masculinity and mental health, hence the value of the current study.

CHAPTER 3

EMPIRICAL REVIEW

The theoretical review introduced a number of frameworks connecting masculinity to mental health issues. The frameworks suggested that traditional masculine norms (e.g. toughness) were implicated in how men experienced and expressed depression/distress. However, Addis (2008) recognised that the frameworks had not yet incorporated recent social constructionist perspectives, like Connell's (1995) theory of masculinities. This acknowledgment provides the conceptual space and theoretical justification for the current study. Connell's theory recognises men and masculinities as diverse. It is thus possible that some men may engage with mental health and well-being in more constructive ways than those suggested by Addis' frameworks. However, research here is sparse, hence the relevance of the present study.

Only a handful of studies have explored whether men can engage with their mental health in constructive ways. However, other empirical work relates to the topic in various ways, as this chapter explores, in five sections. The first section details recent studies which challenge the idea that men are poor at engaging with emotions and mental health, and which indicate that some men are able to resist or redefine hegemony in adaptive ways. However, no studies have examined men's strategies for engaging proactively with mental health. It is proposed that meditation may be one such strategy. The remaining sections focus on meditation. The second section introduces its historical roots and various forms. The third section suggests that, from a cognitive neuroscience perspective, meditation is conceptualised and studied in terms of attention development. The fourth section explores the idea that meditation may facilitate well-being, partly because attention development engenders EI. The fifth section considers how the social context of meditation, e.g. involvement with Buddhist groups, may also impact upon well-being.

3.1. Resisting or redefining traditional hegemonic masculinity

Influenced by Connell's (1995) theory of masculinities, scholars have begun to take a more nuanced view of gender, and explore how some men have negotiated masculinities that are potentially more conducive to well-being. This nascent body of work includes a number of ideas, which are considered below. First, studies have challenged the idea that men are poor at engaging with or expressing emotions. Second, men are capable of expressing care and

fashioning a 'loving' masculinity. Third, not all men are unwilling to seek help. Fourth, men are capable of taking on other health behaviours, like reducing alcohol use. Fifth, in relation to mental health, some men are found to deal with depression in constructive ways. However, in outlining these studies here, the point will be made that men are still often influenced by traditional hegemonic norms, and are redefining rather than resisting these. Finally, it will be suggested that male meditators may be a case of men engaging pro-actively with well-being, although no studies have hitherto explored this.

First, restrictive emotionality is not inevitable in men. When men are given 'permission and safety to talk' they have 'much to offer' about their emotional experiences, and are capable of insightfully analysing and sharing their emotions, even around sensitive personal issues such as impotence following prostatectomies (Oliffe, 2005: 2257), or cancer (Hilton et al., 2009). Other studies have shown emotional engagement in men caring for others, such as children (Anderson et al., 2002), elderly parents (Campbell and Carroll, 2007), or ill spouses (Emslie et al., 2009). Moreover, even if for some men, doing masculinity involves being emotionally inexpressive, this does not mean such men are not or cannot be emotionally sensitive. Allen (2005) observed that young men in focus groups engaged in identity management, wielding traditional hegemonic discourses, e.g. of emotional detachment. However, underneath their 'bravado,' a 'softer' masculinity emerged as men discussed vulnerability, and desire for love and intimacy. This finding highlights gender as a complex performance, and cautions against making generalisations about men's emotional capabilities.

Beyond simply expressing emotions, men are capable of showing care. Fatherhood appears to be particularly liberating in enabling men to embrace a more loving masculinity (Williams, 2007). However, caring does not necessarily mean resisting traditional hegemonic norms, but can often involve interpretative flexibility, incorporating caring within more conventional masculine constructions. For example, older men caring for spouses pragmatically reframed masculinity to incorporate caring as a necessary capacity as husbands (Ribeiro et al., 2007). In a similar study, Bennett (2007) found that while older male carers endorsed emotionality, it was still encompassed within a 'masculine' frame which stressed the importance of control, responsibility and rationality.

In this way, men may both endorse *and* challenge traditional norms around emotionality. Interviews with ex-servicemen revealed that although the military valorised a tough hyper-

masculinity prohibiting emotionality, a non-traditional masculinity based on interdependence and caring was embedded within it (Green et al., 2010). Likewise, men in professions seen as feminine, e.g. nursing, may enact traditional masculinity *and* adopt 'feminine' qualities, with masculinity thus partly subverted and partly maintained (Pullen and Simpson, 2009). While masculinity is expanded to include caring, male nurses assert their difference from women by reframing discourses of care to privilege masculine attributes, e.g. describing their emotion work as 'more rational.' Pilgeram (2007) describes this appropriation of emotions within a rational frame as the 'masculinisation' of emotion.

More nuanced gender enactments have also been examined around help-seeking for physical health, where scholars have questioned simple generalisations of men as 'reluctant' to seek help. Some studies have found commonalities between the sexes: a qualitative study of men and women with acute coronary syndrome found that their help-seeking behaviours was 'not easily parsed into distinct binary gender patterns' (Galdas et al., 2010: 18). Patients of both sexes described behaviours typically viewed as 'masculine,' e.g. reluctance to seek help, and 'feminine,' e.g. worrying about health. Others studies have revealed diversity within men in the UK. Galdas et al. (2007) found that while white men emphasised stoicism, men of South Asian ancestry valued family responsibility and help-seeking as masculine attributes. These differences were reflected in greater help-seeking among the latter.

Rather than viewing men as either 'willing' or 'reluctant' to seek help, the picture may be more complicated. Robertson (2006) suggested that men endeavour to maintain hegemonic 'citizenship' by negotiating a complex balance between competing health-related narratives: responsibility ('should care') vs. risk ('don't care'), and control (health vigilance) vs. release (indulgence). Moreover, the way men negotiate these tensions may evolve. Studying smoking behaviour in fathers, Bottorff et al. (2006) found that while risk-taking ideals had initially led men to smoke, fatherhood prompted a re-evaluation of priorities, with greater emphasis on control. Delays in help-seeking may thus be less about adherence to hegemonic norms, and more that it takes men time to negotiate an alternative masculine identity taking health-status changes into account (McVittie and Willock, 2006).

It is argued that men who seek help may not be resisting traditional hegemonic norms, but are re-interpreting norms to accommodate help-seeking. In focus groups, O'Brien et al. (2005) found that most men constructed help-seeking as 'unmasculine.' However, some were willing

to seek help *if* it helped to support more valued aspects of masculinity, such as work identity. Similarly, Noone and Stephens (2008) report that New Zealand men only spoke positively about help-seeking by positioning it in a hegemonic frame as a knowledgeable use of health-care services, contrasting this with less-informed behaviour of ‘weaker’ men. These studies highlight the complexities of the intersection between health behaviours and masculinity – while some men may re-define masculinity in ways that facilitate well-being, these men often still appear to need to engage with hegemonic norms at some level.

Similar ‘reinterpretations’ of traditional norms are noted around other health behaviours, like abstinence. Alcohol use is recognised as a ‘resource in the construction of masculinity’ (De Visser and Smith, 2007: 609), a way for men to ‘embody the ideal, dominant and expected form of masculinity’ (Peralta, 2007: 751). However, studies have observed that some men are able to avoid alcohol. Such men may not necessarily be resisting traditional hegemonic norms though. De Visser et al. (2009) found that men who forewent alcohol often upheld traditional norms of independence and strength, but just attached these values to alcohol abstinence.

Reconstructing masculinity in more adaptive ways – aligning with or challenging traditional hegemony – has been examined in the context of mental health, mainly depression. Recent studies have explored how some men have responded to depression in relatively constructive ways. Emslie et al. (2006) found certain men were able to frame their illness experiences in a positive light and challenge ‘macho’ norms, creating a valued alternative masculinity based on sensitivity. In contrast, others also constructed their plight in positive terms, but in ways aligning with traditional hegemony, e.g. as a ‘heroic struggle.’

Similarly, Oliffe et al. (2010) observed that some men responded positively to depression by seeking help; however, it was constructed as a rational way of regaining self-control. Chuick et al. (2009) noted that some men with depression escaped a ‘counterproductive’ cycle of dysfunctional coping, seeking help through therapy. However, this positive response was usually only through the intervention of a loved one who ‘destigmatised’ help-seeking. Such studies confirm that engagement with well-being often depends on men re-constructing it as an affirmation of traditional hegemonic norms, and less often as resisting these.

There is need for more research on men’s mental health (Riska, 2009). The few studies on men’s experience of such issues have focused on depression, with assessment of engagement

usually limited to help-seeking. There is no research examining men's strategies for engaging pro-actively with their mental health and well-being. In the current study, men were sought who were likely to positively self-manage their well-being. It was envisaged that men who meditate might represent such a group, as meditation is linked to positive outcomes on many mental health indicators (Mars and Abbey, 2010), as outlined below. However, despite increasing interest in meditation in diverse academic and practical fields (Brown et al., 2007), there are no studies exploring meditation in relation to masculinity and men's mental health.

A few articles have touched on links between meditation and masculinity tangentially. Barker (2008) explored emotional life stories of men who had found meaning through Buddhism. Interviews with members of an Australian men's group reported that a meditation at the start of meetings served as a 'ritual' to strengthen interpersonal bonds (Reddin and Sonn, 2003). Forbes (2005: 154) wrote a reflective account of using meditation with football players to help them 'challenge and reflect on the problematic aspects of masculinity.' In a theoretical essay, Hwang (2002: 98) argues that in Asian cultures, Buddhist influences have encouraged 'feminine' communication styles in men – 'harmonious, non-argumentative, mild, humble.' Orr (2002) speculates that meditation could help challenge patriarchal practices in education.

Although such research is encouraging, no studies have explicitly examined the intersection between masculinity, meditation and well-being. The work that comes closest is a theoretical piece on male distress by Kingerlee (2012), featuring a speculative sentence in the discussion, hypothesising that by promoting awareness, meditation may ameliorate tendencies towards emotional disconnection, which contributes to men's distress. Thus, as Kingerlee identifies, and as the following sections explore, there are reasons to think meditation may be conducive to men's well-being. While none of the studies below examined men specifically, the mixed-sex samples in these suggest that their findings may be applicable to men.

3.2. What is meditation?

This section introduces meditation. It explores the range of meanings attached to the term, and locates it historically as a practice associated with Buddhism. It ends by highlighting how meditation has become a focus of research, particularly in terms of attention development.

The term ‘meditation’ has evolved historically (Fisher, 2006). Its etymological roots lie in the Latin term *meditatio*, to engage in reflection, and originally referred to all types of intellectual exercise in the West. Later meditation functioned as a synonym of ‘contemplation,’ e.g. on the sufferings of Christ. In the 19th century it came to refer to spiritual practices associated with Eastern religions. Most religious traditions incorporate some form of meditation, e.g. Christian contemplative prayer (Cunningham and Egan, 1996). Even within traditions, there are different forms (Murphy et al., 1997). Meditative practices are also identified in areas as diverse as tribal dancing (West, 1987) and artistic performance (Csikszentmihalyi, 1990).

Forms of meditation explored in the current study derive mainly from Buddhism, a tradition built upon the teachings of Siddhartha Gautama. Gautama, usually known by the honorific ‘Buddha,’ meaning ‘Enlightened one,’ lived between around 480 and 400 BC in present-day Nepal, according to most scholars, (Harvey, 1990). The cultural context of this time was one in which the Hindu Bhramanic religion dominated, which promoted yoga practices dating back to around 1500 BC, from which meditation emerged (Dumoulin, 1979).

Reliable accounts of the development of Buddhism are hampered by the lack of historicity of the early source documents (Harvey, 1990). Nevertheless, Buddhism generally mythologizes Gautama’s life with the following narrative (Gyatso, 2007). Living a sheltered life until 29, a series of encounters with people who were ill or dying prompted an existential crisis, leading him to pursue a religious existence exploring the ‘human condition’ (Kumar, 2002). After five years of austere yogic practices, he rejected asceticism and meditated for 49 days until he gained enlightenment. He spent the next 45 years formulating and propagating his insights, referred to as the ‘*Dharma*,’ a Sanskrit term meaning ‘laws’ (Kabat-Zinn, 2003).

Central to the teachings are the ‘Four Noble Truths,’ a remedy in the form of a ‘medical diagnosis’ for the alleviation of suffering: suffering is universal; it has a cause; cessation is possible; achieved by following the ‘Noble Eightfold Path,’ a path of ‘right living,’ which includes meditation and other moral recommendations (Thrangu, 1993). After the Buddha’s death, various traditions evolved (Harvey, 1990). The Theravadan school adhered closely to original scripture. The later Mahayana tradition (circa 0 AD) extended the original teachings, developing elaborate philosophies. Exported into China in the 6th century, Buddhism mixed with indigenous Taoism to produce the less mythological Zen Buddhism (Dumoulin, 1979).

With so many meanings and forms attached to the notion of ‘meditation,’ despite increasing academic interest, much of the research undertaken has been criticised for lacking adequate operational definitions (Cardoso et al., 2004). That ‘meditation’ is conceptually ‘slippery’ is expected from a poststructuralist perspective (Rail, 1998). Rather than advance a particular definition of meditation, the current study is interested in exploring the different meanings men themselves give to the term. Nevertheless, elsewhere in the literature, in an attempt to bring classificatory rigour to the proliferation of practices, Mikulas (1990) suggested these be differentiated along four parameters: form; object; attitude; and behaviours of mind.

Firstly, meditation can take different physical *forms*, including: rhythmic movements, like tai chi (Field, 2011a); Yoga, i.e. physical postures held for varying durations, accompanied by breathing techniques (Field, 2011b); walking (Jin, 1992); lying down (Ditto et al., 2006); and even dancing (Palmer, 1980). The most common form is sitting, which has various forms, including full-lotus (cross-legged, feet on opposing thighs), half-lotus (one foot on opposing thigh), or upright on a chair (Adiswaranda, 2007). A recommendation is that the back is kept straight (see Ong, 2007, for the anatomical significance of this posture). Eyes are generally closed, although certain traditions recommend partially-open eyes (Austin, 1998).

Secondly, in terms of *object*, meditation can involve an intentional mental focus on a range of phenomena. The Dalai Lama defines meditation broadly as ‘a deliberate mental activity that involves cultivating familiarity, be it with a chosen object, a fact, a theme, a habit, an outlook or a way of being’ (Gyatso, 2006: 98). The focus can be directed internally, towards bodily sensations, cognitions and feelings (Zindel et al., 2002), or outwardly. This inward focus may involve concentrating on particular cognitions, e.g.: mantras (repeated words/phrases, used in Transcendental Meditation; Travis, et al., 2009); koans (paradoxical statements/questions that ‘cut through’ thought, used in Zen; Braverman et al., 1994); ideas (e.g. of death; Ferreira, 2010); and imaginative images (Vessantara, 2002). Focus can also be directed outwardly to visual stimuli, like religious icons or mandalas (meaningful geometric patterns, as in Tibetan Buddhism; Saso, 1990), and auditory or olfactory stimuli (e.g. bells, incense). Combinations of stimuli can be assembled to create a shrine (Reynolds and Carbine, 2000).

Thirdly, focus on the objects of meditation is often accompanied by the cultivation of certain attitudes, from relatively neutral, e.g. acceptance, to more positive, e.g. kindness (Siegel et al., 2009). For example, Kabat-Zinn (2003: 145) argues that meditation should be conducted

with an ‘open-hearted, friendly... affectionate, compassionate quality.’ Stronger still, some practices involve devotional stances of reverence. Although Buddhism is generally not seen as theistic, some traditions revere the Buddha and other figures as deities (Harvey, 1990). The importance of positive attitudinal qualities is discussed in the fourth section of this chapter.

The last component, behaviours of mind, refers to types of *attention*. Meditation practices are classified as involving one of two types (Lutz et al., 2008a). Focussed attention (FA) refers to concentrative, sustained attention on an object. Open-monitoring attention (OM) is receptive monitoring of the wider moment-to-moment content of experience. Buddhism uses ‘Pali,’ the Indian language of early Buddhist texts, to refer to practices involving these types of attention as ‘*samatha*’ and ‘*vipassana*’ respectively. However, it is difficult to differentiate in practice between FA and OM, as most meditations incorporate both, or fall on a continuum between them (Wallace, 1999).

Meditation has become a focus of increasing scientific interest in the last 50 years (Ospina et al., 2007). For many researchers, attention is the defining feature of meditation: ‘The need for the meditator to retrain his attention, whether through concentration or mindfulness, is the single invariant ingredient... in every meditation system’ (Goleman, 1988: 107). Prominent definitions of meditation in the literature centre on attention. Walsh and Shapiro (2006: 228-229) define meditation as ‘a family of self-regulation practices that focus on training attention and awareness in order to bring mental processes under greater voluntary control and thereby foster general mental well-being and development and/or specific capacities such as calm, clarity, and concentration.’ Similarly, Cahn and Polich (2006: 180) suggest that ‘regulation of attention is the central commonality across the many divergent methods.’

This emphasis on attention partly reflects the process of translating a phenomenon usually associated with religious or anthropological studies into an activity amenable to experimental investigation (Chiesa et al., 2011). Classical descriptions of meditation are not conducive to operationalization, and so researchers have articulated psychologically-orientated definitions centred on cognitive processes, and attention in particular. The preference for such definitions is evident in the theoretical and empirical interest in mindfulness meditation, which in recent years has emerged as the pre-eminent focus of research (Chiesa and Serretti, 2009). Kabat-Zinn's (2003: 145) widely-cited ‘operational working definition’ of mindfulness defines it as ‘awareness that arises through paying attention on purpose, in the present moment, and non-

judgementally to the unfolding of experience moment by moment.’ From this perspective, meditation can be conceptualised as the training of attention, as the next section explores.

3.3. Developing attention

Grossman (2010) argues that meditation is so closely linked with attention/awareness that it should be studied as a ‘consciousness discipline,’ i.e. analysed from a cognitive neuroscience perspective. This means exploring the cognitive processes involved, and neurophysiological correlates of these processes. This section focuses on these in turn.

3.3.1. Cognitive aspects

Before exploring how meditation impacts upon attention, a brief overview of attention will be helpful. Firstly, it is useful to distinguish between attention and awareness. While these terms are often used synonymously, they are distinct, though related, concepts (Koch and Tsuchiya, 2007). Awareness refers to conscious experience: ‘conscious registration of stimuli, including the five senses, the kinaesthetic senses, and the activities of the mind’ (Brown et al., 2007: 212). There are different types of awareness. Phenomenal awareness refers to the subjectivity of experience, a catch-all term for the experience of qualia (Fell, 2004). Access awareness refers to aspects of conscious experience being available for ‘use in reasoning and rationally guiding speech and action’ (Block, 1995: 227).

Phenomenal awareness itself comprises subtypes pertaining to different sensory modalities, e.g. visual, or proprioceptive (Sarrazin et al., 2008). There are also higher forms of reflexive meta-awareness of one’s mental processes (Siegel, 2007). Awareness without content may even be possible: this ‘non-dual’ awareness is described as a form of ‘self-transcendence’ (Travis and Shear, 2010), involving the dissipation of the dualistic ‘subject-object construct’ (a subject who is aware of an object), leaving a bare ‘field’ of awareness (Josipovic, 2010). While non-dual awareness is a disputed phenomenon, and may be rarely achieved in practice, it is linked by scholars to advanced meditation skills (Wilber, 1997).

In contrast, attention refers to mechanisms which control what enters awareness (Fell, 2004). This involves enhancement of the way information is processed from a particular area of the sensory field (Rafal and Posner, 1987), where attention modulates cognitive and perceptual

processing by directing resources to relevant internal or external stimuli (Wiech et al., 2008). As Austin (1998: 69) articulates the distinction, awareness implies sensate ‘reactivity,’ while attention is a ‘searchlight:’ ‘Attention reaches. It is awareness stretched *toward* something. It has executive, motoric implications. We attend *to* things.’

Attention is theorised as modular, comprising interrelated subcomponents that are controlled by executive processes within a Supervisory Attention System (Norman and Shallice, 1986). This model proposes that inhibitory and excitatory cognitive processes work together to direct and switch attentional processes to facilitate selective, divided and sustained attention. A prominent framework proposes three functionally distinct but overlapping neural networks: alerting; orienting; and executive attention (Posner and Petersen, 1990); these networks are anatomically distinct with identified anterior and posterior attentional systems. Additionally, Mirsky et al. (1991) added the faculty of attention switching.

Alerting (also called ‘sustained attention’ or ‘vigilance’) refers to ongoing ‘task readiness’ for processing non-specific stimuli (Pardo et al., 2006), involving extended performance over time, conscious volitional control, and mental ‘effort’ (Hilti et al., 2010). There are two forms of alerting, tonic and phasic (Cao et al., 2008). Tonic refers to internal control of arousal in the absence of external cues. Phasic concerns the ability to increase response readiness after receiving external cues. While alerting refers to attention intensity, the other networks pertain to attentional selectivity, i.e. attention control.

Orienting (or ‘selective attention’ or ‘concentration’) regulates and allocates resources to certain stimuli (Pardo et al., 2006). There are two types of orienting, automatic and controlled (Müller and Rabbitt, 1989). ‘Automatic’ is the ‘capture’ of attention, e.g. by sudden sounds. ‘Controlled’ concerns the active ‘top-down’ guidance of attention. Executive attention (or ‘divided attention’ or ‘conflict monitoring’) involves monitoring and selection of competing stimuli. Executive attention requires ‘effortful’ top-down processing using a range of higher order cognitive process, e.g. inhibition of responses, self-monitoring and planning (Happé et al., 2006), and is implicated in the self-regulation and control of behaviour (Simonds et al., 2007). Lastly, attention switching is ‘the ability to change focus in an adaptable and flexible manner’ (Mirsky et al., 1991: 112).

Researchers have sought to understand meditation using this modular conceptualisation of attention. Lutz et al. (2008a) suggest that FA-type practices involve the development of all four networks: sustained attention (towards a target like the breath), monitoring (to prevent the mind ‘wandering’), switching (disengaging from distractions), and selective (redirecting attention back to the meditative object). In contrast, OM does not involve biases focusing attention on particular stimuli, but is a broad receptive awareness: ‘an open field capacity to detect arising sensory, feeling and thought events within an unrestricted ‘background’ of awareness, without a grasping of these events in an explicitly selected foreground or focus’ (Raffone and Srinivasan, 2010: 2). Passing thoughts, feelings and sensations are registered as they arise, but not ‘held on to’ (Grossman et al., 2004: 36). OM is characterised by qualities including receptivity, clarity, stability/continuity, flexibility and non-conceptual awareness, i.e. without discursive elaboration (Brown et al., 2007). FA development is a precursor to OM – accounts of meditation emphasise the sequential training of these faculties, i.e. FA must first be developed to prevent the mind ‘wandering’ during OM (Chiesa et al., 2011).

Empirical studies have examined the effects of meditation on the various attention subsets (Chiesa et al., 2011). Experienced meditators generally score higher than novices on most attention measures, including selective (Hodgins and Adair, 2010), executive (Moore and Malinowski, 2009) and sustained attention (Jha et al., 2007). Moreover, longitudinal studies of novices learning meditation have found increases in most attention capacities, including selective (Jha et al., 2007), executive (Wenk-Sormaz, 2005), sustained (Zeidan et al., 2010) and switching attention (Heeren et al., 2009), although Chambers et al. (2008) and Anderson et al. (2007) found no such changes. Early stages of training, involving development of FA, are associated with improvements in selective and executive attention, while later phases, characterised by development of OM, involve improvements in unfocused sustained attention (Chiesa et al., 2011). Together, the training of these different attention faculties means that mindfulness is viewed as a meta-cognitive skill, facilitating ‘the self-regulation of attention’ (Bishop et al., 2004: 233). The notion that meditation develops self-regulatory capacities will be relevant in the fourth section of this chapter.

3.3.2. Neurophysiological correlates of attention

In the cognitive neuroscience paradigm, as well as analysing attention directly through top-down measurement of cognitive performance, another strategy involves ‘bottom-up’ analysis

of ‘Neural Correlates of Consciousness’ (NCC; Cahn and Polich, 2006). The NCC paradigm is based on the premise of ‘psychophysical isomorphism,’ i.e. states of consciousness are accompanied by analogous neurophysical states (Fell, 2004). The paradigm involves analysis of the neurophysiological correlates of cognitive functions and mental states. However, this approach does not imply directional causality, or resolve the ontological mind-body problem, i.e. *how* NCCs are connected to conscious states.

Although there is not *a* neurophysiological correlate of meditation, common characteristics have been observed (Fell et al., 2010). These observations have led some to argue that the difficulty in reaching an operational definition of meditation can be resolved through NCC analysis. For example, Jaseja (2009: 483) defines meditation as ‘a complex neural practice that induces changes in neurophysiology and neurochemistry of the brain resulting in altered neurocognition and behaviour in the practitioner.’ However, NCC is an emergent paradigm, and the precise changes involved are only just being elucidated (Fell et al., 2010).

One way of approaching meditation from an NCC perspective is to explore the brain areas involved. The NCC paradigm posits that activities of the mind are produced by interaction of areas ‘distributed’ throughout the brain (Fell et al., 2010). Two key areas in a model proposed by Newberg and Iversen (2003) are the anterior cingulate cortex (ACC) and the prefrontal cortex (PFC), both of which are implicated in attention (Newberg et al., 2001). The ACC, in the medial wall, is prominent in executive control of attention and cognition, and regulation of cognitive and emotional processing (Posner and Dehaene, 1994). The PFC, in the frontal lobe, is implicated in higher level activities such as attention, volition, planning and decision making, and is central to the control of complex goal-directed behaviour (Fuster, 2008).

Analysis of brain changes during meditation, using functional magnetic resonance imaging to measure cerebral blood flow, shows increased ACC and PFC activation, indicating enhanced attentional processing (Hölzel et al., 2007). Moreover, practice may have a cumulative impact on these areas. Kozasa et al. (2008) found greater activation in these areas after an intensive retreat relative to before. Long-term meditation is even linked to structural changes in these areas – compared to matched controls, meditators had greater cortical thickness in areas like the PFC, suggesting meditation may have neuroprotective effects, and ameliorate age-related cortical thinning (Pagnoni and Cekic, 2007). These areas are not only indicative of attention.

For example, the ACC is involved in affective processing, and its enhanced activation in meditators has been interpreted as reflecting higher levels of empathy (Lutz et al., 2008b).

Another NCC approach involves analysis of electroencephalograph (EEG) oscillations. EEGs are ‘emergent phenomena,’ reflecting synchronisation of distributed neural networks (Basar et al., 2001), capturing macro-scale spatio-temporal dynamics of brain activity (Stam, 2005). Neural activity generates electrical potentials as neurotransmitter release alters the electric potential of the post-synaptic cell membrane; as neighbouring cells synchronise, current loops combine additively to create larger regional currents, detectable by voltage changes on the scalp (Rampil, 1998). Voltage changes produce sinusoidal waveforms which can be analysed in terms of amplitude, frequency, coherence and synchrony (Cacioppo et al., 2007).

Amplitude (or ‘power,’ the square of the amplitude), reflects the magnitude of the electrical signal. Amplitude represents the level of synchronised activity in the underlying tissue, i.e. neurons discharging simultaneously (Von Stein and Sarnthein, 2000). Frequency refers to the number of oscillatory cycles per second, and is divided into bands: Delta (1-4 Hz); Theta (4-8 Hz); Alpha (8-13 Hz); Beta (13–30 Hz); and Gamma (36-44 Hz) (Cacioppo et al., 2007). EEG connectivity – the functional integration of spatially distributed neural populations – can be measured by analysing the relationships between electrodes in terms of synchrony and coherence. Synchrony is the degree of leading or lagging in the relationship between signals from electrode pairs. Coherence is the stability of that phase relationship (Hebert et al., 2005).

In the NCC paradigm, efforts are made to connect patterns of neurophysiological activity to particular brain states. Reduced amplitude in response to internally/externally ‘paced’ events is referred to as ‘event-related-desynchronisation’ (ERD), and increased amplitude as ‘event-related-synchronisation’ (ERS) (Pfurtscheller, 1992). The ‘signatures’ of meditation are theta and alpha ERS (Josipovic, 2010), consistently found across different practices, relatively independent of both technique and degree of practice (Fell et al., 2010). While the functional significance of band activity can be hard to interpret, theta and alpha are both regarded as markers of attention (Shaw, 1996).

Alpha appears during relaxed eyes-closed wakefulness, and was seen as signifying the brain ‘idling,’ a correlate of de-activated cortical areas (Pfurtscheller et al., 1996). However, Shaw (1996) argued that although outer-directed attention results in alpha ERD, inner-directed

attention, also called ‘intention,’ results in alpha ERS. Alpha ERS is seen in tasks requiring memory (Jensen et al., 2002), or imagination (Cooper et al., 2006). Theta ERS is also linked to cognition, including switching and orienting attention (Dietl et al., 1999), and processing novel information, increasing with greater task demand (Grunwald et al., 1999).

Not all studies have found alpha ERS in meditation (Travis and Wallace, 1999). However, Cahn et al. (2010) argued that results showing alpha ERS may be attributed to use of novices as participants. Cahn et al. found that although novices showed alpha ERS during meditation, experienced participants exhibited greater alpha consistency across different states, in *and* out of meditation. Thus although meditation may enhance alpha in early stages of learning, with expertise, people may develop elevated *trait* alpha, being able to rest in mindfulness states outside of meditation, thus rendering the control condition meaningless, and accounting for the null results (Manna et al., 2010). Indeed, Aftanas and Golocheikine (2001) found a trait alpha difference of 0.8Hz between experienced meditators and matched controls.

Travis and Wallace (1999) suggest coherence is a better marker of meditation than amplitude. Coherence reflects information flow between distant cortical regions, signifying connectivity (Aftanas and Golocheikine, 2001). Increases reflect top-down cognitive processing (Sauseng, et al., 2005), while lower levels are found in those with neuro-psychiatric disorders, reflecting cognitive impairment (Güntekin et al., 2008). Travis and Wallace observed elevated alpha and theta coherence during meditation, interpreted as indicating increased ‘alertness.’

Researchers have also tried to differentiate between different practices. Dunn et al. (1999) compared OM and FA practices with a relaxation control: each produced ‘unique frequency patterns,’ suggesting that they represent different forms of consciousness, not simply degrees of relaxation. While OM and FA both produced more alpha amplitude than relaxation, they differed in terms of the specific brain regions that were most active. Moreover, OM produced more theta and alpha activity than FA.

Some studies have utilised an emergent ‘neurophenomenology’ paradigm, where subjective reports are elicited to ‘correlate internal experience with brain activity,’ dynamically indexing changing inner experience (Cahn and Polich, 2006: 182). In a three-phase meditation, self-rated scores of attention across the phases correlated with theta and alpha ERS (Aftanas and Golocheikine, 2002). Lehmann et al. (2001) examined a meditator across various practices.

Different areas were active depending on the subjective experience of the specific practice, reflecting known functional neuroanatomy; e.g. the right superior frontal gyrus, connected to self-detachment in lesion patients, was active in practices aimed at the dissolution of the self.

This section has connected meditation to the development of attention skills. The next section explores the possibility that these skills may facilitate more constructive ways of relating to emotions and well-being.

3.4. Meditation and mental health

This section explores a number of interrelated ideas. First, by helping people pay attention to their ‘inner world,’ meditation can promote emotional intelligence (EI) (Bishop et al., 2004). Second, EI skills may enable people to better manage disorder and distress (Chambers et al., 2009). Third, such skills facilitate engagement with well-being generally through enhanced self-regulatory competence (Brown et al., 2007). Fourth, meditation can engender positive emotions. Fifth, meditation is linked to positive mental health outcomes. Lastly, a cautionary note is raised, in that meditation has also been linked to mental health problems, although this has received minimal attention (Dobkin et al., 2012). The section ends by suggesting that the social dimension of meditation practice also contributes to well-being, but that this has rarely been explored as a research topic.

Although none of the studies here focused specifically on men or masculinity, their findings have implications for men’s mental health. The theoretical review suggested that traditional forms of hegemonic masculinity were linked to distress in men. For example, the ‘gendered responding framework’ proposed that toughness norms could lead to restrictive emotionality, which in turn connects to maladaptive coping responses (e.g. suppression) and mental health issues (Addis, 2008). In this context, the possibility that meditation may help men resist such norms and become more engaged with their emotions is intriguing. As this possibility has not previously been explored, it is a point of interest in the current study.

First, an extensive and growing body of work has linked meditation to mental health (Brown et al., 2007). Much of this work has focused on a range of programmes based around the idea of ‘mindfulness.’ Various mindfulness-based interventions have emerged following Kabat-Zinn’s (1982) pioneering Mindfulness-Based Stress Reduction (MBSR) program, which had

success treating chronic pain. These interventions, while rooted in Buddhist ideas/practices, present meditation in a secular format (Shapiro, 1994). These have successfully alleviated a wide range of mental health problems in diverse clinical and non-clinical groups (see Mars and Abbey, 2010, Hofmann et al., 2010, and Fortney and Taylor, 2010, for positive reviews¹).

Mindfulness courses are usually 8-10 weeks long, for groups of up to 40, either homogeneous or heterogeneous with respect to disorder, involving weekly 2½-hour sessions, plus an all-day session. The courses involve activities to promote mindfulness, and homework assignments to encourage it in everyday life. The central aim of these interventions is to help people to engage with their internal world (Grossman et al., 2004). This aim is predicated on a number of premises: (1) people are often unaware of their moment-to-moment experience, operating on ‘autopilot;’ (2) mindfulness is a skill that can be developed; (3) development is gradual and progressive, requiring practice; (4) persistent non-evaluative awareness of mental content leads to less distorted perception and cognition; (5) more accurate perception and cognition can enhance efficacy and control of actions.

A common theme in the literature is that mindfulness helps people manage emotions more effectively. Interventions are theorised to work by altering patterns of emotional responding, so people learn to refrain from reacting to negative emotions and cognitions in dysfunctional ways, e.g. suppression through alcohol (Goldin and Gross, 2010). Thus, a theoretical premise for the success of such interventions is that they increase EI (Bishop et al., 2004). While not all studies cited here invoke the concept of EI, Bishop et al. argue that the phenomena they depict can be understood as aspects of EI, including emotional awareness, understanding, and management. The goal of mindfulness interventions is not to change thoughts/feelings per se, as cognitive therapy endeavours to, but to teach people to ‘become more aware of, and relate differently to’ them (Shapiro et al., 2005: 165). In particular, participants are encouraged to ‘stand back’ and view subjective events as phenomena passing through their internal world –

¹ However, other reviewers are rather more equivocal or cautious about asserting the positive value of meditation. For example, examining the effectiveness of meditation therapy (e.g. mindfulness based interventions) for anxiety disorders, Krisanaprakornkit et al. (2006: 2) concluded that the scarcity of relevant studies did ‘not permit any conclusions to be drawn.’ Of relevant studies that are available, other reviews have argued that many of these are beset by methodological flaws, as discussed further below, and as such contend that the evidence base in this area is weak (e.g. Bishop, 2002; Toneatto and Nguyen, 2007; Vettese et al. 2009).

the image of watching clouds is often invoked – rather than identifying with and attaching to them (Bishop et al., 2004). This ‘standing back’ is known as ‘decentring,’ defined as ‘the ability to observe one’s thoughts and feelings as temporary, objective events in the mind, as opposed to reflections of the self that are necessarily true’ (Fresco et al., 2007: 234).

It is thought that ‘decentring’ can help alleviate or prevent distress and disorder. Theoretical models accounting for this effect are grounded in cognitive theories of mental disorder (e.g. Beck et al., 1979). For example, Mindfulness-Based Cognitive Therapy (MBCT) is designed to prevent relapse of depression (Zindel et al., 2002). The theoretical basis of MBCT is the ‘differential activation hypothesis:’ previously depressed people are susceptible to relapse due to ‘dysphoria-activated depressogenic thinking,’ i.e. negative thought patterns associated with previous depressive episodes can be reactivated by negative emotions (Teasdale et al., 2000: 615). In MBCT, attention training increases emotional awareness and understanding, enabling people to decentre from their cognitions, and helping prevent a ‘downward spiral’ of negative thoughts and worsening negative affect, leading to relapse. Thus MBCT involves ‘retraining awareness,’ enabling people to ‘more consciously choose... thoughts, emotions and sensations... rather than habitually reacting to them’ (Chambers et al., 2009: 569). In a randomised controlled trial (RCT) with 75 recurrently depressed patients in a recovery phase, MBCT plus treatment as usual (TAU; e.g. patients seeking help from GPs as they normally would do) significantly reduced relapse rates for those with three or more previous episodes of depression compared to TAU alone (relapse rates of 36% versus 78%) (Ma and Teasdale, 2004). MBCT was subsequently approved by the National Institute of Clinical Excellence as a treatment for recurrent depression (NICE, 2004).

By ‘retraining’ awareness, people are less likely to respond to negative emotions in habitual maladaptive ways, such as emotional suppression (Ma and Teasdale, 2004). Studies show an inverse relation between mindfulness and emotional suppression. Some studies have looked at ‘dispositional’ mindfulness, i.e. ‘trait’ levels in everyday life, using psychometric scales,¹

¹ Scholars working with these methodological tools recognise the limitations of such scales, and that assessment via self-report methods is a ‘contentious issue’ (Lavender et al., 2009: 230). For example, self-report scales are beset by issues of social desirability responding, and concerns around the ability of people to report accurately on their own mental processes (Chiesa and Serreti, 2009). Thus, there is the possibility that high self-reported levels of mindfulness are more reflective of respondents’ *beliefs* that they are/should be mindful, rather than being indicative of actual mental ability or skill.

e.g. the ‘Five Facets of Mindfulness Questionnaire’ (FFMQ, Baer et al., 2008). The FFMQ assesses: non-reactivity to experience; noticing thoughts/feelings; acting with awareness; emotional labelling; and non-judging of experience. In regression analyses, trait mindfulness is associated with reduced emotional suppression and increased tolerance of negative stimuli. In a community sample of 248 adults, Vujanovic et al. (2007) found mindfulness mediated the relationship between anxiety sensitivity and anxious arousal. With chronic pain patients, mindfulness moderated the link between pain intensity and ‘catastrophising’ (a maladaptive fear-avoidance response involving negative evaluation of pain) (Schütze et al., 2010). Among 113 undergraduates, mindfulness predicted less suppression of death-related cognitions after a ‘mortality salience’ exercise (Niemic et al., 2010). Lastly, also with undergraduates, while thought-suppression predicted bulimic symptoms, mindfulness had the opposite mitigating effect, being inversely related to symptoms (Lavender et al., 2009).

Moreover, experimental interventions suggest people can be taught to decentre and refrain from suppression with mindfulness training, even after very brief interventions. Feldman et al. (2010) randomly assigned 190 female undergraduates to one of three stress management exercises (lasting 15 minutes): mindful breathing; progressive muscle relaxation; and Loving Kindness Meditation (see below for details). On self-report measures following the exercise, those in the mindful condition evinced greater decentring compared to the others. Similar control-group studies suggest mindfulness interventions can reduce suppression and increase tolerance of aversive stimuli. In a randomised single-blind study with undergraduates, those receiving mindfulness training had increased pain tolerance compared to a guided imagery control group (Kingston et al., 2007). The gendered responding framework suggested that men have a tendency towards emotional suppression. The possibility that meditation may reduce this tendency is thus potentially relevant to the issue of men’s mental health.¹

¹ However, methodological inadequacies means caution is necessary in interpreting the results of such studies (Toneatto and Nguyen, 2007). For example, Feldman et al. (2010) failed to record a baseline level of decentring, thus the observed outcome differences may have been due to pre-existing group differentials. With Kingston et al.’s (2007) study, the interventions were not of comparable duration – the mindfulness condition comprised six one-hour sessions, while the control condition (guided visual imagery) involved only two one-hour sessions. General methodological issues are discussed further at the end of the section.

Studies have linked meditation to a wider set of emotional management skills than simply refraining from suppression. As explored in the theoretical review, specific coping responses can be situated in a broader emotional management framework. Thus beyond empowering people to refrain from dysfunctional coping responses, it is suggested that mindfulness helps improve EI skills, including emotional understanding and management (Brown et al., 2007). Trait mindfulness correlates with facets of EI, e.g. greater affective forecasting (predicting future feelings) (Emanuel et al., 2010), and self-regulation of emotions (Feltman et al., 2009). Experimental studies also suggest EI skills can be developed. Erisman and Roemer (2010) randomly assigned 33 students to brief mindfulness training or a control condition (listening to educational information); participants then saw film clips of varying emotional valence; relative to the controls, those in the mindfulness condition reported more adaptive regulation following a clip featuring distressing images. With 36 female undergraduates deemed to be chronic worriers, compared to a relaxation control, mindfulness training improved emotional meta-cognition (emotional comprehension) (Delgado et al., 2010).

The idea that mindfulness facilitates EI is further borne out by the few qualitative studies that have studied meditation. Interviews with cancer patients on an MBSR course revealed an increased sense of self-control derived from understanding the dynamics of thought patterns (Mackenzie et al., 2007). Such control can facilitate better emotional management strategies, employed outside the meditation session. Interviews with ‘urban’ outpatients at a clinic in Baltimore showed that skills learned on an MBSR course were used in coping with stress and anger on ‘the street’ (Kerrigan et al., 2011). Similarly, a study of MBSR patients highlighted an interactive learning cycle between skill development (formal meditation) and application of skills in daily life (informal meditation), with the interdependence between them vital to positive long-term changes in health behaviour (Santorelli, 1992). Mason and Hargreaves (2001) also report how MBCT-related therapeutic change depended not only on meditation practice, but generalising the skills acquired to everyday life.

In this way, beyond coping with negative emotions, mindfulness may help people engage with well-being generally. Self-regulatory capacities include not only regulation of emotions, but motivation, cognition and behaviour (Karoly, 1993). Brown et al. (2007: 220) argue that meditation enhances self-regulation by fostering ‘sensitivity to psychological, environmental and somatic cues.’ Effective self-regulation, including emotional management, is thus not just reacting to emotional problems, but acting in ways that pro-actively promote well-being. For

example, regression analyses of self-report data link trait mindfulness to health behaviours, e.g. lower alcohol use (in 316 college-age adults; Fernandez et al., 2010), better sleep-quality (in 334 undergraduates; Howell et al., 2010) and improved exercise maintenance (in 266 participants in a YMCA exercise program; Ulmer et al., 2010).

Meditation is further connected to mental health through the generation of positive emotions. Cultivation of positivity is a subset of EI (the second branch of Mayer and Salovey's (1997) model is 'ability to generate emotions;' Day and Carroll, 2004: 1444). Generation of positive emotions can also be conceptualised as a form of 'pro-active coping,' in that such emotions can have a preventative role in reducing distress that may subsequently occur, e.g. in relation to future stressful events (Seligman and Csikszentmihalyi, 2000). From a positive psychology perspective, positive emotions are a form of well-being in themselves (Shapiro et al., 2007).

Some studies have explored positive emotions using the concept of subjective well-being (SWB), with increases in this linked to mindfulness interventions. For example, with a non-randomised prospective cohort-controlled design involving 54 trainee therapists, relative to controls, those in the mindfulness condition showed significant increases in affective SWB (and reductions in stress, negative affect, rumination and anxiety) (Shapiro et al., 2007). It may be that meditation is directly satisfying. Absorption in engaging activities has been understood using the concept of flow, a 'meditative' psychological state in which attention is totally focused on the activity and one's sense of self is lost (Csikszentmihalyi, 1990). While the flow state itself is not conceptualised as pleasurable, since it is 'non-emotional and non-conscious,' it is thought to generate post-hoc feelings of SWB (Peterson et al., 2005: 27).

Meditation is also linked with other positive emotions beyond those reflected in the concept of SWB. In mindfulness training, it is stressed that participants should endeavour to imbue their attention with an 'affectionate, compassionate quality' (Kabat-Zinn, 2003: 145). Perhaps as a result, experimental interventions have connected mindfulness to increased positive self-attitudes. For example, with a non-randomised cohort-controlled design, Shapiro et al. (2005) assigned 38 healthcare professionals to either an MBSR course or a wait-list control, with significantly increased self-compassion and quality of life for the experimental group relative to controls. Using an experimental design, Koole et al. (2009) non-randomly assigned 138 undergraduates to complete a self-report battery either before a brief meditation, or after it. Those who meditated first showed increased congruence between implicit and explicit self-

esteem, which the authors suggested indicated greater resolution of internal conflict (arising from a discrepancy between implicit and explicit self-views).

Moreover, there are specific practices designed to explicitly promote compassionate qualities. Loving-Kindness Meditation (LKM) involves ‘directing warm compassionate feelings to self and others’ (Johnson et al., 2009: 502). In a process of guided emotional imagery, people are encouraged to contemplate a person for whom they have positive feelings, to dwell on their positive feelings, then to extend these to themselves – often accompanied by self-affirmative statements (‘May I be well’) – and beyond to others (Fredrickson et al., 2008). Using LKM, reduced anger, pain and distress have been found in clinical samples, including patients with AIDS (Williams et al., 2005), schizophrenia (Johnson et al., 2009) and chronic pain (Carson et al., 2005). Non-clinical studies have also linked LKM to positive outcomes. Employees of a US software company were randomly assigned to either a seven week LKM intervention or a wait-list control; participants in the LKM condition showed significant increases in positive emotions, which in turn promoted personal resources (purpose in life, social support), which subsequently enhanced life satisfaction (Fredrickson et al., 2008).

Even brief LKM interventions can have a positive effect: Hutcherson et al. (2008) examined attitudes towards strangers in a controlled laboratory context, with 93 participants randomly assigned to either an LKM exercise or a guided imagery controlled task, each lasting just five minutes; compared to controls, participants in the LKM condition showed elevated feelings of positivity and social connection towards novel others. LKM may even be more important than mindfulness: a regression analysis of self-report data from a community sample of 504 people seeking ‘self-help’ for anxious distress found that self-compassion accounted for 10 times more variance in symptom severity and SWB than mindfulness (Van Dam et al., 2011). Given such trends, there are calls for LKM to be taught in schools as a way of preventing potential emotional problems (Zajonc, 2006).

In sum, through the development of emotional management skills, mindfulness has been linked to alleviation of depression, anxiety and distress in diverse patient groups, including those with HIV (Creswell et al., 2009), cancer (Ledesma and Kumano, 2009), chronic illness (Dobkin and Zhao, 2011), chronic pain (Teixeira, 2008), arthritis (Pradhan et al., 2008), and migraine (Schmidt et al., 2009); and in psychiatric outpatients (Biegel et al., 2009), childhood sexual abuse survivors (Pradhan et al., 2009), high-stress job workers (Walach et al., 2007),

transplant patients (Gross et al., 2009) and adolescents with substance abuse issues (Bootzin and Stevens, 2005). Experimental trials with non-clinical groups have also found decreases in anxiety (Shapiro et al., 2007), depression (Kang et al., 2009), distress (Carmody et al., 2008), low mood (Broderick, 2005), stress (Kang et al., 2009) and worry (Delgado et al., 2010).

The methodological quality of some research has been questioned (Toneatto and Nguyen, 2007). Firstly, common to other areas of psychological research, there is often a reliance on student samples in these studies, which limits the generalisability of the findings (Baer et al., 2006) – although as Baer et al. (2008) note, meditators often have high levels of educational attainment, thus student samples may not necessarily be unrepresentative of the population of meditators. Secondly, as noted in a review of MBSR research, most studies fail to monitor adherence to the program, and as such do not explore issues of ‘dosage,’ i.e. the amount of time participants spend in home practice, and thus do not explore the relationship between practice levels and outcomes (Irving et al., 2009). A review of 98 studies into mindfulness-based interventions found that less than one quarter evaluated the impact of amount of home practice, and of those that did, only just over half ($n = 13$) showed support for the benefits of practice (Vettese et al. 2009). Thus, reviewing the MBSR literature, Toneatto and Nguyen (2007) argue that when adherence to the program is assessed, the link between MBSR and positive outcomes in terms of depression and anxiety is ‘equivocal.’

A third issue pertains to the use of controls – while some studies lack these, even when such a design is implemented, there are concerns around their adequacy. Bishop (2002: 72) suggests that to constitute a valid control, such conditions need to feature ‘therapeutic attention, social support and positive expectancy;’ however, such features are rarely present. Lack of adequate controls means that it is possible that factors other than meditation contributed to any positive effects. For example, qualitative studies highlight the impact of social aspects of such courses on well-being (Mackenzie et al., 2007). However, Dobkin and Zhao (2011) argue that there have been sufficient numbers of adequate controlled trials to indicate that mindfulness may indeed be the ‘key ingredient’ in the positive outcomes associated with such interventions (although their own findings – on pre- and post-MBSR data in chronically ill patients, with no control group – are more ambiguous; program attendance correlated neither with levels of mindfulness nor outcomes on depression or perceived stress). In sum, while many studies are weakened by methodological inadequacies, a clinical review concluded: ‘Extensive research shows... the benefits of meditation practice for a wide range of medical conditions,’ and

rather than a ‘marginal concept, meditation is now widely known and accepted as a beneficial mind-body practice by... the scientific community’ (Fortney and Taylor, 2010: 81).

However, meditation can possibly also be detrimental to mental health, though this is largely unexplored in the literature (Dobkin et al., 2012). Theorists advise meditation be conducted in a ‘compassionate’ spirit, otherwise attention has the potential to ‘have a cold, critical quality’ (Shapiro et al., 2006: 376). However, the writers do not draw out the negative implication of this statement, i.e. if one is unable to suffuse attention with ‘compassion,’ then meditation has the potential to be an exercise in self-criticism, which may hinder well-being. It is noteworthy that some studies – unrelated to meditation – have shown that higher awareness levels predict *greater* distress to aversive stimuli (Frewen et al., 2010). Similarly, in challenging situations, like paramedics attending accidents, emotional avoidance may sometimes be a better coping response than awareness (Mitmansgruber et al., 2009).

Some studies acknowledge that meditation may be inappropriate for certain clinical groups. For example, MBCT is contraindicated for those *currently* depressed (Teasdale et al., 2003). It is hypothesised that, lacking the mental strength to ‘decentre’ from negative cognitions, meditation may draw people into a depressive spiral. In addition, mindfulness is proscribed for those at risk of psychosis (Lustyk et al., 2009), as meditation has precipitated psychotic episodes in those with a history of schizophrenia (Walsh and Roche, 1979). However, with exceptions (Shapiro, 1992), the possibility that mindfulness could be problematic is generally unreported in the literature (Dobkin et al., 2012). Moreover, hardly any studies have explored potential risks of meditation in a general non-clinical population.

Finally, returning to the point about ‘confounding variables,’ a few studies have reported that meditation can have an ‘indirect’ impact upon mental health through social factors which are also conducive to well-being. For example, Flugel-Colle et al. (2010) found enhanced SWB in MBSR patients due to improved social interaction. However, such findings move the focus from meditation per se onto its social dimension. This is largely unexplored terrain. Nearly all previous research on meditation has been from a psychological or physiological perspective, with minimal attention on meditation as a social phenomenon (Dobkin and Zhao, 2011). If such studies do acknowledge social factors, it is usually as limitations to be eliminated from the analysis. Even qualitative studies tend to focus more on the psychological experience of meditation than its social context (Mason and Hargreaves, 2001). However, Shapiro (1994)

cautions against separating meditation from its wider context. By exploring meditation from a psychosocial perspective, the current study can address this deficit in our understanding.

However, while few studies have explored the impact of the social dimension of meditation on well-being, there is work on religious participation which is relevant to the present study.

3.5. Religious participation and well-being

Although meditation is often taught and practised in a secular context (Shapiro, 1994), its antecedent links to Buddhism means some sociologists have analysed meditation as a form of religious participation, even if practitioners do not identify as Buddhist (Obadia, 2008). This section is in two parts. The first part considers meditation as a form of religious engagement. The second part explores studies linking religion – not specifically Buddhism – to well-being.

3.5.1. Meditation/Buddhism as a form of religious participation

Modern Britain is seen as increasingly secular (Bauman, 2001). While 81% of people in the UK identify as religious, 73.8% as Christian, (EHRC, 2010), Collings-Mayo et al. (2010) see this identification more as a remnant of a ‘faded inherited cultural memory,’ than an ‘active faith.’ Bauman suggests religious decline is a feature of contemporary Western society, with a worldview characterised by atomistic individualism, reductionism, and disenchantment.¹ He argues that globalisation has produced a flux of social and cultural change which means we are in a period of ‘liquid modernity:’ ‘All social forms melt faster than new ones can be cast... and cannot serve as the frame of reference for human actions and long-term life-strategies’ (Bauman, 2005: 303). In this context, despite the apparent tendencies towards secularism in society, it has been suggested that many people seek meaning, comfort or security in religious participation (Phillips and Aarons, 2007).

Meditation has been analysed as a form of religious participation (Phillips and Aarons, 2007). Some meditators identify as Buddhist, and while Buddhism is not seen as theistic (though this can be contested; Pyysiäinen, 2003), scholars argue it fulfils other criteria for a religion, e.g.

¹ Disenchantment was introduced by Weber (1920) to refer to a sense of meaninglessness linked to the emergence of a scientific-rational worldview.

‘dependence on mystical notions’ (Southwold, 1978: 362), and it is treated as a religion in the literature. It is recognised that many meditators do not identify as Buddhist, and practise in a secular context which eschews reference to Buddhism (Shapiro, 1994). However, sociologists have analysed the emergence of meditation in the ‘West’¹ as a part of an evolving religious tradition (King, 1999). From this perspective, secular Western approaches to meditation reflect the way Buddhism has been constructed at this time and place in history, i.e. Western countries during a time of globalisation and post-modernity (Phillips and Aarons, 2007). Thus even meditators who do not identify as Buddhist are viewed as ‘engaged’ with Buddhism, albeit in a contemporary form which disidentifies with its antecedent roots (Obadia, 2008).

Although only a few studies have explored forms of Buddhism in the West, there are three different perspectives: Western people becoming ‘Easternised’ (Phillips and Aarons, 2007), Eastern practices becoming ‘Westernised’ (Obadia, 2008), and the ‘inter-mingling’ of East and West in ‘New Religious Movements’ (Dawson, 1998).

The first perspective – meditators becoming ‘Easternised’ – is influenced by Said’s (1995) notion of Orientalism. Orientalism refers to the process by which 19th Century writers in the West came to understand themselves and their society by contrasting it with the other of the ‘Orient,’ characterised as the sensuous and otherworldly ‘mystic East.’ Phillips and Aarons (2007) identified traces of orientalism among members of a Buddhist centre in Australia. It was suggested that these people had experienced a ‘painfully-felt’ sense of disenchantment with Western society, and had suffered from an ‘identity crisis’ through their rejection of the ‘West’ which at the same time remained at the core of their identity. This crisis appeared to have been resolved through the readily ‘retrievable’ solution of a Buddhist community, which enabled them to ‘escape’ a Western style of existence.

A second perspective has focused on Buddhism becoming ‘Westernised,’ diverging from its traditional forms and reconstructed to suit ‘Western sensibilities.’ King (1999: 156) argues that Buddhism has appealed to a secular mood in the West by taking on forms which promote

¹ From a constructionist perspective, ‘East’ and ‘West’ are contentious ideological creations, rather than geographical entities (Said, 1995). Nonetheless, they are often used, with appropriate distancing scare-quotes, to discuss Western Buddhism, i.e. ideas/practices from a temporally and geographically ‘distant’ culture (Nepal circa 500 BC) being adapted by contemporary Western-hemisphere societies (Phillips and Aarons, 2007).

a 'non-specific religiosity,' eschewing 'ritualised forms and traditional religious affiliations.' An example is Obadia's (2008) notion of 'Therapised Buddhism.' In an ethnographic study of a French Buddhist group, Obadia found a pre-occupation with health: leaders used discourses which constructed the practitioners as 'sick,' unhealthy activities like drinking as 'impure,' Buddhist teachings as the 'remedy,' and leaders as 'healers.'

Not all scholars view this intermingling of spiritual and medical discourses negatively. Squier (2004) argues that such 'discursive hybridity' has widened medical discourse by introducing existential themes on the inevitability of illness. Squier reflects on how Buddhist discourses of impermanence helped her negotiate experiences of depression and deconstruct her self-imposed identity as 'disabled.' Discourses of 'Therapised' Buddhism can perhaps be located within larger secular narratives of self-fulfilment and salvation through health, which Coward (1989) argues are prevalent in contemporary society as beliefs in religious salvation wane.

Buddhism has also evolved through interaction with other Western discourses. McMahan (2004) identified a 'Scientific Buddhism' discourse, where, unlike other religions, Buddhism is perceived as consonant with the scientific rationality of 'modernity.' Stiles (2006) found that this discourse was common among American meditators. 'Therapised' and 'Scientific' Buddhism discourses are both evident in the mindfulness literature discussed above. Further examples of discursive hybridity include Thai Americans 'conflating' Buddhist and capitalist discourses by converting economic capital to symbolic capital by donating funds (Bao, 2005).

However, critics argue that accounts of 'Westerners' adopting 'Eastern' practices risk treating cultures as 'organically binding and sharply bounded' in a way that is at odds with features of globalisation, such as the easy transmission of ideas (Robertson, 1995: 39). Chandler (1998: 25) argues that Western Buddhists are not 'members' of a 'bounded' culture, but are 'tapping into the confluence of multiple cultural systems.' Similarly, with globalised movements of people, Western groups are liable to comprise people of various cultural backgrounds. Here, studies have explored tensions between Asian immigrants and younger 'native' practitioners over the interpretation and 'ownership' of Buddhism (Da Rocha, 2000).

A third perspective avoids constructions of 'East' and 'West,' and views forms of Buddhism in Western countries under the rubric of 'New Age' or New Religious Movements (NRMs) (Dawson, 1998). Rather than being located in a particular religious tradition, NRMs are seen

as ‘amorphous,’ involving ‘intermingling’ discourses from various spiritual and therapeutic sources (Phillips and Aarons, 2005: 217). NRMs thus promote a ‘flexible and diffuse version of spiritual identity based around alternation between fluid sets of practice and beliefs.’ Here, theorists view the practitioner as a ‘consumer’ in a ‘spiritual marketplace,’ choosing from a range of interchangeable beliefs and practices – of which Eastern spiritualities are just some of many – to suit individual needs and agendas (Roof, 2001).

NRMs have been criticised for being ‘privatised religions,’ drawing on themes of expressive individualism in a quest for personal self-development (Putnam, 2000). However, studying groups in California, Tanaka (2007) argues that Buddhist NRMs are exceptions to this trend through their emphasis on the community of meditators. Some communities offer the chance for intensive involvement, though this may encourage disconnection from society. Interviews with an American community revealed that members led lives ‘circumscribed’ by the ashram, living/working within its ‘confines,’ with little contact with the wider community (Volinn, 1985). NRMs have also been criticised for their socio-economic demographics. Examining race and class in Western ‘convert’ Buddhism, Smith (2008) describes it as a ‘white middle-class’ phenomenon. Despite cultural ‘hybridisation’ with Buddhism, Smith felt that Western NRMs upheld discourses which marginalize ethnic minorities and the working class.

The sociological literature on NRMs often views participation in terms of ‘conversion.’ Snow and Machalek (1984: 170) argue that conversion involves a ‘radical discontinuity’ with one’s previous life, not simply in terms of belief, values and identity, but more deeply in terms of one’s ‘universe of discourse.’ One way of analysing changes in discourse has been through narrative, and the identification of a conversion ‘genre’ (Popp-Baier, 2002). Conversion is seen as a discursive practice: converts adopt communicative models to tell conversion stories which mark them out as a convert, involving transformative narratives with themes of radical change, e.g. ‘born again’ (Luckmann, 1987). As part of this narrative reconstruction, people may draw on stories from the religious canon itself (Rambo, 1999).

There are conflicting views on ‘conversion’ to Buddhism in the literature. A field study of an American movement reported how a ‘charismatically infused leadership hierarchy’ promoted ‘ideological inducements’ to ‘encourage’ conversion (Snow, 1987: 168). However, others argue that the concept of ‘conversion’ overlooks the ‘intrinsically fluid’ nature of identity, constructed relationally through interaction (Chandler, 1998), and the way NRM members

have ‘multiple allegiances’ with other social groups (Tanaka, 2007). For example, Chandler found that Chinese American Buddhists saw themselves as alternatively primarily Chinese, American, or Buddhist depending on the context. Moreover, research with those with HIV suggests people do not even have to meditate to incorporate discourses related to meditation or Buddhism in their narratives (Ezzy, 2000; Ridge et al., 2008). Thus Buddhism has broader appeal that limits ascribing its use in discourse to Buddhist ‘converts,’ or even meditators.

3.5.2. Religion/spirituality and well-being

The section above suggested that people who meditate can be seen as religiously engaged. This suggestion intersects with another body of literature which links religion and spirituality to mental and physical health, the so-called ‘religion-health connection’ (Ellison and Levin, 1998). While religion and spirituality are complex constructs, religion often refers to ‘a social institution concerned with the way beliefs, practices, rituals and communities are organised’ (Ridge et al., 2008: 3), while spirituality is ‘something individuals define for themselves that is largely free of the rules, regulations and responsibilities associated with religion’ (Koenig, 2009: 281). However, Koenig argues that there is significant conceptual overlap between the two terms; as such, he uses the terms interchangeably, qualifying them where necessary to indicate whether these refer to social structures, or people’s personal sense of spirituality/religiosity. The present study follows this approach. While links between religion, spirituality and health are still being explored, two dominant themes emerge from the literature: the social aspects of religious/spiritual practice; and people finding meaning and value in life.

First, religious engagement is linked to enhanced social capital, i.e. belonging to a supportive social network, with attendant feelings of trust and cohesion (Putnam, 1995). Participation in religion can open up access to denser and larger social networks, with greater provision of social resources, like coping support (Ellison and Levin, 1998). Religious networks may be especially close-knit as people share worldviews which, moreover, usually promote caring (Krause, 2008). As such, religion is particularly effective at providing structural support for the cultivation of social capital, as it can often encourage ‘long-term investments of time and energy and exchange relations, within contexts governed by norms of trust, reciprocity and mutual obligation’ (Sherkat and Ellison, 1999: 375).

Close interpersonal networks are important to the ‘religion-health’ connection, as they are an importance source of coping support (Ellison and Levin, 1998). Support networks related to religion can have a ‘buffering’ effect on stress and distress (Bradshaw and Ellison, 2010), and can predict better mental health outcomes, for example facilitating quicker recovery from depression (Koenig, 2009). The significance of religious social support here ties into a larger body of work on the impact of social support in general – religious or otherwise – on mental health and broader well-being (Umberson and Montez, 2010). Beyond mental health issues, religious social support is also linked to SWB, e.g. life satisfaction (Cohen et al., 2005).

Only a handful of studies have explored social capital in relation to meditation/Buddhism, though results are encouraging. Meditation is linked to greater relationship happiness (Carson et al., 2004), social activity (Flugel Colle et al., 2010) and connectedness (Hutcherson et al., 2008). An American survey suggested that Buddhists tended to have higher levels of social capital compared to other religions, including a sense of generalised trust in the community, and were well integrated into society (Wuthnow and Hackett, 2003). Such societal integration is perhaps encouraged by the way some Buddhist movements seek to be ‘socially-engaged.’ A case study in Australia discussed the engagement of Buddhists in ‘outreach programs,’ e.g. rehabilitation of prisoners, and palliative care (Barker, 2007). Similar phenomena have been noted in Taiwan (Schak and Hsiao, 2005) and Thailand (Sakurai, 2006).

As such, Naik (2010: 80) argues that contrary to perceptions of meditation as an introverted self-fixated practice, Buddhism promotes a social message and offers ‘a remedial philosophy and public policy.’ However, social-engagement may vary according to culture. A study of Buddhism in South Korea suggested it had a relatively disengaged stance, and was not linked to civic engagement or social trust, two key elements of social capital (Jeong, 2010). The UK may be mixed: in a survey of Buddhists, 24% did not regard themselves as socially engaged, and 56% felt that Buddhism did not necessarily have be ‘engaged’ (Henry, 2006).

A second aspect of the ‘religion-health connection’ involves finding meaning in life. Religion is identified as a source of meaning. As Steger and Frazier (2005: 574) put it, a ‘function of religion is to provide individuals with the means through which they can experience purpose in their lives,’ and that one of the ‘core benefits’ of religion is that it ‘gives people a sense of meaning and coherence.’ Discussing meaning, some scholars prefer ‘spirituality’ as the more

inclusive term (Koenig, 2009). However, Koenig argues that religion and spirituality can both offer people a sense of meaning, so it is unnecessary to differentiate the two terms.

The search for meaning is seen as fulfilling two needs (Janoff-Bulman and Yopyk, 2004): for comprehensibility (understanding existence) and significance (endowing life with purpose). Meaning can also be appraised both globally, in terms of life in general, and individually, in terms of one's own life (Park, 2005). People can find meaning in ways not usually viewed as religious/spiritual. Seligman et al. (2006: 777) suggest meaning is found through 'using one's signature strengths and talents to belong to and serve something that one believes is bigger than the self,' which could include devotion to politics, or a 'cause.' However, as symbolic systems that help people navigate life (Berger and Luckmann, 1966), religion/spirituality are seen as especially potent sources of meaning (Keyes et al., 2002).

Meaning is connected to mental health in various ways. From the perspective of the positive psychology paradigm, finding meaning constitutes 'psychological well-being' (Seligman et al., 2006). Furthermore, the particular qualities encouraged by a religious/spiritual framework of meaning may also facilitate well-being. Studies have associated SWB with qualities such as trust (Soroka et al., 2003), gratitude (Wood et al., 2008), concern with the common good (Rilling et al., 2002), compassion (Lyubomirsky et al., 2005), altruism (Borgonovi, 2008), forgiveness (Lawler-Row, 2010), hope (Ciarrocchi and Deneke, 2005) and connectedness to a 'greater whole' (Huta and Ryan, 2010). While such qualities are not limited to religiosity/spirituality, religions often encourage these in their members (Krause, 2008).

Meaning may also help buffer stress and distress, as it may make difficult events easier to bear, a phenomenon known as 'religious coping' (Koenig, 2009). Spiritual meaning, such as belief in an afterlife, may be helpful in coming to terms with events that cannot be repaired, like bereavement (Ando et al., 2010), or avoided, like death (Cohen et al., 2005), and events which might otherwise be responded to with blame (Schultz et al., 2010). Such coping in this 'constructive' way is known as 'meaning-seeking' (Farghadani et al., 2010). Studies on 'post-traumatic growth' (PTG) – 'positive change that occurs as a result of the struggle with highly challenging life crises' (Tedeschi and Calhoun, 2004: 1) – suggests that religiosity/spirituality can help people cope with trauma by framing it in a meaningful perspective. Studies have observed PTG in response to cancer (Thombre et al., 2010), HIV (Littlewood et al., 2008)

and cardiac arrest (Bremer et al., 2009). Such trauma can prompt an existential re-evaluation of life, and enhanced appreciation of its value (Janoff-Bulman, 2000).

As a buffer, religious/spiritual meaning may ameliorate the impact of life events on disorders. Mascaro and Rosen (2006) observed a strong relationship between stress and depression for people with low levels of 'spiritual meaning,' but no relationship for those with high levels. Nelson et al. (2002) found that greater spiritual meaning significantly lowered depression in the terminally ill. Interestingly, 'religiosity' (practices like attending church) had no such ameliorative impact on depression, suggesting the 'meaning' dimension of religion was more important than the social dimension. Similarly, scholars distinguish between 'intrinsic' and 'extrinsic' religiosity (Swinyard et al., 2001). The former corresponds to 'personal devotion' (with parallels to the concept of spirituality), while the latter refers to community and ritual. A meta-analysis found that intrinsic religiosity had far greater impact on mental health than extrinsic religiosity (Hackney and Sanders, 2003).

Just a handful of studies have explored meaning in relation to Buddhism/meditation. A study of the life histories of meditators reported themes of liberation through enhanced ontological security, enabling them to find meaning in personal suffering (Leledaki and Brown, 2006). A narrative enquiry of hospice workers who meditated found it helped them connect with their patients in a meaningful way, alleviating the difficult emotional labour of such work (Bruce and Davies, 2005); nurses spoke of a dissolution of a sense of separation between themselves and the patient, and seeing distress differently, such as appreciating beauty in it and letting go of expectations. Ridge et al. (2008) explored the 'meaning making narratives' of patients with HIV. Without necessarily practising meditation, some articulated narratives of 'living in the now' and 'interrupting rumination' that had parallels with mindfulness, and which appeared to impact positively upon subjective well-being.

The studies above suggest engagement with meditation/Buddhism may promote well-being by involving practitioners in social groups and/or providing meaning. Although men featured in these studies, the analyses were not specifically about masculinity or men's mental health. Exploring how masculinity, well-being and 'religious' participation intersect is of interest in the present study.

3.6. Summary

This chapter began by suggesting that some men may be able to find more constructive ways of engaging with well-being, though this may involve re-interpreting traditional hegemonic norms, rather than resisting them. It then proposed that meditation may represent an example of men engaging positively with mental health, although this has not yet been explored in the literature. The chapter then introduced meditation, focusing on attention development as a key feature. Attention development was linked to well-being through emotional intelligence. That is, by helping people to become more aware of their internal world, studies indicate that people are better able to manage emotions, including coping effectively with distress, and generating positive emotions. Finally, the chapter discussed engagement with meditation as a form of religious participation influenced by Buddhism, and proposed that such participation could also be associated with well-being.

CHAPTER 4

METHODS

This study employed a longitudinal mixed methods research design. Thirty male meditators, selected using a maximum variation sampling strategy, were recruited. Qualitative narrative one-to-one semi-structured interviews were conducted with participants at two points in time, on entry to the study (T1), and again after at least a year (T2). Participants also completed an experimental session at both T1 and T2, comprising EEG measurement across a battery of cognitive tasks and during a meditation. This chapter is in four sections. The first section considers issues pertaining to mixed methods research. The second section details participant selection, recruitment and ethics. The third section outlines data collection. The fourth section discusses the analytic procedures.

4.1. Issues around mixed methods

Researchers influence the data at all stages of the research process, including data-collection, analysis and presentation (Patton, 2002). In qualitative research, this influence is addressed with a commitment to reflexivity, involving critical awareness and transparency on the part of the researcher regarding their theoretical and methodological choices (Cutcliffe, 2003). With reflexivity, Cutcliffe suggests it is important for researchers to acknowledge their ontological and epistemological presumptions. This section considers these issues with regard to mixed methods research. There are four parts. The first part justifies the use of mixed methods. The second part introduces the Integral Framework (Wilber, 2006) as a ‘sensitising device’ used to help make sense of the different methods. The third part considers the interaction between the methods, concentrating on Mason’s (2006) ‘multidimensional’ approach. The fourth part addresses epistemological issues, endorsing a perspective of ‘critical realism.’

4.1.1. Justification for mixed methods

Across many research domains, there is increasing recognition of the utility, even necessity, of adopting a multidimensional perspective in order to capture and understand the complexity of any given phenomenon. As Mason (2006: 10) put it, ‘social experience and lived realities are multi-dimensional... [O]ur understandings are impoverished and inadequate if we view these phenomenon only along a single dimension.’ It is further acknowledged that to arrive at

a multidimensional understanding, a mixed methods approach is helpful, employing both quantitative and qualitative methods. There have been calls for mixed methods research in investigating men's health (Smith et al., 2006). Men's approaches to well-being are likely to be complex, and mixed methods research is important for understanding the interplay of the biological, psychological and social factors involved. In the present study, first person data was gathered in the form of narratives, and third-person data in the form of cognitive and EEG measurement.

In the past, mixing methods has been relatively uncommon, and not without its detractors (Stone et al., 2000). There have been 'paradigm wars' between quantitative and qualitative 'purists' arguing for the exclusive validity of their approaches (Johnson and Onwuegbuzie, 2004), or at least citing the 'incompatibility theory' (different methods being incommensurate and 'oppositional;' Howe, 1988). Quantitative researchers have traditionally been resistant to using first-person data, often due to reliability and validity concerns, reflecting scepticism over people's ability to accurately observe and report on their internal states (Junger-Tas and Marshall, 1999). Conversely, qualitative scholars adopting a poststructuralist perspective have critiqued the positivist presumptions informing quantitative approaches, questioning the possibility of truth and objectivity if 'reality' is socially constructed (Bohan, 1996).

However, Thomas (2003) suggests that recent years have seen the demise of the controversy regarding the relative superiority of the different approaches, and that they are increasingly seen as complementary. See, for example: 'The task of the science of consciousness... is to systematically integrate two key classes of data into a scientific framework: third person data, or data about brain experiences, and first person data, or data about subjective experiences' (Chalmers, 2004: 1). Various paradigms have emerged integrating qualitative reports with quantitative data, including critical phenomenology (Velmans, 2002), hetero-phenomenology (Dennett, 2003) and neurophenomenology (Cahn and Polich, 2006). Greater openness to mixed methods is also reflected in increased interest among funding bodies for such research (Hennessy and Walker, 2010). As such, Johnson and Onwuegbuzie (2004) argue that mixed methods is a paradigm whose 'time has come.'

However, while acknowledging the value and validity of mixed methods research, it raises issues of ontology and epistemology which it is incumbent upon the researcher to consider (Cutcliffe, 2003). In order to explore such issues, a methodological approach known as the

‘Integral Framework’ (Wilber, 2006) was used as a ‘sensitising’ device to help think about how the different methods here might relate to each other.

4.1.2. A sensitising device: The Integral Framework

The present study used the ‘Integral Framework’ (IF) as a sensitising device to help provide clarity in terms of the ontological issues surrounding the different types of data produced by mixing methods. IF is an interdisciplinary paradigm based on the work of the philosopher Ken Wilber (1997, 2005, 2006). This section introduces this approach, outlining how it has been used elsewhere in the literature, and provided clarity in the present study.

IF is described as a ‘meta-methodology’ (Esbjörn-Hargens, 2008) or ‘meta-theory’ (Stewart, 2008). It offers an ontological ‘map’ that situates existing theories/methodologies according to the type of phenomena they focus on. The map comprises four ‘quadrants,’ conceptualised as ‘the basic dimensions of an individual’ (Esbjörn-Hargens, 2010: 73). These quadrants are formed by combining two binary constructions: subjective vs. objective, and individual vs. social. It is acknowledged that foundational binary thinking is critiqued by poststructuralists, who argue for the ‘dismantling of conceptual oppositions’ (Newman, 2001: 4). The difficulty of conceptualising these binary relationships is also recognised. For example, the interaction between subjective ‘mind’ and objective ‘body’ is one of the most intractable issues in the history of thought (Shear, 1998), labelled the ‘hard problem’ of philosophy (Chalmers, 2004). Given these caveats, the binaries are not used here uncritically, nor does this study attempt to resolve philosophical issues relating to them. As a sensitising device, these just offer a useful perspective on the types of data produced by the different methods here.

The first binary is a mind-body dichotomy, differentiating between an ‘objective’ exterior (physical body/brain) and a ‘subjective’ interior dimension (conscious experience) (Riedy, 2008). The second binary is the individual-social dichotomy, acknowledging that people exist as individuals, and also ‘nestled in systems of cultural and social networks’ (Wilber, 2005: 256). These binaries create a two-by-two matrix, representing an ontological ‘map:’ different phenomena, and the methods used to investigate these, are ‘located’ in the various quadrants.

Quadrant 1 is the ‘subjective-individual’ dimension, the location for phenomena labelled as ‘mind,’ including subjectivity, thoughts and feelings. Quadrant 2 is the ‘objective-individual’

dimension, the location for phenomena identified as body/brain, e.g. biological functioning and behaviour. Quadrant 3 is the ‘inter-subjective’ dimension, the location for phenomena pertaining to ‘culture,’ like shared values and discourses. Quadrant 4 is the ‘inter-objective’ dimension, the location for phenomena relating to material structural aspects of the wider networks, e.g. economic and environmental processes.

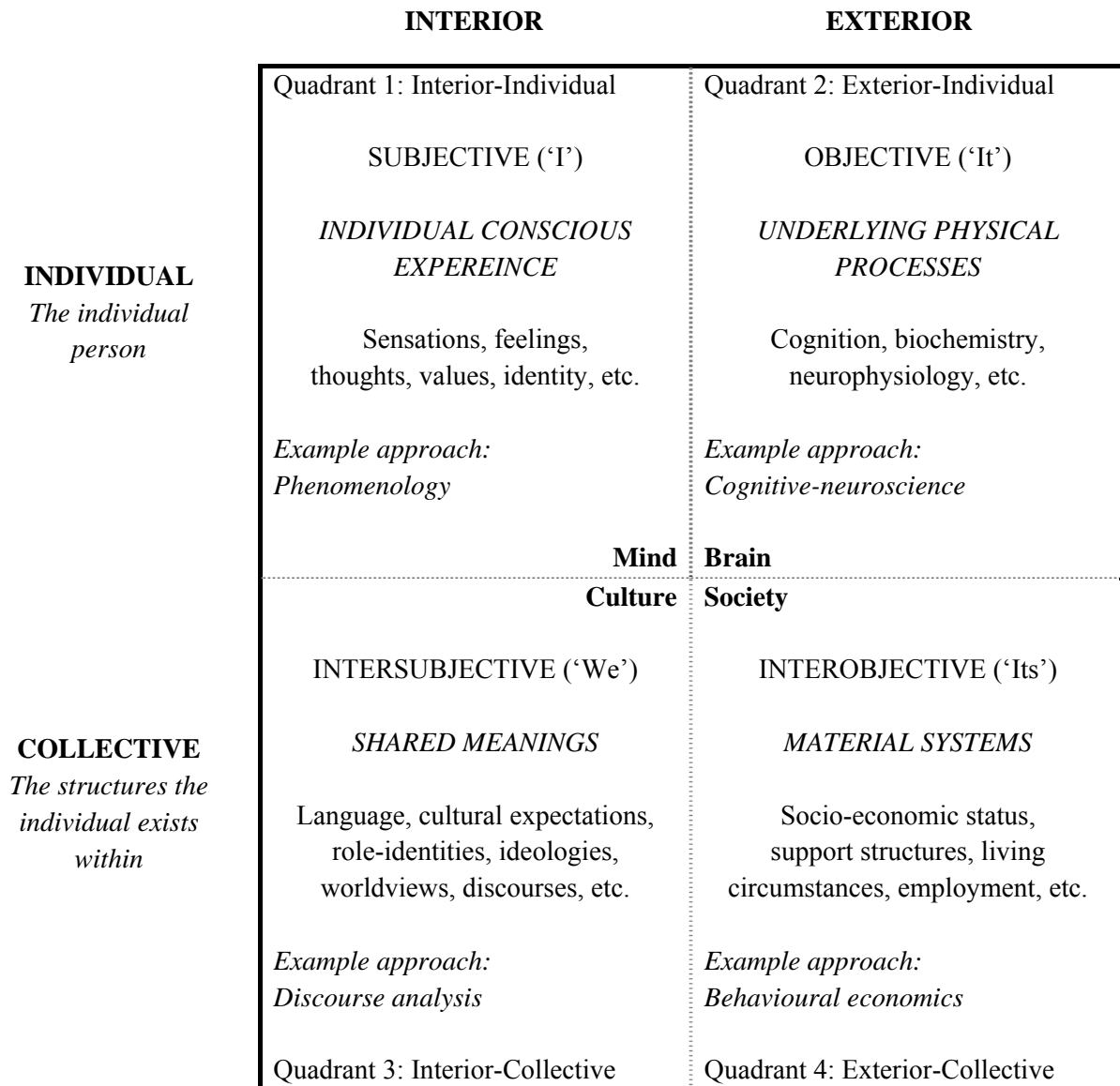


Figure 1: Schematic diagram of the four quadrants, adapted from Wilber (2006)

IF has produced a program of enquiry which is beginning to filter into peer-reviewed work (Murray, 2006). IF is described as ‘content free:’ rather than offering theories in a given field, it helps scholars to situate extant theories and empirical research from the area under study (Esbjörn-Hargens, 2006a). For example, Cohen (2009) assigned theories of gender to specific

quadrants according to their ‘perspective:’ theories of gender identity to quadrant 1, sex-differences to quadrant 2, gender stereotypes to quadrant 3, and gender roles to quadrant 4. This approach has been employed in diverse fields, including nursing (Fiandt et al., 2003), medicine (Astin and Astin, 2002), psychotherapy (Marquis and Wilber, 2008), counselling (Foster and Black, 2007), consciousness (Combs and Esbjörn-Hargens, 2006), education (Esbjörn-Hargens, 2010), ecology (Van Egmond and De Vries, 2011), leadership (Kriger and Seng, 2005), management (Edwards, 2005), marketing (Varey, 2008), mediation (Perloff, 2010) and criminology (Gibbs et al., 2006).

IF encourages the kind of ‘multidimensional’ understanding recommended by Mason (2006). For example, Hanlon et al. (2010: 307) argue that this approach might be employed in public health to help understand the ‘maze of interconnected problems’ on an individual and a social level which impact upon well-being. They offer a hypothetical case-study, the gist of which is as follows. A person is depressed due to unemployment. From the perspective of quadrant 1, depression can be viewed in terms of subjective distress, understood with cognitive theories, addressed through therapy. From the perspective of quadrant 2, depression can be viewed in terms of brain dysfunction, understood through neurochemical theories, addressed through medication. From the perspective of quadrant 3, depression can be viewed in terms of cultural meanings around unemployment, understood through social constructionism, addressed by challenging societal norms. From the perspective of quadrant 4, depression can be viewed in terms of socio-economic conditions linked to unemployment, understood through economic theories, and addressed through efforts towards a fairer society. Hanlon et al. argue that all these ‘key dimensions of human experience need to be considered, harmonized and acted on as a whole’ in order to fully address mental health issues (p.311).

IF was used as a sensitising device in the present study to help understand the contributions of the different data. The cognitive neuroscience data pertains to quadrant 2, allowing the relationship between meditation and well-being to be explored in terms of brain function. The qualitative component provides information relating to quadrant 1; as narrative theorists have suggested, narratives are ‘produced by the mental realm’ (Polkinghorne, 1988: 6), and offer a ‘window’ onto people’s subjective experiences (Bell, 2002). However, narratives do not just yield data relating to quadrant 1, as content-wise they can be about phenomena ‘located’ in other quadrants. For example, a person could focus a narrative on their emotions (quadrant 1), behaviour (quadrant 2), interactions (quadrant 3), or socio-economic factors (quadrant 4).

It is also recognised that, from a social constructionist perspective, narratives are influenced by quadrant 3. That is, narratives are ‘constructed entities,’ dependent on discourses available to a person in their cultural milieu (Savin-Baden and Van Niekerk, 2007).

IF has been helpful in conceptualising the types of data produced by the different methods. However, there remains the issue of how the data interacts – this is considered next.

4.1.3. Different perspectives: A multidimensional approach

Various models have been proposed to conceptualise how different perspectives or types of data in mixed methods research might interact. The model favoured here is Mason's (2006) multidimensional approach

The multidimensional approach is preferred to other similar models, such as ‘triangulation,’ defined by Denzin (1978: 291) as ‘the combination of methodologies in the study of the same phenomenon.’ There are four types of triangulation: data sources, investigators, theories and methodologies (Johnson et al., 2007). The use of multiple instances in one or more of these four types (e.g. multiple investigators or methods) in the study of a phenomenon is seen as increasing the internal validity of the research and robustness of the analysis (Duffy, 1987). Triangulation usually makes no presumption that quantitative approaches are more accurate or valid (Barbour, 2001), nor implies a hierarchy of evidence, with some perspectives given greater weight, where one type of data is used to ‘explain’ another (Thurmond, 2001).

Using multiple methods, the current study fits Denzin’s definition of triangulation. However, Mason’s (2006) concept of ‘multidimensionality’ was preferred here. Thurmond (2001: 253) argues that the triangulation metaphor is based on navigation, i.e. ‘determining an unknown point or location by using the position of two fixed points.’ Mason (2006: 20) suggests that this metaphor implies a naive realism, presupposing one ‘true’ version of reality: while each perspective only offers a partial ‘picture’ of this reality, triangulation implies that this reality can be discerned by combining the various perspectives, each of which offers ‘views of ‘the picture’ from specified angles.’ As Denzin (1978: 14) said, ‘the results will be a convergence upon the truth about some social phenomena.’

However, Mason (2006: 20) argues that ‘explanations do not have to be internally consensual and neatly consistent to have meaning and to have the capacity to explain.’ She proposes a multidimensional model which can allow the distinctiveness of different methods to be held in ‘creative tension.’ She emphasises that this does not mean ‘sinking into relativist mire.’ This approach is ‘multi-nodal,’ since ‘the explaining that is done involves different axes and dimensions of social experience.’ The model is also described as ‘dialogical,’ as ‘the way in which these axes and dimensions are conceptualised and seen to relate or intersect can be explained in more than one way, depending on the questions that are being asked and the theoretical orientations underlying those questions.’

Thus, divergence between results of different methods is a source of empirical and theoretical interest, rather than implying that one of the perspectives is ‘wrong.’ In the present study, differences between men and changes over time in the narrative data were examined in the light of quantitative differences and changes. The data sets were examined for agreement or conflict: whether they converged or diverged, useful theoretical conclusions could be drawn.

4.1.4. Epistemology: Critical Realism

As noted, it is important that researchers acknowledge their ontological and epistemological presumptions (Cutcliffe, 2003). IF provided a helpful ontological framework. It is thus also needful to outline the epistemological position favoured here. This study has adopted a social constructionist approach to the topic at hand. It must then be asked: What is the nature of the results thus generated? Are these also a social construction? The position taken here is one of ‘critical realism.’ While it is beyond the scope of this study to argue the philosophical case for the merits of critical realism, this section outlines this approach in relation to research.

Constructionism rejects positivist notions of science as a progressive process of discovery and accumulation of facts (Potter and López, 2002: 9). However, Potter and López suggest that constructionism is a ‘broad church,’ incorporating a range of perspectives, from radical relativism to versions of realism. Critical realism recognises that knowledge is influenced by cultural factors. However, it also argues that ‘knowledge cannot be reduced to its sociological determinants,’ that one can ‘rationally judge between competing theories on the basis of their intrinsic merits as explanations of reality.’ This raises the question of who judges, and how? Judgements of reliability and validity can be made by the peer review process on the basis of

factors including adherence to accepted empirical methods, transparent reporting of methods (clear ‘audit trail’) and linking to the literature (Draper, 2004). More broadly, the credibility and applicability of the work is also determined by all who use the findings to understand experiences that pertain to the research (Emslie et al., 2006).

In the social sciences, Layder (1993: 50) argues that critical realism involves attempting to ‘preserve a scientific attitude towards social analysis.’ Eschewing radical relativism, Layder (1998: 3) acknowledges that while truth and objectivity are problematic, it is ‘unwise and premature to abandon wholesale, claims to objectivity and the search for ‘truth.’’ He argues that social analysis should not be ‘mere reportage and/or descriptions of ‘local narratives,’ but ‘defended as a species of *explanation*.’ He advances the idea of ‘adaptive theory,’ which encourages ‘generation of theory from the ongoing analysis of data,’ while allowing research to be guided by ‘prior theoretical ideas and models’ (1998: 19). While the present study has not used adaptive theory, the analytic method here – modified constant comparison (Strauss and Corbin, 1998), discussed below – follows Layder’s prescription of allowing explanations to emerge inductively from the data, while availing oneself of existing theories.

The adoption of a stance of critical realism has implications for the treatment of narratives. Some theorists make a distinction between narrative as-method and as-phenomenon (Xu and Connelly, 2009). In Savin-Baden and Van Niekerk’s (2007) formulation, narrative-as-method may reveal life as ‘lived,’ narrative-as-phenomenon concerns life as ‘told.’ This distinction relates to a broader conceptual opposition in qualitative research around Ricoeur’s (1981) differentiation between a ‘hermeneutics of faith’ and a ‘hermeneutics of suspicion.’ Josselson (2004: 3) explains that the former involves an element of ‘respect’ for ‘the message in its given form,’ while the latter describes a degree of ‘skepticism towards the given.’ In the case of narratives, the former means trusting that the story reflects what actually happened in a person’s life to some extent; the latter makes no such presumption, but focuses more on the performative aspect of the story (i.e. what is the person trying to *do* in telling it; what kind of self are they trying to convey to the listener or to themselves, for example; McAdams, 2008).

With a stance of critical realism, the present study aims towards Ricoeur’s (1970: 27) ideal of a ‘double’ hermeneutics (‘willingness to suspect, willingness to listen’) – of both faith (hence the realism) and suspicion (hence the critical). However, there is a preference for the former. That is, the narrative data was examined primarily for what it could inform about men’s lived

experiences in relation to masculinity, meditation and mental health. In this respect, the study is comparable to Chuick et al. (2009), who explored men's narratives of depression (using grounded theory), and identified themes which were treated as relating to actual events and processes in men's lives (e.g. depression onset being linked to major life transitions). That said, in keeping with the idea of critical realism (rather than just realism), the present study also retains a degree of hermeneutic suspicion. While narratives are treated as relating to the life-as-lived, these accounts are not simply accepted at face value; there is a recognition that they are *also* constructions, performed for an audience. However, they are not viewed here as *merely* constructions, and there is greater emphasis in the analysis on a hermeneutics of faith.

4.2. Participant selection, recruitment, and ethics

This section addresses participant selection, recruitment, and issues relating to participation. There are six parts. The first part details the number of participants. The second part looks at sampling, and details of the sample obtained. The third part discusses a key meditation centre which the recruitment focused on. The fourth part outlines the recruitment process. The fifth part describes the longitudinal nature of participation. The last part addresses ethical issues.

4.2.1. Number of participants

Thirty male meditators were recruited. This figure was set as a target, reflecting the minimum number of participants required for comparing the experiences of diverse men, and exploring the complexity of the issues (Emslie et al., 2006). This target was also to ensure that enough men would be committed to the research to still participate at T2. There was a further reason, not determined in advance, for limiting the number to 30. Qualitative data was analysed using modified constant comparison (Strauss and Corbin, 1998), where recruitment and sampling occur concurrently with, and are influenced by, ongoing data collection/analysis. Recruitment stopped at 30 as the emerging analysis suggested 'saturation' had been reached, i.e. additional interviews were considered unlikely to uncover any substantial new themes of interest.

4.2.2. Sampling

A purposive sampling design was used, specifically, a maximum variation strategy (Marshall, 1996). Although most participants were recruited mainly from one organisation, within this,

the aim was to include diverse socio-demographic backgrounds and experiences, providing a range of narratives. *Inclusion criteria* were that men be over 18, and engage with meditation in some capacity. *Exclusion criteria* were that men were not currently in distress or engaging with meditation as part of a clinical intervention. Variation was sought in terms of parameters including age, ethnicity, sexuality, occupation, education, and socio-economic background, and also in terms of meditation experience (number of years practising, and current levels of commitment).

In keeping with the principles of modified constant comparison, preliminary data analysis influenced the sampling strategy, suggesting the inclusion of certain types of men to achieve maximum variation, including outliers or negative cases to clarify or disprove the emerging analysis, thus increasing its robustness and credibility (Cutcliffe, 2005). For example, men were sought who were ‘unaffiliated’ to a particular meditation tradition, or who seemed only tenuously committed to meditation. A sampling matrix was devised to ensure variation was obtained. A diverse sample of participants was recruited, outlined in table 1 overleaf. At T1, 29 lived in London, and all worked there. At T2, 27 lived in London, and 28 worked there.

A key aspect of the sampling matrix concerned men’s level of engagement with meditation. A diverse range of meditation experiences was obtained, outlined in table 2 overleaf. In terms of interaction with other meditators, 22 men were involved with one particular meditation centre in London which recruitment had focused on, as discussed in the following section: ten lived there, seven attended regularly, five attended occasionally. Four others were linked to other centres; four were unaffiliated with any centre. As a large number of participants were affiliated to one centre, biographical details of individual participants are not included here for confidentiality reasons, and all names used are pseudonyms.

Table 1: Socio-demographic characteristics of the sample of 30 male meditators.

Age (years)	20 – 30	30 – 40	40 – 50	50 – 60	60 +
Participants	4	7	14	4	1
Occupation	Health	Community	Business	Education	Other
Participants	9	5	5	3	8
Education	Secondary	College	University	Post-grad	Professional
Participants	2	1	8	6	11
Ethnicity	White British	Mixed British	White other	Asian	
Participants	21	1	6	2	
Relationships	Single	Partnered	Family		
Participants	13	11	6		
Sexuality	Homosexual	Heterosexual			
Participants	9	21			

Table 2: Meditation experience of the sample of 30 male meditators.

Meditation experience					
No. of years	0 – 5	5 – 10	10 – 15	15 – 20	20 +
Participants	7	8	7	4	4
Current practice amount					
Hours p/week	0 – 2	2 – 4	4 – 6	6 – 8	8 +
Participants	6	8	10	3	3
Ordination					
Status	Ordained	In training	Non-ordained		
Participants	8	4	18		

4.2.3. *The key meditation centre*

As noted, 22 men were involved to some extent with a particular meditation centre. However, the study is not an ethnography of this centre, focusing only on this locale, but explores wider narratives of involvement with meditation. Men linked to this centre did not ‘belong’ to it, but negotiated complex relationships with it. These men also encountered other meditation-related environments (e.g. retreats) and centres, in the past and the present, which they also discussed. Moreover, as a point of contrast, eight participants were unconnected to the centre (though highlighting the complexities of participants’ historical allegiances, four of these had attended the key centre at least once in the past). Thus, in discussing the social dimensions of meditation (chapter 7), men described a range of institutions and locales linked to meditation. However, since the key centre was by far the most prominent of these, this section introduces it in a little more detail.

This key centre is part of a wider Buddhist movement, one of the largest in Britain,¹ founded in the 1960s by an Englishman who had previously studied and practised Buddhism in India. The movement promotes two primary meditation practices (Subhuti, 1988). The ‘mindfulness of breathing,’ which is actually primarily an example of focussed attention meditation (Lutz et al., 2008), but which also includes a period of receptive open-monitoring, corresponding to classical descriptions of mindfulness. The second practice is the ‘*metta bhavana*,’ referred to in the literature as ‘Loving Kindness Meditation’ (see chapter 3). Other common practices include the ‘body scan,’ conducted lying down, during which practitioners are guided by an instructor to concentrate on sensations in various parts of the body in turn. There are also ‘advanced’ practices intended for experienced meditators. For example, the ‘Six element’ practice is designed to deconstruct the self, via contemplation of ‘elements’ comprising the body (earth, water, fire, air, space and consciousness), to facilitate ‘spiritual death’ followed by ‘rebirth’ (experiencing the self in a new way) (Smith, 2008: 81).

While these practices are taken from the Theravadan tradition (Bluck, 2006), the movement has features that distinguishes it from antecedent forms of Buddhism (Chryssides and Wilkins, 2006). Firstly, it is neither lay nor monastic, but has three ‘grades’ of involvement.

¹ To preserve participants’ anonymity, neither the centre nor the movement will be explicitly identified here. Instead, these will be referred to as ‘the key meditation centre’ and ‘the movement’ respectively.

‘Friends’ are those who practice in the movement, but not necessarily with any explicit or exclusive commitment. ‘*Mitras*’ are those who have made an avowal, involving a public ceremony, that they identify as a Buddhist, are trying to practise five ethical precepts,¹ and want to explore Buddhism in the context of the movement (The Buddhist Centre, 2012a). ‘Ordinants’ are those who have ‘pledged to follow the Buddhist path... [and] made that commitment... the central point of their lives’ (The Buddhist Centre, 2012b: para. 1). Aspiring ordinants commit to an intensive preparation process (including meditation, retreats, and study groups), lasting a minimum of four years; if/when deemed ready by senior order members, practitioners attend a four-month ordination retreat, at the culmination of which they are given a dharma name and personalised meditation practices.

A second distinctive feature is an ethos of gender equality, with men and women ordained and practising on an equal basis. This commitment is relatively unusual in Buddhism: despite declarations from the Buddha about the ‘spiritual potential’ of women (Schak, 2008), Faure (2003: 9) argues that ‘like most clerical discourses,’ Buddhism is ‘relentlessly misogynistic,’ although relatively ‘open to multiplicity and contradiction.’ Contradiction is evident in the way a gender equality doctrine is somewhat tempered by structural features of the movement which appear to favour men. For example, while the movement more generally has avowedly sought to develop only a ‘minimal institutional structure... of power’ (Hayes, 1995: 6), gender imbalances within the movement means men are still more likely to hold positions of authority (the ratio of male to female members in 2007 was 1.8 to 1, from a peak of 5.3 to 1 in 1987).

The movement has had a challenging relationship with the wider Buddhist community. First, it is unusual in that its founder – by selecting practical and doctrinal elements from various traditions, including Theravadan meditation, Mahayanan rituals and Tibetan mantras – is seen as creating a new order *ex nihilo* (Vishvapani, 2001). Subhuti (1994) describes this selectivity as an attempt to present a ‘core of common material’ constituting the ‘essence’ of Buddhism which, divested of anachronistic cultural accretions, is ‘relevant’ to the ‘West.’² However,

¹ The precepts concern abstinence from: harming living beings; taking the not-given (i.e. stealing); sexual misconduct; false speech (i.e. lying); and intoxication through drink and drugs.

² Thus, in terms of the various perspectives on Buddhism in the West outlined in Chapter 3, although some scholars identify the movement as an exemplar of an NRM (Smith, 2008), it would be equally valid to view it as a brand of ‘Westernised’ Buddhism.

this selective interpretation has put the movement at odds with traditionalists who value the ‘authority of lineage and Asian precedent’ (Vishvapani, 2001: para.60). The movement has also faced media controversy in the past around the conduct of some members at one of its centres. Nevertheless, despite such issues, the movement is deemed one of the main forms Buddhism has taken in the West (Bluck, 2006).

4.2.4. Recruitment

In preparation for recruitment, between November 2008 and March 2009, I attended various meditation centres in London, and other events attended by meditators, e.g. Buddhist talks. I regularly attended the key centre, where I participated in classes, and accompanied on a five-day retreat outside London over New Year. The main purpose of these activities was networking: meeting meditators and ‘gatekeepers’¹ to assist with recruitment. I met senior teachers and workers at the centre to gain their cooperation with the study: they acted as gatekeepers, introducing me to participants, and assisting me in practical ways, like allowing me to use facilities at the centre to conduct interviews/tests; they also participated themselves. A secondary purpose for attending these centres and events was as a ‘participant-observer’ (Kanuha, 2000). This meant engaging in the meditation-related activities of the participants to gain understanding of their experiences of meditation and well-being. Issues raised by this ‘participant-observer activity,’ and reflexivity considerations in general, are examined in the discussion chapter, in a section featuring critical reflections on the thesis.

In the early part of the recruitment phase I spoke informally to men about the research, taking contact details if they expressed interest. I also discussed the study with gatekeepers, allaying concerns about confidentiality and anonymity, and resolving practical issues around using the centre. In early 2009 I produced flyers, handing these out at centres and events. In February, I sent an information pack to all those for whom I had contact details. After receiving positive replies, interviews began in March. Recruitment continued after this, partly through ongoing engagement with the key centre, and other related activities.

¹ Gatekeepers ‘provide – directly or indirectly – access to resources needed to do research, be those resources logistical, human, institutional, or informational’ (Campbell et al., 2006: 98).

Men also made contact following snowball sampling,¹ i.e. on the recommendation of those who had already participated, some of whom were also gatekeepers. In the early stages of recruitment, all who wanted to participate were included, provided they satisfied the inclusion and exclusion criteria. After around 15 participants had been interviewed, recruitment was more selective, guided by the sampling matrices, and the search for particular cases to clarify the analysis. Recruitment ended in October 2009 after 30 interviews, as preliminary analyses of interviews suggested that saturation around the main topics of the study had been reached.

4.2.5. *Longitudinal participation*

There were two phases to the study: T1 and T2. Participants were interviewed and tested at both time points. T1 and T2 phases were separated by at least 12 months (not more than 15), determined by participants' date of entry to the study. There were a number of reasons that this particular duration of time was selected. Firstly, a gap of at least a year was considered necessary to minimise the impact of practice effects in the cognitive neuroscience component – since to explore change in cognitive performance over time, the same tests were used at T1 and T2 – and a meta-analysis of practice effects in cognitive testing indicated that a test-retest interval of a year was sufficient for such effects to be minimised (Hausknecht et al., 2007). Second, the interval was *limited* to a year due to the scheduling requirements of the doctoral program (the need to complete the data collection within two years). Finally, in relation to the qualitative component, a one year interval – common in longitudinal qualitative research (e.g. Wight, 2010) – was appealing, since in the construction of narratives, it is a common unit of time which people use to parse their existence (Ilomäki, 1998), and thus lends itself well to reflection (the T2 interview began with the injunction, 'Tell me a bit about this year').

The T1 phase extended between March 2009 and September 2009. Recruitment was ongoing during this time, thus entry to the study was staggered over time. During this period, all 30 were interviewed, and 28 participated in the experimental session. Two men did not undergo the experimental session during this first period. One of these two men undertook his first session at the time of his second interview, and completed his second session the following

¹ Snowball sampling is 'a nonprobabilistic form of sampling in which persons initially chosen for the sample are used as informants to locate other persons having necessary characteristics making them eligible for the sample' (Bailey, 1994: 438).

year. The other man did not undertake the session at all, only participating in interviews. Twenty-two men chose to do the interview and the test on the same day, while six did them on separate days. Those who undertook them on the same day were offered a choice in which order they did them, but were guided towards starting with the interview ('Shall we begin with the interview?'), and all assented to this.

To encourage participation at T2, contact was maintained with all participants between T1 and T2, including follow-up emails thanking men for their participation, invitations to check the transcripts, and communiqués regarding the upcoming T2 phase. Informal contact was also maintained with some participants through my ongoing participatory activities. The T2 phase extended from April 2010 to November 2010, with the exception of the man who took his first test at his second interview (his second test occurred in 2011). During this period, all 30 participants were interviewed, and all 28 who had completed the T1 session the previous year took part in the T2 session. Of these, 25 completed the interview and test on the same day; all opted for the interview first. Three men undertook them on different days (not the same men who completed them on different days at T1).

4.2.6. Ethical issues

Before the data-gathering commenced, an ethics application was submitted to the Research Ethics sub committee of Westminster University, and approved on 29.10.08 (appendix A). Men who expressed interest in participation were given an information pack (appendix B). This pack featured pertinent details, including: the purpose of the study; what their 'rights' would be (free to say no, or withdraw participation at any time); and details of the interview and testing procedure, e.g. how long these would take, what would be asked of them (types of questions, task procedures), treatment of the data (recorded and transcribed; confidentiality and anonymity maintained), potential drawbacks (uncovering uncomfortable feelings) and how drawbacks would be handled (help offered). Men who agreed to participate were asked to sign an informed consent form (appendix C) at the first interview. This form, which all signed, stated that they had read the information sheet and that the details had been explained to them. This form also stated that they agreed to be interviewed (and recorded) and tested. An ethical protocol was in place for the interview and test to ensure participant well-being. Although people generally like taking part in narrative interviews and can find the activity helpful (Ridge and Ziebland 2006), it was envisaged that the interviews would touch on

personal issues, and there was a risk of uncovering difficult thoughts/feelings that could be difficult for the person to cope with. The ethics protocol had measures to deal with such risk. It was designed to ensure the rights of participants with respect to dignity, self-determination, confidentiality and anonymity. The protocol applied to the interview, and the test session, and beyond, and included:

- i). Developing rapport: putting men at ease before the interview/test; maintaining a friendly, sensitive and supportive tone throughout the process.
- ii). Maintaining confidentiality: altering details of participants (e.g. names, places and events) in presentation of the research findings; tape-recorded data transferred onto computer, with identifying information removed and stored separately; access to data limited to the research team; data stored for five years after completion of the study, after which time destroyed.
- iii). Monitoring participant responses, enquiring whether they were uncomfortable or had concerns, seeking to address any questions raised.
- iv). Referring participants to help-lines if appropriate (referral sheet with free and low cost mental health services provided).
- v). Informing participants that they could pause or stop the interview/test at any time, without incurring any penalties. Cues of distress monitored; interviews/tests stopped if participants appeared distressed.
- vi). Following up participants after the interview/test if there were concerns.

In the event, participants generally reported the interview experience to be a largely positive one, and no concerns arose during the interview or test that necessitated these being stopped, or any of the referral strategies activated. Participants received £20 per interview/test. It was emphasised in the information sheet that this was not a ‘payment,’ but was to cover expenses. As involvement took around three hours at each time point, £20 was not considered enough to be an inducement into the study. In any case, many did not accept it, with some requesting it be donated to their meditation centre.

4.3. Data collection

This section discusses data collection. Part 1 describes the interview process. Part 2 details the experimental session.

4.3.1. The interview

Interviews/tests took place at locations chosen by the participants. At T1, locations included men's homes (n = 9), my home (3), the university (1), their work (2), and the key meditation centre (15); and at T2, men's homes (8), my home (2), the university (8), their work (3), and the and the key centre (14). All locations were in London, except two T2 interviews/tests at homes of those who had left London. In procedural terms, after an informal introductory conversation, participants signed an informed consent form, and completed a demographic questionnaire (appendix D). Men were reminded of the ethical protocol (e.g. freedom to not answer questions). I placed the audio-recorder in an unobtrusive visible location, indicated I was switching it on, and the interview began.

At T1, seven interviews were 60-90 minutes in duration, 14 were 90-120, 8 were 120-150, and one was over four hours. At T2, 22 were 30-60 minutes in duration, seven were 60-90, and one was over two hours. Interviews continued until they seemed to have run their course: intended topics had been covered, and the participant either signalled that they needed to finish or had nothing more to add (the interview always ended by asking if they wished to say anything else). At this point, the tape recorder was switched off, usually followed by a few minutes friendly conversation about how they had found the experience. At this point, if they had chosen to complete the test on the same day, there was a brief refreshment break. At the end of the encounter, participants were offered the £20 expenses, informed about subsequent steps (e.g. receiving a transcript), and thanked for participating.

Interviews were conducted with an approach designed to elicit narrative story-telling. Men were encouraged to tell their own story, in their own words, on their own terms (Minichiello et al., 1995). The process was designed to be sensitive to men to enhance the potential for openness. Despite stereotypes around emotional reticence, researchers have found that men are willing to talk openly about emotional experiences, especially if given 'permission and safety to talk' (Olliffe, 2005). Interviews were conducted with this goal in mind. Techniques were employed, including: maintaining a non-threatening, empathetic and non-judgemental manner; using terms men themselves used (not reformulating using psychological jargon); if probing or asking for clarification, not showing doubts about the presentation; and leaving pauses to give men time to gather their thoughts (Olliffe and Mroz, 2005; Pini, 2005). Specific

techniques were used to facilitate storytelling, e.g. time prompts ('Then what happened?'), or inviting elaboration on a theme by repeating participants' last word/phrase back to them.

In terms of specific areas of interest, while interviews at T1 and T2 both centred on narratives of meditation and well-being, the two phases had a different focus. T1 interviews sought to elicit life histories from as far back as participants wished to start. T2 interviews concentrated mainly on the period between T1 and T2.

For T1 interviews, an interview schedule (appendix E) was devised in consultation with the supervisory team. This was piloted with one man, who was included in the final sample, and discussed with the team with reference to the resulting transcript. While it was agreed that the guide was appropriate for eliciting narratives, at least in theory, amendments to the interview style were recommended to better facilitate the telling of these narratives. Advice was given to be more subtle and sensitive with my interventions, and to use men's own words more. These recommendations were subsequently acted upon, although it was a learning process.

The first part of the T1 interview was unstructured. Interviews began with an invitation ('Tell me something about life before meditation.'), designed to be sufficiently open-ended to allow men to begin their narrative at the point and in the way they felt to be most important, and encouraged the inclusion of any aspects of life history felt by the participants to be relevant. Narratives were pursued up to the present moment, and further in terms of pointing ahead to the future. This part of the interview ended when the participant appeared to have concluded the particular life 'story' they had chosen to tell.

The second half of the interview followed up particular topics of interest to the study. There were two aspects to this. First, returning to themes or episodes introduced in the first half that seemed important and warranted revisiting for more detail. Second, reflection on topics (if not already covered), such as stress, coping and negative emotions; happiness and well-being; masculinity and identity; work; hobbies; socio-economics; relationships; spirituality/religion; death and other existential themes. The aim was always to steer the discussion away from abstract reflections, and on to specific ways in which the topics affected men's well-being.

T2 interviews were mainly concerned with eliciting narratives of the intervening year, though they were not restricted to this. The first part of the interview was unstructured. Interviews

began with an open-ended injunction inviting a story-telling approach ('Tell me a bit about this year.'). Thereafter the procedure followed the T1 process, albeit in shorter form. The first half covered men's story of the year. The second half revisited topics of interest, including stories discussed at T1, either spontaneously, or because I asked for clarification of themes which had emerged in the data analysis. There was a particular focus on whether events since T1 had affected their thoughts/feelings on particular topics, and whether their narrative had subsequently changed (e.g. if finding meditation was depicted as a 'turning point' at T1, whether this was still presented as such as T2).

4.3.2. The experimental session

Meditation is conceptualised as a process of attention development (Chiesa et al., 2011). One of the ways attention development is thought to impact upon well-being is through enhancing emotional intelligence, enabling people to better regulate emotions and cope with distress (Bishop et al., 2004). Facilitating better emotional management skills may be relevant to the issue of men's mental health. Masculine norms which encourage toughness may affect men's ability to manage emotions, contributing to mental health issues (Addis, 2008). The present study sought to explore whether meditation was linked to attention development in men from a cognitive neuroscience perspective.

To examine links between meditation and attention, an experimental session was constructed, analysing attention on two levels: cognitive and neurophysiological. In cognitive terms, since attention is a multidimensional construct, four tasks were used, indexing different aspects of attention: a Rapid Visual Information Processing task (RVIP; Coull et al., 1996); the Defined Intensity Stressor Simulation (DISS; www.stress-sim.co.uk); an Emotional Stroop (Becker et al., 2001); and a verbal fluency task (Benton, 1989). The session also featured an EI measure (the Reading the Mind in the Eyes Test; RMET; Baron-Cohen et al., 2001), and an index of intellectual functioning to contextualise performances on the tasks (National Adult Reading Test; NART; Nelson, 1982). Neurophysiologically, attention was gauged by measuring EEG as participants completed the cognitive tasks, as well as during a meditation. Certain patterns of EEG activity, e.g. increased alpha and theta amplitude, are regarded as correlates of states of attention (Josipovic, 2010). Differential EEG activity profiles can thus be used to indicate varying levels of attention.

The experimental session featured the same format for all participants, at both T1 and T2.¹ The entire session lasted approximately an hour. The sequence of tasks was as follows: verbal fluency, RVIP, RMET, DISS, Emotional Stroop, and NART. Continuous EEG signals were acquired from participants as they completed the tasks, and during a 10-minute mindfulness meditation which followed the tasks. This section presents details of the tasks used. Appendix F features a technical specification for the EEG recording. Appendix G includes a procedural transcript of the test session (e.g. instructions given to participants).

Verbal fluency

Verbal fluency is defined as ‘the ability to produce words under specific constraints and within a fixed time interval’ (Guerrero et al., 2010: 227). Verbal fluency is differentiated into phonemic fluency (the ability to access and retrieve words on the basis of phonemic lexical properties; Brickman et al., 2005) and semantic fluency (the ability to retrieve knowledge from within a semantic framework; Pagoria, 2008). Verbal fluency reflects executive function, and attentional switching and flexibility, since it requires goal-directed retrieval of verbal information, response inhibition, self-monitoring and fast processing (Pagoria, 2008).

In the present study, phonemic fluency was assessed using the FAS, also referred to as the Controlled Oral Word Association Test (Benton, 1989). The FAS task required participants to produce words (excluding proper nouns) beginning with specific letters of the alphabet. The letters were F, A and S at T1, and P, A and S at T2. Participants underwent three consecutive trials, one for each letter, with each trial lasting 60 seconds. In addition, semantic fluency was assessed using a category task. This task requires participants to generate as many category exemplars as possible, in 60 seconds, for a specific given category (Baldo et al., 2006). In the present study, category fluency was assessed using animals at T1, and food/drink at T2. The dependent variable was the number of different words produced in 60 seconds for each trial.

RVIP

The RVIP assesses sustained attention, though also requires selective attention and working memory for its execution (Coull et al., 1996). It is a computer-based task, constructed and implemented using the E-Prime E-studio program (2.0.8.22; 1996-2005, psychology software

¹ The NART only featured at T2

tools; www.pstnet.com). Participants focused on a sequence of serially-presented integers between 1 and 9, shown one at a time, each for 750ms. The task was to identify (by pressing the space bar) sequences of either three odd or three even numbers in a row. Participants first completed a one minute practice version of the task, then the task proper lasting five minutes. Dependent variables were the percentage of targets detected, number of incorrect responses, and latency of response. These variables were measured in terms of overall performance over five minutes, and performance over time, analysed as five separate one-minute segments.

DISS

The DISS assesses attentional flexibility, multi-tasking, and executive function (Kennedy et al., 2004). Executive function is ‘a set of cognitive skills that are necessary to plan, monitor and execute a sequence of complex goal-directed actions’ (Coppin et al., 2006: 619). DISS involved four cognitive and psychomotor tasks, visually presented on a split-screen computer monitor, completed simultaneously, with responses made using an external mouse.

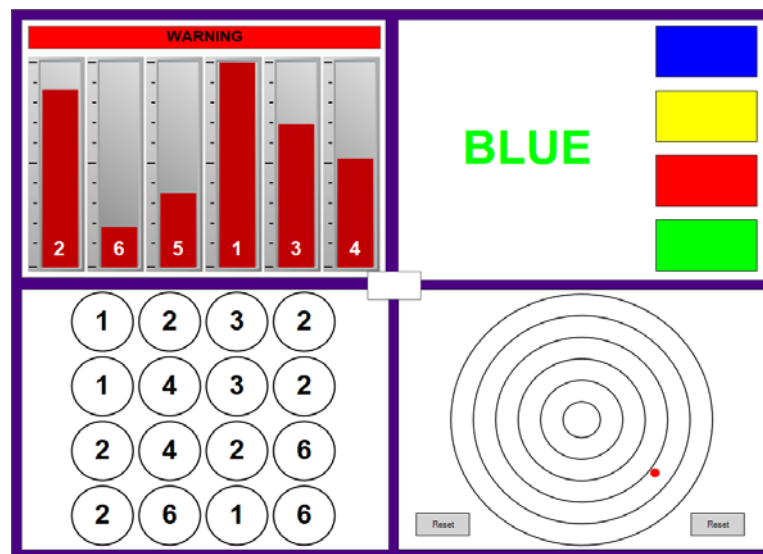


Figure 2: Screen-print of the four consecutive tasks used in the DISS task.

The details of the four tasks used, shown in figure 2, are as follows:

Visual warning (top left). Six vertical bars rise up at different speeds; when one bar reaches the top, a visual warning is given, and numbers appear on the bars reflecting relative position. Participants were required to click on the bars in height order, tallest

to shortest. Ten points awarded for successful de-activation (numbers clicked on in correct order).

Stroop (top right). Based on the Stroop (1935) test of selective attention. Four colour blocks are located to the right of the panel. To the left, a colour-name word appears. This name is both a label for one of the four colour blocks, and has one of the four colours as a font. Participants were required to identify the font by clicking on the appropriate colour block (e.g. for 'BLUE' written in green font, as above, the correct answer is green). Ten points awarded for correct responses. Ten points subtracted for incorrect responses, and also for failure to respond within 20 seconds.

Number tap (bottom left). A 4x4 grid of digits from 1 to 9. Each presentation of the grid features a different configuration of numbers. Participants were required to click on all the instances of the highest digit on any given configuration (e.g. in the screen-print above, the three circles with the number '6'). Ten points awarded for every grid completed. Ten points deducted for failure to respond within 40 seconds.

Visual monitoring (bottom right). A dot travels outward from the centre of the target. Participants were required to press the reset button before the dot left the outer-most circle, letting the dot travel as far as possible before doing so. Two points awarded for every circle the dot passed through. Ten points deducted for every 0.5 second delay in pressing reset after the dot had left the outer-most circle.

Participants completed a two minute practice version of the task, then the task proper lasting five minutes. Dependent variables were the overall scores calculated by the program (all tasks combined), the total number of responses, and the overall percentage of correct responses.

Emotional Stroop

The Emotional Stroop is based on the Stroop paradigm (Stroop, 1935). The original Stroop task requires participants to name the ink colour of colour-name words, in an 'incongruent' condition (e.g. 'blue' in red ink) and a 'congruent' condition ('blue' in blue ink) (MacLeod, 1991). Each condition features a list of words which participants read aloud, timed for speed. Slower speeds are usually observed in the incongruent condition, attributed to 'interference'

between different processing pathways underlying colour-naming and word-reading activities (Botvinick et al., 2004). The Emotional Stroop task involves naming the ink colour of words differing in emotional salience (e.g. unpleasant vs. neutral) (Williams et al., 1996). Reaction time is slower for emotionally salient (Algom et al., 2004) or personally meaningful words (Riemann and McNally, 1995), as these are processed at a deeper semantic level. The task is used in clinical assessments, as performance reflects attentional biases linked to disorders, e.g. negative words have more salience for depressives (Mathews and MacLeod, 1994).

The Emotional Stroop used here was based on materials and procedures designed by Becker et al. (2001). There were three conditions: positive (e.g. ‘friendly’), negative anxiety-related (e.g. ‘death’) and neutral (e.g. ‘pencil’). Each condition featured 12 different words, repeated six times, generating a list of 72 words, arranged on one card in six columns. On these cards, each word featured once per column, and the words in each column were ordered randomly. Each word was printed in black, brown, green, red, blue or orange ink. The order of these colours was random, with the proviso that the same colour did not appear consecutively, and that each word was written only once in each colour. The cards are shown in appendices H–J. Participants were required to read aloud the ink colour of the words (going vertically down the columns, taking columns from left to right), being timed for speed. At both T1 and T2, all participants completed all three conditions, in the same order: neutral, negative, positive. Dependent variables were the time taken to complete each card.

RMET

The RMET (Baron-Cohen et al., 2001) is a measure of ‘mentalising’ (also known as ‘Theory of Mind;’ Premack and Woodruff, 1978), the ‘ability to attribute independent mental states to another person or oneself in order to explain or predict behaviour’ (Gallagher et al., 2000: 11). Mentalising is similar to empathy (‘the capacity to understand and share another person’s emotional experience;’ Lutz et al., 2009: 1038), and emotion perception in EI (Mayer and Salovey, 1997). Deficiencies in mentalising are defined clinically as alexithymia (‘inability to recognise or verbalise emotions;’ Honkalampi et al., 2000: 99). Thus, the RMET is also used as an index of empathy (Lombardo et al., 2007) and alexithymia (Harrison et al., 2009).

Amended from the original task (Baron-Cohen et al., 1997), the revised version of the RMET is a paper-based task involving a sequence of 36 black and white photographs of the eye-

region of actors and actresses (Baron-Cohen et al., 2001; see appendix K for a sample card). Participants were required to identify the emotion in the picture, selecting from four forced-choice response options. These options comprised the target word, plus three foil words of comparable emotional valence, e.g. ‘interested,’ plus ‘joking,’ ‘affectionate’ and ‘contented.’ The dependent variable was the number of correct answers.

NART

The National Adult Reading Test (NART; Nelson, 1982) examines pronunciation of 50 short irregular English words of graded difficulty (appendix L). It has high construct validity and reliability as a measure of verbal IQ (Crawford et al., 1989). The dependent variable was the number of errors, i.e. incorrectly pronounced words. The error score was then converted into a predicted IQ score (Wechsler Adult Intelligence Scale-Revised; WAIS-R; Wechsler, 1981) using the test conversion table (appendix M; Nelson and Willison, 1991).

4.4. Data analysis

This section has two parts: part 1 discusses the qualitative analysis, using modified constant comparison; part 2 outlines the preparation of the quantitative data for statistical analysis.

4.4.1. Qualitative data analysis

Interview recordings were transcribed by outside agencies, except three completed by myself for training purposes. Transcripts were checked for accuracy against the original audio, and errors corrected by myself. Names of people and places were removed, and some details were altered (e.g. professions) to protect identities. Amended transcripts were sent electronically to participants, who were informed they had six weeks to return the transcript with any changes they wished made, after which time I would assume approval had been granted. At T1, five men requested minor changes; at T2 one man did. These changes concerned words that had been mis-transcribed, or the removal of details men felt could identify them. Once approval was granted/assumed, amended transcripts were uploaded to the NVivo software package, which was used to help organise, search and analyse the data.

The data was analysed through a modified constant comparison approach, focusing mainly on open and axial coding (Strauss and Corbin, 1998). Modified constant comparison follows the main initial steps of modified grounded theory (MGT), in that themes are generated through a bottom-up data-driven inductive process, while also linking to existing literature to clarify the emerging analysis (Cutcliffe, 2005). However, unlike MGT, constant comparison falls short of developing a theoretical framework, aiming more to articulate inter-relationships between the key themes, and to produce explanations. This approach is in keeping with the spirit of critical realism (Layder, 1998). Linking to previous literature generates the prefix ‘modified’ (Glaser and Strauss’ (1967) original formulation of grounded theory recommended that the emergent analysis be ‘purely’ grounded in the data). Further, the present study can be situated within the constructionist vein of grounded theory, of which Charmaz (2000; 2008) is at the vanguard. Contrary to the ‘objectivist’ stance attributed by Charmaz (2008: 401) to the originators of grounded theory – i.e. ‘a single reality that a passive, neutral observer discovers through value-free enquiry’ – the constructionist version aligns itself with poststructuralist theories of knowledge, introduced in chapter 2, and acknowledges that the data is a product of the research interaction (discussed further in chapter 9).

Thus, while data was in the form of narratives, modified constant comparison was used to look for common themes, and points of divergence, that would facilitate the development of explanations that fitted all interviews, and relevant evidence/theories already in the literature (Cutcliffe, 2005). As appropriate for an exploratory study like this, the research did not seek to make generalisations about a population, but rather to explore the range of possibilities and complex relationships between concepts and themes discovered in the data (Minichiello et al., 1999). The analysis involved a number of distinct stages, based on the principles of MGT (omitting the final stage of developing a theoretical framework). In constant comparison, data collection and analysis occur concurrently, informing each other in a cyclic way, rather than a linear sequence (Cutcliffe et al., 2006). However, for reporting purposes, the analytic process is described in stages. The sequence of analytic stages is discussed with regard to the T1 data, followed by discussion of how the T2 data was integrated into the analysis.

The preliminary stage involved close reading of the transcript(s) to gain an overall impression of the data. Notes were made, both on the transcripts and in a separate file, of initial thoughts regarding themes which seemed to be present, and any other reflections on the data. Next, the second stage was one of open-coding in which a first batch of seven interviews was examined

thoroughly line by line thoroughly to identify themes in the data. These themes were coded, a process termed ‘substantive coding,’ as labels ‘codify the substance of the data,’ sometimes using participants’ own words as labels (Cutcliffe et al., 2006: 795). For example, men spoke about accepting or resisting experiences, which produced a code of ‘acceptance-resistance.’

The open-coding process had two phases, expansion and contraction. Firstly, in an expansive, free-flowing way, codes were developed exhaustively, with no restriction on the number or types of codes generated, and no attempt to impose order. This expansive phase generated over 500 codes, many unnecessarily narrow. A phase of consolidation and pruning was thus necessary, merging codes that were overly specific (e.g. ‘happiness’ and ‘joy’ into ‘positive emotions’), or subsuming codes into more general ones (e.g. ‘running’ into ‘hobbies’). This consolidation phase reduced the codes to around 80. However, this did not mean specificity was lost. NVivo allowed specific concepts to be identified through the juxtaposition of more general codes. For example, for the sentence ‘my brothers bullied me for being effeminate,’ rather than a specific code for ‘bullying in childhood around gender,’ the same code can be generated by the juxtaposition of codes for ‘childhood,’ ‘masculinity’ and ‘norms.’

Having conducted open-coding on seven interviews, and pruned the codes to around 80, a meeting of the supervisory team was convened to discuss the codes. This meeting involved detailed collective analysis and discussion of one interview transcript to ascertain whether the codes were sufficiently exhaustive to account for the complexity of the data, and whether any new codes could be identified. This meeting resulted in a few minor adjustments, but did not result in any substantial alterations, or generate any new codes. However, interviews were still ongoing; codes were tested against newly-collected data in terms of whether they were inclusive enough to incorporate the new material. Subsequent interviews were read carefully paragraph by paragraph to see if new themes emerged which did not fit into existing codes.

The codes were generally robust enough to not require any substantial revision in the light of subsequent interviews. However, data did emerge which expanded the meaning of particular codes. For example, stories of ‘mystical’ experiences had produced an ‘altered states’ code. A later interviewee discussed dreaming, and the code was expanded to accommodate this. In addition, later interviews produced themes which did not fit into existing codes, leading to additional codes being generated. For example, later interviewees discussed having ‘faith’ in Buddhism, which earlier interviews had not uncovered. As such, a new code of ‘faith-doubt’

was added. After all the T1 interviews had been completed and read through carefully, the final number of codes stood at 105.

The next step was organising these codes by grouping them under higher headings, according to conceptual similarity. Codes which seemed to ‘go together’ in some meaningful way were grouped, with the group name relating to the common factor linking the codes. For example, codes for ‘motivation,’ ‘freedom,’ ‘control’ and ‘choice’ produced a category labelled ‘will.’ Grouping codes in this way generated a hierarchical tree-structure two levels deep: codes and categories. A third level was added to this structure by grouping the categories under higher headings, producing five ‘meta’ categories.

The sensitising device – IF – was used to identify the meta-categories, as the four ‘quadrants’ were useful conceptual labels for grouping categories together. For example, categories like thoughts and feelings were grouped under a meta-category of ‘subjectivity;’ ‘social pressure’ and ‘relationships’ under a meta-category of ‘inter-subjectivity;’ ‘skills’ and ‘illness’ under a meta-category of ‘objectivity;’ and ‘education’ and ‘work’ under a meta-category of ‘inter-objectivity.’ As noted, this framework is not used uncritically. Meta-category labels were not used to infer any fundamental properties of the categories within them. For example, illness and skills were not literally seen as ‘objective.’ This label was just used to indicate that these categories were in some way ‘about’ the body.

In addition, a fifth meta-category was related to temporality. Temporal codes were generated based on the life-period a segment of narrative referred to. These codes were grouped in three ways, producing three time categories. First, codes such as ‘childhood’ and ‘old-age’ created a category of ‘life period.’ Second, codes like ‘before meditation’ and ‘finding meditation’ produced a category of ‘meditation stage.’ Third, codes including ‘the past’ and ‘the present’ generated a category of ‘orientation.’ In addition, some codes concerned narrative ‘devices,’ like ‘turning points’ or ‘journeys,’ producing a ‘time narrative’ category. The four categories created a meta-category of ‘time,’ which helped retain a sense of temporality in the analysis, enabling emergent themes to be placed in a narrative ‘order’ to some extent.

Thus, a coding framework was produced – included as appendix N – comprising 105 codes, 31 categories, and five meta-categories. While this framework had evolved throughout the T1 interview process (e.g. later interviews added new themes), after all T1 interviews had been

analysed, it was considered complete. At this point, a second round of substantive coding began, which involved going through all the interviews again, not to generate codes (since the framework was in place), but to code all text according to the established framework. NVivo allows transcript segments to be ‘moved’ into the framework. Each transcript was analysed, and segments – single sentences to whole paragraphs – moved into the appropriate code(s). Each segment was usually entered under at least three codes. All the data for each code, e.g. every segment coded for ‘anger,’ was now thus in one file.

The next stage was *axial* coding, involving exploration of combinations of codes in order to examine the interrelations between them. NVivo allowed the interaction between two codes to be examined by showing the overlap between them, highlighting segments coded for both categories. While there were many combinations, the analysis only focused on combinations which appeared important, as indicated by substantial amounts of data within them. Some significant combinations were expected on the basis of prior ideas in the literature – e.g. a connection between ‘masculinity’ and ‘social pressure,’ predicted by Connell’s (1995) theory of hegemonic masculinity. Other combinations emerged inductively from the data, like that between ‘masculinity’ and ‘spirituality’ (i.e. the idea that men don’t ‘do’ spirituality).

The final stage of the analysis was the development of a tentative explanatory framework. This stage involved identifying concepts by taking combinations from the previous stage, and articulating the relationships between them. For example, three significant combinations were ‘masculinity and alcohol use,’ ‘masculinity and social pressure,’ and ‘coping and distress.’ The complex relationships between these combinations produced two concepts: men drinking to fit in, and as a coping strategy. These concepts helped form the explanatory framework.

In developing the explanatory framework, quality checks were conducted through the use of various techniques to help improve the rigour and complexity of the analysis. The use of such techniques has proved to be somewhat contentious among grounded theorists, reflected in the schism between the founders of the theory: while Strauss (and Corbin’s) (1990) version of the theory encouraged the use of specific analytic tools, Glaser (1992) argued that this meant the researcher would be ‘forcing’ the data, and thus had ceased to conduct grounded theory. In a reflection on this rift, Walker and Myrick (2006: 533) suggest that these tools are ‘harmless,’ as rather than forcing the data, these simply articulate ‘the natural cognitive processes we use

when we compare things.’ Thus the analysis in the present study was guided by Corbin’s (1998: 122) contention that such tools just help ‘stimulate reflection about the data at hand.’

One of the main tools employed was ‘negative case analysis,’ which involves not only being open to counterexamples to emergent themes, but actively searching for them (Gough, 2007). The search occurred at various stages of the research process, e.g. recruitment, data gathering and analysis. First, in constant comparison, recruitment is concurrent with ongoing analysis; thus ‘purposeful’ sampling occurred (Marshall, 1996), involving selection of certain ‘types’ of men to challenge emergent themes. For example, as most participants meditated within a Buddhist context, men who practised within other traditions were sought (e.g. ‘Bill,’ who used meditation in his ‘psychic’ work). Second, with data gathering, as themes emerged in the analysis, I explicitly aimed to query these in later interviews. For instance, as most men were enthusiastic about the utility of meditation, I was keen to elicit and explore less positive perspectives (which men were perhaps initially less willing to volunteer), directing questions accordingly. Finally, the search for counterexamples continued throughout the analysis: when developing particular themes, I trawled through transcripts in detail searching for dissenting accounts. For example, while it was almost uniformly asserted that materialism was to be avoided, ‘Jack’ admitted to having enjoyed the pursuit of wealth.

Another key analytical tool was engaging with the literature – this engagement bestowing the prefix ‘modified’ in MGT – to help ‘stimulate... thinking about properties or dimensions’ in the data (Strauss and Corbin, 1998: 45). There was a focus on both empirical and theoretical literature. With the former, this meant seeking studies which either supported or challenged emergent themes. For example, the ‘drinking to perform as men’ theme, noted above, echoed work by De Visser and Smith (2007). However, in the meditation community, abstinence was promoted as a norm – while I found no studies specifically relating to this finding, Golding et al.’s (2008) work on the ‘shed movement’ had parallels (men encouraged to enact behaviours conducive to well-being). Regarding engagement with theoretical literature, I used Paechter’s (2003) work on Lave and Wenger’s (1991) concept of communities of practice, together with Connell’s (1995) theory of masculinities, to explore this theme of abstinence, and develop the idea of a ‘positive hegemonic masculinity’ operating in these communities, for example.

Other analytical tools included ‘waving the red flag’ and ‘flip-flopping.’ The former involved recognising when biases (either my own or my respondents) were intruding into the analysis,

as indicated by the presence of ‘totalising’ all-or-nothing statements for example (Strauss and Corbin, 1998). For instance, anti-materialism was a common theme. However, my early ideas about ‘all’ meditators eschewing materialism eventually waved a red flag (after I had taken in supervisory guidance on avoiding generalisations), prompting the search for counterexamples noted above. ‘Flip-flopping’ involves interrogating a concept by turning it ‘inside out’ – ‘looking at opposites or extremes to bring out significant properties’ (Strauss and Corbin, 1998: 94). For example, to explore this idea of anti-materialism further, I questioned the possibility of being materialistic (in the sense of acquisitive) about anti-materialism. That is, whether men sought paradoxically to acquire and flaunt signifiers of anti-materialism (such as boasting about lacking possessions). This flip-flopping helped to develop the concept that there could be hegemonic dynamics (e.g. competitiveness, hierarchy) in relation to ‘spiritual’ achievements.

The development of the explanatory framework was an evolutionary process: some concepts did not withstand subsequent scrutiny, or were amended, often with supervisory guidance. Concepts were rigorously interrogated through the analytic tools delineated above, becoming more nuanced and complex, and the intricate links among the various concepts developed and refined. With the framework, the aim was not to seek ‘absolute... nomothetic generalisable ‘truths’’ (Cutcliffe et al., 2006: 795), but explanations parsimonious with the complexities of the data, without over-reaching through broad generalisations about the sample or the wider population (Minichiello et al., 1999).

In terms of presenting the results, it was possible to divide the analysis into three main parts, forming three results chapters. First, the narratives cleaved in two: life before meditation, and life after. The first chapter explores life *before*, with a psycho-social emphasis, focusing on links between men’s subjectivities and their social world. This chapter retains the temporality of the source data by linking the concepts chronologically, i.e. beginning at the start of men’s narratives (in childhood), and culminating in entry to meditation. ‘Life *after* meditation’ itself divided into two: material directly about meditation; and everything else. The second chapter explores the subjectivity of practising meditation, with less focus on social themes. The third chapter explores how meditation affected life more broadly, with a psychosocial emphasis.

Finally, with the T2 data, the analysis followed the pattern above: close reading followed by substantive coding. Most of the data could be accommodated within the existing explanatory

framework (no new themes were raised). However, this framework did not capture the ‘gist’ of the narratives, the way men presented a particular ‘story’ about how the year had unfolded. As such, while the T2 data was coded into existing codes, these codes were subsumed under six new categories to reflect six main narratives of the year. For example, some men talked about physical or mental health problems. These were not new themes, having featured at T1. However, they produced a new category of ‘Disruption’ – progress thwarted by serious issues – which related specifically to the way narratives changed over time. These new categories are discussed at the end of the third results chapter.

4.4.2. *Quantitative data analysis*

This section discusses how the test data¹ was prepared for statistical analysis using SPSS, the results of which are presented in chapter 8.

First, participants were divided into two almost-equal groups (as only 29 undertook the tasks) according to years of meditation experience, to facilitate between-subjects analyses. Division into categorical groups on the basis of a continuous variable, separated according to the mean, is an established procedure in the neurophysiological literature. For example, studying attention-deficit/hyperactivity disorder, Barry et al. (2002) examined the confounding effects of IQ by dividing subjects into two categorical groups of low IQ (those below the mean) and high IQ (those above). Similarly, a division here was made according to the sample mean of 10.8 years. Those meditating for less than 10.8 years were categorised as relative beginners, and labelled ‘novices’ (n = 14). Those meditating for longer than 10.8 years were categorised as relative experts, and labelled ‘elders’ (n = 15).

For the verbal fluency tasks, recorded responses were checked for legitimacy (no repeats or proper nouns, which were excluded), and the number of items for each condition noted. At T1 and T2, two scores were generated: a phonemic fluency score (the sum total of items for the three letter trials – FAS at T1; PAS at T2); and a semantic fluency score (the number of category items). For the RMET, recorded responses were checked for accuracy against the

¹ Preparation of the RVIP data is not included here, as the data was considered invalid on the basis of suspected recording errors (see discussion section of chapter 8). For reference, RVIP data preparation is included in appendix O.

target answers; the score was the number of correct responses (out of 36). For the Emotional Stroop, two scores were calculated for each participant, at both T1 and T2: completion time for neutral words was subtracted from completion time for negative words, giving a 'relative negative score' (reflecting the relative impact of negative words); completion time for neutral words was subtracted from completion time for positive words, producing a 'relative positive score' (reflecting the relative impact of positive words). For the NART, the score was the number of words pronounced correctly (out of 50), as judged by myself. These scores were converted to IQ scores using the test conversion table (see appendix M; Nelson and Willison, 1991).

With the DISS, responses were recorded by the 'Purple' program. This was a repository for the raw data (e.g. the number of times each task was presented, responded to, and completed correctly, and a score calculated by the program based on these indices). For each participant, three main scores were identified at both T1 at T2. Overall score was the combined total of all four task scores, calculated by the program. Overall responsiveness was the total number of tasks responded to. Overall accuracy was the percentage of total correct responses (relative to the number of tasks responded to).

The treatment of the raw EEG data involved a number of stages. The first step was to ensure the sampled data was not contaminated by artifacts caused by ocular or facial movements. Following established procedure for limiting the impact of artifacts, segments with spikes exceeding $\mu V50^1$ were removed after visual inspection (Kolev et al., 2002). A threshold was set where epochs with greater than 33% contamination would be excluded from the analysis (cf. Nikolaev et al., 2008). The EEG data stream was then segmented into nine epochs, reflecting the components of the session. The analysis focused on four epochs: baseline (five minutes); RVIP (five minutes); DISS (five minutes); and meditation (ten minutes). The other epochs were excluded from the analysis, as they invariably exceeded the 33% contamination threshold (the tasks required vocalised responses, producing facial movement). In contrast, for all participants, at T1 and T2, none of four epochs selected (requiring no vocalisation) exceeded this threshold.

¹ As a unit of measurement, μV is the symbol for the microvolt, i.e. one millionth of a volt.

Six dependent variables were selected: theta and alpha amplitude, for both left and right hemispheres, and alpha and theta coherence. For each variable, an average value, peak-to-peak (μV for amplitude; a correlation coefficient, ρ , for coherence) was calculated by the Bio Trace+ program. Once the data was transferred into SPSS, mean trans-hemispheric alpha and theta amplitude levels were calculated by adding left and right amplitude levels and dividing by two, as standard in EEG studies (Ros et al., 2010). So, for each epoch, statistical tests analysed: theta amplitude; alpha amplitude; theta coherence; and alpha coherence.

CHAPTER 5

QUALITATIVE ANALYSIS AND RESULTS (1): JOURNEYS TOWARDS MEDITATION

This chapter examines narratives of how and why men began to engage with meditation. The opening injunction of the interview (*‘Tell me something about life before meditation.’*) invited men to trace their journeys towards meditation, starting from whatever point in their lives they felt to be relevant. Emergent themes pertaining to this journey fell into two broad categories: men’s lives before meditation, and why men decided to turn to meditation. These categories are explored in turn below, illustrated with interview excerpts in italics.

5.1. Before meditation

In men’s stories of life before meditation, one overarching theme emerged: all men felt that something was not right in their lives – they were unhappy, ill at ease, or distressed. Under this theme, there are three interlinked themes. The first theme concerns the pressure men felt to be emotionally ‘tough.’ The second relates how this toughness could be linked to problems regulating emotions, and a sense of inner turmoil. The third is about how men responded to their distress in various ways which were ultimately considered by them to be unsuccessful.

5.1.1. Becoming emotionally tough

The Cure had a hit with ‘Boys don’t cry.’ I remember it meaning a lot to me, ‘Oh yeah, I’m not supposed to cry,’ this old conditioning, being a man, this idea of who I’m supposed to be. (Dalton)

In tracing their journey towards meditation, each man had his individual story of why he turned to meditation, and highlighted different factors which they felt had contributed to this turn. However, common themes also emerged. One of the most prominent, touched on by many participants, was how men had learned to be emotionally *tough*, particularly as they moved into adolescence. This toughness could be ‘inward’ (trying not to ‘have’ emotions) and/or ‘outward’ (not showing them). Men differed in terms of when they first recalled toughness as being a concern. Some focused their narrative on their childhood. Of these, a few recalled it as a carefree time. For example, Kris depicted a childhood spent surfing amid

a close-knit family as ‘paradise.’ A few described the childhood environment as a protective ‘bubble.’ However, these men tended to suggest that their secure childhood did not prepare them for subsequent challenges in their lives.

I don't think my peaceful quiet upbringing prepared me for the harsh realities of life... I was always able to turn away... When they hit you in the face, you're just not able to cope. (Dean)

In contrast, a few suggested that toughness was a concern even as a child. Robert recalled needing to be tough as a way of surviving a troubled childhood, depicted as ‘hostile, bad, conflict-zone, war-zone, difficulties, bullying, beatings up, abuse.’ For Michael, the issue was different: he *didn't* feel tough, and felt he suffered because of it. Foreshadowing themes that would emerge later for others, he experienced pressure to be tough, with ‘constant taunting’ from his ‘traditionally masculine’ brothers for being ‘effeminate.’

I was very much bullied... I didn't fit in to the world I was brought up in... I'd always been a sensitive child... They liked to make me cry... My parents [said], ‘You must stand up to them,’ [but I] was never very good at that and never did. [I was] very, very unhappy.

Whether or not childhood was discussed, nearly all men highlighted adolescence as a critical period. Many referred to a pivotal time roughly around age 13 where they described crossing a *threshold* from childhood to adulthood. While this period held positive memories for some, e.g. increased freedoms, most recalled it as a particularly difficult transition. Some portrayed this transition as abrupt, particularly those like Dean who had depicted a relatively ‘peaceful’ childhood. Colin said his mother’s drinking problem meant a sudden ‘wake-up’ as his ‘happy childhood... came down from fantasy to reality.’ As they crossed the threshold, participants narrated how their lives became more challenging. The transition was often linked to specific social events, like parental divorce, or changing schools.

A very happy, stable family upbringing in suburbia... a safe, protected bubble... The big change happened when I went to secondary school. That was my first experience of life as a tough, hard environment. (William)

Crossing this difficult threshold from boyhood to manhood, themes of toughness came to the fore in various ways. Some participants suggested they had tried to be tough because of new expectations on them as they crossed the threshold. Many recalled the sense around this time that they should become ‘a man,’ including being physically tough and emotionally closed. Some recalled that messages from those around them – that men should be this way – were powerful and affected how they dealt with difficulties. Dalton recalled his mother’s stories about his grandfather: ‘*He was as tough as old boots, he didn’t have “emotions.” There was a lot of that growing up... “You don’t want to be soft, you don’t want to be wet.”*’ These ideas were influential when he underwent a ‘*difficult time*’ switching schools.

I remember a sense of, ‘I’m grown up now.’ It seemed to happen overnight, ‘I shouldn’t cry anymore... I’ve got to face this alone.’ This idea about being the lone man, the myth from my grandfather.

For many men, trying to be tough was connected to feeling vulnerable during this challenging time. Some described working on ‘inward’ emotional toughness as a way of dealing with troubling feelings: suppressing, denying, or disconnecting from feelings like fear and sadness. Men also recalled adopting a stance of outward toughness, e.g. not showing vulnerability. For some, outward toughness meant disconnecting from others and keeping them at a distance, sometimes forcibly so – Alvin called his teenage aggression a ‘*survival instinct*.’ Steven articulated these themes of vulnerability and toughness in relation to his father leaving with ‘*no warning*’ in Steven’s early adolescence. He said he suddenly ‘*took over the head of the family role*,’ vividly illustrating the threshold. He recalled concealing his parents’ separation from his friends. However, he suggested a real sense of disconnection from others, especially his family, occurred when his father suddenly returned and he was ‘*shoved sideways*.’

At that point, I cut off from all of them... disconnected, no emotional connection... I can hardly remember leaving home, it just doesn’t mean anything. It had great repercussions for years... I just wouldn’t trust anyone, wouldn’t let anyone get close.

Another narrative around acting tough during the threshold, and beyond, was connected to the desire to fit in, being ‘*one of the lads*.’ Participants discussed concern with being accepted by peers, which they linked to self-esteem. William felt he had been ‘*dependent on everybody topping me up with self-esteem*.’ He suggested that ‘*by turning myself into what they liked*,

they would like me, [and] I would go away thinking I was a worthwhile human being.’ This insecurity made it hard for some participants to resist expectations about how they should perform as men. Looking back, some men linked their bravado and ‘attitude’ to attempts to emulate others who appeared to possess confidence that they themselves lacked. Ernest said he ‘never quite felt like a man.’ To compensate he ‘bought into’ the ‘aggression’ of hip-hop.

I was trying to emulate some kind of manhood, seeking symbols of machoism, sexual conquests, being anarchic, not conforming. A lot of that came from feeling insecure. [Rappers] have a swagger, an attitude, they carry a confidence. To not feel anxiety, that’s what it stems from.

Whereas most men succumbed to pressures to behave in ways considered masculine to some degree, a few presented stories suggesting they were more resistant to hegemony. These narratives appeared linked to family circumstances as they crossed the threshold. By way of explanation, participants described three types of family relationships during the threshold period. These descriptions had parallels to attachment theory (Bowlby, 1973), though in this case, men were depicting experiences of adolescence, not childhood. Theorists distinguish between secure attachment and two types of insecure attachment, avoidant and ambivalent (Ravitz, et al., 2010). In contrast, narratives here featured: ‘dysfunctional’ (relative absence of support), ‘facilitative’ (caring, nurturing environment, encouraging independence) and ‘constricting’ attachments (caring yet overbearing bond, discouraging independence).

Dysfunctional: At 13 I was badly beaten up by [a relative]. I left home, spent the next ten years being passed from pillar to post, not having a sense of place... all the while trying to develop a sense of my own identity and manhood... [I] ended up getting involved in gangs, smoking a lot of weed. (Ernest)

Facilitative: [My parents] found it important I live my life the way I wanted. They were concerned... but always very supportive... I could shape my life in my own way. (Sam)

Constricting: A little bit, not claustrophobic... smothering... Went to university, got a job... Not much awareness of anything else... Always family pressures. Didn’t realise I had a choice. (John)

The few who appeared better able to resist hegemonic pressures linked this to an upbringing portrayed as ‘facilitative.’ For example, while most gay participants described considerable difficulties in accepting their sexuality (see below), Sam had ‘*no problem with it*,’ coming out in his mid-teens. For those with dysfunctional families, lack of support over the threshold accentuated feelings of vulnerability, encouraging toughness as a coping response, as with Ernest above. With constricting ties, less encouragement of agency meant less independence to challenge hegemonic expectations. For example, Ali suggested he did not initially pursue a career in healthcare as he had wanted to because his parents saw it as ‘*something a girl does*.’ Some had wanted to challenge these restrictive expectations. Ross recalled the ‘*impulse to break out and find something bigger*.’ Resisting the pressures of a constricting bond was possible, but often at a cost of familial support. Harry discussed a painful experience of being ‘*disowned*’ by his parents for pursuing an artistic career they saw as unmasculine, which his traditional father ‘*couldn’t tell his mates*’ about.

5.1.2. *Distressed subjectivities*

Having described learning to be emotionally tough as they crossed the threshold to manhood (if not before), men continued their narrative by discussing the impact of this toughness on their ‘*inner world*,’ and their sense of identity. In particular, many linked their toughness to subsequent emotional issues, including feelings of inauthenticity, conflict, fragmentation and lack of control.

Men tended to describe traditional forms of masculinity as a mode of behaviour which did not reflect who they ‘really’ were. Participants described how the pressure to be ‘*one of the lads*’ began in adolescence, and continued into adulthood, involving behaviour centred on drink and ‘banter.’ For example, Steven depicted his work environment as ‘*very male... heavy drinking, sexist, racist*.’ Using discourses of ‘inauthenticity,’ they described how expectations about how they should be as men were linked to feelings of unease.

I was trying to fit in [and] be one of the lads, when I’m not... Doing things, not being comfortable with it, but not really knowing why. (Kris)

Men linked feelings of inauthenticity to a sense of inner conflict. This conflict seemed partly about a discrepancy between a public and a private self – men felt they were not being

‘themselves’ with others. Men also described internalising expectations, feeling that aspects of themselves that contravened these were ‘wrong,’ producing an inner split between what men felt were ‘acceptable’ and ‘unacceptable’ aspects of themselves. Some dealt with this conflict by trying to deny/suppress these unacceptable aspects, pushing them ‘underground’ and out of awareness. This phenomenon was most evident in the domain of sexuality. Nine participants were gay, and most presented a painful story about difficulties integrating their sexuality into their identity. Although gay participants shared many themes with heterosexual participants, hegemonic norms in relation to sexuality meant these men often felt particularly marginalized, with additional burdens. Such marginalization had more severe outcomes in older men’s narratives, some of whom recalled homosexuality being illegal and frightening when they were young. Some internalised cultural prohibitions, and felt shame.

I had to come to terms with this thing... but I found it very, very difficult... I used to pray it wasn't true... The worst thing was this awful sense of secrecy and dirtiness... I've grown up with a large portion of guilt [and] almost crippling fear. (Michael)

As men entered new social worlds in adulthood, some found hegemonic norms shifting away from traditional masculine qualities, towards variations which introduced new pressures. The sense of conflict became more complicated as hegemonic masculinity itself shifted according to circumstance. Dalton described traditional norms as a ‘*set of rules*’ about how he was ‘*supposed to be*’ as a man. As men moved into adulthood, some found these ‘rules’ were challenged and amended. For instance, Michael later socialised within feminist circles, with differing expectations of masculinity to other settings – different notions of ‘acceptable’ and ‘unacceptable.’ New internal conflicts were created by his gender strategy to become ‘*this sensitive New Agey man*.’

I was an anti-male feminist, trying to feminise myself, which was positively unhelpful. It meant I had a much darker shadow side, which didn't come out. Not allowing myself to know it, feeling guilty. [It] left too much of me out.

Shifting expectations of masculinity created a sense of identity confusion. Some participants described the fragmentary experience of not successfully negotiating multiple social contexts, each of which appeared to require different gendered performances. Some suggested they tried to adapt their behaviour to suit the context, leaving them wondering which performance

was the 'real' version of themselves, or whether there even was one. This complicated their sense of internal conflict, and men described '*fragmentation*' or '*lack of integration*.' William recalled being '*blokey*' with male friends who wanted '*somebody to get pissed with*;' a '*good listener*' and a '*shoulder to cry on*' for female friends; with colleagues, '*professional*' and '*serious*.' The varied nature of these performances, and the way his identity seemed to shift according to context and expectations, left him confused.

I'd think, 'What am I? Who am I?' Utterly lost, a different person for different people... liked by a lot of people, but because I was revealing to them only... the bit they connected with. There would be all these different bits of me... I used to feel like I didn't have very much inside me.

Other men echoed this theme of inner confusion and fragmentation, and depicted a de-centred and chaotic subjectivity. Many felt they lacked control over their inner world, which some linked back to the emotional toughness they had learned previously. Having been encouraged to dissociate from emotions, men suggested they had little means of engaging constructively with their inner life. As Dalton put it: '*I had a lot of anger... I didn't know what to do with it... Nobody taught me how to deal with my emotions... You don't learn that at school.*' Many men portrayed their internal world as having been a hostile, foreign territory. Their narratives conveyed a sense of powerlessness and bewilderment.

The waves chopped... Rather than any sense of steering my boat, the wind took me... Most of my life has been survival mode. (Dustin)

Completely oblivious to my internal processes... going with whatever was happening, rather than aware of anything... following one impulse after the other... Chaotic, no structure to my being. (William)

Narratives of powerlessness were most vivid as men discussed negative emotions. Here men described experiencing considerable distress, which appeared to have been exacerbated by their lack of emotional management skills. Men struggled to deal with their feelings, which increased the distress, as it generated additional anger/frustration over their inability to cope. A number of men used the word '*turmoil*' to depict their inner world. Inability to find a way out of this turmoil was linked by some men to suicidality.

Always battling, I had suicidal thoughts. It comes out of a sense you've got nowhere to go with your mindset. Internal stuff was so strongly negative, it would be triggered and I would be, 'I want to be obliterated, I want to be annihilated, I don't want this pain.' (Colin)

In discussing suicidality, men suggested they did not necessarily want to be dead, but that at points, dying felt like their only means to end their suffering. Men also explained how their anger/frustration in relation to their lack of control was linked to self-destructive behaviours. Rather than directly hurting themselves, some invited destruction indirectly. For instance, Ali recalled a period when he went 'off the rails' after his marriage ended: 'I got into fights, nearly got stabbed... I was, "bring it on." It was anger at myself.' Similarly, Henry described 'playing with fire' in response to his turmoil, including 'dangerous games,' like riding his motorbike with his eyes closed.

There was no possibility for me to offload or let out steam... There was a strong need for the turmoil to stop. It wasn't about killing myself. I just wanted to stop it because I can't take it anymore.

While men said they lacked successful strategies to manage their emotions, the next section explores how men *did* try to deal with their problems in various ways.

5.1.3. Ineffectual remedies

Take drugs, drink, possess things, people, relationship, career, whatever. (Andrew)

To recapitulate: men discussed becoming emotionally tough, which they linked to subsequent emotional problems. However, while many experienced distress or unhappiness, most did not initially seek help from others, like health professionals. Instead, they described hoping that various ways of being in the world – relationships, hedonism, work and success – would 'sort out' their problems. However, these were ultimately portrayed as unsuccessful.

Men frequently described turning towards to romantic relationships for their emotional needs. Men had different reasons for appreciating these. Some focused on their positive rewards. Michael mentioned feeling good ('Love... makes you feel wonderful.'), and Sam highlighted

sexual excitement (*'We stirred up lots of energy.'*). Alvin said his girlfriend improved his self-understanding (*'She helped me talk through some of my stuff.'*) and facilitated self-expansion (*'She broadened my horizons.'*). Of particular relevance is how some had hoped such relationships would *'take care'* of their emotional problems. Ernest suggested he had used relationships to avoid negative emotions (*'Distractions from looking within.'*), while Silas sought emotional safety in monogamy (*'Looking for some kind of security.'*). William described hoping to find a solution for his unhappiness: *'Looking for the one person I could put all my hopes on and we'd live together forever and it would be blissful.'*

I knew that I wasn't in a happy life, [but] I thought a relationship would sort that out [and] allow me to be happy. (Colin)

When relationships flourished, men could indeed feel content. However, the happiness gained appeared to be *'precarious,'* as it was contingent on the success of the relationship. (This does not mean men did not have other sources of happiness). Moreover, many participants spoke about relationships in the context of them failing. Here, the consequent distress became a bigger part of their narrative than the positive impact of the relationship. The most acute narratives of distress in this study were invariably linked to relationship break-ups. In this sense, men felt that relying on relationships to ameliorate emotional issues was not only ineffectual in these circumstances, but could be counter-productive. As a means to convey the depths of their distress, a few men discussed suicidality linked to relationship troubles.

[Whenever] it didn't work out I'd be absolutely crushed, feeling suicidal. I used to think, 'Do I have anything inside me holding me together?' I'd be utterly bereft... just this cold nothingness inside... literally like you don't have a heart. (William)

Many men turned to alcohol and psychoactive substances. Narratives here had parallels with those around relationships. Men mostly found drugs rewarding initially. Some highlighted the pleasurable effects of drugs. Jack was attracted to hedonism (*'Intensifying experience with pleasure.'*); Terry described how marijuana initially enabled a sense of freedom (*'Euphoric... more creative, more light.'*). Also, substance use was a normalised recreational activity in many settings, a standard aspect of socialising as a young man (Silas: *'Just getting on with what I enjoyed doing.'*). Also like relationships, some looked to drink and drugs to ameliorate emotional issues. Ross used substances to overcome feelings of isolation (*'Relief from the*

pain of being a separate somebody.’). Silas described using drugs to blunt and ‘*suppress*’ negative feelings (‘*A subduing effect on the emotional life.*’). Lacking skills to engage with emotions effectively, substances became an indirect way of regulating emotional states. Terry recalled the initial success of this strategy.

[I had] really difficult times with my mental state, depression, stress, anxiety. My self-medication was smoking far too much dope. It’s hardly surprising I became hooked because it was such a strong, marked difference from how I felt a lot of the time, an easy quick fix to all the neuroses, all the pain I was carrying around.

However, most men suggested that, ultimately, self-medication with alcohol/substances was a ‘maladaptive’ emotional management strategy. Men related that dissociating from emotions became a problematic way of dealing with them, as above. Silas recalled how ‘*suppression*’ with drugs left him feeling ‘*disconnect[ed]*.’ Moreover, self-medication failed to keep his issues at bay: the emotion eventually ‘*catches up,*’ and ‘*what’s repressed breaks through.*’ Both Silas and Terry implicated substance use in breakdowns they experienced (see below).

It ends up exacerbating in the long term the problems that it was resolving... You get the comedown, all the paranoia and the neuroses, just bigger. (Terry)

Men also discussed work. As with relationships and drink/drugs, the main point of work-related stories was how work had *failed* to help men in the ways they had hoped. Some used over-work as a way of trying to forget about emotional problems. In the aftermath of a break-up, Alvin’s ‘*way of stopping my thought process was to keep myself occupied day and night.*’ However, distraction was limited as a coping strategy, as distress resurfaced when he ceased to be busy (‘*Every night I cried my eyes out.*’). Alternatively, others hoped to find fulfilment through work. Although some discussed work just as a functional necessity, others invested emotionally in their vocations. Silas chose a healthcare career after ‘*a moment of vision*’ that he ‘*just wanted to care for people.*’ However, even for men like Silas, who portrayed work as meaningful, the context for discussing it was highlighting work-related stress.

[Going from] living from one’s ideals, to a process of disengaging [was] painful... The sense of resentment, the sense of lack, inability to respond in the way I used to... It [was] burnout.

Some men also discussed hoping to find happiness through the rewards of work, socially in terms of status, and materialistically in terms of wealth and possessions. Some of these men suggested they had been encouraged to think materialistically as they were growing up. Ali recalled being ‘*taught*’ by his family, and society, that wealth was ‘*what life is about*,’ and that money had been his ‘*religion*.’ Some men had enjoyed accruing wealth – Jack found it ‘*intensely pleasurable*.’ However, men indicated that, contrary to expectations, materialism did not improve their well-being in the way they hoped (John: ‘*It doesn’t bring the happiness I think it [will].*’). As with the other ‘strategies,’ men presented narratives of disenchantment, gradually feeling that the ways in which they were looking for well-being were not working.

I wanted to [work in finance, but] living in a block full of [those working in finance], it’s the last thing I want to do... They were all miserable as sin. (Alvin)

The fourth area men connected to their emotional needs was hobbies. Hobbies seemed men’s most reliable source of contentment: they were less likely to exacerbate men’s issues (unlike drugs), generate undue stress (unlike work), or fail/end (unlike relationships). Men described finding well-being through hobbies in various ways. Some highlighted social aspects, e.g. friendships in a sporting team. Michael described practising art as ‘*thrilling*.’ Dean found ‘*losing myself in music*’ helpful in coping with stress. A prominent appeal was experiencing what men later identified as a form of meditative absorption, through playing music (Robert: ‘*Consciousness is absorbed on one thing, it becomes contemplative.*’), sport (Kris: ‘*Requires mindfulness.*’) or dancing (Ernest: ‘*Peace in a very energetic state.*’). Adam said that doing martial arts in childhood ‘*planted a seed*’ for his later interest in meditation.

You did some very basic meditation in preparation... You got yourself in a decent calm positive frame of mind.

However, while hobbies were rewarding, they reportedly had little impact upon well-being outside the activity. Moreover, the time men could spend on such activities was often limited. A few tried to expand the role their favoured hobby had in their life by pursuing a career in it, though they suggested that this had lessened the contentment they derived from it. Michael’s artistic passion ‘*died*’ in the competitive environment of art school, for example. Moreover, some said that, while enjoyable, their hobby struggled to satisfy a deeper sense of well-being.

[I] always expected being in bands and stuff like that to give me some sort of sense of fulfilment... It's fun, but it isn't an ultimate meaning. (Dean)

Finally, religion (mostly Christianity) featured prominently in many accounts as something which men had been *unable* to look to for their emotional needs. While not all men had been raised in religious families, many had, and had rejected it, often just after the threshold. The significance of this rejection is that many presented it as narrative of loss. Men suggested that they had experienced how religious participation could be rewarding, especially its social aspects. However, they had felt compelled to walk away because participation had become untenable. Often this was because they had trouble 'believing' (William: '*God knows I had a go. But by 14 I was going through the motions.*'), or found it '*judgemental.*' However, men conveyed sadness at having to distance themselves from something they had valued.

It was moving on some levels. It felt like a family, a sense of not being isolated, being in a community... [but] I had this perception that religion was judgemental... It just left me feeling guilty. That wasn't pleasant if you're already feeling shabby about yourself. (Colin)

Men differed in terms of the subsequent impact their rejection of religion had on their journey to meditation. Prior to taking up meditation, most men suggested they saw it as 'spiritual' in some way. As such, men's willingness to engage with meditation depended to some extent on how they viewed the relationship between spirituality and religion. Some saw spirituality as different to religion. These men had remained open to spirituality, searching for outlets for their spiritual feelings. For example, Michael recalled thinking: "*I'll pop into a church, but I don't quite know why,*" *even though I didn't believe in God.*' As explored below, these men found meditation relatively early in adult life, and took to it easily. Other men had conflated religion with spirituality: rejection of religion hindered their engagement with spirituality.

I didn't regard myself as spiritual... I saw meditation in that bracket... I thought it was synonymous with religion, and I very much regarded myself as an atheist. (Silas)

Resistance to spirituality meant these men usually had greater difficulty eventually engaging with meditation, which often appeared to prolong their distress/unhappiness. The next section explores how men eventually turned to meditation.

5.2. Turning to meditation

The section above explored how many men tried to manage their emotional issues by turning to relationships, drink/drugs, work and hobbies. Though participants had different reasons for eventually turning to meditation, they often did so at the point they felt these things were not capable of addressing their needs, and that they needed to try something else.

Interestingly, many men said they knew about the existence of meditation in their late teens, if not before. Some discovered it from family members (Grant: *'My father had an interest in Eastern religions [that] filtered down to us kids.'*), others through its cultural presence, e.g. as part of the 1960s counter-culture (Harry: *'All part of the love, hippy, slightly druggy haze.'*). However, men's stories more concerned how awareness of meditation shifted into the feeling that it was something they wanted to try for themselves. There were four main reasons men turned to meditation: exploring different 'ways of being,' in response to stress; after a period of existential questioning; and following a breakdown. These reasons are addressed below.

5.2.1. Early explorations around different ways of being

A small minority of participants began meditating in their early twenties, if not earlier. In many ways, these men were exceptions to the majority. Their stories did *not* focus on many of the themes explored above, like fitting in with laddish behaviour. Instead their narratives seemed to share a number of other characteristics.

First, these men highlighted a sense of curiosity in childhood, a keenness to explore the world and their place in it. They saw this curiosity as a significant part of their story, and felt their involvement with meditation stemmed directly from it. Robert described a childhood interest in magic (*'I saw my first show at five. I couldn't believe it, excitement, awe, wonder.'*). This interest led to involvement with *'the occult'* and the *'Western mystery traditions,'* through which he began meditating at 15. Others recalled formative incidents, which awakened their curiosity, that were early precursors of meditative-type experiences. Peter recalled a day in childhood as *'the first time I learned... I could affect my mind.'*

I was in a bad mood, and thought, 'I'll take myself off for a walk in the woods,' and came back feeling good. It was then it clicked that I could change my mental state.

A second quality this minority shared was an independent streak. Compared to others, these men seemed more immune to hegemonic pressures in their narratives. When they discussed the threshold to manhood, rather than focusing on vulnerability and toughness, or concern with fitting in, these men were more likely to emphasise positive themes of freedom and non-conformity. Most suggested this independence had been encouraged by a family environment experienced as ‘facilitative,’ which encouraged exploration. For example, as a teenager, Sam moved into a community of vegetarians, supported by his parents.

[My parents] found it important I live my life the way I wanted... My conscience was awoken... I'd developed a healthy confidence and attitude towards life, and a strong curiosity.

This narrative of independence was not always presented in a positive light. A few suggested that the corollary of being relatively resistant to hegemonic pressures was a degree of social isolation. Chapter 7 explores how most men eventually became involved with communities of other people who shared their interest in meditation. However, until then, in pursuing these interests alone, some recalled disconnection from peers. Unlike Sam, whose independence was channelled in positive ways by his family, Robert depicted a dysfunctional upbringing. He seemed alienated in how he pursued his independence as a young man.

I just wasn't involved in the normal, the usual, the conventional... I had a peer group but I didn't belong to it, not at school nor anywhere... Friends used to find me odd... I didn't find it easy... I was often on my own [and] very lonely, but I had to follow my passions.

These men suggested that their sense of independence and curiosity was partly responsible for them finding meditation. They presented a narrative of rejecting what they regarded as a conventional path, e.g. concern with materialism, and exploring alternative ways of being. While these men had rejected religion, they remained open to spirituality, and made enquiries in this area. Some were also philosophically engaged, e.g. interested in existentialism, and with seeking meaning in life. Meditation was identified and embraced as something which could meet their needs and interests.

There was definitely a strong desire for meaning right from an early age... I met... a Buddhist, and it really fitted in, 'This is a potential tool for meaning.' (Peter)

These men were interesting exceptions to the themes explored above, around the pressures to conform to traditional masculinity and become emotionally tough. Their stories of life before meditation dwelt less on themes of conflict and turmoil, focusing more on positive journeys of exploration which led them to meditation. (This is not to say these men did not experience emotional distress; e.g. Robert had ongoing struggles with depression). Attention turns to the majority of men, whose stories focused more on the themes of distress and difficulty explored above, and whose journeys towards meditation seemed more arduous and/or complicated.

5.2.2. Responding to stress

The majority of participants did not turn to meditation in early adulthood. Instead, many tried to manage emotional issues through relationships, drink/drugs, work and hobbies. As these strategies were often found to be limited, as discussed above, some men turned to meditation as a better way of managing their stress/distress. Unlike those who found meditation through exploration of other ways of being, these men had not explicitly sought a different way of life. However, they were open-minded and amenable to trying something alternative like meditation if the opportunity presented itself and the circumstances were right.

Some had already dabbled with meditation previously, e.g. at university. However, unlike the men who embraced meditation relatively early in life, this initial interest in spirituality and meditation was not followed-up. One reason was that financial pressures had meant they felt unable to indulge the pursuit of alternate ways of being, which suggests that socio-economic variables can intersect with issues around well-being. Some of those who pursued their early interest in spirituality, described above, indicated that this had been helped by a favourable socio-economic background (Peter: *'[I had a] very stable background. It was like, "What am I going to do with this life? I've got an opportunity here."'*). In contrast, some suggested that having time and space to explore meditation depended upon a degree of financial security they lacked at the time.

We were young and poor, starting our careers. There wasn't an awful lot of parental financial support. You had to make your own way as quickly as you could. I had to

concentrate on making a living, so a lot of things were quietly forgotten until I had a bit more space. (Grant)

A second reason for not pursuing an early interest in meditation relates to a broader theme that ran through most narratives: it fell outside patterns of behaviour encouraged by traditional hegemonic masculinity. Many suggested taking up meditation went against social norms, and meant stepping outside their circle of friends. Unlike the more independent men above, most participants discussed having had difficulties challenging expectations; this was a barrier to engagement, which many found hard to overcome.

Going to a Buddhist centre felt quite alternative... Nobody I knew meditated. All my mates just wanted to go down the pub and drink. (Dalton)

Moreover, meditation was not only seen as ‘alternative’ by forms of hegemonic masculinity men encountered. While some men thought society was becoming more open to meditation, many felt that it was still regarded with suspicion. Alvin felt there was a ‘*stigma*’ attached to it (‘*People look at you like, “he’s a bit cuckoo.”*’). Such stigma put some men off meditating. Harry had enrolled for a meditation course at university years ago. He recalled his wariness about attending, describing meditation as that ‘*edge of the hippy 60s esoteric stuff*,’ recalling ‘*powerful disapprovals*’ from his family. Lacking peer support, he didn’t attend the course, and left meditation alone for 20 years.

It was all too scary... I didn’t have anybody else who was interested in it... to have a discussion or to normalise it in any way.

Harry’s interest ‘*sank beneath the waves*’ as he concentrated on his career. However, these men re-engaged with meditation when life became sufficiently difficult, often initially as a coping technique. Having previously thought about meditating, or even having tried it in the past, it was not a big step to return to it when the need arose. Moreover, having grown older, men indicated less concern with the social pressures that earlier impeded their engagement. Harry finally engaged with meditation as a way of trying to cope with ‘*trauma and impact*’ of a partner being diagnosed with a terminal illness.

It was, 'How do you hold your life together and deal with the stress and anxiety at the same time as getting on with your life?' I had a high powered job, so in those days my intention to meditate was entirely to do with stress management.

Others also turned to meditation as a better way of managing stress/distress. However, these men were not returning to meditation having previously put off engagement. Instead these participants, mostly younger men, gave the sense of 'stumbling' on meditation or Buddhism. Some first engaged with meditation during travels to Asia. Men had had different motives for travelling. Many had not set off intending to explore Buddhism or meditation, but in pursuit of fun and adventure. Ernest recalled '*seeking pleasure and hedonism, girls, weed, beaches, escapism from anything I had back home.*' As Ernest's statement suggests, some men also travelled to get away from their troubles, and the maladaptive ways they had been managing their emotional problems.

I was pumping a lot of weights, doing a lot of drugs... The reason I went travelling is I had been charged for the second time [with a driving offence]... nearly killed lots of people... Life was becoming so wild that my father said to me... 'Go to [Asia] and calm down.' (Alvin)

Abroad, men encountered Buddhism through visiting temples or imbibing the atmosphere of a Buddhist society. Many were '*intrigued*' by Buddhist images, discourses and attitudes they came across. Some were struck by the notion that there may be other ways of dealing with emotions than the strategies they were currently employing (Ernest: '*The promise of peace was something which piqued my interest.*'). Men did not suggest they were abruptly changed by these encounters. As chapter 7 explores, finding meditation was only the start of a difficult process of men integrating it into their life. However, men tended to depict these experiences overseas as turning points in their stories.

The biggest turning point for my life... I left an aggressive, self-important, pumped-up, stupid, thoughtless, careless, uncaring person... I come back completely in love with the world. (Alvin)

5.2.3. Existential questioning

Some participants began meditating following difficult existential questioning. Unlike men above, these men had not sought an alternate way of being, nor had they stumbled upon one. Moreover, until this questioning, a few had not depicted their lives as having been unduly stressful, nor burdened by extremes of distress they were unable to cope with. Some argued that, in many ways, their lives could be considered successful. However, they articulated a story of an increasing dissatisfaction with their way of living.

Just out getting pissed, taking loads of drugs, and chasing after women... I remember feeling quite lost. My career was progressing [but] I remember thinking, 'Is this it? Is this me? Is this what I've got to do in life?' (William)

Although at this stage these men were not actively exploring alternative ways of being, they had begun to question their values and priorities. A few linked this questioning to specific events, such as the death of a loved one. They suggested this sudden intrusion of mortality into their life had prompted a period of re-evaluation. In their stories, it was not that these men were unsuccessful in meeting their goals, but that the goals themselves were becoming critiqued and found wanting. As noted above, many had hoped to find fulfilment through work and materialism. Grant for example described how the death of his partner made him reconsider the importance of his well-remunerated career.

There was this terrible sense of sadness... and then this, 'I've got to do something with my life, more than just being rich.'... I realised I was incredibly lucky to be alive... It taught me the value of human life... a sort of, 'phooo, make the most of it.'

The issue which led these men to meditation was the need to find a sense of meaning. Unlike those above who found meditation through explorations around meaning in early adulthood, these men's stories portrayed a vivid *lack* of meaning in life, with an air of unhappiness and desperation (Dalton: *'I really felt like I needed a framework to hold onto.'*). For some, like Grant, goals that had previously been held as meaningful were no longer experienced as such. In contrast, Michael felt he had never had a sense of meaning, and that for a long time he had harboured '*nihilistic*' feelings.

Part of my unhappiness was that I just thought, 'I don't believe this, it's just rubbish... this existence we all value, small little houses, families, church tombolas.' ... A strong 'What's the point, it's all kind of crap' kind of thing... I need to feel there is some over-arching meaning to life, [otherwise] I would want to destroy it.

As dissatisfaction prompted questioning and re-evaluation of their way of being, men began to look around for alternatives. This desire for meaning, or at least curiosity to explore other ways of living, prompted a period of seeking. For some, their seeking took them abroad, also to Asia. These trips seemed different to those of men above, who stumbled on Buddhism through pursuit of hedonism. Men engaged in existential questioning gave more of a sense of being lost, and searching for something different. Their questioning was often intensified by observations of a contrast between their unhappiness, and the apparent happiness of those around. The contrast was especially perplexing given men's greater relative prosperity, which they had been 'taught' would lead to well-being. John recalled:

I thought, 'I can't go on like this.'... People [there] seemed happier than me, and I've supposedly got all the things I want... I remember feeling very desperate, not really having a clear sense of who I was, or what I was doing. I cried and felt a bit desolate.

Although these men had not previously actively sought spiritual engagement, they had not closed themselves off to the possibility of it either. In this mode of seeking, they told a story of enquiry into spiritual discourses and practices, e.g. visiting monasteries on their travels. Danny recalled being drawn to paintings of the Buddha, and the message that '*he wasn't the son of God, and he could see there was suffering in the world, and had answers.*' In this spirit of openness, he stayed awhile at a monastery, which resulted in some powerful experiences, including a moment of insight of '*love being the right way to live in the world.*' He built upon these experiences on his return home by taking up meditation. Some men experimented with different spiritualities before alighting on Buddhism as the one which best suited them. For example, gay men appreciated its inclusivity.

I looked carefully at Christianity, but I never believed in God... I went off for another two year trip, had a good look at Hinduism, a look at Islam, but realised quickly that Islam was definitely a no-no, and Hinduism is pretty hopeless if you're gay... I came

across the Tibetans. They treated me beautifully, [and] were completely accepting... and there was no real God involved, [which] made it simpler. (Grant)

Not all of those unhappy with their life needed to travel to encounter new possibilities. A few men, despite their dissatisfaction, had not actively looked for something different. Instead, these men ‘stumbled’ on it through something closer to home, like meeting a Buddhist who seemed to offer an alternative in some way. For example, while William was heterosexual, he appreciated non-traditional masculine forms (*‘I’m very pro feminine-type blokes’*), though he rarely met such men (*‘I spent most of my life trying to work round excessively testosterone-fuelled men.’*). However, a sports team-mate offered an attractive alternative masculinity (*‘More feminine than a caricature of a masculine man... different to the blokey blokes.’*). Hearing that this man was a Buddhist was portrayed as a revelation, as it seemed to suggest the possibility of exploring different ways of being a man.

[Someone said], ‘He’s going to work at this Buddhist centre.’ Everybody was, ‘Wow, that’s crazy,’ and I was, ‘Yeah, that’s wild.’... I’d known [him] as this nice, gentle man, but somebody who I played [sport] with and then went to the pub with.

Although these men had identified meditation as potentially offering a different way of being, taking it up was depicted as a bold move. William said attending a class was an *‘unusual’* departure from the standard evening fare of either *‘go to the pub, do some sport, or go home and watch TV.’* Nevertheless, these men were sufficiently curious and emboldened to resist social pressures, and step out of usual patterns of behaviour. For men who had felt restricted by expectations in the past, like those with a constrictive upbringing, joining a meditation class was recalled as a liberating act of self-determination. John reminisced about thinking:

‘I’m not doing this because anyone wants me to. I’m doing this because I want to.’ None of my friends were interested, my family weren’t interested, it was for me... I’d made that decision, and just felt freer.

5.2.4. Crisis/breakdown

Finally, about a third of participants only found their way to meditation following a crisis or mental breakdown. Like men above, many of these described having had trouble dealing with

stress/distress, or feeling dissatisfied with life. However, it felt like there was no alternative to their way of life, despite the growing failure of their coping strategies. For example, having rejected religion, many were also closed off to spirituality. While they were often aware of alternatives like meditation, many regarded it as too ‘flaky’ for the rational man they saw themselves as, emphasising the impact of moving in well-educated secular social spheres in London. Terry saw meditation as *‘what spiritual people do, and I’m not a spiritual person.’* Explorations around other ways of being were not encouraged by his peer group. He recalled thinking:

‘It’s all a load of rubbish, wishy-washy, hocus-pocus, airy-fairy.’... I didn’t talk about religion, or God or the meaning of life... They just weren’t the kinds of conversations that were had with my circle of friends.

Although these men felt unhappy in their lives, they suggested they were unable to see a way out of their distress. They articulated a claustrophobic sense of feeling existentially ‘trapped’ (Dalton: *‘Saw an endless life stretching ahead of me. It just seemed a bit pointless, the whole thing, and there didn’t seem any relief.’*). Their narratives were replete with themes explored above: emotional toughness, distress, and unsuccessful emotional management (e.g. through drugs). Without a ‘way out,’ these men portrayed issues escalating and intensifying. Steven recalled recurrent depression, and a sense of *‘desperation.’*

I could see these depressions getting closer and closer together... I was trapped by this mortgage, having to keep doing this job I didn’t want... Pressured, getting angry, going round and round... thinking, ‘I’m trapped in this forever, I’m always going to be like this.’

Despite escalating distress, at this point men still did not reach out or seek help. Echoing the masked depression framework (Cochran and Rabinowitz, 2000), many tried to conceal their suffering from others (Colin: *‘A pretty awful state internally, [but] I’m very able to hide my difficult states.’*). Themes of hegemonic toughness were prominent. Men often felt they ought to be self-sufficient and stoical. Some even expected health professionals to share this view of how men should be (Dalton: *‘I imagined [the GP] going, “Get on with your life.”’*). As such, these men appeared to battle on alone. Even men who in other ways seemed to resist

hegemonic expectations were influenced by norms of self-sufficiency. Silas, an emotionally articulate gay man, guided by caring ideals into a healthcare career, recalled:

I had a view that only people who were incapable in some way had therapy, who were weak. I had a view that I was able, confident. Asking for help wasn't something I did.

Unwilling to seek help, and coping strategies failing (e.g. self-medication exacerbating their emotional issues), these men described escalating distress, echoing Brownhill et al.'s (2005) 'big build.' Eventually a tipping point was reached. A negative event, often a relationship break-up, was the catalyst for a crisis. Narratives usually focused on a dramatic episode. For Jack, this was involvement with the judicial system. For Dalton it was an aggressive incident at work. Silas recalled a breakdown at home as a '*dark moment*.'

Physically exhausted, emotionally frail, I was in a bad way. The end of a relationship was the catalyst for a moment of wailing... [On] the floor, crying, I felt, 'I've got to change my life, this isn't working, and I don't know what to do.'

These crises were the culmination of men's stories of bowing to traditional pressures and learning to be emotionally tough; the end-game of men's failures to deal constructively with distress, and their attempts to deny or disconnect from emotional problems. Men suggested that issues they had long been avoiding had become '*stored up*.' In this crisis, men portrayed their mental defences, which had until then kept these problems at bay, as breaking down. Terry recalled feeling overwhelmed.

I had a really big dip, you can call it a breakdown. Lots of things came to a head, stuff that had been stored up for years that I hadn't looked at or dealt with properly... I went downhill to rock-bottom.

Men tended to present these crises as turning points in their stories. The phrase '*wake-up call*' was common. The dire nature of these men's predicaments made them question the way of being that had brought them to this point. Jack's incarceration was a '*pivotal point*' when the '*real questioning started... My mind was completely pre-occupied with how I got there? Why did this happen? What's going on?*' Given the severity of their distress, men were aware that their usual coping strategies would be inadequate. Dalton recalled thinking "*I've got to do*

more than have a few drinks.”... I had to do something a bit more radical.’ These are the kind of points in men’s stories when they realised they must change. Ali had a troubling time after a marriage break-up.

I was on the edge of the precipice... The only option available to me was to continue with this, along this dark tunnel, or do something to change.

In constructing such crises as turning points, some even suggested these had been necessary in compelling them to find more constructive ways of managing their issues (Ross: *‘You have to admit defeat, and see by this constant spinning around you’re not going to get anywhere. You have to hit a wall.’*). Men linked these experiences to their subsequent engagement with meditation, which they felt had improved their lives. Despite hardship at the time, crises were thus often viewed with retrospective gratitude as painful interventions which were ultimately beneficial.

I’d suffered most of my life... but the suffering that came as a result of [a crisis] was my wake-up call. It was life saying, ‘What are you going to do about it?’... It’s the best thing that happened to me... It made me sit up, take notice, and do something to change. (Dustin)

However, while these crises eventually had a positive outcome, the immediate aftermath was usually hard, with serious problems. Those in crisis may have felt that change was necessary. However, such was their distress that, at the time, many did not feel change was possible or achievable. Unable to see or navigate a way out of their distress, some sank into depression. A break-up ‘wrenched’ Ernest apart (*‘It cast a UV light. You see how fragmented you are.’*), bringing him close to suicide (*‘I looked at my airgun and thought, “I don’t want to feel like this anymore.”’*). This precipitated months of depression, recalled as:

Very numb, desensitising, heavy... like [being] at the bottom of a staircase... Take one step and the leg is so heavy, it’s greasy and I slip back off and there’s a sheet of glass at the top. Everyone’s saying it will be ok... You can’t quite hear it, it’s stifled.

Until this point, men had generally sought to conceal their distress. However, they suggested they had reached such low point that they had no choice but to finally seek help (Silas: *‘I was*

so done in I just recognised it very plainly, “You need to do something.”). Many who went through a crisis sought the intervention of a therapist. Even then, men were still reluctant to seek help. Dustin said beginning counselling was ‘*the hardest decision I ever made.*’ Having spent years trying to disconnect from his emotional issues, he suggested that his resistance was linked to anxiety about what might be uncovered.

It took three months to make the call... It’s the fear of what might come out... It’s as if there are two states of coexistence. There’s the knowledge that something’s not right and you need to do something. And yet... the fear holds you back.

Having taken the step of seeking help, men described therapy as helpful. Whatever specific concerns men had, many found it a relief simply to admit their distress. Men appreciated the chance to relinquish their stance of toughness. Just being able to open up to a sympathetic listener was helpful (Terry: ‘*What I needed, and this tells the whole story of what got me to that point, was someone that would really listen and take my distress seriously.*’). Men valued therapy for allowing them to move away from restrictive models of masculinity, and explore emotions and issues they had previously disconnected from.

I remember wanting to do away with the old rules... this idea of who I’m supposed to be... yet not going into that area of being upset... until I started therapy, and being able to cry... I began to look at all the issues I’d been hiding away from... Being able to say stuff that had stayed buried for so many years was such a relief. (Dalton)

Therapy enabled these men to gradually emerge from their negative emotional state, and feel more stable. They said therapy helped them understand the past, and feel more comfortable in the present. However, as therapy came to an end, or had an end in sight, men felt something else would be needed to help them going forward (Dalton: ‘*I wanted to build something in my life, particularly around values, and move towards positivity.*’). To this end, some recalled how their therapist had recommended meditation. Some participants were resistant, especially as these men had mostly been antipathetic to spirituality. However, they had sufficient trust in their therapist to try it.

I was talking to [my therapist] about the psychotherapeutic process, and what to do next. He said, ‘Why don’t you try meditation?’ I thought, ‘Oooh that’s interesting,’ I hadn’t even considered any kind of working on myself in that way. (Silas)

However, despite the progress men had made in therapy, they were still finding their way out of their breakdown, and many still felt fragile. Attending a meditation group meant venturing into unknown territory. Many had been wary of trying alternatives before their breakdown; in their vulnerable state, this was even more challenging. For example, Terry recalled ‘*trying to work my way out of depths of depression*’ in therapy. With Christmas ‘*looming*’ he wanted to be ‘*around kind, gentle people.*’ Having seen an advert for a retreat, he felt this would meet his needs. However, he only went after phoning the retreat leader, who assuaged his worries.

I was really fragile, very vulnerable, moods were so unpredictable. I thought, ‘Is that actually safe? What if I don’t like it? Will I be able to escape? Am I strong enough to be around a whole lot of strangers?’... He reassured me it would be suitable... people would look out for me... That swung it.

Men were not just concerned for their mental state. As noted, meditation often contravened expectations of peer groups, society generally, even men’s families. Men who experienced a crisis were more likely to be those who had difficulty challenging gendered expectations. As such, concern about transgressing norms was a further barrier to engagement with meditation. Dalton procrastinated for a year before finally attending his local centre.

[It was] stepping outside my limits... I’m quite cautious as a person, and no-body I knew meditated. I felt anxious about coming down on my own... wary [and] scared.

Nevertheless, in spite of their concerns, in various ways, all participants eventually took up some form of meditation. Men’s experiences of meditation are the focus of the next chapter.

5.3. Summary

This chapter traced men’s journeys towards meditation. It began by discussing stories of childhood and youth. It was suggested that participants had to negotiate a difficult transition across a threshold from boyhood to manhood. During this period, if not before, men tried to

be emotionally tough as a way of dealing with vulnerability, and of meeting expectations of masculinity (though men with 'facilitative' upbringings seemed more resistant to hegemony). This emotional toughness was connected to men becoming disconnected from their internal world, which meant they then found it difficult to manage negative emotions. Experiences of conflict, fragmentation and turmoil were reported. Men tried to manage their issues in various ways, turning to relationships, drink/drugs, work and hobbies. However, these responses were often reported as ultimately ineffectual. Finally men turned to meditation as a solution to their needs. Four reasons for starting to meditate were: early explorations around alternative ways of being; coping with stress; existential questioning; and a crisis/breakdown.

CHAPTER 6

QUALITATIVE ANALYSIS AND RESULTS (2): EXPERIENCES OF MEDITATION

This chapter focuses on men's narratives of their experiences of meditation. Here we explore how, through meditation, men tried to engage and work with their inner world. There are six main sections. The first section examines how men developed awareness of their inner world through meditation. The second section looks at how men tried to cultivate certain attitudinal qualities. The third section explores the acquisition of skills that men portrayed as enabling them to work more actively with their inner experience. The fourth section considers stronger effects of meditation reported by men. Fifth, we consider problems men report in meditation. The final section looks at how men applied meditation skills in the 'outside' world.

6.1. Awareness of internal experience

Meditation was described in many different ways by men, as outlined below. However, most highlighted the training and development of awareness as a key feature (Walter: '*A tool that basically refines my awareness.*'). In particular, participants described learning to become more aware of internal experience. Awareness was discussed in two main ways: developing awareness; and the 'contents' of this awareness.

6.1.1. Developing awareness

Men tended to use 'mindfulness' as a synonym of awareness. Mindfulness was defined as a receptive openness: '*a genuine exploration of experience*' (Michael); being '*attentive to my present experience*' (Andrew); '*being alive to experiences*' (Silas). While men suggested that all meditation practices involve awareness, most discussed developing awareness through the specific practice of mindfulness meditation, one of two core practices which featured in most narratives (the other was the '*metta bhavana*,' discussed below). Mindfulness was depicted as a period of time, of varying length, during which men attempted to be still, either sitting or lying down. Men said the main task of the practice was to 'observe' subjective experience.

It's a method of being still, stopping and seeing what arises, and staying with what arises. (Dustin)

However, trying to be mindful was not described as an easy process, especially when men first began to meditate. Initially, just sitting still was often unusual (Steven: *'I'd never done anything like sitting doing nothing for 20 minutes.'*). Accounts of initial attempts highlighted various difficulties, including physical discomfort, self-doubt (Steven: *'[I thought], "I'm a fake at this."*'), and feeling trapped (Sam: *'[I was] screaming, "Ring the bell."*'). Participants especially recalled an inability to concentrate on inner experience without getting distracted. Meditation was described as a skill that needed to be practised. Most narratives contained a development arc – men felt they had improved their meditation skills over time. However, most participants also discussed ongoing struggles with concentration.

Meditation is never easy... I almost feel, 'Why am I doing this? I'm rubbish at it, I just can't concentrate, there's too much going on in my head.' (William)

Men suggested it was difficult to be mindful. Awareness was constructed as a subtle notion in the narratives. Although a tricky concept to talk about, men indicated that they experienced different kinds of awareness. Some differentiated between being conscious of something, and being mindful of it. They described how although they were conscious during meditation, experiencing thoughts/feelings, they did not always manage to be mindful of those internal events. Rather than just 'having' a thought, mindfulness was described by men as *'stepping back'* and *'observing'* these with a degree of detachment. Mindfulness was portrayed as an elusive, fragile state, capable of easily being lost, described by Peter as the mind *'wandering off.'* He said it was possible to then become aware that the mind had *'wandered off'* as such, and that by *'bringing it back,'* he could regain the desired state of mindfulness. In this way, men described *'training'* awareness, so that they could maintain states of mindfulness for longer periods of time.

When I'm meditating, I can drift away, get carried away by my thoughts, but it's just training, everyone needs to train. Meditation is about building awareness. (Walter)

In light of such difficulties in becoming mindful, in procedural terms, men said they usually began meditation sittings with a more concentrative meditative exercise, such as focusing on the breath to *'build up awareness'* (Adam), echoing descriptions in the literature (Lutz et al., 2008a). Men felt that doing this helped prevent the mind wandering off in the more open and receptive phase of mindfulness.

I'm struggling with distractions as usual! [But] breathing is a way of dealing with the distractions by teaching you to concentrate. (Steven)

Having built up a degree of awareness, men described discovering a complex internal world that they had hitherto turned away from, neglected or ignored. Through mindfulness, men began to explore their inner world. Men described meditation as an '*inner pathway*' (Ross), enabling '*inner discovery*' (Bill) of the '*inner dimension*' (Dustin), helping access an '*inner place*' (Walter), observe '*innermost feelings and thoughts*' (Grant), and develop the '*inner self*' (Alvin). In the last chapter, most men portrayed a lack of engagement with their inner world, often trying to disconnect from it. Deliberately turning inwards and engaging with this world was thus narrated as a radical shift. Through meditation, men described learning to introspect, as if for the first time.

It's about reflection, finding out where you're at, what makes you tick, going deep, being introspective. (Ali)

However, one reason participants had previously disconnected from their inner world was in response to experiencing difficult emotions. So, with mindfulness likened to '*turning a light on*' (Walter), as men began to *re-connect*, troubling contents were often revealed.

6.1.2. The contents of awareness

In their stories of learning meditation, men described initial reactions to this exploration of the inner world. Some reported positive experiences, for example, enjoying becoming aware of sensations in the body. However, others recalled that turning inwards to observe this world produced a feeling of surprise, upset, even shock. Some men found that the thoughts/feelings they observed in meditation could be quite negative.

The practice is to listen to yourself. Sometimes you don't like to hear what's coming out. (Walter)

In terms of thoughts, two themes were predominant. First, men recalled being surprised by how busy and full their minds seemed. Moreover, they were disturbed to observe how little control they appeared to have over the thinking process (William: '*I had no control over what*

my conscious mind was doing.'). Men discussed previously assuming that they existed as a free agent, in charge of their thoughts. Observing that this was not necessarily the case could be troubling.

The shock [of] really encountering your mind for the first time! The thought process happens independent of you. You just think incessant crazy thoughts. (Andrew)

Second, many recalled being struck by the negative quality of their thoughts. Danny found 'more dark stuff than you can imagine.' Dean described meditation as like 'opening a can of worms.' Walter recalled thinking, 'my mind is horrible.' Some encountered negative thoughts which they were unaware they even harboured, and which challenged views they held about themselves. A few men disliked the person they found within.

It was a bit of a shock. I had this view of myself as helpful, [but] I entertain also these thoughts of violence, or irritability, or unkindness, or lack of concern. (Silas)

Men talked of similar negative surprises with regard to emotion. In light of men's previous emotional disconnection, they described the challenge of trying to become aware of emotions (Dalton: 'Quite a bit of conditioning to not recognise these things.'). Recognising emotions was portrayed as a learning process, facilitated by techniques such as verbally labelling their emotional experience. Some participants encountered troubling emotions they had previously disconnected from, and uncovered buried feelings. Henry was 'confronted' with 'painful feelings' relating to a childhood trauma which he had put out of mind for many years.

[I realised] the depth of the pain that is buried... It can be very, very scary to know there's that very strong thing in there, which needs to be worked with.

Such early experiences were difficult for participants. However, men were also encouraged by glimpses of how meditation also seemed to potentially offer solutions for their troubles (William: 'I really did immediately see the possibilities for how it could completely change one's life.'). These positive insights encouraged men to persevere with meditation, although a few were sufficiently troubled as to postpone meditating until they felt 'ready' – in Jimmy's case, ten years later. However, even as men became more experienced at meditating, most spoke about continually encountering challenging thoughts/feelings. Men emphasised that

meditation was not an anaesthetising relaxation technique, or ‘*a pill to make me feel good*’ (Dalton), but was ‘*hard work*’ (Andrew). Michael said it ‘*confronts you with yourself*.’ When asked if he found that painful, he replied, ‘*I’ve found me painful*.’ Men stressed that while mindfulness could possibly lead to well-being, it was not the same thing.

It can be difficult... You’re coming face to face with your own heart and mind... fear, anger, hatred, confusion, frustration and anxiety, all the difficult emotions. That’s the whole point... everything is included. (Andrew)

While mindfulness was ultimately valued by all participants, some suggested that awareness *per se* could be cold and unforgiving. Silas described awareness as ‘*a sledgehammer*’ that he was prone to using for ‘*harsh, critical analysis*’ of himself. The potential for awareness to highlight men’s flaws appeared to be greater for those who described tendencies towards self-criticism and low self-esteem. Given the negativity many men found within, some suggested that mindfulness could sometimes leave them feeling bad about themselves.

You become aware, ‘Actually, I’m a bit of a shit really.’... If you’ve got a tendency towards negativity, that can make you feel not too good about yourself. (Dean)

Consequently, men stressed the importance of learning to meditate in ‘*the right spirit*’ (Silas).

6.2. *The right spirit*

Men discussed the importance of suffusing mindfulness with positive attitudinal qualities. Two in particular were highlighted: acceptance, and ‘*metta*’ (a Pali term translated as ‘loving kindness’). Men discussed cultivating these qualities, which were often lacking at first.

6.2.1. *Acceptance*

Although men had begun to engage with their internal world, some said that their previous tendency to disconnect from difficult qualia remained. These men described how they found it difficult not to try and escape if troubling things came up. For example, Henry talked about being ‘*an escape artist*,’ spending five initial years of meditation ‘*daydreaming completely*.’

However, he discussed the counterintuitive but often helpful process of learning to try and stay with difficult experiences.

The natural propensity is to go away from suffering and pain. [Meditation] teaches you how to turn towards it. Not 'I'm going to fight with you,' but more, 'It's OK you're there, I'm not trying to change you.'... It just changes the dynamic of it. It can be very painful, it can be very releasing.

Men offered three main reasons as to why they found this stance of acceptance helpful. First, in the previous chapter, participants described internalising hegemonic norms and learning to deny aspects of themselves which were deemed unacceptable. Given the painful feelings of conflict linked to this denial, trying to overcome the sense that aspects of themselves were unacceptable was an important theme. Trying to accept whatever came up during meditation was experienced as healing.

It's trying not to reject any part of yourself... to be accepting and interested... because it's painful, it does hurt, when you exclude aspects of yourself. (Andrew)

The second reason centres on an observation made by some participants that there are not just feelings, but feelings about feelings, described by Denzin (1985) as 'meta-feelings.' Men said that although negative feelings may be unavoidable, having a negative meta-feeling *about* the negative feeling – feeling bad about feeling bad – compounded the problem (Silas: '*We heap loads more on top, just by the way we respond.*'). A few men referred to the Buddhist idea of the 'two arrows:' although they couldn't prevent negative feelings from occurring (the first arrow), by accepting them at least they could avoid adding to them (the second arrow).

There's the immediate thing that causes you to suffer, then there's all the suffering created in thinking about it. That second bit of suffering is something I can work on. (William)

A third reason why acceptance was helpful concerned an apparent paradox: when they tried to resist negative thoughts/feelings in meditation, it often seemed to make these more vivid; conversely, when men could accept these, they found them dissipating (Andrew: '*Not trying to change your experience, paradoxically the experience then changes.*'). For these men,

acceptance was more than just passive tolerance, but could be a tool to transform internal experience. Some even actively looked for negative feelings (Danny: *'Looking for unpleasant feeling in my experience, you try and acknowledge that, be with that.'*). Finding and accepting these, the negativity could somehow shift.

Acceptance is a big thing. You absorb [negativity] into your being, you transform [it], and so it's gone. (Robert)

There are also limits to such acceptance. Some men discussed things that were too painful to accept. Henry realised he lacked *'the tools'* to deal with the *'buried pain'* he encountered. However, he suggested that acceptance could work on a number of levels. He said he found it helpful to accept that this pain was there, *and* that he wasn't ready to work with it.

6.2.2. Metta

In discussing the importance of suffusing mindfulness with positive attitudinal qualities, a second quality emphasised was *'metta'* ('loving kindness'). In the meditation literature, the focus is mainly on mindfulness. However, metta and mindfulness were given equal weight by many participants. Some even suggested metta was more important to them than mindfulness. Nearly all described learning a specific meditation designed to cultivate metta – the *'metta bhavana'* – described as a five stage practice, involving the generation of metta for oneself, then for others. Rather than trying to conjure positivity out of nothing, the practice involved trying to locate and amplify any men already had.

You try to touch some kindness that's already there. You're not trying to manufacture something... You're lighting that flame, you're not importing some fire. (Dean)

Awareness had the potential to be harsh in men's experience. Participants thus emphasised the importance of balancing mindfulness with the metta bhavana. Practising metta was said to help ameliorate some of the painful things that emerged in mindfulness, and tempered men's tendencies towards self-criticism (Dean: *'It's about being kind to yourself so you don't beat yourself up.'*). While mindfulness and metta bhavana are different practices, men said both worked towards a common purpose: being mindful with the spirit of metta.

You can't do mindfulness effectively without emotional positivity... You need a perspective that's balanced, warm, engaged and interested. (Silas)

The metta bhavana was usually portrayed as a powerful practice. Many found it more potent than mindfulness in terms of bringing up difficult emotions, which meant a few preferred to avoid the practice. Trying to generate positivity towards others could bring forth unexpected emotions. Jimmy encountered '*strong feelings*' for friends who had died, and realised he had considerable buried '*grief*.' Dalton was troubled to uncover anger towards a close friend.

I couldn't find any positivity. I realised how angry I was with him. It was shocking.

Despite provoking strong emotions, many participants valued the metta bhavana highly. The practice was described as a '*revelation*' (Dalton) and '*revolutionary*' (Jimmy) by some men. Colin felt it had '*changed the course of my life*.' In particular, men suggested the practice had enabled them to cultivate positive emotions in ways they had previously been unable to (Walter: '*You definitely feel your heart opening up*.').

It's been helping me connect with a sense of love and affection, and really allowing that more into my life. It's very healing. (Dalton)

For some participants, generating metta for themselves was particularly challenging (Walter: '*Compassion for oneself is so so hard, and so important to do*.'). Some men described having had long-standing issues of low self-esteem, and a propensity for self-critical thinking. These men said that showing kindness towards themselves could be difficult, partly because it was an unfamiliar thing to do. With the practice, Jimmy felt as if he had been '*given permission*' to do something he had '*never done*' before.

[It felt] poignant... quite an eye opener... Just realising that there was such a thing as self-regard, that you could actually practice being... kinder to yourself.

Men also discussed trying to generate metta for others. The next chapter explores how trying to do this affected relationships '*in the world*.' Within meditation, men also related positive effects. Negative thoughts/emotions encountered in meditation often concerned people men

knew. Cultivating metta towards these people meant such thoughts/feelings were less likely to arise. Moreover, the practice could generate powerful positive feelings.

I've experienced feelings of interconnectedness and compassion and equanimity, and been able to deal with things I was really angry and hurt about, with people I was really resentful of. (William)

Cultivating metta and acceptance often lessened the impact of difficult thoughts/emotions. Men also discussed learning skills in meditation that helped them work more actively with the negative content of their minds.

6.3. Working with the mind

Participants described acquiring mental skills in meditation, which helped them actively work with their negative thoughts/feelings, and manage their distress. Links can be drawn between men's narratives of skill acquisition, and Mayer and Salovey's (1997) hierarchical model of emotional intelligence (EI). As men narrated their meditation 'career,' earlier stages related more to the development of emotional awareness – the lowest 'branch' in the EI model. Men then indicated that as they 'progressed' in meditation, they began to develop understanding of emotions, and acquire skills to work with these – reflecting the higher branches of the model.

So, having learnt to become more aware through meditation, men discussed developing skills to work with thoughts/feelings. Here, men constructed meditation as '*working with my mind*' (Peter), or '*working on ourselves with ourselves*' (Silas). Learning meditation was described as a process of acquiring helpful '*tools*' (Kris), including the ability to 'objectify' experience, and moving attention around the body.

6.3.1. Objectifying experience

Through meditation, many men indicated that the way they experienced their inner world began to change. While negativity continued to arise, men felt they were progressively able to enter into a different relationship with it, described by some as one of increased '*objectivity*.' Men suggested they tried to observe their thoughts/feelings in a relatively detached, neutral way, referred to in the literature as '*decentring*' (Fresco et al., 2007).

It's being fully engaged with it, but not over-identified with it, experiencing it fully, but not being it... We can see it objectively. (Silas)

Decentring was depicted as helpful in various ways. First, learning to take a more detached stance, men were 'less at the mercy of' negative experiences (Silas). While negativity might still be present, holding it at more of a distance, it could feel less pressing and immediate.

I [used to] get into some pretty negative internal spaces. It can be very hard. You dive into it. Stepping back from it... I can see my own states a bit clearer now, I'm not so likely to get buried in them. (Colin)

Second, trying to see negative thoughts/feelings as passing internal phenomena, rather than 'facts' to be believed, helped divest them of their power to hurt (Dalton: 'It doesn't have to be compelling.'). Terry had experienced depression in the past which, echoing cognitive theories of depression (Teasdale, 1988), he linked to a tendency to ruminate. By trying to 'decentre' from his thoughts, he found he was less drawn into rumination.

Rather than going off down some spiral into a pit of despair, drawing all sorts of conclusions about myself, [like] 'I'm worthless,' now I just stop it there and go, 'I'm doing that again.' Not buying into it. Not giving it any currency.

Third, men discussed getting to know patterns of their mind, understanding how it 'worked.' They described 'discovering' the ephemeral nature of internal phenomenon (Silas: 'We can see the truth, that [thoughts/feelings] are not permanent, they're changing and developing.'). Before meditation, men suggested that in the midst of a negative state, it had the potential to feel intractable. Participants were given succour by 'just knowing it will pass' (Terry).

You can sit with hate... fear, loneliness, longing, sadness. You know it will pass... Whereas before I didn't have the awareness, I thought it would last forever. (Dustin)

Fourth, in 'stepping back,' some suggested they began to experience their interior world with a sense of increased 'spaciousness' – with 'more headspace' (Dalton), or increased 'distance between you and yourself' (Dean). In experiencing themselves as a bigger, 'stronger vessel' (Colin), men said they were better equipped to cope with negativity by feeling more able to

give it space and contain it. This contrasts with men's previously described inability to find a way out of their 'turmoil,' which had led some to contemplate suicide as a way of escape.

In seeing the best and worst of ourselves, we are also bigger to hold it... The calmness is also like a bigness. One can hold the highs and lows of oneself. (Silas)

6.3.2. Moving attention to the body

Men also discussed the value of being able to move attention towards sensations in the body, learnt through a meditation called the 'body-scan.' This involved going '*over each part of the body with your mind*' (Robert), trying to be aware of visceral feelings in each area. While in itself the practice was depicted as pleasant, generating '*well-being and relaxation*' (Andrew), it was also used as a coping strategy for dealing with negativity.

By shifting focus to bodily sensations, attention could be diverted from troubling thoughts. Men described being affected by complex cognitions, like worries or regrets, some of which had the power to generate negative feelings. Many men endorsed a narrative of trying to '*live in the now*' (Terry) as a way of divesting these thoughts of their salience, and feeling good generally. Focusing on the body was an effective way of doing this (Dean: '*Your body isn't thinking of the future or the past.*'). John described relieving himself of negative thoughts in a meditation.

I just paid attention to the sensations in my chest... After awhile I had let go of my thoughts... that were giving rise to my suffering. Then I just felt happier.

Conversely, some argued that rather than a means of escaping troubling thoughts/feelings, focusing on the body was a good way of engaging with them, only at a physical level. Here, men described emotions as embodied (Dustin: '*Difficulties manifest as physical stuff, become somatised.*'). Rather than facing negative emotions directly, if particularly challenging, men could engage them indirectly by focusing on their somatic manifestations, which could be a less threatening way of dealing with them. Walter recalled feeling upset after an argument, experienced somatically as his '*chest closing in.*' Becoming mindful of sensations there, the negative emotion eventually '*dissolved.*'

If one is deeply troubled... you can't treat the emotional pain with such immediacy. So, you treat the physical pain to alleviate the physical manifestations.

Many participants discussed the wider value of re-connecting with their bodies. The last chapter suggested men had previously disconnected from their emotions. Some men felt this disconnection extended to bodily experience in general, with tendencies to live 'in the head' (Ross: *'We escape into a mental bubble of conceptual understanding.'*), which was not seen as helpful (Harry: *'Our tragedy.'*). Some men felt mindfulness could actually *reinforce* bodily disconnection (Grant: *'An alienated experience where it's all in the head.'*). The body-scan was thus valued for re-engaging men with their bodies; this extends the enlarged 'headspace' theme highlighted above, incorporating a wider visceral expanse. Colin felt he had found *'a whole new dimension'* through bodily awareness, and now felt *'a whole lot more spacious.'* Andrew indicated such re-embodiment generally felt good:

I am immediately happier if I bring myself into my body and... create more space for everything.

6.4. Stronger experiences

The discussion so far has focused on meditation as a challenging but beneficial process of emotional work. Participants also discussed more potent effects, including feelings of well-being, 'mystical' experiences, and experiences facilitated by more advanced practices.

6.4.1. Feelings of well-being

All men articulated themes around well-being connected to meditation. The most common feeling described was one of calmness and peace which, when attained, was greatly valued. Men often used the word 'stillness,' which they contrasted with the mental/physical agitation they were more used to experiencing in life. Various analogies were used here. Dean likened the mind to water with *'the surface all churned up;'* in meditation, you could get *'underneath all the churning,'* and *'the deeper you get, the stiller it gets.'* Alternatively, Walter compared the stillness to a garden in the midst of a busy city. He suggested that being able to access this calm inner place was helpful during difficult times, allowing him to escape his troubles.

I have a place inside my mind that I retreat into, and it's a very safe space. When I was going through this very acute pain, there was relief to have this space.

When men spoke about stillness, they tended to discuss this as mental, rather than physical, calmness. Meditation was not generally portrayed as physically relaxing – men more often highlighted experiences of pain. (Some discussed problems with ailing bodies, and suffering from wanting to practise correctly; Dustin recalled his ‘*masochism*’ in persisting with ‘*the correct posture*’ despite ‘*absolute agony*.’). Rather, men depicted the stillness as a mental peace. Men frequently experienced the mind as busy. If meditation went well, sometimes the mind ‘*slowed down*,’ became ‘*exhausted with thoughts*’ (Alvin), even reaching a point ‘*where there is no thought for awhile*’ (Walter). Becoming relatively free of thoughts was depicted as very satisfying; however, this took some time to happen, if at all.

A lot of everyday stuff gets sorted out in the first half hour, and then I can move in... Some days I get deeper into it, some days I don't. (Walter)

In articulating their experiences of stillness, men often used the word ‘*happiness*.’ However, they qualified this in revealing ways, using adjectives like ‘*more refined*’ (Adam), ‘*quieter, softer*’ (Ross), ‘*more satisfied*’ (Dalton), ‘*more pure*’ (Dean), or ‘*strange*’ (Walter). Men also used ‘*fulfilment*’ (Dalton), ‘*contentment*’ (Ross), ‘*repleteness*’ and ‘*wholeness*’ (Silas) to sum up this state. They suggested this experience was a different order of happiness to anything they experienced in their ‘*outside life*,’ and that these moments were treasured.

There are moments where I feel just deep, profound satisfaction. Everything is all right as it is, and there's nothing to grasp for, I'm perfectly content just sitting there, being mindful of my experience... That form of happiness is quite rare, and probably doesn't happen out there in reality, in life. (William)

Ernest spoke for others in suggesting he had been learning to prefer a mindfulness-type of happiness (‘*More sustained and satisfactory*.’) to hedonism (‘*More sensory and immediate*.’). However, he felt it had taken ‘*a long time to learn*’ the difference. Chapter 5 suggested men had previously sought well-being through hedonism, e.g. drug-taking. Taking up meditation did not mean men rejected hedonism (though, as discussed in chapter 7, they did change its

role in their lives), or cease to find it rewarding. However, men constructed the happiness reached through meditation as deeper and more secure.

Sex can be enjoyable... but a deep meditative experience is far more enjoyable, more satisfying. And it's not so conditioned, [less at] the mercy of the whims of the world.
(Adam)

6.4.2. 'Mystical' experiences

Some men talked about occasionally having stronger experiences that went beyond happiness to become something more charged and powerful. Some used the word 'mystical' to depict these experiences as mysterious and unusual (Peter: '*Qualitatively different from my everyday consciousness.*'). While these were rare occurrences (Dean: '*Once or twice over four years.*'), they were highlights in men's lives (although they could also be problematic – see below).

Some participants described intense positive emotions. Dean recalled an '*absolutely blissful*' experience as '*incredible*;' Robert likened a two hour '*bliss state*' to '*50,000*' ecstasy tablets; while Jack recalled thinking he wouldn't need sex again ('*It was that good and that positive, I just felt so complete.*'). Not all these experiences occurred during formal meditation – some occurred spontaneously, although men attributed them to their practice. Alan described an experience of '*rapture*' while cooking after just two weeks meditating, which he explained as '*the natural corollary*' of the '*joyfulness*' he'd been feeling:

My hair was standing up on end. Then from inside, a wave of ecstasy, just a complete feeling of love and warmth and more than joy.

Not all intense experiences centred on strong emotions. Men also described episodes where they suddenly perceived the world in a different way. Although these moments are depicted as brief glimpses, rather than irrevocable shifts to another way of being, men often reported a subsequent change in their view of life. Participants suggested that these episodes tended to imbue life with a sense of meaning and purpose it previously seemed to lack.

[It felt like] life making sense, a coming together of things in my mind, [with] love being the right way to live in the world... It changed how I saw the world. (Danny)

Most men endorsed some kind of spirituality (see chapter 7), and interpreted these events as ‘spiritual.’ This interpretation seems partly related to a feeling, common to many experiences, that men had ‘encountered’ a benevolent power which was ‘not them’ (Peter: ‘*Something from outside of me.*’). One meditation, Sam had a ‘vision’ of a sphere ‘hovering’ in his chest.

It was made of light, golden and vibrating, full of energy... I felt confident that if I'd manage throughout my life to make a path to reach that source, and was able to tap into it, everything would be fine... my spiritual development would unfold naturally.

As this quote indicates, these experiences usually left men feeling they could/should follow them up. At the least, such episodes affirmed the value of meditation (Jack: ‘*It just convinced me there was actually something very serious here.*’). More strongly, some narrated these moments as having shifted the course of their lives by offering a vision which they then acted upon (Danny: ‘*I've re-organised my life... based on that experience.*’). Thus, while these glimpses are rare, they are depicted as highly significant. Adam said one such experience (‘*A sense of every person being like a point of light.*’) was ‘*one of the turning points of my life.*’

I realised [meditation] was going to be with me for life, there was something much deeper to this, some sense of meaning [that] if I turned my back on it, I wouldn't be true to myself.

6.4.3. More advanced practices

Many intense experiences were depicted as occurring spontaneously, connected with regular practices (e.g. mindfulness). However, some participants discussed learning more advanced meditations as they progressed, which appear ‘designed’ in part to induce strong experiences.

One of these advanced practices involved focusing on the Buddhist idea of impermanence, with particular regard to one’s own identity. There was a broader conversation about identity and the nature of the ‘self’ in the narratives. Many discussed the idea that a preoccupation with the ‘self,’ or the ‘ego’ – terms which men seemed to use in similar ways – contributed to their unhappiness somehow (Ali: ‘*The ego... is a ravenous rabbit, a monster, a beast. It just wants to be fed.*’). At the same time, some suggested that the ego or self was an ‘illusion,’ and that they were trying to ‘surpass’ it or ‘break it down’ (Peter).

Some, like Ross, found the idea of the self being an ‘illusion’ as *‘beautiful and liberating.’* Others, like Walter, had explored the idea, but found it unhelpful (*‘I struggled with this for a while, thinking that you don’t have this self... but what I realised from the experience was that you need the sense of self.’*). Some participants said that in meditation they were able to see the conventional idea of a fixed self as a construction. Men described observing their inner world, and probing their sense of identity. Through this process, some came to view the self as just an ever-changing stream of thoughts, feelings and sensations.

I just go in cold, [asking], ‘Who is my self? What is the self?’ ... I can notice myself making a self... So for example, I notice I experience pride that I’ve got a full head of hair... That’s me attaching to a sense of self... I then use that to see how I’m creating an illusory sense of self. (Peter)

Some more ‘advanced’ meditators discussed a particular practice designed to ‘deconstruct’ the self in this way. In connection with this practice, men described how their identity was radically challenged. Sam related a vivid experience in Asia which, while spontaneous, was during a period when he was immersing himself in this practice. This experience was sparked by the strange sight of animals drinking from a stream of blood, which challenged his concept of an animal (*‘[Its] definition exploded in my brain.’*). He then found this sudden conceptual re-evaluation turned reflexively upon himself.

I thought, ‘If it doesn’t have a fixed identity, is this the case [for me]?’ It set off a chain reaction, made me reflect on who I am. It shook my worldview and everything. I was a changed person, I’ve never been able to think about things in the same way.

One effect of using this practice was to help men think differently about death. Some men explicitly described it as a reflection on death. They emphasised that this was not a morbid exercise, but had the paradoxical effect of being *‘liberating’* (Dustin), helping them to feel *‘completely alive’* (Sam). They referenced a Buddhist discourse that death is only frightening because people cling to the idea of an independently existing self which can be ‘lost’ (Dalton: *‘Fear is only related to the fact that we think we’re separate selves.’*). Through the practice, Sam recalled his fear of death lifting.

For a few days all my fear to die had lifted... Nothing exists as a thing and then dies and disappears, just constantly a stream of change, one thing moves into another. Being more in touch with that in meditation... did loosen up some of my anxieties.

In another advanced visualisation practice, men described being presented individually with a particular Buddhist ‘figure’ to contemplate. Michael depicted the practice as an imaginative mental ‘*drama*’ where you ‘*meet*’ the figure. Those who had been given this practice tended to portray it as full of deep meaning and significance, and most were reluctant to discuss it in detail, as it was very personal. However, they hinted that it was a process where something mysterious happens. Adam called it a ‘*beautiful poignant time*.’

There’s a landscape, which initially you build up, but after you’ve been doing it a while, it’s more you just let it unfold. [Mine] is a beautiful seascape at sunset. [I] visualise the figure... sitting on a lotus.

This practice was portrayed as very powerful. Those who had been ‘given’ this meditation – at their ‘ordination’ (see chapter 7) – generally described it as their most important practice. Some described how it helped connect them with their ideals. Jack depicted his figure as a meaningful ‘*living symbol*’ of compassion. During difficult times, by ‘*recalling the path to that figure*’ and ‘*connecting*’ with it, he was able to alleviate his troubles by focusing on the ‘big picture’ (i.e. his commitment to his ideals). Others discussed the practice in transpersonal terms. Connecting with the figure, Michael suggested that he was able to transcend a narrow sense of identity, and be part of something bigger.

[It] transformed my experience and my life... It takes me beyond myself.

A few men discussed more esoteric practices. Bill learnt to meditate at a ‘psychic college’ following some unexpected ‘*spiritual experiences*’ (in one he thought he sensed his dying relative’s presence – ‘*Like a flapping of wings... I was elevated to a different dimension*.’). He discussed using meditation (‘*A Hindi system of bringing in light*.’) in his work as a ‘medium’ (‘*contacting spirits*’), and saw himself as ‘*an instrument for divine energy*.’ His narrative was full of potent experiences linked to this practice: he felt he had communicated with the dead, performed exorcisms, and undergone past-life regression. Whether such parapsychological

interpretations are correct – and as an eminent academic, with a skeptical mind, he felt they were – his story highlights some of the further shores of experience connected to meditation.

If you can contact a spirit and they seem to survive death, this tells you a lot about life... Sensational. And if you can do it at will, it really changes your perceptions... These people who are atheist, they must be wrong.

While powerful experiences were generally valued, they could also be problematic.

6.5. Problems with meditation

While meditation generally gave men tools to help manage difficult content which emerged, men discussed more serious problems they found harder to manage: strong experiences could have adverse effects; meditation could sometimes be inappropriate; there were also practical issues to contend with.

6.5.1. Adverse effects of strong experiences

Strong experiences brought issues of varying severity. Least serious but still problematic was that the pleasant nature of some experiences meant men were enthusiastic to have them again. Jack transferred a previous craving for drugs onto these, spending years ‘*chasing after*’ them. Although he still had such urges (‘*Hankering after some big oblitative experience.*’), he felt that pursuing intense experiences was ‘*an obstacle,*’ hindering practice by taking his focus away from what he felt was the goal of meditation.

The purpose of meditation... is not to have big intense experiences, [but to] become more integrated and happier. [It's] a slow, incremental thing.

A related problem is the potential for strong experiences to be treated as signifiers of some special quality possessed by those who experience them, which fed into the competitiveness some men felt towards each other. Harry, who narrated some difficult experiences with other meditators (‘*Pernicious and ugly bullying.*’), felt others had been jealous of his experiences (‘*Poor haggard old people who are resentful of others having insight.*’). Conversely, Danny

acknowledged ongoing struggles with his ‘envy’ of others. Peter felt disappointed about not having had many strong experiences himself.

Even though I know that is an unhelpful attitude to have... I want the little badge that says, ‘I am big chief meditator.’

Moreover, these experiences could generate an inflated sense of pride, which was ultimately seen as unhelpful. Danny recalled an episode (‘*Literally being thrown around in my body.*’) which he thought signified that he would ‘*get enlightened*’ imminently. He asked the teacher to rearrange people in the meditation room around him to facilitate this (‘*So the transcendent could come through me.*’). In retrospect, he felt his ‘*ego got carried away.*’ He later came to appreciate the importance of humility.

I’d never had anything like that before and didn’t know how to interpret it or what to do with it. I remember telling the guys, ‘Have I got a story for you.’... I got intoxicated and felt special.

As this suggests, interpreting intense experiences can be difficult when there is nothing that has come before to compare them to, potentially leading to more serious problems. Adam’s early experiences were so ‘*far outside*’ his ‘*usual experience*’ as to be ‘*disorienting.*’ An ‘*out of body*’ sensation was ‘*alienating and disturbing,*’ and left him feeling ‘*sick.*’ Even a blissful experience was ‘*frightening.*’ he recalled touching objects afterwards to reassure himself he was real (‘*It felt like I’d disappeared into some ethereal sort of realm. I wanted to ground myself.*’). Most troubling was when he attempted the advanced ‘*deconstruction of the self*’ practice alone as a beginner. He emphasised that when he later learned to do it ‘*correctly,*’ he had a ‘*liberating and glorious experience*’ and felt ‘*totally open and part of life.*’ However, without guidance, he had a sense of ‘*meaninglessness.*’

I crashed, I ended up lying on the floor sobbing, because I had a really strong sense of impermanence without the context, without the positivity. The crushing experience of despair was very strong... You just feel like you don’t exist, you’re just nothing, there’s nothing really there. It’s nihilistic, pretty terrifying.

While Adam's experiences were disorientating, some men narrated powerful events which were more difficult to cope with. Harry movingly discussed a '*midlife crisis*.' In desperation, he travelled overseas alone to an isolated place to look for meaning ('*I was prepared to die, [thinking], "I have to find what I'm searching for here or die, because I have exhausted every other possibility."*'). While reluctant to discuss the week spent there meditating, he described experiencing a '*spiritual awakening*' that was '*immensely insightful*' and '*absolutely blissful*.' However, he felt the insight was so '*profound*' that the mind is ill-equipped to handle it ('*Like being given an abacus to work out the theory of relativity*'). Likening this experience to '*seeing the tide when it's in... such stillness, and beauty, and exquisiteness, and oneness*,' he discussed the '*trauma*' of trying to resume his '*normal*' life.

Coming back into what I describe as 'the real world,' what happens [is] the tide goes out, and what you see is all the rotting prams, the dead dogs, the smells, stench, the sewage... I asked for it, and I got it, and I have to deal with it. So the last 10 years of my life has been about integrating that, being able to bear the suffering of the world.

He felt such experiences were '*crazy-making*,' saying he came close to '*psychosis*' afterwards ('*The only reality I knew was to hold onto the doorknob*'). Two men said they had been hospitalised for psychotic episodes, one of whom implicated meditation in his breakdown, which occurred the year he began meditating. Alan recalled being '*idealistic*,' meditating for two hours daily '*cut away*' in his room, which was the beginning of the '*alienation process*.' He was '*constantly thinking*' about '*extreme notions*' from Buddhism, like how reincarnation in '*hell realms*' would feel. He recalled becoming '*egotistical*' through meditation ('*Dwelling on my own thoughts, becoming introverted, thinking I was the centre of the universe, and was going to be the next Buddha*'). Wandering in '*no-go*' areas of the city, he was '*going mad*.'

I saw a poster of these people. They looked like Gods, and I thought they're saying how weak I am... I sat on the pavement and tried to meditate. I got picked up by the police... I went from bad to worse. I wanted to kill myself and tried to throw myself out the window. I got given drugs, a high dosage. I was violent.

In reflecting on their extreme experiences, these men argued that meditation needed to be treated with caution and respect. Adam compared meditation to a '*power-tool*' which can be '*dangerous*' and must be '*used appropriately*.' In particular, they emphasised the importance

of a supportive context to ensure that practices are learned properly, and to help manage any powerful experiences that may occur. After his recovery, Alan took up meditation again, but was learning to be more careful:

Meditation is great, [but] if you're not skilled, or don't get the right guidance, which I wasn't getting, it can go down a slippery path... You have to be cautious.

6.5.2. Meditation as inappropriate

Some participants highlighted circumstances in which meditation was inappropriate and best avoided: depression, and anxiety. With depression, at interview T2, two men discussed severe depressive episodes during the previous year. Walter narrated his as an '*absence of light*.'

Very acute, very intense, very painful... I was scared, and I was surprised how deep or how dark this absence of light can be... this deep state of apathy and bleakness.

Meditation was unhelpful in these circumstances. These men depicted depression as divesting them of the strength to access qualities and tools they usually had to help moderate troubling content. Meditation thus simply made them aware of their negativity, without being able to deal with it. The last chapter highlighted the negative impact of blunting emotions, and the benefits of emotional engagement. However, when depressed, being '*emotionally numb*' was a better '*way of coping*' for William than meditating, which made him feel worse.

I'd feel pain, and [think], 'What the hell's happened to me? I'm a complete wreck.' You can get stuck in that. [I lacked] the energy to turn my mind around. I would just experience suffering, and wasn't able to do anything with it.

Meditation was not only unhelpful, but positively counterproductive. Lacking the strength to decentre from negativity, meditation *increased* rumination, exacerbating the problem. Walter emphasised the importance of turning instead to other coping strategies for depression.

Don't meditate! I can't emphasise that enough. If you don't have enough light, you get sucked away in the cycle of negative thoughts. It's very unhelpful. Go to the sea, watch TV, that promotes well-being.

Meditation was also sometimes inappropriate for strong anxiety. Many participants suggested meditation had made them more sensitive, not only to their inner world, but the world around. Some felt that before starting meditation, they had been relatively disconnected from others, and from their environment. Men mostly seemed to appreciate their enhanced sensitivity; however, this also meant they could be more sensitive to things with the potential to impact upon them emotionally.

It's brought up a bit of fear... of violence, of [how] things you take for granted you could lose... At work I'm more sensitive to [clients at work] who are in distress, I feel their pain. (Kris)

Men generally valued this increased openness and sensitivity. However, they sometimes felt oversensitive, which could be challenging. The last chapter suggested that before meditation, internal disconnection from troubling emotions, and external disconnection from a difficult environment, were often strategies for dealing with vulnerability. It seemed that relinquishing a disconnected stance could render men exposed to vulnerability again. Learning meditation, some men were challenged by a new-found sense of emotional reactivity and lability. Having spent years 'disconnecting,' Ernest said meditation 'opened the floodgates.'

It was making me sensitive... People would say something and I'd become furious, or I'd be watching an Andrex commercial and I'd burst into tears. Ridiculous reactions. I had to re-adjust. I didn't quite know where I was any more.

Men described learning how to manage their increased sensitivity. However, during strong anxiety, meditation could make men more sensitive to things they were anxious about, thus exacerbating it. As with depression, men gradually learned when not to meditate. Adam felt meditation was fine for lower levels of anxiety. However, once it escalated beyond a certain point, externally-directed coping strategies were more suitable than an 'introverted' response like meditation.

Getting into deep meditation just made you more sensitive, when actually your whole system would cry out, 'Stop doing this, it's mad.'... I needed to do things that took me out of myself... Better to go and see a friend, or play some music.

6.5.3. *Difficulties with practising*

With depression and anxiety, men spoke about learning when not to meditate. This learning process tapped into a wider narrative of men becoming more flexible around meditation in general. Most talked about the importance of regular practice. However, they also described trying to be more at ease with missing sessions sometimes, especially given the challenges of maintaining regular practice within a busy life.

Most men emphasised the importance of setting up daily practice, in terms of starting the day well (Ali: *'Sets the tone for the day.'*), keeping momentum going (Dean: *'A thread you pick up.'*), or maintaining development (Steven: *'A daily reminder to keep that progress going.'*). Concern with maintaining practice seemed especially great for those who felt meditation had brought them out of a dark place, e.g. overcoming depression. These men were sometimes worried that without meditation, they might slip back. For example, Terry said that when he initially meditated, *'the main motivation was fear, to keep the wolf from the door.'* He was still scared that if he missed a meditation, his depression might recur.

I meditate every day. It keeps me sane... There's still a sense of, 'I mustn't forget to meditate otherwise I might get depressed again.'

However, given the challenges of being a meditator in London, explored in chapter 7, men described the difficulties of maintaining regular practice. Many men missed sessions, even going whole periods without meditating (Andrew: *'Somewhat in fits and starts.'*). Meditation could also be hard work. Sam's many *'wonderful experiences'* were in the context of *'just plodding along'* – *'most of the time'* he was just *'struggling'* and *'going down dead ends.'* In this way, men sometimes became de-motivated, and occasionally stopped practising.

Interest kind of ebbs and flows. I can start to go through the motions. It can get a bit boring... It suddenly gets to a point where... I'm not really interested. (Colin)

Participants considered the consequences of missing a session. A few experienced men were less concerned about this, as they felt that years of practice had largely stabilised its positive effects (Michael: *'I don't have this dreadful wobbly day [anymore].'*). Some men constructed awareness as something that cannot be lost, even if they stopped practising (Ross: *'The seed*

has been planted, the light is on.’). However, many noticed adverse affects when they did not practise. Adam said that while skipping practice initially feels good (since ‘*that effort’s a bit irksome.*’), this ‘*quickly*’ gives way to feeling worse (‘*My whole general level of awareness and appreciation drops, then I’m not so happy.*’). Some men found themselves reactivating old patterns if they stopped meditating for a while.

I’ve got that tendency to slip back to stress. Then I start getting irritated and angry again, and then I’d get cross with myself for not meditating. (Steven)

However, men also described trying to be flexible with meditation. Tapping into themes of metta and acceptance, Colin was realising that his practice ‘*doesn’t have to be perfect,*’ that it was important to be ‘*gentle*’ with it, and allow himself to miss meditation sometimes (‘*Last week I didn’t meditate at all, I read two thrillers.*’) without feeling guilty (‘*Not getting down on myself about not doing the right thing.*’). This flexibility was perhaps something acquired as men became more confident in themselves. By T2, Terry’s previous fear of slipping back into depression was becoming less of an issue.

I still have a solid practice, but sometimes I’ll let it drift for two or three days... It’s been a delightful discovery, ‘Oh, I’m still alright, so it’s not gonna fall apart.’

6.6. Mindfulness out in the world

Finally, a prominent theme in most interviews concerned taking skills learned in meditation and applying them ‘in the world.’ This was discussed principally in terms of living mindfully, and coping with stress.

6.6.1. Living mindfully

Most men refuted the idea of meditation as a form of escapism, circumscribed from the rest of life, and argued that the point was to try and maintain a mindful stance throughout daily activities: ‘*Live your life being aware, that’s the practice*’ (Walter); ‘*It’s about practising in life, not separating yourself off*’ (Colin); ‘*Awareness should be a thread throughout the day*’ (Andrew); ‘*It flows right through everything*’ (Kris); ‘*Live life as a meditation*’ (Ross). In this

spirit, men suggested every moment was an opportunity to bring awareness to. Although this was difficult – Silas described ‘*spectacular failures*’ – it was an ideal to aspire to.

Driving is good practice. Can you be compassionate with other road users? On the tube in the rush hour, on the telephone... Meditation is all the time. Can you wash up meditatively? How switched on are you? Are you asleep? Be alive, awake. (Dustin)

In trying to live mindfully, men described becoming more appreciative of their surroundings. Many linked mindfulness with heightened perceptual sensitivity and appreciation of beauty. Some suggested they had previously had tendencies to navigate through the world immersed in thought, and were relatively inattentive to their milieu. Through meditation, men felt they experienced the world in a richer way.

We can walk along almost imprisoned by our thoughts, and the world can look grey, but the combination of awareness and emotional positivity can brighten up the world. [It] becomes more beautiful, colours more vivid, sound is sharper. (Silas)

This enhanced appreciation was connected with a sense of well-being, particularly through the theme of living in the present. Dean described mindfully walking his dog, suggesting that he felt ‘*more alive*’ in the short time he’d been meditating than ever before. For some, this narrative of appreciation was incorporated into a spiritual vision, where sensitivity to beauty took on deeper significance. Walter recalled a powerful experience while out walking (‘*Buds blooming, life bursting through.*’), which helped alleviate his depression.

[I was] feeling so sorry for myself, feeling emotionally crippled, and to see past that, to see the life force all around, to be able to receive that, is incredible. [It] brought tears to my eyes, so overwhelmed by this beauty.

Appreciation was generally limited to the natural world, which was depicted as conducive to mindfulness. Conversely, men indicated increasing intolerance towards less conducive noisy or distracting environs. There was a trend towards becoming more selective regarding milieu, with a preference for quiet surroundings (Dean: ‘*You don’t fill your life with noise so much.*’). This preference connects with a wider narrative of greater attentional selectivity in general. Some discussed choosing activities that were more likely to facilitate mindfulness.

TV is very dulling, whereas listening to classical music... or being in communication, can foster, develop and improve awareness. [I have] greater choice about what I give my attention to. (Silas)

6.6.2. Coping with difficulties

By living mindfully, and using skills learned in meditation, men felt better able to cope with stressful situations. Themes here centred on increased ability to make choices, and feelings of self-control.

Participants discussed trying to be mindful in interactions generally (e.g. being attentive to communication dynamics). This was especially useful in difficult situations. Kris recalled a meeting with his girlfriend he knew in advance would be difficult. Beforehand, rather than pre-rehearsing his arguments, he tried to be mindful so to enter the encounter in a receptive mode. Despite her saying ‘*hurtful*’ things, he tried to remain open.

[Normally] your body closes and your eyes go down, [but] I felt that in my body, ‘I can feel myself closing down, this isn’t going to help, I need to stay open here.’... I unwound myself from that and opened up, turned and faced her.

This narrative of increased self-control draws on various themes pertaining to meditation: keeping an awareness of thoughts/feelings; stepping back from situations; and trying to stay calm. Trying to be mindful in difficult situations might be called ‘meditation-in-action’ – a phrase used by Bruce and Davies (2005) in a study of hospice workers who brought qualities of mindfulness to bear on interactions with patients. Men in the current study described being better able to pause in the heat of the moment, rather than just reacting. Like many, Vincent had experienced anger issues. He said ‘*within weeks*’ of meditating, he felt ‘*far more chilled*.’

[There was] a real ability to be aware when anger was kicking in. It’s like you’ve got a third eye watching yourself, saying, ‘Don’t do that, that’s not nice.’

Men depicted a new-found ability to be less reactive to situations. Some described this ability in terms of a temporal ‘gap’ opening ‘*between feeling and acting*’ (Silas), a ‘*slowing down of myself*’ (Ernest). Although situations could still provoke negative impulses, men felt they had

more ‘time’ to keep these in check. Steven recalled constantly getting angry with people at work (*‘My mouth would be shouting before I’d even noticed.’*). After he began meditating, a ‘*thinking pause*’ began to appear.

I’d think, ‘Last time I shouted I didn’t enjoy it, and it didn’t do any good anyway, so I won’t shout this time.’... Once I was aware of that, it opened up and opened up... Now this gap is so big, I can’t get angry any more, nothing really touches me. I’m really happy and calm.

Connected to this sense of control is a related theme of freedom and choice. Men frequently had an interesting perspective on the question of free-will. Rather than seeing themselves as either having or not having it, they tended to see themselves as experiencing various degrees of freedom. Before meditation, they felt they often reacted automatically to situations. While they still had residual ‘tendencies’ to respond in particular ways, they also felt they enjoyed greater freedom of choice now.

[I felt] incredibly liberated... You have some choice about how you react, rather than an automatically programmed response. (William)

With difficult situations, different coping strategies were cited. That is, while men tried not to react in the midst of a situation, they could still feel bad about the experience afterwards, and would need to manage this negativity. Linking with the theme of meditation providing tools to work with the mind, some strategies were cognitive. In addition to decentring and moving attention around the body, two further techniques were highlighted.

One technique involved asking questions about the issue at hand. For instance, some men used the example of feeling angry following an argument. Adam suggested this process of questioning included challenging the legitimacy of his thoughts about the incident (*‘Asking “Is this actually true?”*). John said he would question the narrative he had built up around it (*‘[I realise] it’s a story I’m telling, as opposed to reality.’*). Others described querying the use of their anger (Grant: *‘It doesn’t get you anywhere.’*) and who it affected (Silas: *‘No-one is experiencing that pain except for [me].’*). Such questioning could help to defuse negativity.

[I] challenge that thought as a reality. Then sometimes it disappears. I'm much better able to adjust my moods swings, and not be fooled by my own psychology. (Robert)

Another strategy was adopting ‘perspectives’ that altered the significance of their troubles. For example, Ali said he sometimes responded to negative feelings by thinking about his own relative unimportance (*‘It’s a sense of proportion. You’re just another dot in the universe... In the scheme of things, it doesn’t matter.’*). Alvin tried to put his troubles in the context of other things for which he could feel grateful (*‘Got lots of blessings I can feel thankful for, [which] gives a bit of perspective.’*). As with questioning, men suggested that this ‘perspective-taking’ was a skill that had been acquired or developed with meditation. Vincent described a new-found ability to cognitively defuse his negative reactions through rational analysis:

It’s just this ability to rationalise. [Before] I would’ve let it fester. It would’ve upset my whole evening. [Now] I’m able to step back that much quicker and be analytical, seeing things for what they are.

Other coping strategies were behavioural and externally-directed, like exercise or talking with others (Danny: *‘There’s things that I do that I know help me to keep sane and positive, like running, trying to make time for friends.’*). In all, men described being aware of a range of strategies at their disposal to help manage stress/distress. Men linked this awareness to their meditation practice. That is, mindfulness was not only depicted as a helpful response in itself to difficult situations. Through being mindful, men suggested they were better able to select other coping responses as appropriate. Meditation-in-action thus appeared to engender what self-regulation theorists call meta-coping abilities (Carver and Scheier, 1998) – knowing how to skilfully choose from different strategies, and using these to help manage emotions.

I still get bad moods, but I’m much more able to know what to do. Before I wouldn’t do anything about it. I’d just carry on getting upset, being stuck in it. But now I know I’ve got ways to get out of it... There’s all sorts of things you could try... It’s so easy to think one’s the victim of one’s own mind, but... we’re in the driving seat. (Jack)

This meta-coping theme connects with the broader notion that meditation can help develop emotional self-regulation. Narratives of control and choice are not restricted to reacting to negativity. In a more encompassing sense, these narratives extend to making positive choices

in general with regard to well-being. For example, men described trying to choose activities which could enhance well-being, like exercising, and trying to resist less helpful activities, like drinking. While the next chapter details ongoing struggles men faced in trying to make positive choices, many men described at least trying to move in a more helpful direction.

[I have] more choice to act and behave in certain ways. I can make lifestyle choices which have an impact on your health, and I find my habits that lead me away from well-being, they're less sticky, less reactive, less impulsive. (Andrew)

However, running alongside themes of greater choice and control linked to meditation was a more gentle coping narrative around the idea of acceptance. Men said that at least some stress was caused by life not meeting their expectations. By trying to soften their demands, and be accepting, life sometimes became easier (Andrew: '*Less fighting against the world.*'). Having spent '*a lot of time wanting to changing my experience,*' Colin was trying to go with the flow.

Just valuing being with whatever's going on has a big impact on being in the world, moving through the world [like] water, rather than like a sledgehammer... The best days are when it doesn't matter what crops up, it's like, 'I'll go with that.'

This acceptance-as-coping can even apply reflexively to coping itself, i.e. accepting one isn't coping. Here, the narrative of control sits in creative tension with one of men yielding and accepting the limits of their control. Ernest had been trying to work on the '*suspension of my need for control,*' and cultivate an '*ever ready openness*' towards an '*unpredictable*' world. In trying to yield control, some said that while they didn't always manage to cope, they were trying to see this non-coping as ok. Terry described coping as '*plate spinning,*' and felt he'd '*become an expert plate spinner*' since he began meditating. However, he was also getting better at not reacting negatively to a '*dropped plate,*' i.e. to something going wrong.

I go, 'Oh I've dropped a plate,' rather than, 'Oh my God, the whole world's going to end.'... It's a two way thing. I can deal with stress by holding more and being more effective, [but it's] also knowing when to think, 'It's fine, I'll get it wrong, I'll allow the plate to smash.'

6.7. Summary

Through meditation, participants tried to turn inwards and become aware of their inner world. In doing so, men often encountered difficult thoughts/feelings, which could be challenging. Men stressed the importance of cultivating attitudinal qualities of acceptance and metta. Men also learned mental skills to help them manage their internal experience, such as decentring. Stronger experiences, including ‘mystical’ episodes, were considered. However, it was shown that meditation could sometimes be problematic – some men felt that meditation was unable to help them with mental health issues, and could even exacerbate these. Finally, meditation had an impact on how men lived, e.g. facilitating positive choices around health behaviour. The next chapter locates this last idea within a broader narrative of meditation being the cornerstone for a new way of being a man in the world.

CHAPTER 7

QUALITATIVE ANALYSIS AND RESULTS (3):

A NEW WAY OF BEING

Chapter 6 discussed men's experiences of meditation. It was suggested that while meditation could be challenging, men found it helpful in many ways. For example, men suggested that meditation could generate positive feelings, and also helped them develop skills for working with negative emotions. However, in their narratives, men were keen to expand the focus of the discussion beyond meditation itself. In discussing the impact of meditation on their lives – both positive and negative – men found it hard to disentangle meditation itself from the wider social context in which they practised.

In their narratives, men moved through different social contexts. Some contexts were more closely linked to meditation – e.g. men engaged with other meditators at meditation centres – other less so, like work, or interaction with families and friends. In discussing these contexts, I would like to use a distinction made by a number of participants: some referred to contexts linked to meditation as the '*meditation world*,' and to other contexts as the '*non-meditation world*.' Not all men used these phrases, and it is not clear whether many would even make a distinction in such a way. However, the phrases help to make sense of emergent themes in the data. The concept of a 'meditation world' captures men's engagement with people, ideas, and behaviours connected to meditation. The 'non-meditation world' reflects how men were also part of other networks, like peer groups, family ties, occupations, and society generally.

This chapter explores the way men negotiated these different 'worlds.' The chapter is in three parts. The first part considers the 'meditation world,' and how through their involvement with this, many participants were encouraged to take on new ways of being a man, like being more emotionally expressive. The second part considers the difficulties of trying to take on new ways of being, and the challenges of moving between different 'worlds.' Lastly, the third part explores how men's narratives around engagement with meditation, and these social contexts, shifted from T1 to T2. These shifts show that participants' narratives were not simple or final, but always provisional, and subject to ongoing changes.

7.1. A new way of being a man

Men described a social ‘world’ linked to meditation, including people, ideas and behaviours. This section discusses how, through engaging with this world in some way, many participants tried to take on new ways of being a man. Themes here are presented in five parts. The first part explores stories of encountering this ‘world.’ The second part considers how this world introduced men to new ideas/behaviours. The remaining parts highlight the most prominent aspects of the ‘new way of being.’ The third part looks at men relating to others differently, like being more caring. The fourth part considers men’s efforts to make changes in behaviour, particularly around abstinence. The fifth part examines men cultivating a sense of spirituality. Attempting to take on these new ways of being could be challenging, as section 2 explores. However, most men described changes in at least one of these areas, and many in all three.

7.1.1. A new world

This part explores how men encountered a social world surrounding meditation. Even though some men chose not to get involved with this world, their various experiences of it meant that all narratives of meditation featured a social dimension to some extent.

As chapter 5 explored, men turned to meditation for different reasons. Some had sought a more meaningful life, others learned it as a coping technique. However, in whatever way men first used meditation, most experienced meditation in a social context at some point. Many participants attended classes and courses to help them learn meditation. At a minimum, even if men mostly practised alone, all men had attended a meditation centre, or an event with other meditators, at least once. Thus all narratives of meditation included at least *some* social dimension. Encountering meditation in a social context was frequently depicted as a striking experience. Many men narrated their experience of first attending a meditation class, which was often at a Buddhist centre.¹ Men described their initial reactions to a cultural experience which felt unusual at the time. Stories here often featured mixtures of shock, surprise and intrigue.

¹ Any mention of ‘*the* centre’ refers explicitly to the key meditation centre; references to ‘*a* centre’ concern other groups or locales that are not explicitly identified in the narratives.

Initially it was a bit strange. Obviously the whole chanting thing felt very foreign... I had a quiet giggle, 'What's all these bizarre goings-on!' (Vincent)

Some men were put off by this environment in various ways. William reacted negatively to the perceived cultural 'otherness' of the Buddhist centre, struggling to resist his '*antipathy*' to '*the mystery of the East*.' He also found its social demographic alienating ('*White middle class, hippyish... not my sort of background*.'). However, he persisted in attending, moving into the centre eventually. Others were more put off by first attending a centre. Having encountered Buddhism while travelling, Alvin disliked the version he found in London. For example, he saw the Buddhist names of the senior members as an affectation ('*Not what Buddhism's all about*.'). Henry was perturbed that the centre offered courses specifically for gay men, although gay himself. He recalled thinking: '*I don't want to have anything to do with these weirdos. I don't see the need to study Buddhism in relation to my sexuality*.' At a different centre, Ernest disliked the way the teacher seemed pre-occupied with '*status*.'

He took great pride in sermonising, telling us how he earned his name. I thought, 'This is all bullshit, fuck this.' I brought some meditation CDs, they're much better.

These men did not return to the centre, and subsequently preferred to practise alone (although Henry returned there some years later – this time he felt less resistant, and started attending occasionally). Ernest seemed content to not be part of a group of meditators ('*Organisations, they're not for me*.'). There were a few other participants who had also had trouble engaging with a meditation group. However, unlike Ernest, these men wanted to find other meditators to share their interest, but had not been successful for various reasons. Andrew said that while it was not in his '*nature*' to be '*part of a club*,' he was trying to cultivate a social circle with others who shared his '*values*,' which he hoped would help his meditation feel more '*real*.'

You need friendship... It's you on a cushion, it's a solitary thing. While it has a lot of value and benefits, it's lonely and it's so easy to falter and lose heart if you haven't got other people with you.

In contrast to these men above, many recalled positive experiences when they first attended a centre, especially those who had begun meditating recently (whose memories were perhaps more vivid). Quite a few gave romanticised accounts of their first visit (Dean: '*It opened its*

arms to me from the very first day.’). While men appreciated different aspects of the centre, a word often used in recalling these encounters was kindness. Many participants portrayed life before meditation as relatively lonely, emotionally isolated, or disconnected. When men did discuss previous friendships, in retrospect they often depicted these as ‘*shallow*’ or lacking ‘*depth*.’ In contrast, men appreciated the friendly atmosphere of the centre, especially those who had been through a rough time.

Acts of kindness towards me [were] so helpful in starting to bring me out of myself... I’d been very isolated... Suddenly I became aware that there’s a whole community based around the centre. I thought, ‘Maybe I can be part of that.’ (Terry)

Twenty-two participants were connected to one particular meditation centre to some degree. Men had varying levels of involvement with this centre, ranging from sporadic attendance, to living and working there. In addition, four of the eight men unconnected to this centre had attended in the past – including Alvin and Ernest – but had preferred not to get involved. Of the 22 linked to the centre, some were content to keep engagement with it to a minimum. Others described becoming increasingly involved with the centre over time, like volunteering with classes. Some had even left previous jobs and begun to work there. These men often had complaints about the office-based nature of the work. Adam’s work role was ‘*tedious*.’ However, he tolerated it to be able to spend time around the centre.

I literally hate it sometimes, but I really value being around the centre. I’m willing to put up with something that I more than dislike to be around somewhere I want to be.

Around half of participants went so far with their involvement with the centre as to live there. People went about this at various paces. Some leapt in quickly, within months of starting to meditate for Kris. Other men were more hesitant. For example, Danny described a ‘*mixture of gung-ho enthusiasm and baby-step caution*.’ Living there was often presented as challenging, as section 2 explores. However, many inhabitants also spoke in positive terms about being able to spend time around other meditators. For example, Steven’s decision to move in was in response to a ‘*sense of loss*’ he used to feel returning home alone after retreats (‘*A horrible jarring moment*.’). He appreciated the sense of community he had felt on retreats, and hoped to enjoy this more of the time. He valued the communal experience of living there.

*I know so many people now... If I go next door it can take five minutes to get across...
'Hello, how you doing.' I'm just very aware of how happy I am... I love living here.*

The next part explores the way this social environment encouraged participants to take on new ways of being a man. It was not necessary for men to be connected to a meditation group to try to adopt these new ways. However, as section 2 explores, outside such groups, the new ways were often harder to take on.

7.1.2. A new path

This part looks at how participants – often through engagement with a meditation ‘world’ as discussed above – came to view meditation as connected to various ideas and practices which appeared to offer a ‘new way of being a man.’

When men talked about initial encounters with a social environment around meditation, e.g. a Buddhist centre, some depicted this experience as like entering another world. Men described coming across new and unfamiliar sights, sounds, people and ideas. For some men, entering this new ‘world’ had a powerful impact. Chapter 5 suggested that many men had turned to meditation after feeling dissatisfied with life, in the hope that meditation could improve it in some way. Given this, some recalled feeling excited, even euphoric, at how the unfamiliar atmosphere of this new ‘world’ hinted at the possibility of a different way of living. Terry remembered thinking ‘*Wow, the rest of my life is going to be amazing.*’ For Michael, this sense of ‘newness’ was epitomised by an ‘*absurd and marvellous*’ statue of the Buddha. Seeing this, and the possibilities it appeared to hint at, was recalled as ‘*a moment of joy.*’

[It] suggested to me a whole other path, a whole other way I'd been looking for without realising it. Beautiful, mad, crazy and wonderful at the same time.

This idea of a path is a recurrent theme in men’s narratives, and links to another common metaphor used here: life as a journey. Before encountering meditation, some men suggested they had been ‘*lost*’ on their journey. Discovering meditation, and this world around it, was like finding a ‘*path*’ to guide them. As chapter 5 explored, participants had been searching for something they felt was missing in life. In these first encounters with a meditation world, some felt they had found what they had been looking for. A few described this as a feeling of

‘coming home.’ Not all men shared this initial enthusiasm – some recalled feeling relatively nonplussed. A few even reacted negatively, as above (William pointedly described *not* having a sense of ‘coming home.’). However, some recalled feeling that they had stumbled across something that could offer them whatever it was they felt they needed. Dean recalled saying to his wife:

‘This is it. This is the furrow I need to plough... Whatever that is, that kindness, that calm, I need that. That’s the taste of something I’m really missing.’... I’d always wondered, ‘What do I base my life on?’ And Buddhism is that.

As Dean’s quote indicates, for some men, what was significant about initial encounters with this new world was encountering Buddhism. Some men said they immediately identified with it (Michael thought: ‘*I’d been wondering all this time what I am, and I’m a Buddhist.*’). Not all men felt this immediate affinity. Some continued to reject the idea of being Buddhist (Ali: ‘*You’re putting yourself into a compartment.*’), or even denied that Buddhism had influenced them at all (Bill: ‘*I don’t know much about it to be honest.*’). However, around two thirds of men identified as Buddhist, even if they were sometimes wary of the label, or struggled to embrace it. Andrew highlighted the ambivalent, complex relationship many participants had with Buddhism. Asked whether he identified as a Buddhist, he replied:

I’ve only resolved that very recently. For a long time I thought, ‘I’m into the dharma [Buddhist teachings] and Buddhism, but I wouldn’t call myself a Buddhist.’ I actually only became comfortable with it [recently], because I needed a definition of what a Buddhist is that makes sense to me.

Moreover, while many participants were drawn to Buddhism, this does not mean these men were only influenced by Buddhism. Most incorporated other discourses into their narratives, e.g. new age ideas. Nor did men only meditate in Buddhist-related contexts. Other settings included Hindu yoga retreats and Christian monasteries. However, caveats aside, many men were influenced by Buddhism. In discussing Buddhism, men emphasised that it was not just about meditation, but had a broader relevance to how they lived their lives. Peter suggested that ‘*practising the Dharma*’ involved a range of different activities:

[It's] a much broader thing than merely practising meditation... It includes ethical behaviour, developing friendship, study, ritual, reflection.

In this way, men suggested that meditation was linked to ideas and behaviours which offered a new way of being a man. Many of those connected to the centre suggested that they had felt encouraged by the environment there to take on these new ways. Some participants described how a culture of beliefs/practices had formed around the teachings of the leader of the centre. Adam felt this man was persuasive, able to enthuse people about meditation/Buddhism and *'wholeheartedly have a go at living it.'*

He's done well at setting up a movement. [It's] his ability to convince other people to have a go at really practising it... there's almost a contagious nature.

Within this environment, some participants said they came across new ideas about life which were persuasive. For example, Michael trusted this leader (*'He's the closest thing to truth in a person.'*) and recognised his influence (*'It's because of him I think my thoughts.'*). Others noted that the environment of the centre encouraged people to move towards particular ways of thinking. Adam felt that the centre had developed a *'common language'* for talking about *'mental states.'* While he recognised the risk of lapsing into *'jargon,'* he felt this language *'allowed communication to deepen.'* However, some men were worried about being drawn into groupthink. Alan had been reading about Buddhism. He was concerned whether he had been co-opted into the rhetoric of the centre, although he felt the ideas made sense to him.

When I'm reading a book on Buddhism, it brings up a lot of concepts and ideas about reality that I can't fathom... I don't know whether I've been sucked into the teaching of the [centre], but what I'm reading is sensible, it goes in line with my experiences.

So, many men had begun to take on new ideas and behaviours – new ways of being a man – often encouraged by the social environment of a meditation centre. The rest of this section examines these new ways, beginning with relating to others.

7.1.3. Relating to others

Most men, including those not linked to the community, suggested they had made changes in how they related to others. There were three interlinked themes here: opening up; caring; and compassion.

First, many felt they had begun to be more emotionally open. Having previously learned to be tough, participants were working on *unlearning* this way of relating to themselves and others. Meditation had helped men overcome *inward* toughness (blunting emotions) to some extent. However, meditation was insufficient for relinquishing *outward* toughness (hiding emotions), which was often linked to feelings of vulnerability; thus, overcoming vulnerability was often key in opening up. In this respect, some felt that the centre offered a supportive environment which had enabled them to feel more comfortable sharing their feelings. Steven said that for years he had felt ‘*shame*’ relating to various issues in his life (‘...*of my dad leaving, of living on my own...*’). He was only recently learning to open up about this.

I didn’t ever, until very recently, talk about it, even to my best friend... It’s only the last two years being here... that I’ve started being able to trust people, opening up more and more... Now I can see [the shame] drifting away.

Many men portrayed the meditation centre as generally quite supportive in encouraging them to open up. Additionally, participants suggested that various activities in the centre – depicted almost like therapy – had also encouraged them to share thoughts/feelings. One activity was narrating life-stories in front of a group. Steven felt such activities had elicited his story in a way that was similar to the interview itself (‘*I’ve told this story twice now.*’). Another activity was ‘confessional’ meetings in the centre, where men would analyse their actions that week (Jack: ‘*I confess as much as I can. [It’s] very important.*’). A third activity was study groups, where men discussed Buddhist teachings in relation to their own lives. Men depicted such activities as helpful in providing structured interactions to help them overcome tendencies towards emotional closedness. John was initially resistant to the study groups (‘*I don’t sit in groups with men talking about my life.*’). After encouragement however, he found sharing ‘*intimate*’ things rewarding. He used an analogy to convey his appreciation at cultivating an openness he didn’t realise he lacked at the time.

There was definitely something opening up that I was completely unaware of... Like a plant after months of dry weather, you suddenly get some water, and it's exactly what you need.

Second, men described learning to be more openly caring and affectionate towards others. Many said they previously felt that showing affection was inappropriate, especially towards other men. Now they appreciated the chance to allow affection into their interactions, albeit usually only around the meditation centre. While meditation had helped men connect with their caring qualities, participants said the supportive context of the centre was important in facilitating the expression of these. Dalton described being '*affectionate and loving*' as '*an important part of Buddhist practice*.' He felt sufficiently trusting in the centre to allow these qualities to '*come to the fore*' – however, he still felt the need to hide these outside the centre (see section 2). Interestingly, he thought that while such qualities were encouraged in centre, its single-sex accommodation quarters¹ where he lived were more facilitative – these gave men more freedom to broaden their repertoire and take on qualities usually left to women.

If men and women share [accommodation], men put shelves up, women do the caring. Women don't take responsibility for practical things, men don't take responsibility for nurturing. [Here] it's a chance to be more caring [rather than] the macho role play.

Others closely connected to the centre made a similar point about men taking on '*feminine*' qualities, suggesting it promoted a specific gender construction. That is, these men explicitly discussed gender in a way that indicated the topic was a focus of reflection in the centre. Danny echoed others in constructing a gender ideal of '*allowing the masculine and the feminine to be within the man*,' which he indicated was promulgated by the centre's leader ('*This is only what [he's] emphasised*'). As a senior figure there, Jack confirmed the centre took an active stance on gender. He thought it important that men cultivate '*feminine*' qualities. However, he felt '*50 years of aggressive feminists*' had served to undermine men, and was wary of men '*feminising*' themselves. Part of the rationale for all-male groups was providing '*spaces for guys to get together and see they're alright*.' He discussed a man who

¹ While the centre was open to both sexes, its accommodation facilities were male-only. There were separate accommodation arrangements for women off-site.

embodied his masculine ideal, incorporating non-hegemonic features, yet retaining traditional qualities.

He's emotionally-based and caring, really into being in relationships... but he's also a man... He's hardy, he's been around. He's tough but he's soft... qualities you don't usually find in the same place.

Many participants did not explicitly discuss gender. Of those that did, not all endorsed the construction advanced by the centre. The narratives featured a range of different perspectives. Some thought there were inherent gender differences; echoing ideas in the theoretical review, these participants saw men as less emotionally engaged than women, and suggested this had a detrimental impact upon well-being. These men thought it was strange that men should be this way, though they speculated that these patterns of behaviour may be linked to evolution.

Women are better about talking about feelings than blokes, aren't they? Maybe that's why women aren't on the whole so frustrated and angry about things as men. Men have got this big thing, 'No, we don't talk about that, get a beer, play some football... anything but be with myself.' ... I guess there's loads of stuff that someone who's a lot wiser than me could tell us about hunter/gatherers and all that sort of stuff. (Dean)

However, although some men seemed to see gender as quite fixed in this way, they did not feel these gender restrictions necessarily applied to *them*. Most participants, including those unconnected to the centre, discussed the importance of trying to develop caring qualities. Many highlighted compassion, suggesting they had become more understanding and sensitive towards others' feelings. Men said the metta bhavana practice had helped them in this regard. Silas felt this had taught him how to '*imaginatively identify*' with others.

Some said the metta bhavana had improved their interactions with others. Steven claimed that while he had previously had anger issues, he '*never*' got angry now with people who were challenging or unpleasant towards him ('*I think, "They're only like that because they're stressed."*'). Other men felt that the practice had changed how they saw others. There were parallels here with Buber's (1958) distinction between 'I-It' relationships (others viewed just as means to an end) and 'I-Thou' relationships (others valued as ends in themselves). Dean

had begun to ‘*see complete strangers as human beings, rather than just people in my way.*’ Others presented similar narratives of becoming less self-occupied.

It opens up this world of possibilities about how you can relate to people, how equal we are, how everybody is as much a human-being, worthy of value as I am. (William)

No-one suggested these changes in how they interacted were permanent or irrevocable (Ross: ‘*I have shitty days, people get on my nerves, it’s human.*’). However, the point was that men had been introduced to new ways of interacting with others. Moreover, some felt these new ways impacted positively on their own well-being. Men appreciated being more emotionally open, as described above. Some even talked about finding a sense of meaning in these new patterns of interaction. For example, Peter felt that compassion was his ‘*purpose*’ in life (‘*It’s what I’m on this planet for.*’). Some men cautioned about taking ideas around compassion too far at the expense of looking after oneself. Grant felt one could easily ‘*die a martyr*’ if overly concerned with pleasing or helping others. Indeed, some men did feel depleted as a result of giving their time/effort to the centre (see below). That said, quite a few said they experienced fulfilment from trying to help others.

[It] wasn’t enough to commit my life to if it was just about making me happier... that didn’t meet my need for meaning... Doing it for the benefit of all beings felt like a much bigger ideal I could really say yes to. (Peter)

Men also discussed trying to change their behaviour in other ways, e.g. abstinence.

7.1.4. Abstinence

Many men discussed trying to leave old behavioural patterns behind, and take on new ones. While this applied to various areas of behaviour, the most prominent was around drink/drug use. Many participants had tried to curtail their habits of using these; some even endeavoured to abstain completely. For these men, trying to achieve abstinence was often constructed as the most difficult aspect of taking on new ways of being. Men may have had various motives for desiring abstinence, e.g. health concerns. However, in the narratives, most of those who had tried to give up or cut down consumption framed this effort as linked in some way to their engagement with meditation or Buddhism.

Some said they had become inclined to stop drinking because it interfered with their ability to meditate – it affected their concentration in meditation, or in practical terms, made it hard to get up for practice. In this way, many experienced conflict between drinking and meditating, and more broadly – to foreshadow section 2 – between the life they had been living, and the one they were drawn to. Trying to reduce this conflict by picking ‘one or the other’ was one inducement towards giving up.

Mindfulness was having an integrating effect... then I'd get drunk and it would fall apart again. I realised, 'Get drunk, or a lead a life where things start to integrate.'... That felt much more pleasant, [so] I found it very easy to give up. (Sam)

Others linked abstinence efforts to their interest in Buddhism, and its promotion of an ethical framework of ‘precepts,’ including refraining from ‘intoxication.’ Around half of participants mentioned the precepts. Of those that did, while committed Buddhists had taken vows of adherence, others were more relaxed, seeing them as idealised behaviours to be selectively followed. Nonetheless, many discussed trying to live up to these ideals, at least some of the time. Although their stories focused more on failure to attain these ideals, they felt they were worth aiming for. In contrast to Christian discourses around sin he’d been brought up with (‘*You feel utterly horrible.*’), William felt the precepts were helpful guidelines for living.

It's a more subtle, sophisticated way of thinking... The precepts provide a framework for thinking about everyday life, but it's not like if I fail to live up to them I'm sinful... I'm just a human being.

However, trying to live up to the precepts could be hard. Men said they were encouraged to be ‘*forgiving*’ and ‘*non-judgemental*’ towards themselves regarding failures to follow these ideals. However, some also felt that Buddhism had a demanding discourse of accountability. While they were not led to feel at fault if they transgressed, they were still encouraged to feel responsible.

Buddhism confronts you with yourself. It's the most savage religion. It insists that you take complete responsibility for yourself... It's the most difficult thing. It won't let you off the hook. (Michael)

Whatever the perspective men took towards the precepts, discourses around ethics seemed to create a culture of abstinence around meditation. In social interactions involving meditators, like at the centre, non-drinking appeared to be promoted as the norm. Even if men had not committed to the precepts, these expectations could be influential, and many men regarded drink/drug use as somewhat of a transgression. For example, Jimmy told a complex tale of trying to resist drink/drugs while living in the centre, being ‘lured’ back to hedonism by old friends, sometimes staying firm and resisting, sometimes ‘rebellious’ and using them. Whether he succeeded or failed in resisting, this was still framed against the normative idea that he should not be using drink/drugs.

A friend still tries to drag me out to places, but I don't go as often. Or sometimes I would really want to do it, I had a whole thing of guilt, 'Oh, I shouldn't be doing that.'

However, on the whole, Jimmy felt that the social pressure for abstinence in the centre was a positive encouragement, rather than punitive coercion. He recalled episodes where he had gone back to drinking. He had not been admonished for this, with a few exceptions, but had been supported and encouraged to return to abstinence. In this way, it seemed that the centre promoted a kind of positive hegemonic masculinity. For those more closely connected with the centre, e.g. living there, drink/drugs were less likely to be part of their ‘world.’

I might have a drink, but it's very occasional. It's just not part of my life... In fact I feel a bit lost if I go in a pub now, it's just not my natural social environment. (Adam)

The impact of the social environment on behaviour, and the importance of supportive social structures for behaviour change, is a recurring theme in the narratives. Men found abstinence easier when around others who were not drinking. Since men's non-meditation social circles often revolved around alcohol, this was a source of conflict, as section 2 explores. In this way, the centre was an important resource in men's efforts to adopt new ways of being. The same point is made from the other direction. Men unconnected to a centre seemed to find it harder to change, lacking the social support to help them take on new behaviours. Moreover, if they did manage to take on new ways, like abstinence, it seemed these men were more at risk of reverting to old habits. Alvin attributed a recent psychotic episode to being drawn back into a dysfunctional social environment, and relapsing into drug use, after a break-up.

You start leading your life badly, doing things you shouldn't, and things just spiral... I got myself into a bad situations... taking a lot of drugs, socialising with people I wouldn't normally be.

In taking on new ways of being, the third main area was spirituality.

7.1.5. Spirituality

Nearly all men discussed spirituality. This was not easy to speak about, and the topic seemed to resist articulation. Nevertheless, whatever meaning 'spirituality' had for participants, most assented to the proposition that they were somehow 'spiritual.'

Having previously rejected religion, although some men had remained open to spirituality, others were more wary. As such, some said that part of the initial appeal of meditation and/or Buddhism was that it had not seemed particularly spiritual. Discussing initial impressions of Buddhism, some men recalled being unclear whether it actually *was* a religion. Some had been perplexed by religious-seeming aspects, like statues of the Buddha. However, men said the teachers had tended to discuss psychological processes and theories of well-being, which contrasted with the kind of discourses men had come to associate with religion. Compared to their previous experiences of religion, participants suggested that Buddhism '*just made sense*' (Kris), seemed '*practical*' (Dalton), '*pragmatic*' (Michael), '*rational*' (Peter), and free from '*dogma*' (Grant). Rather than being asked to uncritically adopt beliefs, men felt they had been encouraged to test ideas out for themselves. After Christianity, Peter called this '*a breath of fresh air.*'

I didn't feel I had to take anything onboard that I couldn't test out in my own experience... The more I read and heard about Buddhism, the more it just seemed to make sense.

However, most men described gradually opening-up to spirituality, even if some retained a degree of scepticism. There were three main ways this occurred: having spiritual experiences, taking on new discourses, and joining in 'religious' practices.

First, as chapter 6 explored, some participants described powerful experiences, in and out of meditation. In many of these, men felt as if they had made ‘contact’ with a kind of ‘power’ or ‘energy’ outside themselves. While these experiences were portrayed as strange, sometimes uncomfortable, and often hard to interpret, they seemed to lend themselves to articulation in spiritual language. Sam recalled a particular period when ‘*lots of things on a spiritual level happened to me,*’ including a physical-emotional experience, depicted as feeling like a ‘*beam of light coming straight into my heart,*’ like an ‘*ignition.*’

I can almost stir the memory of how my body felt... vibrant and energised... touched, this sounds maybe quite pathetic, but not by a person, not by God or a being but by the whole universe... I just felt more in touch with life, more part of life, more alive.

A second aspect of ‘opening-up’ was adopting appropriate discourses. Stories like Sam’s suggest that, for some men at least, spirituality was not *just* about learning particular forms of language. However, part of what made these experiences ‘spiritual’ was speaking about them in particular ways, as these were open to various interpretations. As discussed above, as men became socialised into a culture around meditation, they began to take on particular ways of thinking and talking. These forms of discourse then seemed to influence how men interpreted experiences, clothing them in ‘spiritual’ language. A few men even suggested that they had adopted spiritual discourses in the absence of strong experiences – however, they admitted to lingering scepticism over using such discourses, with tension in their narratives. Terry felt he was beginning to open up to a spiritual perspective. However, he reflexively stopped himself mid-sentence to query his own statement about there being a ‘*force for good*’ in the world.

I don’t know if I even mean that... I sometimes think, ‘I don’t really know what I’m talking about, and I don’t really believe it. I’m just trudging out something I’ve heard someone else say.’

The kind of discourses men articulated around spirituality seemed reflective of the extent to which men identified with Buddhism and/or were connected to the centre. Men more closely linked to the centre, who also seemed to be those who identified most strongly as Buddhist (e.g. being ordained), were more likely to discuss spirituality using explicitly Buddhist ideas. More senior members said that, despite the non-religious impression given to new-comers, as they had become more involved with Buddhism, it started to take on religious dimensions for

them, which they discussed using Buddhist terminology. They said Buddhism trod a ‘*middle way*’ between theism (‘*eternalism*’) and atheism (‘*nililism*’). Although rejecting traditional concepts of God, they believed there was a ‘force’ greater than themselves – relating to the evolution of consciousness in the universe – that could be venerated. Figures in the advanced visualisation practices were also sometimes constructed as existing ‘externally.’ Jack used religious language to discuss the importance of ‘*reverence*’ and ‘*devotion*’ towards these.

[In] self-surrender, you hand over your spiritual life to a Buddha... You have give yourself over and go, ‘I’m going to let my life be guided by that.’

Men less involved or unconnected to the centre, or who did not identify as Buddhist, used other discourses to discuss spirituality. Men took metaphors from various sources, including new-age writings, even quantum physics. They invoked ideas of ‘interconnectedness’ and ‘universal consciousness’ (Harry: ‘*An energetic intelligent universe.*’). Some of these men were self-conscious about sounding clichéd (Dustin: ‘*Be the hollow reed and let God play his tunes through you... A bit new agey!*’). However, they said that taking on these ideas was about trying to adopt an orientation to life that was less controlling, more accepting. Men spoke about trying to ‘*let go.*’ This phrase often appeared to refer to men trying to live from a perspective where practical concerns were less important. For example, Dustin felt he had been hurt by life in the past. However, he said he was working on developing the courage to ‘*let go*’ and ‘*trust*’ the universe, even though this idea was ‘*frightening.*’

Even if I’ve got no income, it’s allowing that to be, [having] a sense that it’s going to be OK, [that] the universe is benign and will provide, rather than it’s going to hurt me, which is what I used to believe.

Lastly, men developed a sense of spirituality through participation in practices with religious overtones. In particular, men described experiences of joining in rituals, involving devotional acts, like bowing to a shrine, accompanied by chants from Buddhist scripture. Rituals were often contentious for men. Many had initially been wary of religion/spirituality, as described above. Moreover, some had been drawn to meditation precisely because they saw it as free of practices traditionally associated with religion, like bowing. As such, men were often taken aback to encounter such practices in meditation settings. Quite a few felt uncomfortable, or even resistant; some refused to join in.

Suddenly there was a full on shrine with bowing... I thought, 'This isn't what I came here for.'... I had enough ritual growing up as a Catholic. I hated all that. (William)

Some men found their misgivings around rituals hard to relinquish, and continued to harbour uneasiness about participating in them (Ernest: *'It's the antithesis of what I think Buddhism is... I'm not comfortable worshipping something.'*). However, many men came to appreciate rituals; some even suggested they were the most important part of their practice. These were appreciated for various reasons. Sam valued the sense of people coming together in common purpose (a *'fusion of diversity and unity.'*). Adam saw the shrine as a fecund *'symbol'* of the path he was following (*'It's values, it's a vision, it's a tradition I'm part of, it's the spirit of the Buddha, it's beauty, it's truth, it's the spirit of compassion.'*). Bowing to this shrine was a *'mark of respect, recognition and devotion.'* Others found it hard to articulate why rituals affected them, though this ineffability was itself part of the appeal.

There's a bit of magic going on that's not entirely explicable. They move me deeply, often to tears... I can't analyse why, and it's something that fascinates me... I love the fact that it's something completely in another realm. (Grant)

This section has suggested that as a result of engagement with meditation, many participants were drawn to take on new ways of being a man, often (though not necessarily) with the help of a supportive community. The next section examines the difficulties men experienced in taking on these new ways of being.

7.2. Conflicts and issues

Most participants seemed to have tried to take on at least some new ways of being. However, many narratives contained tension and conflict, suggesting that doing so could be a difficult endeavour. Themes here fell into two main areas: conflict between 'old' and 'new' ways of being; and issues with the new way of being itself. These are discussed in turn.

7.2.1. Conflicts

Nearly all participants appeared to have experienced some sense of conflict related to their engagement with meditation. One way to look at this conflict is in terms of a clash between

new ways of being men were trying to take on, and old ways of being they were attempting to move away from. For example, men discussed conflicts between trying to drink less, and old habits of drinking which were still persuasive. Another way to conceptualise this conflict is through the terms introduced above: between the Buddhist and non-Buddhist ‘worlds’ men were navigating.

*There’s a whole non-Buddhist world out there that challenges me and my Buddhism.
There’s a tension, I’m jumping between two worlds. (William)*

It is important to remember the context in which many participants began meditating. Many men resisted being emotionally open, drank and/or used drugs, and were wary of spirituality. As will be discussed, part of the problem was that these behaviours were habitual and hard to relinquish. However, a larger problem was that these were often hegemonic norms, and were anchored in social networks which encouraged and supported them. So, while men wanted to change, this meant negotiating new ties with these networks, which was generally hard. This section considers the idea of conflict between two ways of being, examines how men felt that others were against their new path, and explores the different ways men dealt with conflict.

*It’s a mad way of being. It’s different to the way the rest of the world operates, and sometimes priorities as a Buddhist and priorities of the world come into conflict.
(Adam)*

Many participants described their decision to begin meditating as a turning point, with a vivid narrative contrasting life ‘before’ meditation with life ‘after.’ However, no-one suggested this point was a ‘clean break,’ that they suddenly ‘converted’ to a new way of being. Rather, most stories depicted a messy, complex overlap between how men were living, and the new path they felt was opening up. Although men had started to meditate, other aspects of their lives were generally unchanged: most still drank, and socialised with the same friends. However, many suggested that, if not immediately, they began to feel conflict between ideas/practices encountered through meditation, and their current way of living. The notion of inhabiting two ‘different worlds’ was a common theme, and was portrayed as problematic, ranging from vague tension, to painful feelings of being split between two lives.

There was a real sense of living between extremes, on one hand my deepening inner pathway, on the other living the hedonistic lifestyle, partying, drugs. Going back and forth between these two separate ways became more and more incompatible, a sense of conflict. The pain became too big. (Ross)

For some, this sense of opposition was reinforced by the feeling that people who were not part of the new meditation world – including society generally, friends, even family – were unsupportive of their engagement, or even disapproved. With society, some participants felt that meditation/Buddhism was viewed with suspicion, even hostility. These men felt society generally was materialistic and antipathetic to spirituality; that deviance from these prevailing norms was seen as suspect by most people. Although some participants argued that society was becoming more open to meditation and spirituality, others felt that, in their social circles, meditation was still viewed as ‘wishy-washy’ and ‘hippified,’ with a ‘stigma’ attached to it.

People don’t get it... If you mention you meditate, people look at you [like], ‘He’s a bit cuckoo, sits there with his eyes closed and doesn’t do anything.’... People think you’re weird. (Alvin)

Men suggested society was not only wary of meditation, but also ways of being linked to it. Most participants discussed problems trying to enact new behaviours outside the supportive context of fellow meditators. For example, while men appreciated being more caring, they still felt that this contravened hegemonic expectations in most other social settings. Some men seemed fine with transgressing expectations in this way. For example, Ernest said he had ‘made the choice to be more unashamed about my emotions,’ openly expressing his feelings towards fellow gang-members (‘My crew, young black guys, quite macho. Sometimes I’ll tell them I love them for no reason.’). However, Ernest still recognised that he was challenging masculine norms by doing this (‘People look at me like I’m insane, but I’ve got to go with it.’). However, other men felt that society was less accommodating, and were self-conscious about enacting new behaviours in non-meditation-related social situations. Dalton described his deliberations around showing affection.

It’s easier in the [centre], where I feel trusting. [Outside] there’s wariness, a critical voice of what other people might think, [like] if I’m too loving or kind to a man people

might think I'm gay... In the community I'm quite tactile. [Outside] I'm not, because I'm not sure how people will take it.

Participants' friends were also often wary of their engagement with meditation/Buddhism. As participants began meditating, and taking on new behaviours, many experienced difficulties with their social group. Narratives here varied in severity. At the milder end, men suggested that although their friends were not against meditation, it went against the norm. Often, it was not so much meditation that friends had difficulty with, but associated behaviours. Friends were often unsupportive of participants' abstinence efforts; even if they were understanding, participants depicted this with discourses of tolerance, as if a transgression had been forgiven (Dalton: *'I stopped drinking. They largely accepted that.'*). Men sometimes found themselves set apart from their friends, which Andrew described as *'really hard.'*

Socially there's been a big conflict. It's going against the stream... My social group [are] people I went to school with. They're totally in [a hedonistic] mode... that's the frame for their entire life.

Not only abstinence went against hegemonic norms; men said friends were often resistant to the spirituality they were opening up to. In this area too, men felt themselves unable to share their new interests with old friends.

It's a blokey relationship. It doesn't go beyond a certain level. If I try, I sense the discomfort, 'Don't want to go there, it's rubbish, the world's entirely rational, there's no spirituality. Get a beer, watch the football.' Non-acceptance of any spiritual sense to life.' (Dean)

At the more severe end, some participants related painful ruptures with friends. For example, some of William's friends were *'hostile'* towards his interest in Buddhism. When he began to identify as a Buddhist, he was wary of admitting it, portraying it like *'coming out'* (*'I avoided using the label, I don't want people to think, "God, that's weird."*), a theme echoed by other men. He said a *'gulf'* had opened up with a friend he was best man for (*'He takes the piss out of the fact I live in a Buddhist community. He thinks it's utterly ridiculous.'*). Others who lived there also said friends had been disparaging of their level of commitment, as if a step *too far*. Steven recalled a friend's shock at his new living circumstances: *"You gave up your*

beautiful house to live in this hovel!?” While William had tried to maintain contact with old friends, he became increasingly alienated from them. He focused on his divergence from the materialist values they still espoused.

[They] just talk about money, possessions. I always feel a bit ridiculous because I'm sitting there in the same clothes... They think it's weird, there's a gulf... They're all living that life, and I'm regarded as an oddity.

Some participants even experienced issues with their families, which men found hard. There were various misgivings. Danny's father advised against over-involvement with meditation (*“Keep it as a hobby son.”*), and refused to visit the centre where Danny lived (*‘I've not had his blessing.’*). Grant's brother feared he'd *‘joined a cult.’* Jimmy's parents found Buddhism *‘weird’* (his mum's friend said, *“Oh dear. Could be worse I suppose!”*). These narratives of family concerns mostly ended well, as relatives' scepticism was usually tempered by seeing the positive effects of men's involvement (Terry: *“If it's making our son happier, who cares if it's a load of rubbish!”*). However, some participants had ongoing family difficulties. For example, William's Catholic parents found it hard he had *‘ditch[ed] the faith.’* However, they were even more *‘perturbed’* by him turning to Buddhism (*“Why's he praying to a Buddha, that's mad.”*). He had worked hard to assuage their worries (*‘It's taken a lot of explaining.’*). However, they were still troubled, which pained him.

They think it's wacky... It's all very alien for them... They find it embarrassing to say their son's a Buddhist... It's one of the hardest things. I don't want to cause them any pain.

In various ways then, most participants depicted a degree of conflict between meditation (and related ways of being), and other aspects of life. Men articulated different narratives of how they responded to this conflict. Using the two ‘worlds’ metaphor, some tried to keep these worlds separate, some tried to integrate them, and some tried to confine themselves to the ‘Buddhist’ one as far as possible.

With the first narrative, some men seemed to accept that the worlds were not compatible, and kept them compartmentalised. While these men were still influenced by Buddhism in non-meditation-related contexts (e.g. trying to be empathic), they were not ‘out’ as a meditator or

a Buddhist, keeping their interests private, even hidden. For example, Vincent learned to hide his interest in meditation from colleagues (*‘Brash, bigoted... narrow-minded sun-reading guys.’*) after being censured for his Buddhist bracelet (*‘To remind myself to be mindful’*) – one had said *“‘You’re not a bloody [racist term] are you?’”* He was now content to keep the parts of his life separate.

I’ve never opened up to the guys... about Buddhism... They’re not of that ilk. They’d just find it bizarre... they’d think it’s some sort of hippy sect! ... I keep that separate. I like my privacy... Work is separate to my spiritual life really, so it doesn’t worry me.

In contrast, some participants tried to integrate the worlds – away from meditation-related environments, in the ‘non-Buddhist’ world, they tried to maintain continuity. Rather than keeping their interest in meditation/Buddhism hidden, or just implicit, they tried to have it be an explicit presence in their interactions. For instance, Michael felt it *‘important to be “out” as a Buddhist’* (note the ‘coming out’ theme), and use his Buddhist name – acquired upon ordination – in public, like at work (*‘Reminds me of the commitment I have made.’*). Michael said he had not found being ‘out’ problematic. However, others found it challenging trying to be a Buddhist in non-meditation-related social contexts, especially mixing in social circles where drink/drugs were prevalent. This made their efforts towards abstinence more difficult, and men spoke about relapses, conflicts, and tension.

There’s a whole non-Buddhist world out there that challenges me and my Buddhism, and isn’t always supportive of it... I go out into the world and hang out with people who aren’t Buddhists, who drink and take drugs. There’s a tension. (William)

Many men found it difficult to pursue new ways of being out in the non-Buddhist ‘world.’ Consequently, some tried to reduce their contact with this world, and orient their life around the Buddhist world. Some emphasised the positive aspects of this process. For example, John had a job which he felt conflicted with his emerging values (*‘I felt ashamed... Not a worthwhile cause.’*); he left to take on work at the centre which was more supportive of his new interests. However, others dwelt more on the *negative* aspects of trying to move away from their old world. In particular, men described growing distant from friends. Andrew described how his abstinence efforts, difficult enough given his *‘strong patterns of enjoying indulgence,’* were

hindered by his friends' preference for hedonism. While he still valued them (*'Deep down we all care about each other.'*), he felt they were drifting apart.

I'd be going on retreats, telling them, 'There's this.' They were like, 'Cool, whatever.' They're just not really that interested... Slowly I'm seeing them less and less, but that's just a natural development, I guess.

Going further, some participants appeared to try to resolve the conflict between the worlds by inhabiting the Buddhist world as far as possible, e.g. living/working in the centre. While men negotiated varying levels of involvement with the centre, there seemed to be the possibility of structuring their whole life around it if desired. While the centre was not without its problems (see below), it nevertheless appeared to offer a self-contained world for men to inhabit. Men said the centre tried not to be insular, engaging with the local community by offering courses. However, Danny suggested it often functioned as a *'secure bubble'* which kept the outside world at bay – venturing out of this could be challenging.

Obviously I go and see my family, and I've got a few friends who are non-Buddhists who I keep up with, [but] the internal experience can feel quite jarring.

However, even if men immersed themselves in this world, this did not prevent the 'outside' world impinging in on it, causing potential conflicts. Some still worked outside the centre; others highlighted the strains of living amidst a busy city (Dalton: *'It's relentless, the noise, energies, anxiety... All living frenetically and pushing each other's buttons.'*). Interactions with the wider world could be stressful. However, the most potent conflict for inhabitants of the centre seemed around sexual relationships. Females were not allowed into the single-sex living quarters, which heterosexual men often found hard. Homosexual participants also felt it could be difficult to maintain such relationships in that environment. Even if other areas of conflict were minimised, this often remained.

I moved into a [Buddhist] community, [but] started to go a bit nuts because I had a girlfriend, and the two parts of my life started to diverge, I started to feel a bit split.
(Adam)

7.2.2. Issues

In addition to conflicts between the ‘worlds,’ men discussed problems within the meditation ‘world’ itself. These issues were sufficiently problematic to make men question, or at least re-evaluate, their commitment to meditation and/or Buddhism. Narratives here featured two emotional ‘flavours:’ doubt, and more seriously, disillusionment.

Most men admitted to harbouring doubts about the value of meditation at some point. Doubts often revolved around the issue of progress. There was a prominent discourse of development in most narratives: men felt they were ‘growing’ in various ways. Men tended to eschew Buddhist ideas like ‘enlightenment’ (Vincent: ‘*Not sure I believe in the afterlife angle. It’s mysticism.*’); the few who endorsed it seemed sceptical (Harry: ‘*I suppose as a Buddhist one has to believe in enlightenment.*’). Rather, men tended to discuss progress with psychological discourses: authenticity (Ali: ‘*We wear masks and don’t let our authentic self come through. [Now] I trust my inner voice.*’); integration (Jack: ‘*To grow spiritually is to integrate the bits of me that have been split off.*’); and overcoming a sense of individuality (Ross: ‘*The separate person I’ve always thought myself to be is an illusion.*’). Many men felt they had made some kind of progress in one or more of these areas.

Meditation and Buddhist practice in general is accelerating me growing up, becoming more integrated, more content. (William)

However, the idea of progress was also problematic. Firstly, some suggested this idea tapped into and exacerbated an unhelpful proclivity for competitiveness they felt men were prone to (Ross: ‘*Men are linear, achievement, setting goals.*’). Although they knew it was unhelpful, men admitted to being ambitious about progress (Ross: ‘*You’re given all these plans... “Do this for seven years and you’ll be enlightened.”*’) and acquiring related status (Peter: ‘*Part of me wants the badge that says, “I am big chief meditator.”*’). Some suggested this ambition was made worse by how some movements, including the one many here were part of, had an explicit structure of progression, where if deemed ready, men could get ordained.

I put a lot of effort into getting myself ready, so it felt good getting that recognition. (Danny)

Participants who had become ordained, or were hoping to, felt it was a potent way to affirm and deepen their commitment (see section 3). However, judgements of senior order members around readiness for ordination could arouse competitiveness and jealousy (Danny found being ‘*made to wait*’ while peers were ordained ‘*frustrating.*’). Moreover, judgements around people’s differential ‘progress’ meant that themes of hierarchy emerged, although men said they tried to mitigate problematic consequences that could result. Grant felt he needed to be ‘*careful*’ about his new ordained ‘status.’

*You tend to easily gain respect which is not necessarily earned... People can idolize...
You can get carried away with delusions of grandeur, [or] a false sense of power.*

Some men expressed scepticism about the idea of progress. Sometimes scepticism seemed more a question of form, saying the right thing. For example, there was a tension between the idea, and another discourse which held it was ‘unspiritual’ to seek or even discuss progress (Silas: ‘*It’s not very PC to talk about.*’), and that this goal should be relinquished. However, these men still articulated a discourse of development, paradoxically implying that learning to relinquish this idea *itself* signified progress.

*The idea of an ending point [with] no more problems [is] childish... The journey is
[about] getting more humble. (Ross)*

However, some men harboured genuine doubts about the possibility of development. A few professed to be unconcerned about progress, as they felt fulfilled in the present (Dean: ‘*I’m less worried about what the future holds for me now... It’s more about where I am now... I’m enjoying living.*’). They regarded progress as less important than their current activities.

*I’m not so worried as I used to be about making spiritual progress. I’m more thinking,
‘I want to be part of the [movement] in creating something in the world as a force of
good,’ that’s more my focus. (Dalton)*

However, without a narrative of progress, enthusiasm for meditation/Buddhism seemed more difficult to sustain if life wasn’t going well. During periods when meditation was experienced as boring, unhelpful, or even counterproductive, men became susceptible to doubts about the point of their dedication to meditation. William’s story from the second interview (discussed

further below) is relevant here. During the year he suffered a serious illness (*'I turned into an old man overnight.'*). Until then he felt he had been progressing (*'[Thinking], "God, this is fantastic!"*). However, this sense of progress unravelled (*'All that momentum went away.'*). Meditation was unhelpful, he lost the will to practise, and behaviours he thought he had conquered re-emerged (*'Destructive tendencies came to the surface.'*). Consequently, he had *'questioned everything,'* and seemed to have lost faith in the path he'd been following.

I've thought, 'What good has all this been, I'm miserable, I haven't learned anything. I've put in effort over the years, but it's not bearing fruit, so why should I bother?... I'm nowhere, I'm completely lost.'

As William shows, doubts about progress can lead to questioning, not just about meditation, but the way of being that men had created around it. Dustin said: *'I've invested heavily in this journey of discovery, whereas other people might have invested in relationships, career. We make a choice.'* As such, men sometimes wondered whether they had made the right choice to invest time and energy in meditation/Buddhism. Concern about such choices were less of an issue for those for who had not made major sacrifices for meditation, men who had kept it as a valued but small aspect of life. However, some men had substantially re-organised life around their interest in meditation/Buddhism, e.g. living/working in the centre. On balance, these men mostly indicated they were largely happy with the life they had chosen (Michael: *'Had I not got in touch with the dharma... I'd have had a much more fractured and less tranquil life.'*). However, these men still admitted to occasional doubts, and being attracted to *'worldly forces'* (Danny). Michael continued:

I'd be very surprised if I ever stopped being Buddhist, though there's always pulls to ordinary life. I've felt that more nowadays than I ever have. It's tempting in some ways, 'Oh, it's all a bit too difficult.'

There were various 'pulls.' Some men missed careers they had relinquished, and successes they might have won (Danny: *'In my competitiveness I can want a career.'*), and lamented that this route was increasingly closed-off (John: *'I do sometimes feel longing for a life I could have had. The longer I carry on doing this, the less likely [I can] do something else.'*). Some men had lingering materialistic tendencies – at times they missed the luxuries they had given up, and questioned whether they were truly happy (Ali: *'At times I doubt it, because I*

haven't got this or that.'). Others highlighted the burden of 'responsibility' of being Buddhist (Jimmy 'It comes with a weight of expectations.'), or trying to follow the precepts (Dustin: 'I resolved to be somebody who told the truth, and it's bloody hard.'). Most prominently, some men suggested that living with partners or starting a family would be something they would like to pursue in future. However, they were unsure how this would fit in with commitment to Buddhism.

I do want to [be ordained], but also I want to be in a relationship... I'm not planning to live with [my girlfriend yet, but] it may come to a point where I want to. But I don't want to lead a conventional life, so it wouldn't be straightforward. (Danny)

While such 'pulls' could be resisted if meditation was going well, they were more compelling if serious issues within the meditation world arose. A few participants described how disputes with other meditators led to disillusionment, not with meditation so much, as with the world around it.

These disputes went beyond the more manageable issues discussed by other men. After all, many had experienced interpersonal problems with other meditators, especially those living in the centre. However, many of these problems, while difficult, were manageable, and not sufficient to cause disillusionment. Some men found the idealistic atmosphere in the centre intense (Jimmy: 'A hothouse environment.'). Conflicts took place, for various reasons, which were exacerbated by this idealism (John: 'I was fiery and naive.'). Michael felt the emotional dynamics between men could be complicated, from unrequited attraction ('You can easily fall in love.') to deep-seated emotional issues ('Young men looking for father figures.'). Others discussed fall-outs from failed relationships (sexual or platonic) in the community. However, mostly these issues were dealt with 'in house,' or if more serious, by switching flats.

Inevitably you have troubles between people, just human things... getting annoyed, having arguments... Two people didn't talk to each other, that was difficult... I live in a different community now. It's so much more positive. (Dalton)

However, in a few cases, such conflicts were sufficiently bad that men became disillusioned and left. Grant had a 'nasty argument' with a member who had violated his trust. What Grant

found especially galling was that his adversary had been approved for ordination, despite his faults. He lost ‘confidence’ in the movement, moved out, and disconnected from the centre.

I thought, ‘Sod this.’... I left the community... It was hard, but I felt really upset and betrayed. I didn’t want to have nothing more to do with it.

While Harry didn’t live in the centre, his ‘disenchantment’ centred on competitiveness and jealousy in the movement, and the ‘bullying’ he felt he had been subjected to. While he had been reluctant to leave the movement, having requested ordination, after ‘years’ of ‘intense suffering’ which was ‘profoundly painful,’ he withdrew his request and left. While remaining committed to Buddhism (‘I don’t need the Sanskrit name to be a practising Buddhist.’), he was disillusioned with the scene around it.

Human beings together are basically primitive, competitive creatures... You have to park your view of what Buddhism is, and who Buddhists are, because they’re just humans doing the same old bollocks the rest of us do. [They’re] working towards ‘an ideal,’ but that’s just an example of the head-fuck that it is.

For others, while they had not become disenchanted in such a painful way, perhaps because they had ‘invested’ less in meditation/Buddhism, their interest nonetheless seemed to wane, or be overtaken by other concerns. These stories are included in the final section, which looks at how men’s narratives changed over time between the first and second interviews.

7.3. Changing narratives

At T1, men told stories stretching back as far as childhood. In contrast, T2 interviews yielded narratives with a shorter time frame, focusing mainly on experiences of the previous year. These stories revealed how men’s engagement with meditation, and new ways of being, had evolved over time. While each man had various unique experiences over the 12 months, there were six main types of story: ‘disruption’ (serious issues curtailing involvement); ‘relegation’ (practice superseded by other concerns); ‘deepening’ (progress); ‘disappointment/frustration’ (with progress); ‘springboard’ (practice as a platform for other pursuits); and ‘existential’ (practice contextualised by deeper concerns). These six narratives are explored in turn.

7.3.1. Disruption

In discussing their year, some participants depicted a torrid time, involving serious physical or mental health issues. These issues had a twofold negative impact. First, they stopped men from meditating. More damagingly, they undermined men's sense of progress.

These men's problems were so severe they had been unable to meditate. Alvin discussed how a psychotic episode, which he linked to heavy drug use after a break-up, led to him being hospitalised for a two months (*'To lose your mind, absolutely terrifying... scariest experience of my life.'*), with a further five months recovering (*'Reluctant to leave the house, confidence levels very low.'*). Walter's life had *'unravelled'* with an *'incredibly acute depression'* lasting six months, described as an *'oppressive'* darkness (*'Deep apathy and bleakness... stuck with these inner demons.'*). William's illness was debilitating, physically (*'Couldn't get out of bed, couldn't do anything for myself.'*) and emotionally (*'A lot of suffering. My identity was pulled to bits.'*). While these experiences were distressing in their own right, of particular relevance here was that meditation was unable to help men during these times. Moreover, as chapter 6 suggested, meditation could even exacerbate problems (William: *'I just realised how much discomfort there is in my body.'*). Furthermore, the experiences also affected the way of being men had been working on.

Instead of being kind and generous and communicative and all those things I like to be, I went the other way, became worse, aggressive, distanced myself from the group.
(William)

By the time of the interview, these men had tentatively resumed meditation. However, more troubling than the temporary failure and cessation of their practice was how the experience had undercut a sense of progress. These men previously felt they were changing for the better due to engagement with meditation/Buddhism. This view had been shaken, as the *'new self'* they had been working on seemed to dissipate, and their *'old self'* resurfaced (William: *'The bits I liked weren't there, and the bits I didn't like were coming to the surface. I found it very unsettling and painful.'*). There were different responses to this sense of disruption. William was dispirited by his *'regression,'* and was struggling to reconnect with meditation and the path generally.

I've not just questioned meditation, I've questioned whether I'm that committed to Buddhism, and there's still that dialogue going on. Having had my practice fall to bits... I can't quite be bothered to put everything back together.

In contrast, Walter framed his disruptive experience of depression positively. He presented a 'benefit-finding' narrative, which had parallels with how men looked back with retrospective gratitude upon the crisis which led them to meditation. This kind of narrative reflects the idea of 'post-traumatic growth' (Tedeschi and Calhoun, 2004), where crises are constructed post-hoc as beneficial experiences leading to positive change. Walter interpreted his depression as a learning experience, puncturing what he now regarded as hubristic over-confidence, which was counterproductive to progress (*'I thought I was impervious to circumstance. Arrogance is a downfall to spiritual practice.'*). Thus although disruptive, he argued that depression had paradoxically helped his 'progress.' Unlike William, he felt the experience had reaffirmed the importance of meditation.

It's a very important setback... brings to you the value of what you do... Rather than it being a stumbling block, it's more a really good lesson... It was so humbling, such an eye-opening experience.

While some men did not discuss major 'setbacks' connected to serious issues, they still felt their practice had subsided in some way, as the next part explores.

7.3.2. *Relegation*

For a number of participants, meditation was largely absent from their narrative of the year, or featured only peripherally. Though many still meditated, it seemed to have been overtaken by other concerns, as other dimensions of life assumed greater importance.

Participants were occupied by various issues. Ernest had been wrestling with a '*physically and emotionally demanding*' university course and the death of a family member (*'A father figure to me.'*), helping console a '*suicidal*' relative '*every weekend*,' and waiting to find out a paternity issue (*'A huge cliff-hanger waiting to drop.'*). Colin had just become a father, and despite exhaustion and worries (*'I fear for her.'*), focused on how rewarding he found it (*'I love being Dad.'*). Robert was troubled by personal issues (*'Not happy in my relationships.'*),

financial worries (*'I haven't got a pension.'*), and presciently, the state of society (*'Going to have riots.'*). While these men mostly still tried to meditate, and in most cases pursue ways of life influenced by Buddhism, these pressures made this hard. Andrew had been completing a course that did not leave much time for meditation, or meeting other Buddhists.

I've just been fairly pre-occupied [and] one-dimensional, just studying and working. [Meditating] in fits and starts... stumbling along... Social life much reduced.

For a few men, meditation had greatly subsided, and even stopped. Interestingly, they still saw themselves as meditators, and continued to use discourses connected to meditation, such as suggesting that they became meditative through other activities. Henry had grown weary of formal practice (*'Another thing to do on top of everything else.'*), but had recently become dedicated to a new sporting hobby (*'Three times a week, no matter what.'*), which functioned equally well (*'It's just about being in the [sport environment].'*). Ernest said he experienced states of absorption similar to meditation through dancing and painting. Despite little formal meditation (*'Much less than it used to be.'*), he went into *'meditative states all over the place.'*

I'll sit at the station, look at a puddle, focus on the swirls, just breathe and find myself going down, relaxing.

As such, it was hard to say anyone had *ceased* meditation. Moreover, some suggested that their level of commitment had been fluid: engagement waned, before resuming as motivation returned. Jimmy had been living in the centre, but this had been difficult (*'As human beings it didn't work.'*). Moreover, he had also been convinced he was *'missing out'* on the hedonism his old friends were still engaging in, and trying to *'tempt'* him back to (*'I had these fantasies about, "I'll go out drinking."'*). He *'rebelled,'* stopped meditating, and moved out (*'Saying, "I've had it, fuck this."'*). However, he had recently begun re-engaging with meditation, but from more of a distance, i.e. not living/working in the centre, which he felt worked better.

I got on with living my life, but then thought, 'This isn't that great. I miss meditating, I should go back.' [Now] I feel much more connected, paradoxically, [though] literally I'm further away, but I think I work better outside a hothouse environment.

It may be relevant that, apart from Jimmy, these men were either only loosely connected to, the centre, or were unconnected to any centre. Perhaps as a result, their link with meditation seemed more tenuous and easily disrupted by circumstance. In contrast, others, particularly those more embedded within the centre, articulated a narrative of deepening engagement with meditation/Buddhism.

7.3.3. *Deepening engagement*

Some men's narrative focused mainly on increasing involvement with meditation/Buddhism. Moreover, each man appeared to be at different 'stages' of their meditation 'career.' Thus, their stories seemed like steps on a common path.

A relative newcomer, Buddhism was '*shifting to become the central focus*' of Dean's life. He had begun helping at the centre, was doing talks in schools, and having waited four years to undertake a solitary retreat, was pleased to have successfully completed his first one.

Amazing... a real high point... It gave me more strength, more confidence... a boost to my emotional self-sufficiency... It was like, 'I know what I'm doing now.'

Having lived in the centre for a few years, Steven felt life now had direction ('*I was all over the place before. Now I'm "Steven the Buddhist."*'). His narrative was complicated in that he had recently moved *out* of the centre to live with his girlfriend, despite enthusing about living there at T1 – the '*final straw*' was her inability to visit when he was ill, due to the single-sex policy. However, he was strongly committed to Buddhism, and had just asked for ordination.

My life plan is to do the ordination process really, because it's the most meaningful thing I've found to do with my life.

After working towards ordination for five years, Dalton's '*big news*' was that he had been approved. He articulated an '*interesting mix*' of excitement and '*nervousness*,' which he felt was appropriate given that ordination meant '*making a commitment for the rest of your life.*'

I've had a level of anxiety since I got my letter, at times going, 'What am I doing?' ... It feels like fear... of stepping into the unknown... It's kind of the right response, because... I don't know who I'm going to be.

Despite his disenchantment at T1, described above, Grant had still sought ordination. He had just returned from the four-month ordination retreat (*'Fascinating, challenging, beautiful.'*). He was adjusting to his new identity, including his new Buddhist name (*'It recognizes my better qualities. I'm very pleased.'*). He also dwelt on how people's perceptions of him would likely be different now (*'They expect certain standards of behaviour. We've been warned.'*). He was trying to be careful about gaining *'respect which is not necessarily earned.'* As such, he was attentive to how he appeared, e.g. resisting *'status symbols,'* like a shaved head.

My friends would get a false message that I've sort of made some great discovery and that I was floating above them. It just didn't feel right.

Some of those who had been ordained for some years felt they had taken their practice to new levels. Jack had been trying to cultivate *'more of a reverential element'* to his practice, and felt he had recently tapped into an elevated sense of spirituality. He said that other Buddhists restricted their ability to make spiritual progress by closing themselves off to the possibility of God, which he had been opening up to.

We have to be careful when we say there's no creator God... Actually, there's a big mystery out there, and we don't know what it is... You can get a hell of a long way on the spiritual path believing in a God... That's some of the stuff I've been working on.

In contrast, other ordained men betrayed a sense of frustration or disappointment that their practice was not deepening in the way they had hoped.

7.3.4. Frustration/disappointment

A number of men suggested that, for all their efforts to engage with meditation/Buddhism, they were unhappy with how life had been going. There were two stories here. Some were frustrated that life had obstructed practice. Others were disappointed that their engagement was not as satisfactory as hoped.

Frustration pertains to the conflict theme discussed above. Some men focused their narratives on how other aspects of life were crowding their practice. Despite living in the centre, Kris felt various issues, e.g. work and relationship demands, had prevented him from progressing as he had hoped (*'I've got a lot of catching up to do... I got distracted doing things I didn't want to.'*). Similarly, Silas's career had become increasingly stressful and draining, affecting his well-being and his ability to practise.

Like skiing down a black run, on one ski, pursued by an avalanche... continuous high levels of hard physical labour, emotional labour... It's left my spiritual life feeling squashed... Meditation is brief [and] isn't as sustaining as it used to be.

Unlike the 'relegation' narrative, where men seemed less aggrieved that meditation had been compromised by life demands, these men were frustrated by events, and had made efforts to address this. Kris had applied to a full-time meditation course (*'Then perhaps I can go on to have a family, and feel I'm in a head-space where momentum will carry me.'*). Silas had requested a less demanding work role.

I'm trying to balance two lives. I know which is most important: my spiritual life... I'm going to do what gives my worldly life most meaning.

Silas felt a full-time '*dharma career*' would be '*very desirable*.' However, a number of those with such a career narrated disappointment with it. This pertains to the disillusionment theme above. These men seemed disenchanted to varying degrees. A few who worked in the centre found the job dispiriting. Danny had nurtured a '*semi-conscious ambition*' for a more senior role, but had been overlooked (*'Hard to come to terms with.'*). Adam found the admin work '*boring*.' Although he tried to remind himself of the big picture (*'Hard to be resentful when you're processing donations.'*), it had been '*a challenging time, a bit unpleasant*,' and he had '*seriously thought about leaving*.' After being given a new role, he had decided to stay for now, but could envisage an end-point to his involvement there.

I'm not quite happy with the new arrangement, but I can live with it for a bit... I'm committed to being round here for a couple of years. I think by then I'll really have had enough of it.

Some men lamented a lack of progress in meditation. Despite having had the opportunity ‘to practice more intensively,’ Peter was ‘disappointed’ that a long solitary retreat away from the ‘busyness and distraction’ of city life had not enabled him to go ‘deeper’ with his practice. Others just seemed disheartened with life. While Michael was sure he belonged at the centre (*‘I just want to serve the dharma... This is definitely my place of influence.’*), he was feeling ‘pressure’ at having ‘taken on too much.’

It’s been a turbulent time... Work at the centre has ratcheted up... Life isn’t very balanced... I haven’t been happy just recently, not at all.

7.3.5. Springboard

Some participants were happy with their practice, but their narratives focused on how it had encouraged or enabled them to do other things. These were men who turned to meditation after a crisis, and were still relative novices. They described recently acquiring the confidence to flourish in life, and their narratives were full of optimism, even joy.

Since suffering depression a few years ago, Terry had been recovering through therapy and the ‘support’ of the centre, where he had been working. However, he had just ended both the therapy and the job, as they had ‘done their work’ (*‘I got what I needed... A good sense of who I am.’*). He felt ready to ‘move on,’ and wanted to ‘smash through’ his ‘imaginary cage’ of limitations, and stretch himself. Ali’s tale was similar. Meditation had helped him feel ‘more grounded, anchored and confident.’ However, his story focused on other ‘challenges’ he had set himself, notably, an adventurous expedition.

Every time I think about it I feel overjoyed because... I’ve got a goal... I see myself [at my goal], punching the air. It’s just a great feeling... doing something outside of my comfort zone... I’m taking an adventurous approach to life.

While meditation had been, and still was, important to these men, it was no longer central to their story. While Terry felt meditation had been the key to his transformation (*‘It got me out of a hole.’*), the way he thought about it was changing. He felt he was *less* dependent upon it now. He suggested he had initially meditated to stave off depression (*‘To keep the wolf from*

the door.’). However, while he was sure he would ‘*always*’ practise, as a sign of his progress, he felt strong enough to *not* meditate sometimes.

As part of my whole process of transformation, which meditation has played a big part of, I’ve come to a point where I’m able to be a bit freer [with] meditation.

A different kind of ‘springboard’ narrative was articulated by more experienced practitioners who had been ordained for many years. While meditation was still a major part of their life, it had become the platform for other Buddhism-related activities which now mattered more to them. Sam’s motivations for meditating had evolved over the years. Before, his concern had been with becoming ‘*a healthy happy human being.*’ Looking back, he felt this was quite self-absorbed (‘*All about me, me, me.*’). Having just reached a significant age milestone, he was in a reflective mood (‘*A mid-life crisis... a strange age.*’). He was starting to feel that personal progress mattered less to him now. He described a ‘*transition*’ where meditation had become a platform for a new focus on encouraging others, which was of greater value. As part of this, he had returned to his home city, and was establishing a centre there.

Been away for [many] years, did a big journey, now it’s time to use those experiences to give something back... This whole project is far more significant than just me meditating... I can’t motivate myself anymore just because it makes me feel good... The way I am inspired now... is through other people.

Others shared Sam’s reflective mood. However, for some, their year had brought up concerns around illness, ageing and death. Their reflections were not so much about meditation, as life itself.

7.3.6. *Existential concerns*

For some participants, who were older than most, their story was about dealing with events and experiences which forced them to confront their mortality. Harry’s year was dominated by an illness (‘*Wallowing around in high anxiety around the fact I might suddenly [die].*’), and caring for someone very close who was dying (‘*A lot of time just being there for him.*’), and who had subsequently died (‘*Deep grieving... I learnt the meaning of weeping.*’). Dustin described trying to come to terms with ageing. He discussed the painful feeling that, having

found meditation late in life ('*A bloody long time to find my path.*'), and finally gained a sense of well-being that had eluded him for years, he had little time left to reap the rewards.

The sad thing [is], time is against you... When you get the wisdom, your body decays in front of your very eyes... It feels like shit.

These men still valued meditation, but its place in their lives had been contextualised by these existential concerns. They dwelt on the spiritual significance of their practice, and how it was helping them face death. While Harry was concerned with '*the how*' of dying ('*I don't want to be in a lot of pain.*'), he spoke about trying to achieve '*greater acceptance*' of the fact of it – though he felt this word did not do justice to the weight of this task ('*The more I begin to connect with the depths of the textures of life, words really are lightweight.*'). Having initially only meditated to cope with stress, he now saw his practice as about negotiating death.

I'm not afraid of death. If I go back to being a Buddhist, Buddhism's very much about preparing for death. Life is about preparation for death.

On a final note, while most men didn't talk about having to contend with issues of illness and death, many did reflect in existential terms on their life as a whole. This meant taking stock, and engaging with questions like, what was the point of their life? Had they lived well? What kind of contribution did they make? As Sam said, '*I have to make sure that I grow old and approach death and be able to say, "I've done my best, not just taken from life but also given back."*' Reflecting on these issues, many saw their engagement with meditation and/or Buddhism as a defining feature of their life, endowing it with purpose.

I searched for meaning from an early age, and that's why I practise the dharma... It's what I'm on this planet for. (Peter)

While others may not have phrased it so strongly, in this reflective mood, just about all men seemed glad to have made meditation part of their life. This is perhaps the overall conclusion: for all the challenges along the way, ultimately, men felt their engagement with meditation had been worth it. Even William, who had been the most disillusioned, was '*reconnecting*' with meditation, and was beginning to enjoy life in the centre again ('*I feel really good about being here now.*'). Ross summed up best this feeling that, on balance, men were glad to have

found meditation. He alluded to the film ‘The Matrix,’ in which, by picking a red pill over a blue pill, the protagonist chooses a painful but true reality over a state of ignorant security. Even though engaging with meditation had been a hard path, in the end, Ross had no regrets.

It’s like there’s no way back, for better or worse. What a trip! Nobody told us before we embarked on this!... I will admit there were moments in my life, I’ve said, ‘Shit, I should’ve taken the blue pill,’ but deep down, absolutely no hesitation, I would take it again.

7.4. Summary

This chapter begun by exploring how men encountered a social ‘world’ around meditation, which many chose to become involved with to varying degrees. This world encouraged men to take on new ideas and behaviours – new ways of being a man – which were conducive to well-being, including connecting with others, abstinence and spirituality. In promoting these new ways of being, the meditation world appeared to manifest a positive form of hegemonic masculinity.

However, the chapter then explored various difficulties men experienced in their attempts to enact new forms of masculinity. These new behaviours were often hard to take on outside the meditation world, where traditional masculine norms still dominated, and many felt a conflict between ‘old’ and ‘new’ ways of being. There were also issues within the meditation world, including interpersonal tensions and conflicts, and many participants succumbed to doubts or disillusionment about meditation/Buddhism at points.

Finally, the T2 interviews revealed that men’s stories evolved over time: while some narrated positive shifts, like deepening engagement, or using meditation as a springboard for further development, others found their practice had become disrupted by serious issues, overtaken by other concerns, or just frustrated by life demands. However, on reflection, all participants seemed to value their engagement with meditation, and the ways of being linked to it.

CHAPTER 8

QUANTITATIVE ANALYSIS AND RESULTS

This chapter presents the results from the cognitive neuroscience component of the study. To recap, it was theorised that meditation may facilitate well-being by helping men pay attention to their ‘inner world,’ in turn enhancing EI. To explore this, men took part in an experimental session featuring various cognitive tasks, and simultaneous EEG measurement.

Together, the cognitive tasks assess cognitive capability, especially attention: Verbal fluency tasks measure executive function, and attentional switching and flexibility; RVIP assesses sustained and selective attention; DISS indexes attentional flexibility and executive function; Emotional Stroop gauges emotional reactivity; and the RMET measures ‘mentalising’ and empathy. The impact of meditation upon task performance was explored in two ways. Firstly, between-subject analysis, comparing novices and elders, indicated the extent to which task performance was influenced by men’s level of meditation experience. Secondly, longitudinal within-subjects analysis assessed whether cognitive skills improved from T1 to T2.¹

In addition, participants’ EEG was recorded during these tasks, and during a meditation. This enabled the meditation EEG profile to be contrasted with the profile during completion of the tasks – in particular, the RVIP and DISS – and also with a baseline profile. The focus was on amplitude and coherence levels in alpha and theta bandwidths, as increases in these variables are regarded as markers of attention (Josipovic, 2010). Thus the analysis enabled examination of whether levels of attention were higher – indicated by elevated coherence and/or amplitude in alpha and/or theta – during meditation than during the cognitive tasks. Additionally, as with the cognitive tasks, between-subjects analysis examined whether men’s previous history of meditation affected these EEG profiles, and within-subjects analysis explored whether the profiles shifted longitudinally.

This results chapter is in three main parts. The first part details the results from the cognitive tasks. The second part provides results from the EEG recordings. The third part discusses the

¹ As discussed in chapter 4, a gap of a year between T1 and T2 was selected to minimise the impact of practice effects, since a meta-analysis of practice effects in cognitive testing indicated that a test-retest interval of a year was sufficient for such effects to be minimal (Hausknecht et al., 2007).

cognitive neuroscience results. However, first, it is important to note the differences between the two groups (novices, elders) constructed for the purposes of between-subjects analyses.

8.1. Participant descriptive statistics

Descriptive statistics for age, NART error, IQ,¹ education level,² and meditation experience (years, and hours per week), are shown in table 3.

Table 3: Demographic descriptive statistics, mean values (standard deviation in brackets).

	Age	NART error	IQ	Education	Years	Hrs/week
Novices	38.36 (9.39)	13.50 (5.37)	114.07 (6.85)	3.79 (1.19)	5.14 (2.54)	3.32 (1.51)
Elders	46.40 (7.03)	12.67 (5.11)	115.00 (6.38)	3.73 (1.33)	16.13 (5.58)	4.83 (1.89)
All	42.52 (9.08)	13.07 (5.16)	114.55 (6.51)	3.76 (1.24)	10.83 (7.05)	4.10 (1.85)

Independent T-tests analysed whether the groups differed in terms of age, IQ and meditation experience. Elders were older than novices ($t(27) = -2.62, p = .014^3$). There was no difference between the groups in terms of IQ ($t(27) = -.38, p = .70$); and a Mann-Whitney test indicated that there was also no difference in terms of education levels ($U = 104.5, p = .98$). Elders had meditated for more years ($t(27) = -6.74, p = .004$), and spent more hours per week meditating ($t(27) = -2.37, p = .025$).

¹ WAIS-R (Wechsler, 1981) IQ scores are calculated from the NART error score (the number of mispronounced words, out of a total of 50) using the test conversion table (Nelson and Willison, 1991; appendix M).

² The following ordinal values have been assigned to levels of education: secondary = 1; college = 2; undergraduate = 3; post-graduate = 4; professional/doctoral qualifications = 5.

³ An alpha level of 0.05 was used for all statistical tests. Exact p values are reported, unless the p value is less than 0.001, in which case this is reported as $p < 0.001$, as per convention (American Psychological Association, 2010).

8.2. Cognitive Results

This section presents the cognitive task results:¹ verbal fluency, RMET, DISS, and Emotional Stroop.

8.2.1. Verbal fluency

For the phonemic fluency score² there was improvement between T1 and T2 for novices and elders, as shown in the table and line graph below.

Table 4: Verbal fluency – phonemic fluency mean scores (standard deviation in brackets).

	T1	T2
Novices	47.00 (10.53)	55.00 (11.00)
Elders	47.67 (9.82)	56.67 (10.73)
All	47.34 (9.99)	55.86 (12.75)

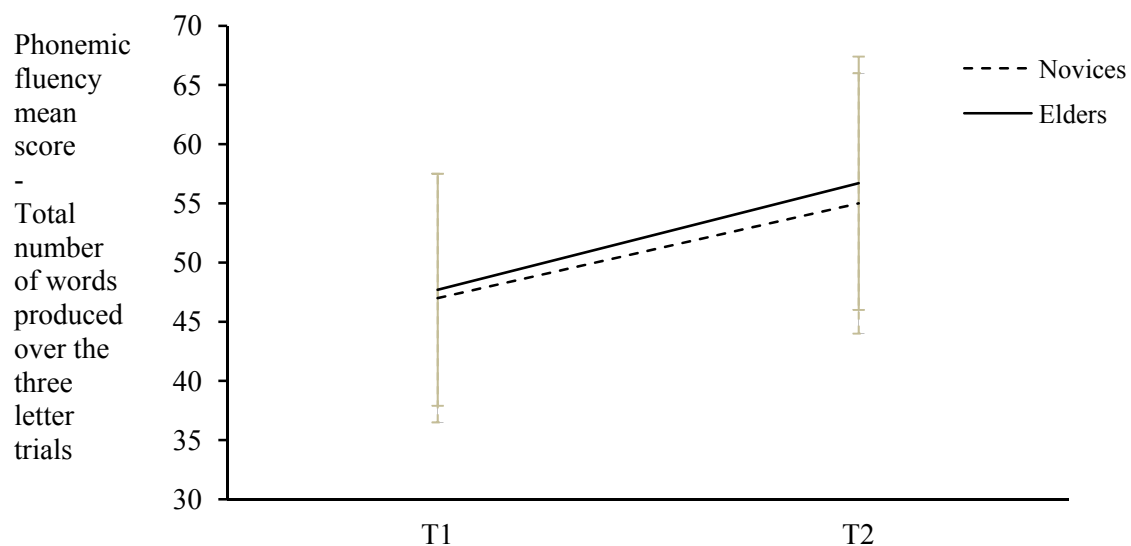


Figure 3: Line graph showing verbal fluency (phonemic fluency) mean scores.

¹ Analysis of the RVIP is not included as the results were considered void on the basis of suspected recording errors (see discussion section). For reference, these results are included in appendix P.

² The phonemic fluency score is the sum total of the number of words produced in the three letter trials (F, A and S at T1; P, A and S at T2; where each trial lasted 60 seconds).

For the semantic fluency score¹ there was improvement between T1 and T2 for novices and elders, as shown in the table and line graph below.

Table 5: Verbal fluency – semantic fluency mean scores (standard deviation in brackets).

	T1	T2
Novices	27.79 (5.16)	29.36 (7.60)
Elders	24.80 (4.09)	27.53 (4.45)
All	26.24 (4.80)	28.41 (6.13)

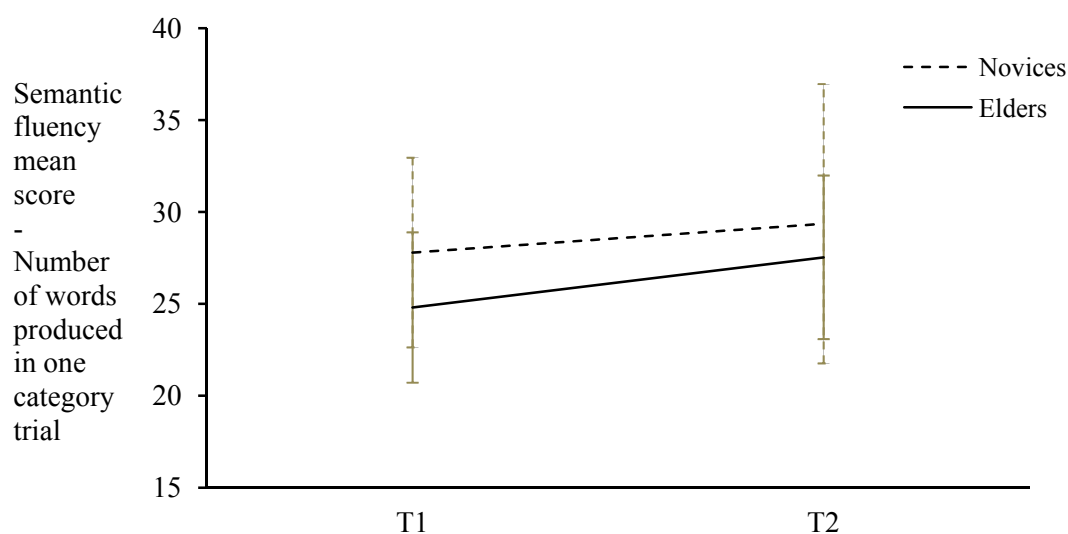


Figure 4: Line graph showing verbal fluency (semantic fluency) mean scores.

To analyse changes in scores over time, two-way mixed-factorial ANOVAs were conducted, with a within-subjects factor of time (T1, T2) and a between-subjects factor of experience (novices, elders). The first ANOVA had the letter composite score as the dependent variable (DV). There was a main effect for time ($F(1, 27) = 13.56, p = .001$), with lower scores at T1; no main effect for experience ($F(1, 27) = .10, p = .79$); and no interaction ($F(1, 27) = .05, p = .83$). The second ANOVA had the category score as the DV. There was a main effect for time ($F(1, 27) = 5.34, p = .029$), with lower scores at T1; no main effect for experience ($F(1, 27) = 1.78, p = .19$); and no interaction ($F(1, 27) = .39, p = .54$).

¹ The semantic fluency score is the number of category exemplars produced in 60 seconds. At T1, the category was animals, and at T2, the category was food and drink.

8.2.2. RMET

With the RMET, there was an improvement in scores¹ between T1 and T2 for novices and elders, as shown in the table and line graphs below.

Table 6: RMET mean scores (standard deviation in brackets).

	T1	T2
Novices	27.00 (2.32)	28.86 (2.93)
Elders	25.75 (2.49)	26.67 (3.44)
All	26.34 (2.45)	27.41 (3.82)

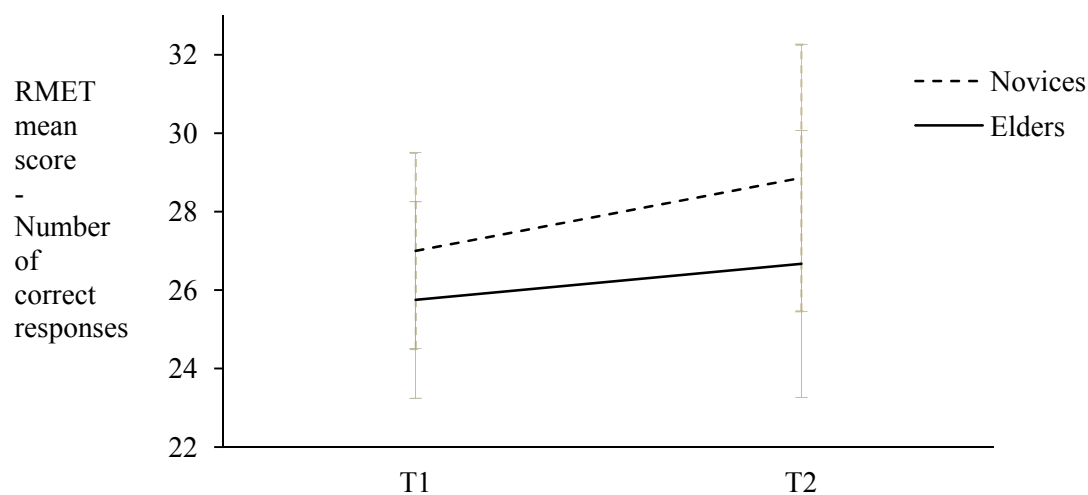


Figure 5: Line graph showing RMET mean scores.

To analyse the change in score over time, a two-way mixed-factorial ANOVA was conducted with a within-subjects factor of time (T1, T2), a between-subjects factor of experience (novices, elders), and RMET score as the DV. There was a main effect for time ($F(1, 27) = 4.26, p = .049$), with lower scores at T1; no main effect for experience ($F(1, 27) = 1.94, p = .17$); and no interaction ($F(1, 27) = .16, p = .69$).

¹ The RMET task involves a series of photographs of the eye region of actors/actresses. Participants were required to identify the emotion in the photo, from four forced-choice responses options. The score is the number of correct identifications, out of a possible 36.

8.2.3. DISS

The DISS had three DVs: score, responsiveness (number of tasks responded to), and accuracy (percentage of tasks correctly responded to). In terms of score,¹ novices and elders improved over time from T1 to T2, as shown in the table and line graph below.

Table 7: DISS mean scores (standard deviation in brackets).

	T1	T2
Novices	1065.57 (443.87)	1277.86 (441.49)
Elders	833.60 (441.93)	1023.07 (419.24)
All	945.59 (502.23)	1145.66 (441.65)

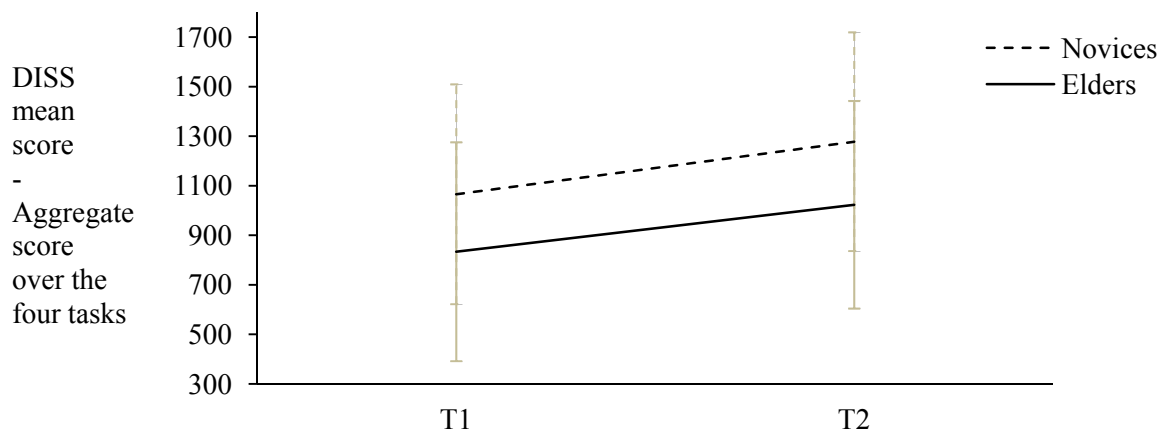


Figure 6: Line graph showing DISS mean scores.

To analyse the change in score over time, a two-way mixed-factorial ANOVA was conducted with a within-subjects factor of time (T1, T2), a between-subjects factor of experience (novices, elders), and score as the DV. There was a main effect for time ($F(1, 27) = 7.02, p = .013$), with lower scores at T1; no main effect for experience ($F(1, 27) = .24, p = .13$); and no interaction ($F(1, 27) = .021, p = .89$).

¹ The DISS involved four cognitive tasks, completed simultaneous over five minutes. The DISS score was calculated by the program, based on specific rewards/penalties for each task (see chapter 4; e.g. in the Stroop task, 10 points were awarded for a correct response, and 10 points deducted for an incorrect response, or failure to respond). Scores are cumulative values, rather than being in relation to a maximum possible score. Higher scores reflect better aggregate performance across all four tasks.

In terms of responsiveness,¹ both novices and elders improved over time from T1 to T2, as shown in the table and line graph below.

Table 8: DISS mean responsiveness (standard deviation in brackets).

	T1	T2
Novices	126.86 (32.85)	150.14 (39.48)
Elders	112.80 (31.34)	124.00 (31.17)
All	119.59 (32.30)	136.62 (37.23)

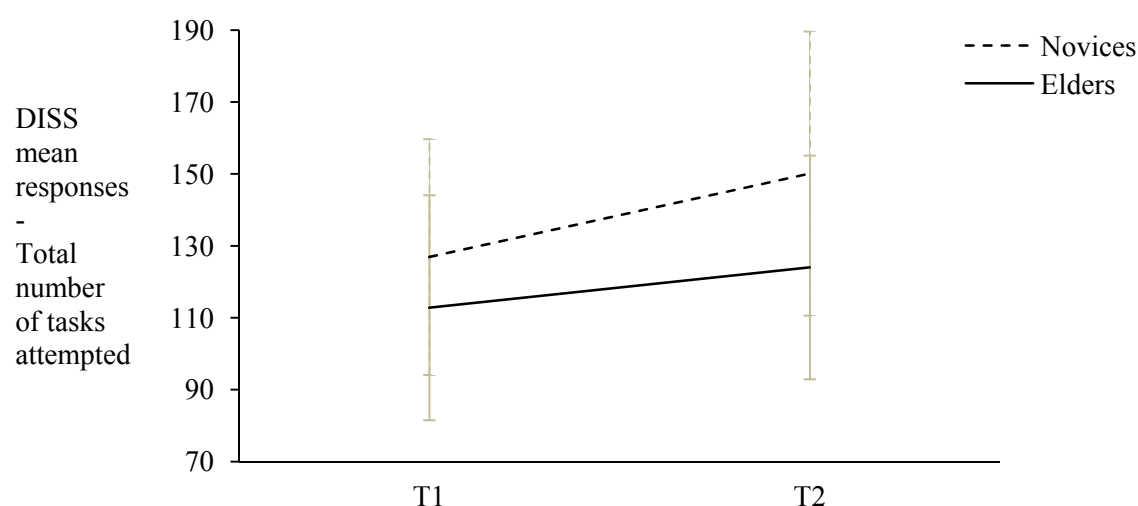


Figure 7: Line graph showing DISS mean responsiveness scores.

To analyse the change in responsiveness over time, a two-way mixed-factorial ANOVA was conducted with a within-subjects factor of time (T1, T2), a between-subjects factor of experience (novices, elders), and responsiveness as the DV. There was a main effect for time ($F(1, 27) = 10.44, p = .003$), with lower responsiveness at T1; no main effect for experience ($F(1, 27) = 3.13, p = .088$); and no interaction ($F(1, 27) = 1.28, p = .26$).

¹ DISS responsiveness refers to the total number of tasks attempted (irrespective of accuracy) across all four cognitive tests over the course of five minutes (e.g. responding to one particular ‘number tap’ presentation – clicking on all instances of the highest number in a 4x4 grid formation of numbers – constitutes one task).

Finally, in terms of accuracy,¹ both novices improved slightly from T1 to T2, as shown in the table and line graphs below.

Table 9: DISS mean accuracy (standard deviation in brackets).

	T1	T2
Novices	91.74 (4.64)	92.47 (4.84)
Elders	91.03 (5.64)	91.75 (4.49)
All	91.37 (5.10)	92.10 (4.59)

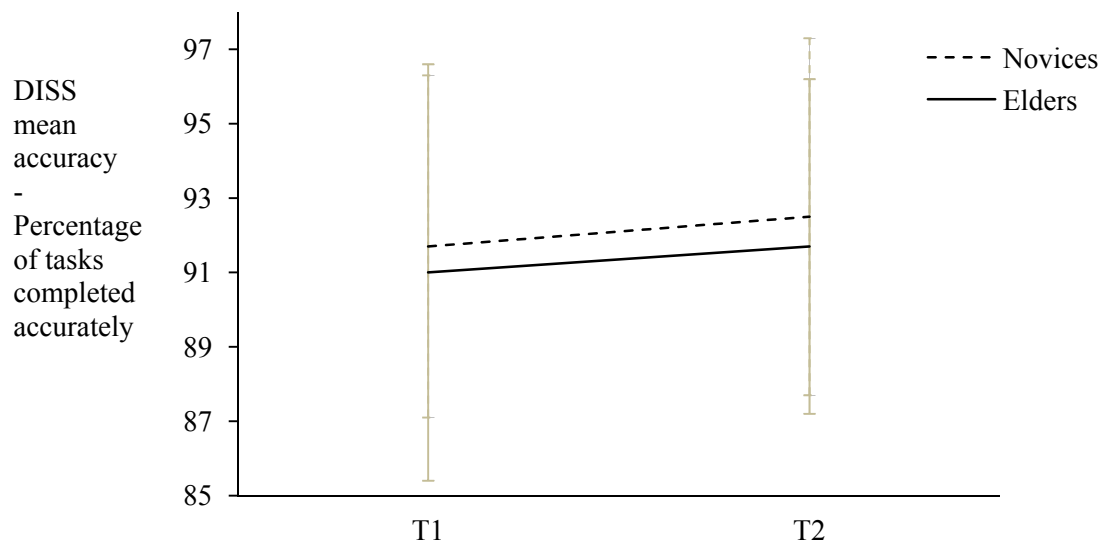


Figure 8: Line graph showing DISS mean accuracy.

To analyse the change in accuracy over time, a two-way mixed-factorial ANOVA was conducted with a within-subjects factor of time (T1, T2), a between-subjects factor of experience (novices, elders), and accuracy as the DV. There was no main effect for time ($F(1, 27) = .53, p = .47$), no main effect for experience ($F(1, 27) = .22, p = .64$), and no interaction ($F(1, 27) = .00, p = .99$).

¹ DISS accuracy is a percentage score, calculated by dividing the total number of tasks successfully completed (across all four cognitive tests over the course of five minutes) by the total number of tasks attempted, multiplied by 100.

8.2.4. Emotional Stroop

At T1, novices were slower on negative words than neutral words, and slowest on positive words.¹ Elders were slower on negative words than neutral words, but quickest on positive words. These differences across the tasks are shown in the table and line graph below.

Table 10: T1 Stroop mean times in seconds (standard deviation in brackets).

	Neutral	Negative	Positive
Novices	59.71 (8.85)	61.36 (9.34)	62.57 (5.80)
Elders	61.00 (11.45)	62.93 (12.05)	60.73 (10.10)
All	60.38 (10.11)	62.17 (10.67)	61.62 (8.22)

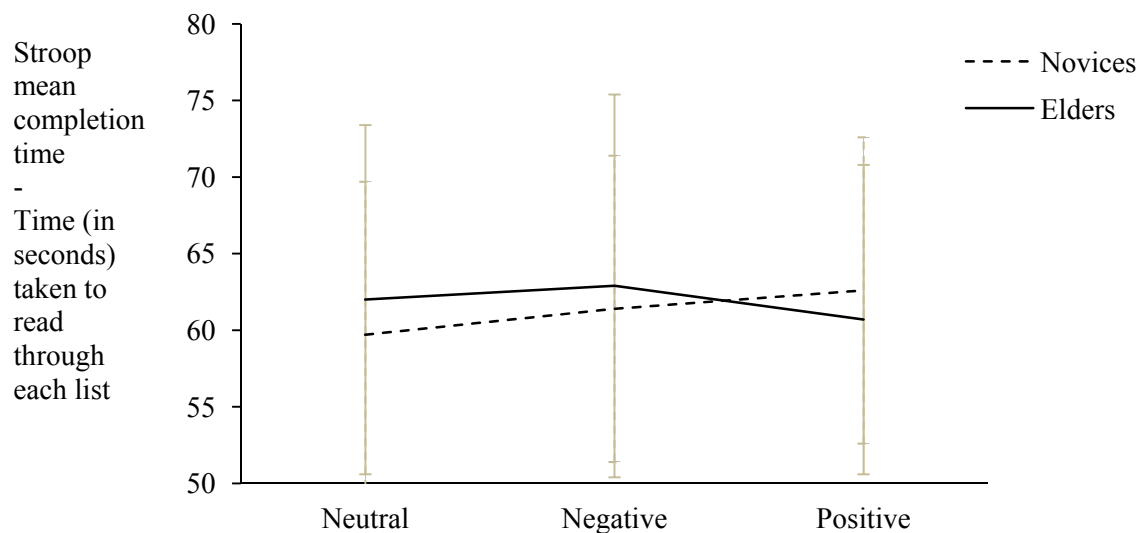


Figure 9: Line graph showing T1 Stroop mean times.

¹ The Emotional Stroop involved three lists of words: negative words; positive words; and neutral words. Each list comprised 72 words, and each word was presented in one of six ink colours. The completion times were the times taken to proceed through each list, reading aloud the ink colour of every word.

At T2, novices were slower on neutral words than negative words, and slowest on positive words. Elders were slower on neutral words than negative words, while positive words were in between. These differences across the tasks are shown in the table and line graph below.

Table 11: T2 Stroop mean times in seconds (standard deviation in brackets).

	Neutral	Negative	Positive
Novices	60.71 (11.74)	60.36 (7.61)	61.57 (9.69)
Elders	67.87 (16.72)	65.53 (13.05)	66.73 (13.78)
All	64.41 (14.73)	63.03 (10.91)	64.24 (12.06)

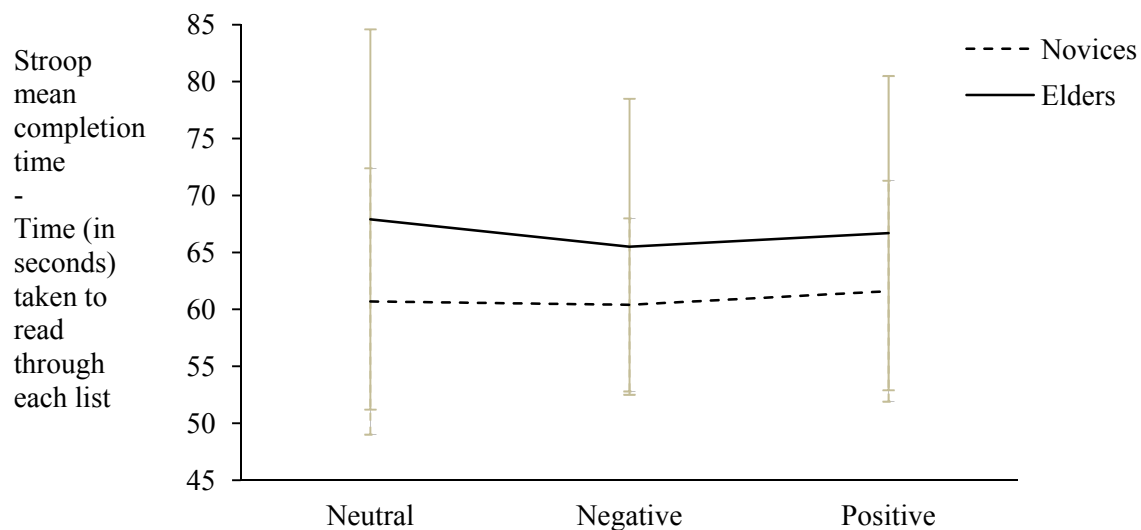


Figure 10: Line graph showing T2 Stroop mean times in seconds.

The key outcome was longitudinal change in the *differential* between performance on neutral words and negative words. The differential was calculated by subtracting the neutral words completion time from the negative words completion time. The hypothesis underlying the inclusion of this task is that meditation should render men less reactive to negative emotional stimuli (Brown et al., 2007). Here, a positive score means a slower performance on negative words than neutral words; thus the higher the score, the greater the emotional reactivity. Conversely, a negative score means quicker performance on negative words than neutral words; thus the closer the scores are to zero (or fall below zero), the less the reactivity.

Both elders and novices were slower on negative words than neutral words at T1 (indicated by a positive differential score), but quicker on negative words than neutral words at T2 (with a negative differential score), as shown in the table and line graph below.

Table 12: Stroop mean negative differential in seconds (standard deviation in brackets).

	T1	T2
Novices	1.64 (3.24)	-0.36 (4.19)
Elders	1.93 (5.61)	-2.33 (5.70)
All	1.79 (4.55)	-1.38 (7.92)

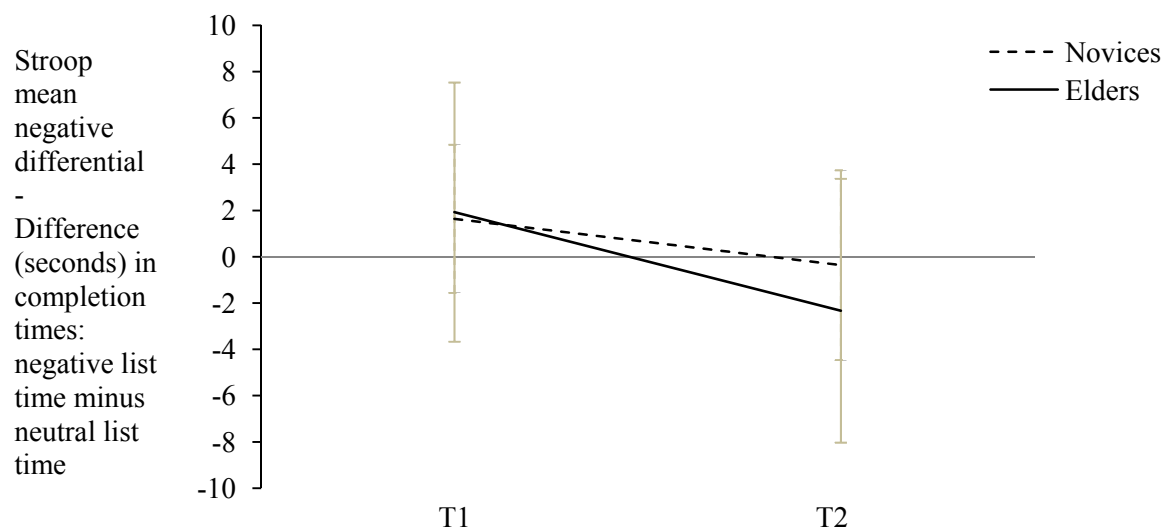


Figure 11: Line graph showing Stroop mean negative differential.

To analyse the change in differential over time, a mixed-factorial ANOVA was conducted, with a between-subjects factor of experience (novice, elder), a within-subjects factor of time (T1, T2), and the negative differential as the DV. There was a (one-tailed) main effect for time: at T1, participants were slower on negative words than on neutral words; at T2, participants were quicker on negative words than on neutral words ($F(1, 27) = 3.70$, $p = .033$). There was no main effect for experience ($F(1, 27) = .22$, $p = .64$), and no interaction ($F(1, 27) = .48$, $p = .49$).

A second key outcome was longitudinal change in the *differential* between performance on positive words and neutral words. The differential was calculated by subtracting the neutral words completion time from the positive words completion time. A positive score means a slower performance on positive words than neutral words. A negative score means a quicker performance on positive words than neutral words. Both elders and novices ‘improved’ their differential from T1 to T2, in terms of becoming quicker on positive words relative to neutral words, as shown in the table and line graph below.

Table 13: Stroop mean positive differential in seconds (standard deviation in brackets).

	T1	T2
Novices	2.86 (6.55)	0.86 (6.83)
Elders	-0.27 (5.26)	-1.13 (6.23)
All	1.24 (6.02)	-0.17 (8.26)

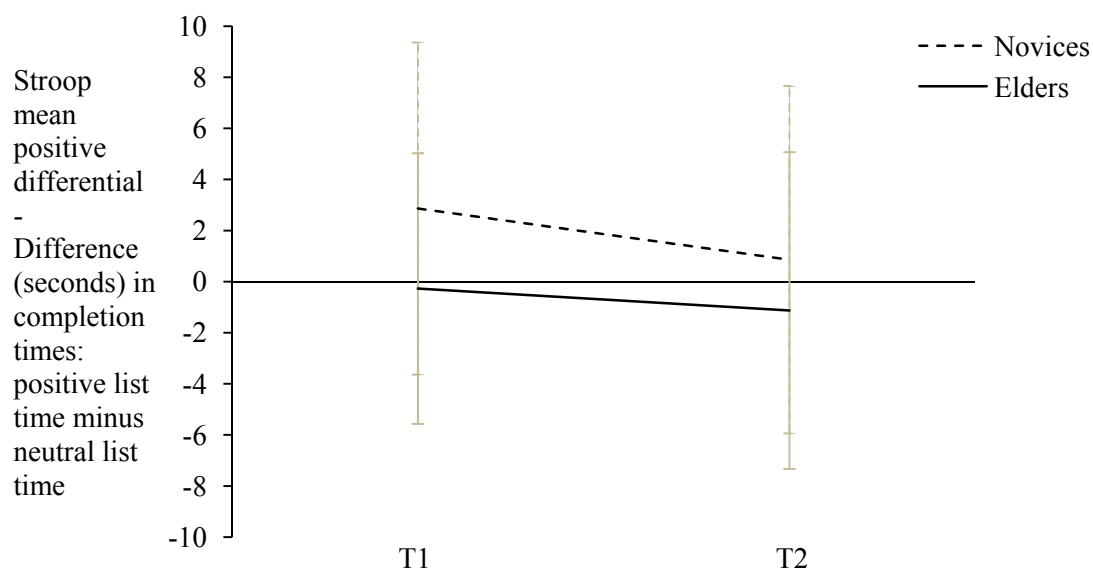


Figure 12: Line graph showing Stroop mean positive differential.

To analyse the change in differential over time, a mixed-factorial ANOVA was conducted, with a between-subjects factor of experience (novice, elder), a within-subjects factor of time (T1, T2), and the positive differential as the DV. There was no main effect for time ($F(1, 27) = .79, p = .38$), no main effect for experience ($F(1, 27) = 1.41, p = .24$), and no interaction ($F(1, 27) = .12, p = .73$).

8.3. EEG analysis

A wealth of EEG data was generated, which afforded many potential analyses. To limit this presentation to a manageable size, the analysis focuses on alpha and theta, as activity in these bandwidths is seen as the ‘signature’ of meditation (Josipovic, 2010). Analysis of differential hemispheric activation revealed few significant differences (see appendix Q), so the results are based on the mean activation over both hemispheres together, as per convention in EEG studies (Ros et al., 2010). The analysis is presented in four parts, detailing in turn: theta amplitude; theta coherence; alpha amplitude; and alpha coherence.

8.3.1. Theta amplitude

This section looks at theta amplitude, comparing the EEG profile during meditation with the profile during the baseline period, the RVIP and the DISS. Amplitude was higher during meditation than baseline, RVIP and DISS – apart from for T1 novices – as shown in table 14.

Table 14: Theta mean¹ amplitude (μV^2) (standard deviation in brackets).

	Baseline	RVIP	DISS	Meditation
T1				
Novices	11.18 (2.85)	12.17 (3.16)	13.23 (2.15)	11.76 (4.57)
Elders	10.17 (2.17)	10.64 (2.48)	12.32 (1.60)	13.12 (4.87)
All	10.69 (2.55)	11.40 (2.90)	12.80 (1.93)	12.41 (4.86)
T2				
Novices	11.86 (1.76)	11.77 (2.72)	12.37 (1.81)	13.59 (5.17)
Elders	11.01 (2.09)	10.73 (2.01)	12.34 (2.54)	13.25 (4.54)
All	11.45 (1.94)	11.27 (2.28)	12.35 (2.15)	13.43 (4.79)

¹ Mean amplitude levels were the product of three types of mean. First, the Nexus BioTrace+ program calculated the mean amplitude level for each segment (e.g. over the whole meditation sitting). Second, since the two-channel EEG system recorded separate amplitude values for left and right hemispheres, mean transhemispheric amplitude levels for each segment were then calculated by adding left and right amplitude values, and dividing in half. Lastly, having obtained mean amplitude levels for each segment – for every participant – a group average (novices vs elders) was produced for each segment by calculating the mean for both groups of participants.

² As a unit of measurement, μV is the symbol for the microvolt, i.e. one millionth of a volt

For the analysis, meditation was compared against each of the other segments – baseline, RVIP and DISS. Firstly, theta amplitude was generally higher during meditation than during the baseline period, as shown in the line graph below.

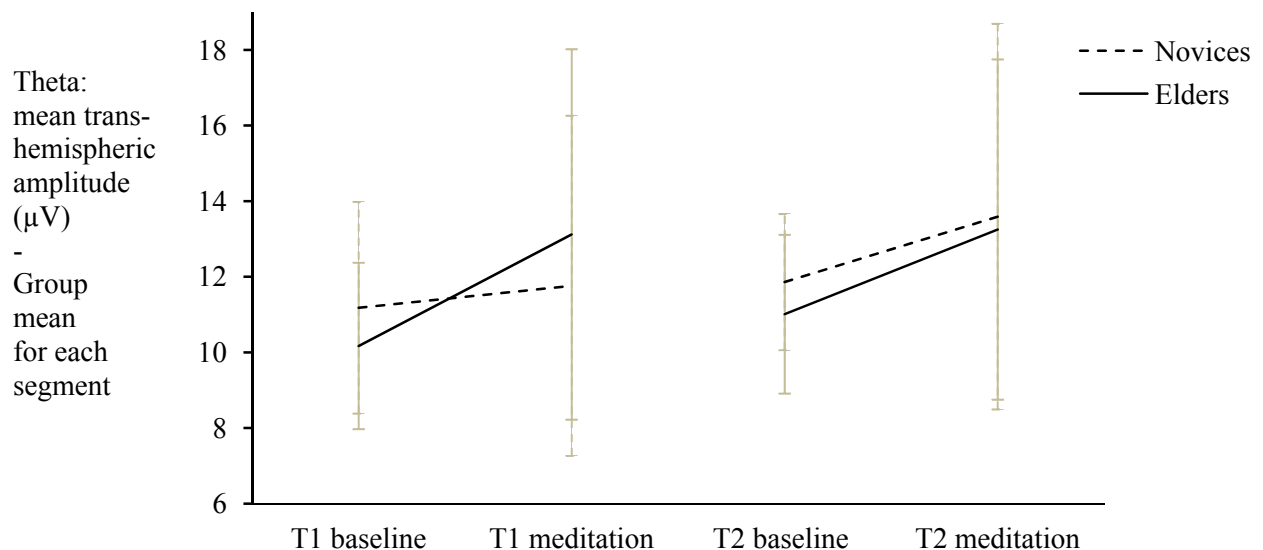


Figure 13: Line graph showing theta mean amplitude – meditation vs. baseline.

Two mixed-factorial ANOVAs were conducted, comparing meditation against baseline, at T1 and T2. Each had a between-subjects factor of experience (novice, elder), epoch (baseline, meditation) as the within-subjects factor, and theta amplitude as the DV. The first ANOVA analysed the T1 session. There was a main effect for epoch ($F(1, 27) = 7.14, p = .013$), with higher amplitude during meditation; no main effect for experience ($F(1, 27) = .019, p = .89$); and a significant one-tailed interaction ($F(1, 27) = .31, p = .042$). Independent T-tests were used to analyse the interaction further. During baseline, novices had greater (non-significant)¹ amplitude than elders ($t(27) = 1.07, p = .29$), but during meditation, elders had greater (non-significant) amplitude than novices ($t(27) = -.77, p = .44$). The second ANOVA analysed the T2 data. There was a main effect for epoch ($F(1, 27) = 5.74, p = .024$), with higher amplitude during meditation; no main effect for experience ($F(1, 27) = .29, p = .59$); and no interaction ($F(1, 27) = .093, p = .76$).

¹ It is recognised that non-significant results technically indicate an absence of detectable differences between the groups (Field, 2009). However, non-significant T-test results are used here to illustrate trends in the data that may have given rise to the significant interaction in the ANOVA.

Secondly, theta amplitude was generally higher during meditation than during the RVIP task,¹ as shown in the line graph below.

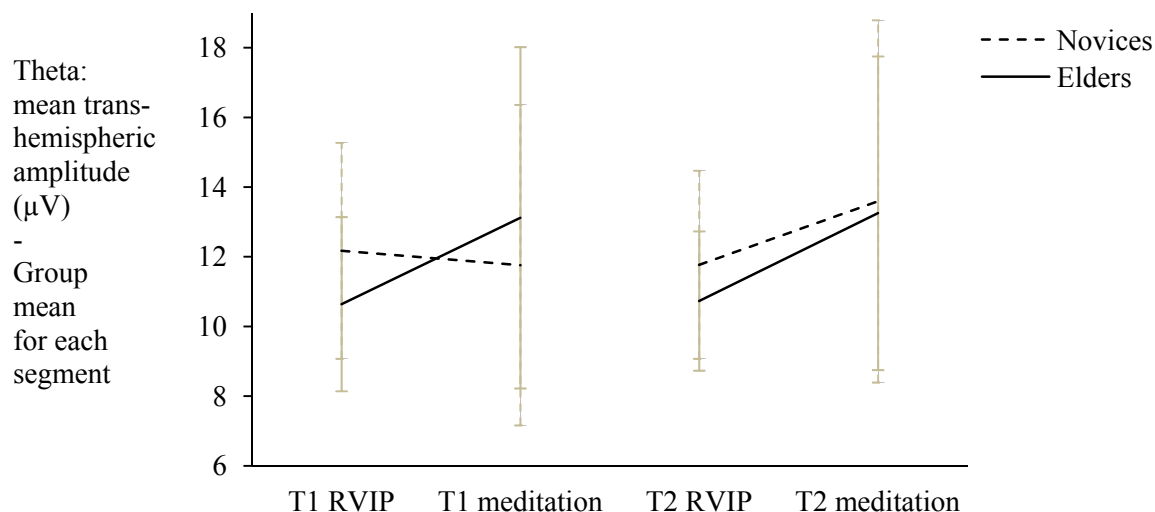


Figure 14: Line graph showing theta mean amplitude – meditation vs. RVIP.

Two mixed-factorial ANOVAs were conducted, comparing meditation against RVIP, at T1 and T2. Each had a between-subjects factor of experience (novice, elder), epoch (RVIP, meditation) as the within-subjects factor, and theta amplitude as the DV. The first ANOVA analysed the T1 session. There was no main effect for epoch ($F(1, 27) = 1.72$ $p = .20$); no main effect for experience ($F(1, 27) = .002$, $p = .96$); and a significant one-tailed interaction ($F(1, 27) = 3.08$, $p = .045$). Independent T-tests were used to analyse this interaction further. During the RVIP, novices had greater (non-significant) amplitude than elders ($t(27) = 1.39$, $p = .18$). In contrast, in meditation, elders had greater amplitude, as noted above. The second ANOVA analysed the T2 data. There was a main effect for epoch ($F(1, 27) = 5.48$ $p = .027$), with higher amplitude during meditation; no main effect for experience ($F(1, 27) = .42$, $p = .52$); and no interaction ($F(1, 27) = .14$, $p = .71$).

¹ Although the RVIP results were considered void, the EEG correlates of the task were deemed to still be valid, and amenable to analysis. That is, the data for the cognitive task were viewed as suspect, an outcome attributed to a mechanical fault with either the hardware or the software used to run the task, as detailed in the discussion section below. However, the activity was still considered to have elicited an attentive mental state in participants, regardless of the recording issues with the RVIP task itself, as participants were observed by myself to be engaged with the task throughout. Thus the EEG recording during the performance of the task was still considered to be reflective of a state of attention.

Thirdly, theta amplitude was generally higher during meditation than during the DISS task, as shown in the line graph below.

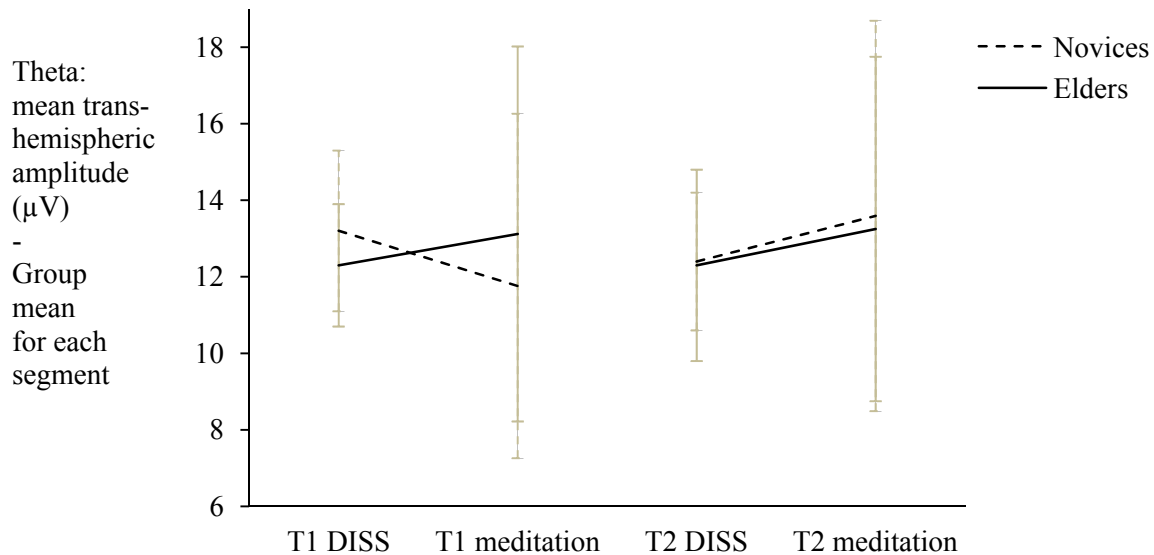


Figure 15: Line graph showing theta mean amplitude – meditation vs. DISS.

Two mixed-factorial ANOVAs were conducted, comparing meditation against DISS, at T1 and T2. Each had a between-subjects factor of experience (novice, elder), epoch (DISS, meditation) as the within-subjects factor, and theta amplitude as the DV. The first ANOVA analysed the T1 session. There was no main effect for epoch ($F(1, 27) = .24, p = .65$), no main effect for experience ($F(1, 27) = .039, p = .88$), and no interaction ($F(1, 27) = 2.66, p = .11$). The second ANOVA analysed the T2 data. There was no main effect for epoch ($F(1, 27) = 1.44, p = .24$), no main effect for experience ($F(1, 27) = .03, p = .86$), and no interaction ($F(1, 27) = .03, p = .86$).

Finally, dependent T-tests (split by groups) were conducted to analyse changes in amplitude from T1 to T2. For baseline, there were no increases for novices ($t(27) = -.11, p = .30$) or elders ($t(27) = -.17, p = .10$). For the RVIP, there were no increases for elders ($t(27) = -.15, p = .88$) or novices ($t(27) = -.63, p = .27$). For the DISS, elders remained constant over time ($t(27) = -.01, p = .99$), while novices had a one-tailed increase ($t(27) = 2.21, p = .022$). For meditation, elders remained constant over time ($t(27) = -.18, p = .86$), while novices had a one-tailed increase ($t(27) = -1.72, p = .050$).

8.3.2. *Theta coherence*

This section looks at theta coherence,¹ comparing the EEG profile during meditation with the profile during the baseline period, the RVIP and the DISS. Coherence was higher during meditation than during baseline, RVIP and DISS, as shown in table 15.

Table 15: Theta mean coherence² (standard deviation in brackets).

	Baseline	RVIP	DISS	Meditation
<i>T1</i>				
Novices	.585 (.104)	.519 (.109)	.527 (.089)	.624 (.105)
Elders	.680 (.060)	.612 (.104)	.601 (.103)	.731 (.098)
All	.631 (.097)	.562 (.116)	.563 (.101)	.676 (.114)
<i>T2</i>				
Novices	.599 (.129)	.593 (.126)	.583(.108)	.659 (.113)
Elders	.666 (.107)	.601 (.078)	.612 (.094)	.738 (.097)
All	.631 (.121)	.598 (.104)	.597 (.101)	.698 (.111)

For the analysis, meditation was compared against each of the other segments – baseline, RVIP and DISS.

¹ Coherence reflects the stability of the phase relationship between the electrical signals recorded at two electrode sites (Hebert et al., 2005), which in the present study concerns the relationship between left and right hemispheres. Coherence, expressed as a correlation coefficient (ρ), has a value between 0 and 1 at a given frequency; 0 indicates ‘random relations between the signals,’ suggesting that the phases are ‘dispersed,’ while 1 indicates that the ‘signals are phase locked,’ implying ‘shared activity of the channels’ (Pogarell et al., 2005: 110).

² In contrast to mean amplitude levels, mean coherence levels are the product of only two kinds of mean. First, as with amplitude, the Nexus BioTrace+ program calculated the mean coherence for each segment. Then, a group average was produced for each segment by calculating the mean for both groups of participants. It was not necessary to obtain a mean over the two hemispheres, as coherence here already reflected a transhemispheric phenomenon.

First, theta coherence was higher during meditation than during the baseline period, as shown in the line graph below.

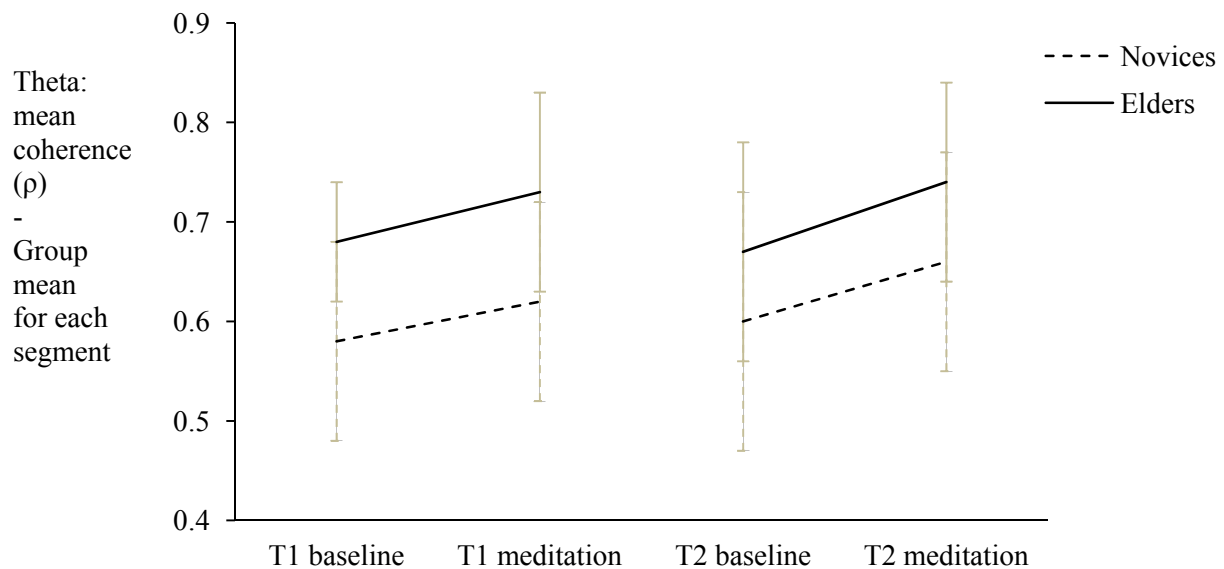


Figure 16: Line graph showing theta mean coherence – meditation vs. baseline.

Two mixed-factorial ANOVAs were conducted, comparing meditation against baseline, at T1 and T2. Each had a between-subjects factor of experience (novice, elder), epoch (baseline, meditation) as the within-subjects factor, and theta coherence as the DV. The first ANOVA analysed the T1 session. There was a main effect for epoch ($F(1, 27) = 14.38, p = .001$), with higher coherence during meditation; a main effect for experience ($F(1, 27) = 9.45, p = .005$), with higher coherence for elders; and no interaction ($F(1, 27) = .29, p = .60$). The second ANOVA analysed the T2 session. There was a main effect for epoch ($F(1, 27) = 32.23, p < .001$), with higher coherence during meditation; no main effect for experience ($F(1, 27) = 3.30, p = .081$); and no interaction ($F(1, 27) = .30, p = .59$).

Second, theta coherence was higher during meditation than during the RVIP task,¹ as shown in the line graph below.

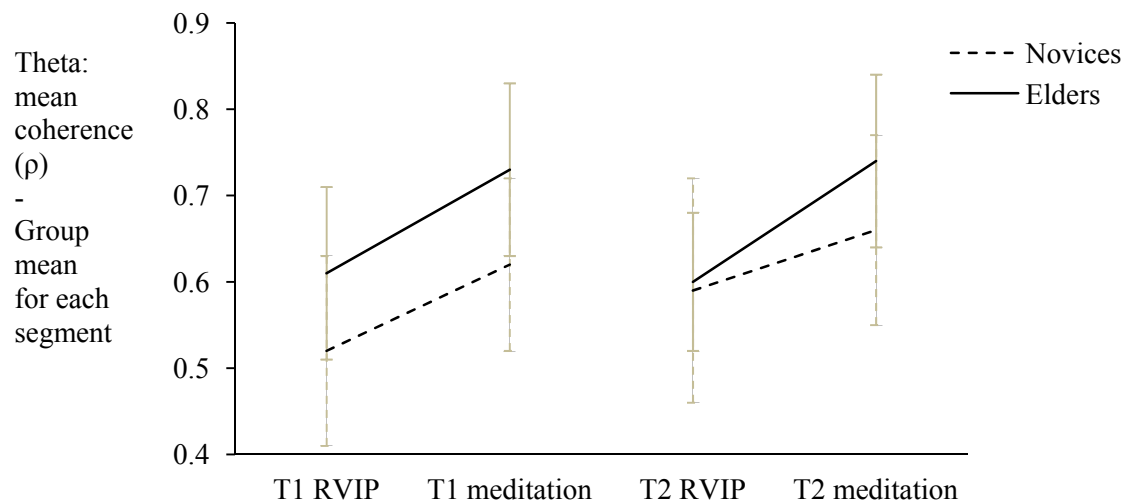


Figure 17: Line graph showing theta mean coherence – meditation vs. RVIP.

Two mixed-factorial ANOVAs were conducted, comparing meditation against RVIP, at T1 and T2. Each had a between-subjects factor of experience (novice, elder), epoch (RVIP, meditation) as the within-subjects factor, and theta coherence as the DV. The first ANOVA analysed the T1 session. There was a main effect for epoch ($F(1, 27) = 37.31, p < .001$), with higher coherence during meditation; a main effect for experience ($F(1, 27) = 8.93, p = .006$), with higher coherence for elders; and no interaction ($F(1, 27) = .092, p = .76$). The second ANOVA analysed the T2 data. There was a main effect for epoch ($F(1, 27) = 31.05, p < .001$), with higher coherence during meditation; no main effect for experience ($F(1, 27) = 1.68, p = .21$), and no interaction ($F(1, 27) = 3.56, p = .07$).

¹ As discussed above, although the RVIP results were considered void, the EEG correlates of the task were deemed to still be valid, and amenable to analysis. That is, the RVIP task was still considered to have elicited an attentive mental state in participants, regardless of the recording issues with the task itself. Thus, the EEG recording during the performance of the task was still judged to be reflective of a state of attention.

Third, theta coherence was higher during meditation than during the DISS task, as shown in the line graph below.

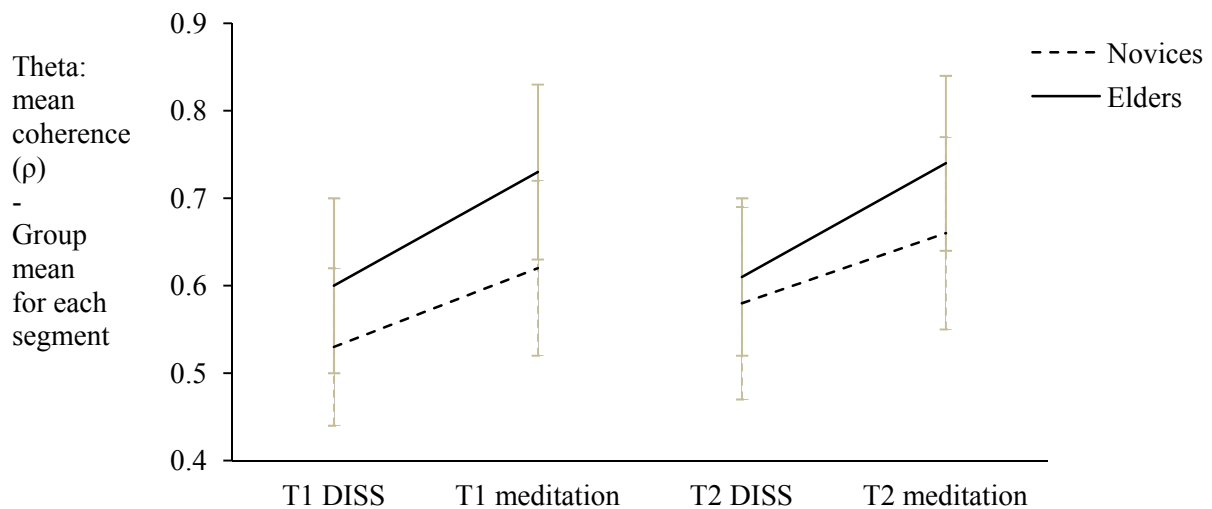


Figure 18: Line graph showing theta mean coherence – meditation vs. DISS.

Two mixed-factorial ANOVAs were conducted, comparing meditation against DISS, at T1 and T2. Each had a between-subjects factor of experience (novice, elder), epoch (DISS, meditation) as the within-subjects factor, and theta coherence as the DV. The first ANOVA analysed the T1 session. There was a main effect for epoch ($F(1, 27) = 34.31, p < .001$), with higher coherence during meditation; a main effect for experience ($F(1, 27) = 8.52, p = .007$), with higher coherence for elders; and no interaction ($F(1, 27) = .71, p = .41$). The second ANOVA analysed the T2 session. There was a main effect for epoch ($F(1, 27) = 27.88, p < .001$), with higher coherence during meditation; no main effect for experience ($F(1, 27) = 2.66, p = .11$); and no interaction ($F(1, 27) = 1.67, p = .21$).

Finally, dependent T-tests (split by groups) were conducted to analyse changes in coherence from T1 to T2. During baseline, elders remained constant over time ($t(27) = .46, p = .66$), as did novices ($t(27) = -.37, p = .72$). During the RVIP, elders remained constant over time ($t(27) = .27, p = .79$), while novices increased significantly ($t(27) = -3.17, p = .007$). During the DISS, elders remained constant over time ($t(27) = -.26, p = .80$), while novices increased significantly ($t(27) = 2.60, p = .021$). During meditation, elders remained constant over time ($t(27) = -.29, p = .78$), while novices had a non-significant increase ($t(27) = -1.13, p = .14$).

8.3.3. Alpha amplitude

This section looks at alpha amplitude, comparing the EEG profile during meditation with the profile during the baseline period, the RVIP and the DISS. Amplitude was higher during meditation than baseline, RVIP and DISS – except for T1 novices, who had higher amplitude during the DISS than during meditation – as shown in table 16.

Table 16: Alpha mean amplitude (standard deviation in brackets).

	Baseline	RVIP	DISS	Meditation
<i>T1</i>				
Novices	8.74 (3.51)	10.55 (3.76)	11.40 (2.93)	11.17 (5.30)
Elders	7.98 (2.20)	8.82 (2.41)	10.76 (2.92)	14.06 (5.64)
All	8.37 (2.92)	9.71 (3.21)	11.09 (2.89)	12.56 (5.58)
<i>T2</i>				
Novices	8.41 (1.92)	9.44 (3.24)	10.04 (3.15)	13.00 (5.63)
Elders	9.21 (2.82)	9.26 (1.73)	10.44 (3.66)	14.03 (5.75)
All	8.80 (2.39)	9.35 (2.80)	10.23 (3.35)	13.50 (5.59)

For the analysis, meditation was compared against each of the other segments – baseline, RVIP and DISS.

First, alpha amplitude was higher during meditation than during the baseline period, as shown in the line graph below.

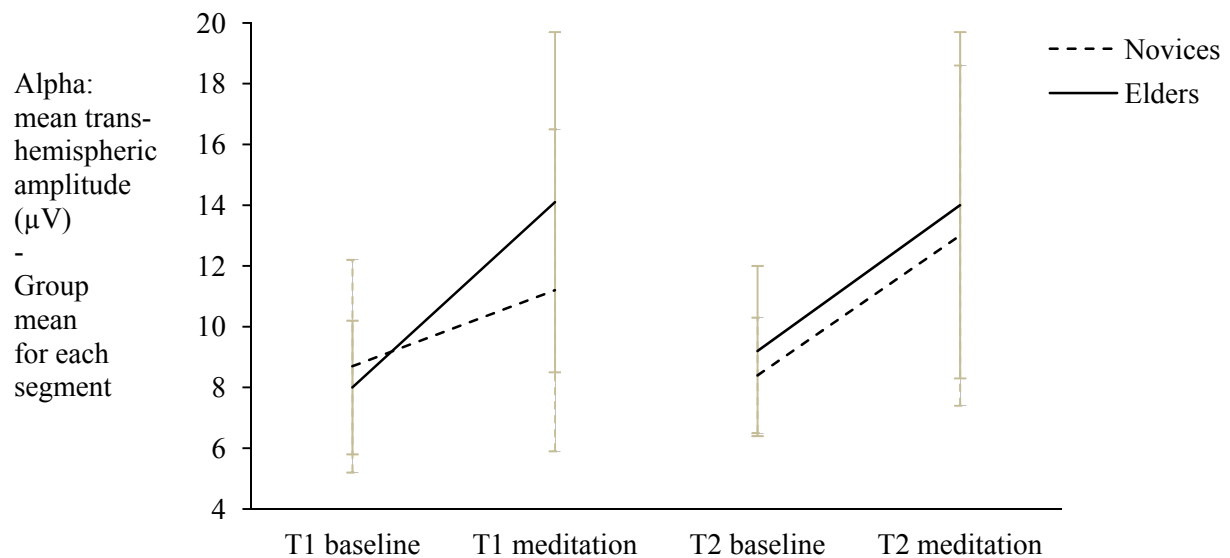


Figure 19: Line graph showing alpha mean amplitude – meditation vs. baseline.

Two mixed-factorial ANOVAs were conducted, comparing meditation against baseline, at T1 and T2. Each had a between-subjects factor of experience (novice, elder), epoch (baseline, meditation) as the within-subjects factor, and alpha amplitude as the DV. The first ANOVA analysed the T1 session. There was a main effect for epoch ($F(1, 27) = 17.22, p = .001$), with higher amplitude during meditation; no main effect for experience ($F(1, 27) = .45, p = .51$); and a significant one-tailed interaction ($F(1, 27) = 3.18, p = .043$). Independent T-tests were used to analyse this interaction further. During baseline, novices had greater (non-significant) amplitude than elders ($t(27) = .70, p = .49$), but during meditation, elders had greater (non-significant) amplitude than novices ($t(27) = -1.19, p = .24$). The second ANOVA analysed the T2 session. There was a main effect for epoch ($F(1, 27) = 18.33, p < .001$), with higher amplitude in meditation; no main effect for experience ($F(1, 27) = .45, p = .51$); and no interaction ($F(1, 27) = .01, p = .92$).

Second, alpha amplitude was higher during meditation than during the RVIP task,¹ as shown in the line graph below.

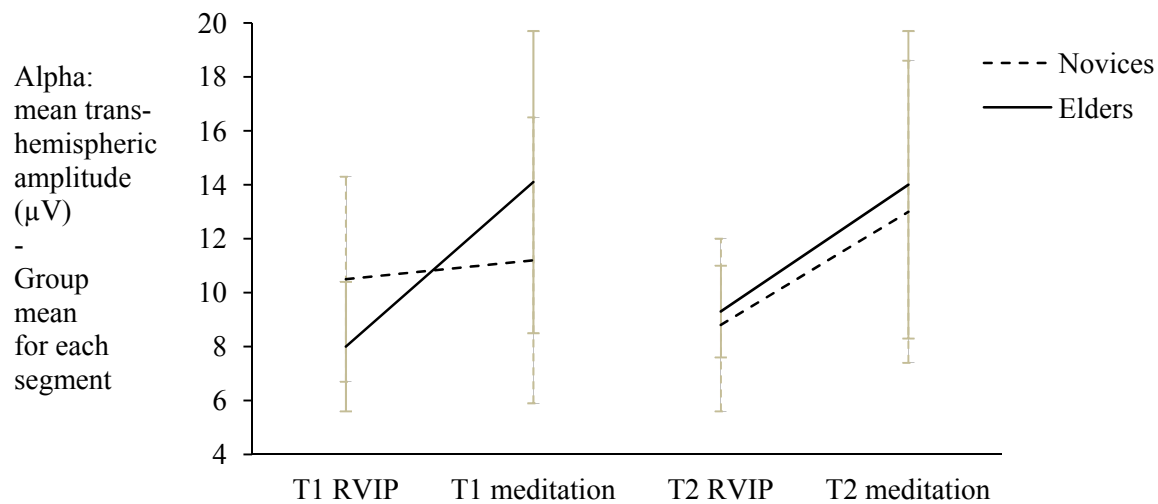


Figure 20: Line graph showing alpha mean amplitude – meditation vs. RVIP.

Two mixed-factorial ANOVAs were conducted, comparing meditation against RVIP, at T1 and T2. Each had a between-subjects factor of experience (novice, elder), epoch (RVIP, meditation) as the within-subjects factor, and alpha amplitude as the DV. The first ANOVA analysed the T1 session. There was a main effect for epoch ($F(1, 27) = 6.21, p = .019$), with higher amplitude during meditation; no main effect for experience ($F(1, 27) = .15, p = .70$); and a significant one-tailed interaction ($F(1, 27) = 3.85, p = .030$). Independent T-tests were used to analyse this interaction further. During the RVIP, novices had greater (non-significant) amplitude than elders ($t(27) = 1.46, p = .16$), but during meditation, elders had greater (non-significant) amplitude than novices, as noted above. The second ANOVA analysed the T2 session. There was a main effect for epoch ($F(1, 27) = 12.50, p = .001$), with higher amplitude during meditation; no main effect for experience ($F(1, 27) = .081, p = .78$); and no interaction ($F(1, 27) = .26, p = .61$).

¹ As discussed above, although the RVIP results were considered void, the EEG correlates of the task were deemed to still be valid, and amenable to analysis. That is, the RVIP task was still considered to have elicited an attentive mental state in participants, regardless of the recording issues with the task itself. Thus, the EEG recording during the performance of the task was still judged to be reflective of a state of attention.

Third, alpha amplitude was higher during meditation than during the DISS task (except for novices at T1), as shown in the line graph below.

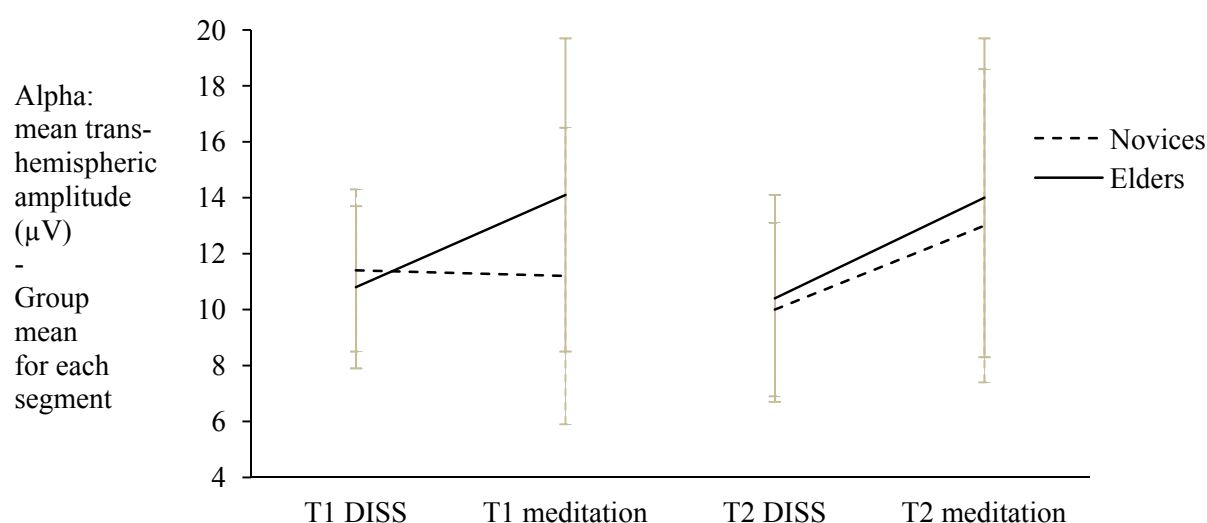


Figure 21: Line graph showing alpha mean amplitude – meditation vs. DISS.

Two mixed-factorial ANOVAs were conducted, comparing meditation against DISS, at T1 and T2. Each had a between-subjects factor of experience (novice, elder), epoch (DISS, meditation) as the within-subjects factor, and alpha amplitude as the DV. The first ANOVA analysed the T1 session. There was no main effect for epoch ($F(1, 27) = 1.98, p = .17$), no main effect for experience ($F(1, 27) = .54, p = .47$), and no interaction ($F(1, 27) = 2.63, p = .12$). The second ANOVA analysed the T2 session. There was a main effect for epoch ($F(1, 27) = 6.85, p = .014$), with higher amplitude during meditation; no main effect for experience ($F(1, 27) = .22, p = .64$); and no interaction ($F(1, 27) = .064, p = .80$).

Finally, dependent T-tests (split by groups) were conducted to analyse changes in amplitude from T1 to T2. During baseline, elders increased over time ($t(27) = -2.36, p = .035$), while novices remained largely constant ($t(27) = .51, p = .62$). During the RVIP, elders remained largely constant over time ($t(27) = -.65, p = .53$), and novices had a (non-significant) decrease ($t(27) = 1.51, p = .15$). During the DISS, elders remained constant over time ($t(27) = .23, p = .82$), while novices had a (non-significant) decrease ($t(27) = 1.52, p = .15$). In meditation, elders remained constant over time ($t(27) = .04, p = .97$), and novices had a (non-significant) increase ($t(27) = -1.30, p = .21$).

8.3.4. Alpha coherence

Finally, this section looks at alpha coherence, comparing the EEG profile during meditation with the profile during the baseline period, the RVIP and the DISS. Coherence was higher during meditation than baseline, RVIP and DISS, as shown in table 17.

Table 17: Alpha mean coherence (standard deviation in brackets).

	Baseline	RVIP	DISS	Meditation
<i>T1</i>				
Novices	.545 (.117)	.448 (.107)	.422 (.037)	.659 (.138)
Elders	.604 (.100)	.513 (.099)	.466 (.079)	.764 (.138)
All	.573 (.111)	.479 (.107)	.443 (.064)	.710 (.146)
<i>T2</i>				
Novices	.550 (.104)	.523 (.102)	.482 (.061)	.692 (.129)
Elders	.603 (.142)	.501 (.081)	.479 (.083)	.762 (.128)
All	.567 (.125)	.512 (.092)	.480 (.071)	.726 (.131)

For the analysis, meditation was compared against each of the other segments – baseline, RVIP and DISS.

First, alpha coherence was higher during meditation than during the baseline period, as shown in the line graph below.

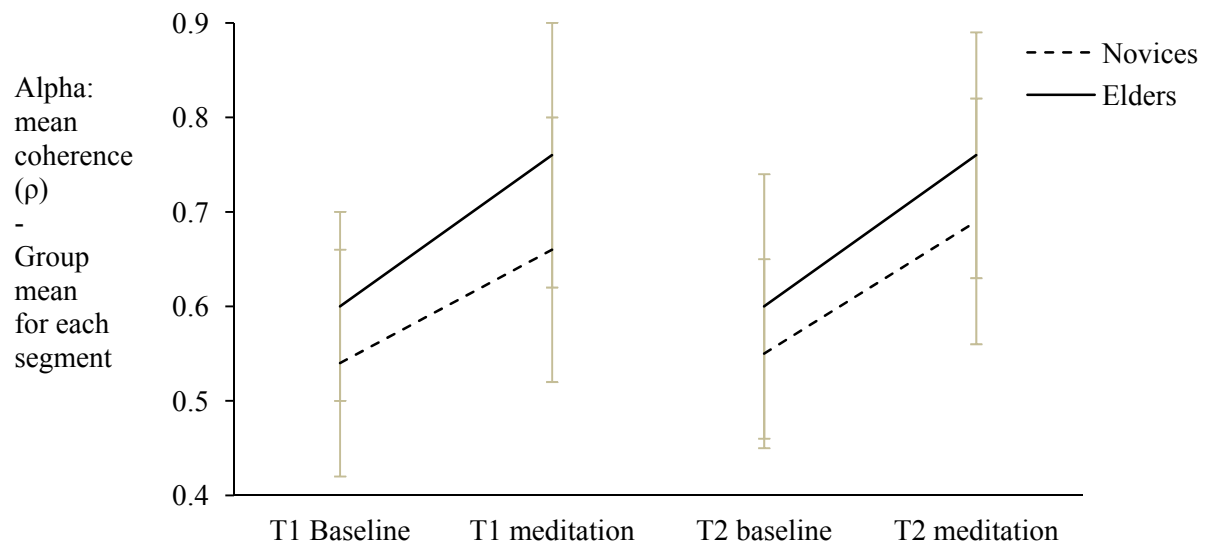


Figure 22: Line graph showing alpha mean coherence – meditation vs. baseline.

Two mixed-factorial ANOVAs were conducted, comparing meditation against baseline, at T1 and T2. Each had a between-subjects factor of experience (novice, elder), epoch (baseline, meditation) as the within-subjects factor, and alpha coherence as the DV. The first ANOVA analysed the T1 session. There was a main effect for epoch ($F(1, 27) = 40.88, p = .001$), with higher coherence during meditation; a one-tailed main effect for experience ($F(1, 27) = 4.00, p = .028$), with higher coherence for meditators; and no interaction ($F(1, 27) = 1.14, p = .29$). The second ANOVA analysed the T2 session. There was a main effect for epoch ($F(1, 27) = 65.11, p < .001$), with higher coherence during meditation; no main effect for experience ($F(1, 27) = 2.02, p = .17$); and no interaction ($F(1, 27) = .20, p = .66$).

Second, coherence was higher during meditation than during the RVIP task,¹ as shown in the line graph below.

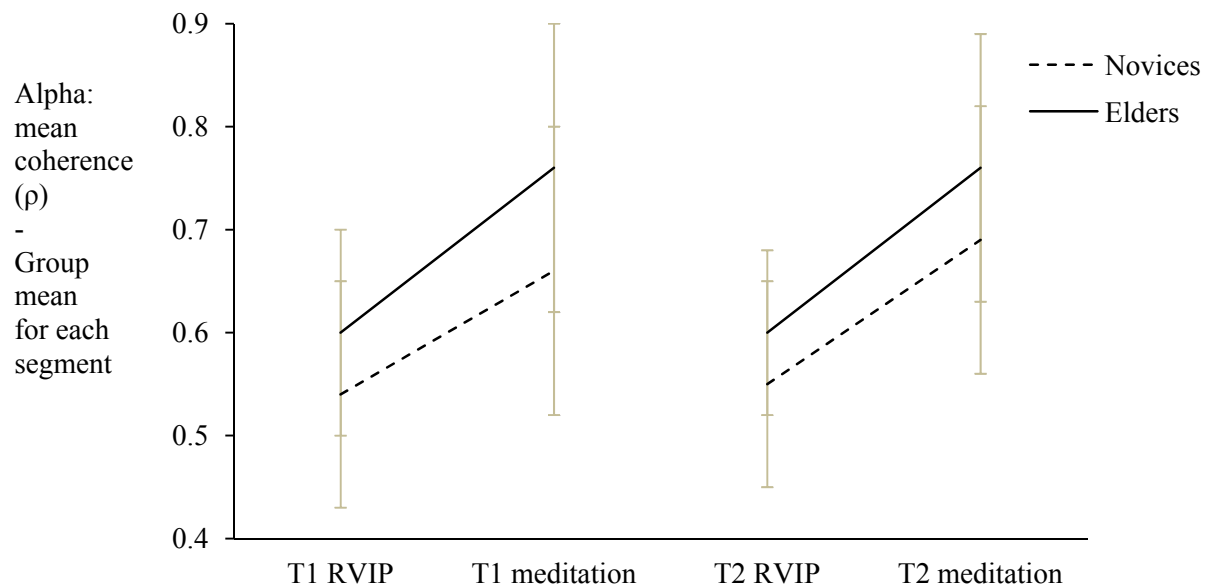


Figure 23: Line graph showing alpha mean coherence – meditation vs. RVIP.

Two mixed-factorial ANOVAs were conducted, comparing meditation against RVIP, at T1 and T2. Each had a between-subjects factor of experience (novice, elder), epoch (RVIP, meditation) as the within-subjects factor, and alpha coherence as the DV. The first ANOVA analysed the T1 session. There was a main effect for epoch ($F(1, 27) = 69.44, p < .001$), with higher coherence during meditation; a main effect for experience ($F(1, 27) = 5.62, p = .025$), with higher coherence for elders; and no interaction ($F(1, 27) = .52, p = .48$). The second ANOVA analysed the T2 session. There was a main effect for epoch ($F(1, 27) = 83.87, p < .001$), with higher coherence during meditation; no main effect for experience ($F(1, 27) = .48, p = .49$); and no interaction ($F(1, 27) = 3.76, p = .063$).

¹ As discussed above, although the RVIP results were considered void, the EEG correlates of the task were deemed to still be valid, and amenable to analysis. That is, the RVIP task was still considered to have elicited an attentive mental state in participants, regardless of the recording issues with the task itself. Thus, the EEG recording during the performance of the task was still judged to be reflective of a state of attention.

Third, coherence was higher during meditation than during the DISS task, as shown in the line graph below.

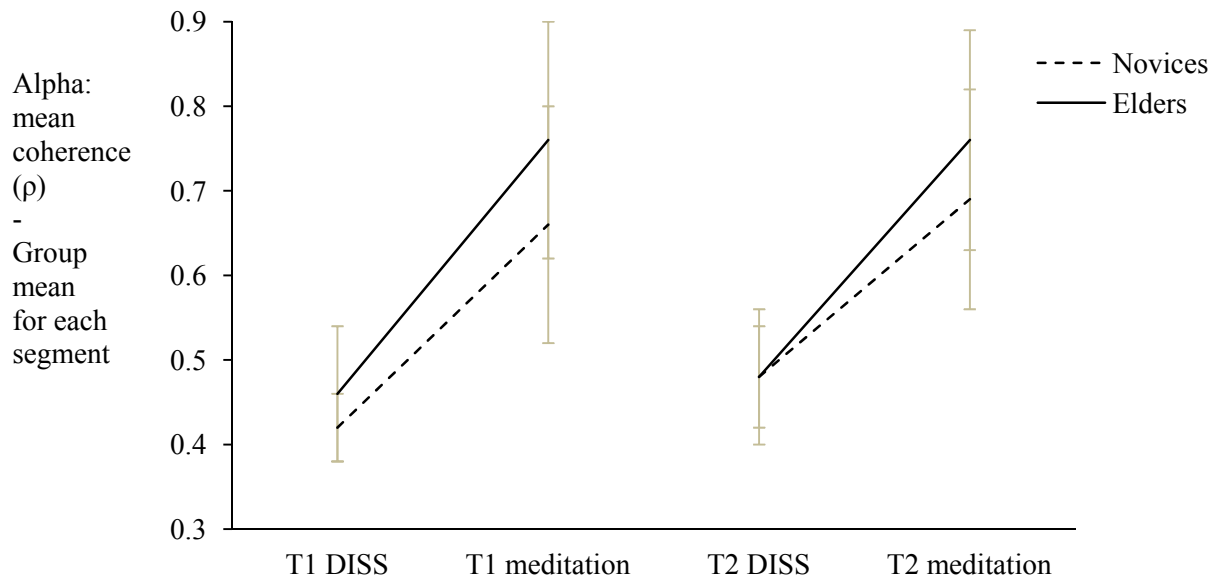


Figure 24: Line graph showing alpha mean coherence – meditation vs. DISS.

Two mixed-factorial ANOVAs were conducted, comparing meditation against DISS, at T1 and T2. Each had a between-subjects factor of experience (novice, elder), epoch (DISS, meditation) as the within-subjects factor, and alpha coherence as the DV. The first ANOVA analysed the T1 session. There was a main effect for epoch ($F(1, 27) = 84.68, p < .001$), with higher coherence during meditation; a main effect for experience ($F(1, 27) = 7.59, p = .010$), with higher coherence for elders; and no interaction ($F(1, 27) = 1.11, p = .30$). The second ANOVA analysed the T2 session. There was a main effect for epoch ($F(1, 27) = 89.28, p < .001$), with higher coherence during meditation; there was no main effect for experience ($F(1, 27) = 1.35, p = .26$); and no interaction ($F(1, 27) = 1.91, p = .18$).

Finally, dependent T-tests (split by groups) were conducted to analyse changes in coherence from T1 to T2. During baseline, coherence levels remained constant for both novices ($t(27) = -.13, p = .90$) and elders ($t(27) = .03, p = .97$). During the RVIP, elders remained constant over time ($t(27) = .56, p = .58$), while novices increased ($t(27) = -.3.30, p = .005$). During the DISS, elders remained constant over time ($t(27) = -.62, p = .55$), while novices increased ($t(27) = -.4.16, p = .001$). During meditation, elders remained constant over time ($t(27) = .08, p = .94$), while novices had a (non-significant) increase ($t(27) = -1.23, p = .24$).

8.4. Discussion

This section discusses the cognitive neuroscience data. Conclusions drawn here will then be integrated into the main discussion chapter. There were some notable findings. Principally, the results suggested that over time, men improved their attention and emotional management skills. On all but one of the cognitive tasks, there were significant increases in scores from T1 to T2, indicating enhanced attention, executive function and empathy. Furthermore, the EEG results supported the contention that the practice of meditation may have been responsible for these improvements in attention: meditation was characterised by enhanced attention, relative to baseline and the attention tasks, as revealed by higher amplitude and coherence in alpha and theta bandwidths during meditation. Some findings replicate previous studies,¹ e.g. higher alpha EEG amplitude in meditation (Josipovic, 2010), while other findings appear to be unique to the present study, like decreased emotional reactivity (on the Emotional Stroop). It is important to note that caution is necessary in interpreting the results, as discussed below: methodological limitations qualify the conclusions that can be drawn; moreover, many of the findings, while statistically significant, were very modest, with large within-group variance, and considerable overlap between the data sets being compared in terms of the distribution of scores. However, the key point is that this study is unusual in finding enhanced attention and emotional management specifically in men; this is noteworthy given the associations between masculinity, poor emotional management and distress raised in the theoretical review (Addis, 2008).

This section is in four parts. The first part discusses the cognitive findings. The second part explores the neuroscience results. The third part addresses limitations. The fourth part is a summary of the findings.

¹ However, the design of the present study featured some differences to the studies cited. For example, as here, Lykins et al. (2012) examined long-term practitioners and found a link between meditation and attention skills. However, rather than incorporating a longitudinal element to the design, Lykins et al. used a cross-sectional analysis to compare the meditators to demographically matched controls. In contrast, Beddoe and Murphy (2004) used a longitudinal design without a control group – as did the present study – gathering pretest-post-test data for 16 nursing students on an MBSR course. However, unlike here, Beddoe and Murphy's participants had no previous experience of meditation, and the longitudinal testing interval was only 8 weeks (rather than a year in the case of the present study).

8.4.1. *Cognitive findings*

Significant increases in cognitive functioning over time were observed on all but one of the cognitive tasks. Together, these increases corroborate the notion that meditation is linked to enhanced attention (Chiesa et al., 2011) and EI (Brown et al., 2007).

Longitudinal improvements in executive attention – monitoring and selecting from competing stimuli – were indexed by the DISS. There were significant increases from T1 to T2 in terms of overall DISS score, as well as responsiveness. The findings support previous studies which have used control-group designs to link meditation to enhanced executive attention (Wenk-Sormaz, 2005). Closer analysis of the results suggested improvements in overall performance were due to increased productivity: participants completed more tasks overall at T2 than T1, while slightly increasing their accuracy. Other studies have found that experienced meditators performed better on executive attention than novices (Moore and Malinowski, 2009). This was not replicated here, as no significant differences between the groups were found on any of the cognitive tasks (addressed further below).

As well as assessing executive attention, DISS indexes broader executive cognitive function, i.e. processes involved in planning, monitoring and executing complex goal-directed action (Coppin et al., 2006). The DISS results thus indicate enhancements in executive function over time. Executive function was also measured by the verbal fluency tasks (Pagoria, 2008). In this task, men improved from T1 to T2 on phonemic and semantic fluency, indexed by the letter and category tasks respectively. These improvements corroborate control group studies which have also linked meditation to increased verbal fluency (Zeidan et al., 2010).

Meditation interventions have been shown to improve executive function, assessed by the phonemic fluency task, in people with cognitive deficits, e.g. attention-deficit hyperactivity disorder (ADHD) (Grosswald et al., 2008) and severe memory-loss (Newberg et al., 2010). Grosswald et al. suggest meditation had been effective in improving cognitive function in ADHD participants by enhancing emotional management. This last point is pertinent here, as it was thought that meditation may enhance men's well-being by developing their emotional management skills. Improved executive function here is thus possibly indirect evidence for the development of emotional management capacities.

Longitudinal changes on the Emotional Stroop were intriguing, suggesting men had become less affected by negative emotional stimuli over time. The key outcome in this task was the *differential* between negative and neutral performance, reflecting emotional reactivity, i.e. the extent to which attention processing is affected by the negative content of the stimuli. Results confirm Bishop et al.'s (2004) prediction that since meditators are encouraged to suffuse attention with an attitude of acceptance, they should be less sensitive to emotionally-charged words. Confirmation here is notable as previous work examining meditators on the Emotional Stroop failed to support this hypothesis (Lykins et al., 2012). Moreover, with a similar task, Chambers et al. (2008) found meditators were *more* emotionally sensitive than controls.

Interestingly, men here were also less affected by positive stimuli at T2 than T1 (though this was not significant), suggesting increased equanimity regarding emotional stimuli in general. This equanimity reinforces a key theoretical assumption regarding the efficacy of meditation for mental health: that it helps people decentre from phenomenological content, and so refrain from responding to negative emotional stimuli in maladaptive ways, e.g. suppression (Goldin and Gross, 2010). As maladaptive emotional responding is linked to mental health issues in men (Addis, 2008), this finding is further indication that meditation may help men adopt more helpful patterns of emotional engagement.

Another key finding regarding potential improvements in men's emotional management skills was that men showed longitudinal increases on the RMET, which reflects improvement in the emotion recognition facet of EI (Harrison et al., 2009). This result is important, as it supports a key idea which this study has sought to explore – that meditation may facilitate well-being in men by enhancing EI. It is thought that problems recognising and/or expressing emotions, known clinically as alexithymia (Honkalampi et al., 2000), may exacerbate distress in men, as it may affect ability to cope with negative emotions (Levant et al., 2006, 2009). Improving EI, or put the other way, reducing alexithymia, may thus help men cope better with negative emotions. Thus it is encouraging that men here appeared to develop EI over time.

This study extends previous findings which have linked meditation to improved EI capacities, e.g. emotional regulation (Erisman and Roemer, 2010; Delgado et al., 2010). However, the present study is the first to link meditation to the emotional recognition facet of EI. Similarly, RMET is used to assess empathy (Lombardo et al., 2007). Although theoretical models of meditation emphasize cultivation of empathy as an important feature (Andersen, 2005), there

appears to be only one other experimental study showing increases in empathy as a result of meditation (Shapiro et al., 2008), with most studies are inconclusive (Beddoe and Murphy, 2004; Pearl and Carlozzi, 1994). This study is thus unusual in finding longitudinal increases in empathy, particularly specifically in men.

The RVIP was the anomaly: recorded performance here was *so* poor that it was concluded that there must be a mechanical explanation, involving a fault with either the test hardware or software. Justification for this conclusion derives from comparing the results here with those of other studies using the RVIP. A study involving bipolar patients reported a mean detection rate of 61%, compared to 84% in healthy controls; this figure was considered so poor that the authors concluded that the patients suffered from an attention deficit disorder (Clark et al., 2002). In comparison, participants here registered a detection rate of around just 10% (see appendix P). On theoretical and empirical grounds, it is not credible that bipolar patients, deemed to have attention deficit disorder, registered a performance approximately five times better than a sample of meditators, of above average IQ, who actively practise attention and who tested strongly on other measures of attention.

The only possible counter-argument here would be that despite meditation being linked to improved sustained attention (Zeidan et al., 2010), it somehow renders people liable to poor RVIP performance – e.g. participants' ability to become absorbed in stimuli may mean they were less capable of fulfilling the behavioural requirements of the task (pressing the space-bar). However, the only other study that has tested meditators on the RVIP reported detection rates of over 90% (Pagnoni and Cekic, 2007), which argues against this hypothesis. As such, RVIP results here were discounted on the basis of suspected measurement flaws. However, there was still evidence for enhanced sustained attention in the results, as indicated by the reduced emotional reactivity on the Emotional Stroop from T1 to T2 (Lutz et al., 2008b).

Finally, no significant differences were found between novices and elders on the tasks, which seems to contradict the idea that meditation leads to cognitive improvement. However, elders were significantly older than novices. Since aging is linked to cognitive decline, beginning as early as 45 years (Singh-Manoux et al., 2012), under normal circumstances, elders might be expected to perform more poorly. It could thus be argued that lack of difference between the groups was evidence that the elders' greater meditation experience prevented their cognitive capacities from depreciating as might normally be expected. Supporting this argument are

neurophysiological studies showing that compared to age-matched controls, meditators have greater cortical thickness in areas responsible for attention processing, suggesting meditation may have neuroprotective effects and ameliorate age-related cortical thinning and cognitive decline (Pagnoni and Cekic, 2007).

8.4.2. *EEG findings*

The headline from the EEG results was that levels of attention were higher during meditation – indicated by increased amplitude and coherence in both alpha and theta – relative not only to baseline, but to the other attention tasks. Other studies have also found similar patterns of EEG activity with regard to meditation (Cahn and Polich, 2006). However, the present study is unique in being able to compare the EEG profile during meditation with profiles during the attention tasks. The findings thus indicate that meditation is indeed characterised by a state of attention. This study was also unusual in incorporating a longitudinal component. The key point here was that although elders had higher amplitude and coherence than novices during meditation at T1, at T2, novices increased their levels and essentially ‘caught up,’ suggesting long-term neurophysiological evidence of attention development.

Alpha and theta ERS¹ was found during meditation (compared to baseline) at both T1 and T2, which is line with most EEG studies on meditation (Josipovic, 2010; Fell et al., 2010). The functional significance of bandwidth activity can be hard to interpret. Alpha ERS would be expected for meditation simply on the grounds that alpha increases when eyes close (Shaw, 1996). In the present study, participants’ eyes were closed during meditation, while staying open for the other segments. However, while alpha ERS during eyes-closed wakefulness was traditionally seen as signifying the brain ‘idling’ (Pfurtscheller et al., 1996), Shaw argued it reflects ‘intention,’ i.e. inner-directed attention. This contention is supported by the finding here that alpha ERS during meditation was accompanied by theta ERS, which is associated with cognitive activity (Grunwald et al., 1999). Elevated alpha *and* theta during meditation thus support the conclusion that meditation involves a state of ‘intention’ (Josipovic, 2010). Additionally, alpha ERS may also reflect increased relaxation (Klimesch, 1999). Thus it is

¹ Event-Related Synchronisation (ERS) refers to EEG amplitude increases connected to changes in mental state (Pfurtscheller, 1992).

possible that the combination of alpha and theta ERS indicates a state of ‘relaxed alertness,’ as is often suggested in studies on meditation (Yunesian et al., 2008).

In addition to analysing EEG during meditation relative to baseline, this study was unique in contrasting activity during meditation with activity during cognitive assessments. Although meditation is operationalised as the development of attention (Chiesa et al., 2011), there are no studies comparing meditation-related EEG profiles with profiles accompanying activities which are viewed as activating specific attention modalities. Here, sustained attention was required for the RVIP, and executive attention for the DISS. Meditation produced higher alpha and theta ERS than the RVIP and the DISS, suggesting participants were more attentive in meditation.¹ This interpretation is corroborated by self-report data elicited at the debriefing where, adopting the protocol of the neurophenomenological approach (Cahn and Polich, 2006), men were asked to reflect on their experience of the session. Most men self-reported engagement during meditation, and dis-engagement in the RVIP and/or DISS, usually due to frustration or boredom.² These self-reported attention levels reflected the differential levels of alpha and theta ERS.

In addition to amplitude, coherence was also analysed. Alpha and theta coherence increased significantly during meditation, not only relative to baseline, but to performance on the RVIP and DISS. Higher coherence levels have been found in other meditation studies, interpreted as reflecting increased ‘alertness’ (Travis and Wallace, 1999). Coherence signifies functional connectivity between distant cortical regions (Aftanas and Golocheikine, 2001); higher levels reflect increased top-down cognitive processing (Sauseng et al., 2005). Greater coherence in meditation here could be seen as supporting the conclusions regarding amplitude increases: that meditation was linked to enhanced attention processing, not only relative to baseline, but to other types of cognitive performance.

¹ There are interesting exceptions to this trend. For novices, at T1, alpha ERS was higher during the DISS than during meditation, while at T2, ERS during meditation was higher than during the DISS. This reversal fits into the pattern of novices becoming more proficient at meditation over time – at a faster rate than the elders, and effectively ‘catching up’ with them at T2 – discussed further below.

² However, boredom or frustration is still not a credible explanation for the anomalously low RVIP scores, as all participants completed the five minute test, and were seen to be responding throughout. Thus the mechanical failure explanation for the task results is still favoured.

Interesting longitudinal trends were observed, with non-significant increases in amplitude and coherence during meditation from T1 to T2. However, these increases interacted with men's level of meditation experience. Elders showed greater amplitude and coherence than novices at T1 and T2. However, this differential reduced over time: elders' scores remained generally constant, while novices 'caught up.' This result suggested an improvement gradient which levels off with experience: elders appeared to have reached a relatively high 'plateau' level of attention; however, starting from a lower point, novices had room for improvement, and made gains over time. Comparable studies assessing longitudinal EEG change in healthy adults were hard to obtain – most studies assess cognitive decline associated with aging or psychiatric disorders (Jelic et al., 1998), or brain development in childhood (Feinberg and Campbell, 2010). However, the suggestion here of an improvement gradient would accord with the observation that novices show significant improvements in attention abilities after as little as five days training (Tang et al., 2007). With such increases in a short space of time, it is perhaps unrealistic to expect such improvements to continue in a *linear* fashion over time.

Such longitudinal increases in amplitude and coherence – which reflect enhanced cognitive processing (Sauseng et al., 2005) – support the notion that meditation practice facilitates the development of attention (Chiesa et al., 2011). Moreover, these increases dovetail with the improvements in cognitive functioning as indexed by the various tasks discussed above. This convergence between the cognitive results and the neurophysiological measures highlights the value of a cognitive neuroscience approach. Any one measure taken in isolation, such as increases in alpha amplitude, can be hard to interpret (Shaw, 1996). However, together the cognitive neuroscience results indicate that meditation is linked to attention development. First, the pattern of EEG results in meditation suggested that higher alpha amplitude levels here reflected a state of attention, as they were accompanied by theta ERS, and elevated alpha and theta coherence. Secondly, increases from T1 to T2 in coherence and amplitude during meditation mirror the longitudinal increases on the cognitive tasks.

Together, these longitudinal trends indicate that men did develop attention capacities over time. This point is taken up in the third section of chapter 9, which explores the convergence between the cognitive neuroscience and narrative data. It will be suggested that all three data strands point to attention development in men, and moreover, that this is linked to enhanced emotional management capacities.

8.4.3. Limitations

In considering the results, a first point to consider is that many of positive findings were very modest: there was a high degree of variability, with considerable overlap between the sets of scores subjected to statistical analysis.¹ As such, although the measured outcomes were often statistically significant (e.g. elders recording higher levels of EEG coherence than novices), one must be circumspect about drawing definitive conclusions based on modest differences. Moreover, aside from the small effect sizes observed, it is important to note that limitations of the cognitive neuroscience design used means further caution is necessary in interpreting the results. Without a control group, the increases in cognitive performance over time cannot be definitively attributed to meditation. However, other control-group studies report similar improvements in cognitive function, suggesting that meditation is indeed a key factor in attention development (Chiesa et al., 2011). As such, it is perhaps legitimate to suggest that improvements found here may have been at least partly due to men's meditation practice.

Moreover, lack of controls does not invalidate the findings. Neurophysiological meditation research frequently uses within-subjects designs, comparing activity during meditation with a control *condition* (Kjaer et al., 2002; Kozasa et al., 2008). As the present study shows, useful information can be obtained from a within-subject design. The possibility that meditation may improve attention skills over time was supported by within-subject longitudinal change on cognitive and EEG measures. The idea that meditation is a state of enhanced attention was corroborated by within-subject EEG differences between the different segments, such as meditation EEG profile compared to the RVIP EEG profile. The design of the study was thus sufficient for exploring neurocognitive function related to meditation.

The next point concerns the validity of the findings: do apparent increases in attention reflect enhanced cognitive functioning, or are there other possible explanations? With any battery of cognitive tasks, it is important to consider the potential confounding impact of fatigue and/or

¹ In the ANOVAs used to analyse the data, the f-statistic reflects the ratio of the within-group variance (or 'error,' i.e. the spread of scores within each group) divided by the between-group variance (the distance between the group means) (Plichta and Garzon, 2009). In many of the analyses above, while the f-value was significant, the error variance was usually large, with considerable overlap between the sets of scores, as reflected in the error bars on the figures. Thus on the whole, the sets of scores (whether elders versus novices, or T1 versus T2) were not substantially different from one another.

practice-effects (Beglinger et al., 2005). The former refers to performance diminishing over time due to mental tiredness connected to ongoing cognitive demand. The latter concerns the potential for earlier tasks to provide learning opportunities for later tasks (if the tasks utilise similar cognitive or motor faculties), so improving performance over time due to familiarity.

In terms of fatigue, it is conceivable that men's performance on the tasks was affected by tiredness. The session lasted over 40 minutes, often following an interview lasting around two hours. Fatigue may have had a detrimental impact on tasks later in the session, as men's attention diminished over time. This diminishment was revealed by splitting EEG data for the meditation segment into two halves: alpha and theta amplitude levels were higher in the first half (see appendix R). However, while fatigue was a factor within each session, this was *not* an issue – the key outcome was not task performance relative to other tasks, but performance on a task relative to the *same* task at a different time-point, i.e. T1 vs. T2. The order of tasks was identical at T1 and T2, and so potential fatigue effects were kept constant, and did not affect measurements of longitudinal change. On an additional note, given that the meditation segment featured at the end of the test session, and was thus susceptible to fatigue effects, the elevated alpha and coherence levels here (relative to the other tasks) are all the more notable.

The other concern is whether practice-effects contributed to the longitudinal improvements, since at T2 men may have benefited from task-experience gained at T1, retaining memories of task-demands, thus enhancing performance. However, although this is a legitimate worry for short test-retest intervals, a meta-analysis of practice-effects in cognitive testing suggested a test-retest interval of a year was sufficient for practice effects to be minimal (Hausknecht et al., 2007). As T1 and T2 were separated by at least a year, it is unlikely that the longitudinal increases found here are attributable to practice effects. This argument against practice effects is bolstered by analysis of previous studies using the same tasks as here, often with much shorter test-retest intervals. For the RMET, Domes et al. (2007) found no practice-effects with an interval of just a week. With the FAS, Rankin et al. (2003) deemed a three-month interval sufficient to ensure practice effects were not a factor.

Regarding the Emotional Stroop, as three trials were presented at each session, one for each condition, practice effects may have been operant within the session. Stroop performance can be improved with short term practice, as people find ways to minimise interference between the competing task demands of colour recognition and semantic encoding (MacLeod and

Dunbar, 1988), potentially leading to a diluted Stroop effect for later conditions (Gotlib et al., 2005). Such dilution is not a concern here however. Order of presentation may have affected absolute performance times; i.e. neutral words were presented before negative words, thus participants may have found negative words easier due to practice effects. However, the key outcome was not absolute performance times, but the negative-neutral differential at T1 and T2. As the order of the conditions was kept constant at T1 and T2, this meant both sessions were subject to the same practice effects (e.g. negative words being easier at T1 *and* T2). As such, analysis of the change in differential from T1 to T2 was unaffected.

In relation to the EEG measures, there are two key concerns: measurement and interpretation. EEG measurement poses considerable challenges in terms of trying to analyse the functioning of a three-dimensional brain from a two-dimensional topographical representation, generated by ‘exceedingly faint’ scalp potentials, a process Kaiser (2003: 99) likens to ‘trying to discern the comings and goings of marine life from the eddies and swells on the surface of a lake.’ Moreover, measurements are affected by physiological factors (e.g. skull thickness), technical factors (e.g. type of electrode montage), and individual factors (e.g. age) (Klimesch et al., 1998). Despite these measurement issues, Kaiser argues that EEG can still be reliably used to assess many psychological conditions and states, and allows investigators ‘to eavesdrop on neural communication directly.’

Even if the usefulness and legitimacy of the EEG paradigm is granted, there are ongoing arguments regarding the configuration of the electrode array, and the difficulties involved in localising areas of brain activity with any degree of spatial specificity (Fehmi and Collura, 2007). Concern about localisation has less force here, as a simple two-channel array was used which did not seek to pinpoint specific areas of activity, but rather give an overall picture of EEG activity. Although lack of spatial specificity could itself be seen as a weakness, a two-channel global analysis is still deemed informative regarding brain states (Shah et al., 2008). There are also difficulties around interpretation. Even allowing for accurate measurement of brainwaves, these are only signifiers; determining what they *signify* is notoriously difficult, and interpretation of their meaning has evolved over the years (Shaw, 1996). Nevertheless, a growing body of work has consistently connected alpha and theta amplitude and coherence increases to attention processing, and has identified these as reliable markers of an attentive meditative state (Josipovic, 2010). However, there are limits to the informational value of these findings, since understanding of the mechanics of brain physiology is at an early stage.

While the NCC paradigm correlates EEG activity with mental processes, it cannot reveal the functional role of such activity in generating these processes (Cleeremans and Haynes, 1999). While ascertaining function is a research priority, current theoretical advances in this area are still largely speculative (Austin, 2006).

8.4.4. Summary

The results suggest that meditation is linked to enhanced cognitive functioning, in particular, increased attention and emotional management skills. Improvements over time were found on the four reliable cognitive measures employed. It was acknowledged that the lack of a control group means such gains cannot definitively be attributed to meditation. However, the EEG results suggested that meditation itself was characterised by a state of attention. Higher levels of alpha and theta amplitude and coherence – which signify enhanced cognitive processing – were recorded during meditation relative to the cognitive tasks.

The cognitive neuroscience analysis offers a narrative, a temporal story of the development of attention and emotional management skills from a quantitative perspective. This narrative is the point of intersection with the qualitative findings, as interviews also provided narratives of the development of attention and emotional management skills, but from men's subjective perspective. Thus the two data strands re-enforce and corroborate each other. The importance of cultivating such skills relates to the frameworks outlined by Addis (2008), which proposed that toughness norms can mean men are less likely to engage with emotions and develop EI, rendering them less able to constructively manage their distress. In finding evidence of men developing attention and EI skills, the present study suggests it is possible for men to learn to engage more closely with emotions, and that the emotional patterns outlined by Addis are not inevitable in men. This point is developed further in the main discussion, which follows.

CHAPTER 9

DISCUSSION

9.1. Overview

This study produced a number of original results, with five key findings which further our understanding in the areas of masculinity, meditation and mental health. The first finding was that despite some literature constructing men as ‘damaged/damaging,’ it was possible to find men who attempted to positively manage their well-being. However, the journey towards this engagement with well-being was usually difficult, with considerable struggle and/or distress. The second finding was that meditation promoted emotional intelligence in men, which often had a positive impact upon well-being. However, the third finding was that meditation was more challenging than has hitherto been elaborated in the literature, and was linked to mental health problems in specific circumstances. The fourth finding was that through involvement with meditation, men encountered a positive hegemonic masculinity which encouraged them to take on new ways of being a man (e.g. emotional intimacy) that were conducive to well-being. However, the fifth finding was that taking on these new ways could be a struggle, with conflict and tension as men negotiated multiple social contexts connected and unconnected to meditation. This current section gives an overview of these key findings, before the sections below explore them in more depth.

The first key finding was that men said they had found ways to take better care of themselves through engagement with meditation. This finding contrasts with a tendency in the literature to construct masculinity as a uniform category, where men are ‘damaged and damage doing’ (Mac an Ghaill and Haywood, 2012: 483). However, this study was also unusual in exploring men’s journeys towards engagement with well-being, showing these to be complex, often involving struggle. While the study did not seek to sample men who had experienced distress, many described significant distress in life, connected in complex ways to traditional forms of hegemonic masculinities. Importantly, the results also show that it is possible for men to find alternative ways to express their masculinity and manage emotions more adaptively. Thus the results affirm the connections between masculinity and distress outlined by Addis (2008) *and* highlight a capacity for resilience in men that more reflects the hopeful ‘recovery’ literature in mental health (Ridge and Ziebland, 2006).

A second key finding was that one of the principle ways meditation impacted upon men's mental health was through the development of emotional intelligence (EI). Men's narratives had parallels with Mayer and Salovey's (1997) four-branch model of EI. Although theorists have already suggested that meditation may enhance well-being by improving EI (Brown et al., 2007), this is the first study to explore EI development through meditation specifically in men. Distress in men has been connected to dysfunctional patterns of emotional responding encouraged by masculine norms (Addis, 2008). Results suggest that meditation may be a way men discover for themselves to ameliorate such dysfunctional patterns. In addition, this study is unique exploring these issues using mixed methods: there was qualitative *and* quantitative evidence for improved EI. Scholars have previously combined neuroscience measurement with qualitative methods like phenomenological analysis (Cahn and Polich, 2006). However, this appears to be the first study in any field to combine cognitive neuroscience with narrative data, and certainly the first to explore this combination in studying men's mental health.

A third key finding was that meditation could be difficult and was not necessarily the panacea suggested by much of the literature. Men encountered difficult thoughts/feelings which could be hard to manage. More seriously, men implicated meditation in their experiences of mental health issues, including depression, anxiety and psychosis. In highlighting such problems, the study is a useful counterweight to the mostly positive view of meditation in the literature: few studies have explored risks around meditation, and hardly any involve non-clinical samples (Dobkin et al., 2012). In addition, using an exploratory narrative approach, the current study is also unusual in highlighting the range of factors, social and psychological, which influence meditation practice. Results here are of use to those interested in helping people maintain a regular practice, e.g. clinicians.

A fourth key finding was that many men engaged with meditation in a social context, which appeared to constitute a 'community of practice' (CoP,¹ Lave and Wenger, 1991). These CoP encouraged men to take on new ways of being a man, including reducing alcohol/drug use, cultivating affectionate relationships, and exploring spirituality. This finding extends our understanding of hegemonic masculinity in important ways. Although scholars have analysed

¹ CoP can be defined as 'people who come together around mutual engagement in an endeavour,' and the practices which 'emerge in the course of this' (Ekert and McConnell-Ginet, 1992: 464). Note: if this acronym is preceded by a definite or indefinite article, it means the singular 'a/the community of practice,' not plural 'communities.'

the role of CoP in producing gendered behaviour (Paechter, 2003), the focus is often on the reproduction of traditional masculine norms (Parker, 2006). However, here the CoP promoted behaviours conducive to well-being, and thus appeared to offer a positive form of hegemonic masculinity. A few other studies have noted the possibility of positive hegemonic masculinity (Duncanson, 2009), and Sloan et al. (2010) warned against drawing simplistic links between hegemony and negative health outcomes. However, the present study is unique in exploring positive hegemony in relation to mental health. This finding also furthers our knowledge of meditation, as the social dimensions of practice have been rarely explored in the literature (Dobkin and Zhao, 2011).

A fifth key finding was that engagement with meditation CoP could be problematic. Within the CoP, there were issues such as competitiveness, suggesting that even positive hegemonic masculinity may involve hierarchy and marginalization, which are usually connected to more traditional hegemonic forms (Connell, 1995). Second, men found it hard to negotiate multiple social contexts, i.e. moving between meditation CoP and other areas of life (e.g. friendships, work). Forms of behaviour encouraged in the CoP (e.g. emotional expressiveness) were often difficult to enact in other (non-meditation) contexts where traditional masculine norms were usually still dominant. Exploring men's subjectivities, these results shed new light on the challenges involved in negotiating different masculine performances across multiple social contexts, and trying to enact more helpful constructions of masculinity.

9.2. The struggle towards constructive engagement with well-being.

The first finding was that participants found ways to take better care of their well-being. For example, enhanced emotional management skills learned through meditation meant men were less likely to cope with distress by turning to alcohol. The findings thus challenge simplistic, homogenous constructions of men – e.g. as 'damaged and damage doing' (Mac an Ghail and Haywood, 2012: 483), incapable of managing their well-being – which Addis (2008) suggests is a common view in the literature and society generally. However, results show that men's journeys towards better self-care via meditation were fraught with difficulties. Men recounted previously having difficulties dealing with emotions, reporting considerable distress. Thus the study not only indicates heterogeneity among men – that some are capable of engaging with well-being – it also highlights a capacity for adaptive change.

However, achieving positive change often involved considerable struggle and distress. While other studies have found that some men can find constructive ways of managing emotional problems (Emslie et al., 2006), this study is unusual in focusing on how men came to do so. Narratives of how men took up meditation were complex and varied. However, while distress was not the original focus of this study, it was a prominent theme. Furthermore, distress was linked in complex ways to the way men came up against traditional masculinity, as suggested by the frameworks articulated by Addis (2008). For example, men described disconnecting from negative emotions, and subsequent emotional management difficulties, which resonated with the ‘gendered responding framework.’ This section details three links between distress and traditional masculinity found here: difficulties managing emotions; internal conflict; and concealing distress.

9.2.1. Difficulties managing emotions

First, distress prior to meditation was linked to poor emotional management strategies, like emotional suppression. Men described losing contact with their inner world, and interiority became a foreign territory over which they lacked insight or control. Men related difficulties coping with distress, trying to regulate emotions in maladaptive ways, e.g. self-medication with drugs. Such emotional strategies were linked to traditional masculinity, as suggested by the gendered responding framework (Addis, 2008). However, men’s narratives here provide an insight into how gendered patterns of emotional responding can emerge. Addis argued that such patterns are not inevitable or endemic in men, but are engendered through socialisation processes which influence how males specifically learn to recognise and respond to emotions.

The current study supports Addis’ position. Men were influenced by others to engage with emotions in particular ways: norms of toughness and stoicism were promoted by significant others, including families and peers; thus, denial, disconnection and suppression of negative emotions were often encouraged. These norms were particularly salient as men recalled a difficult transition across a threshold from boyhood to manhood in adolescence. Many felt vulnerable during this transition, and tried to be emotionally tough as a way of dealing with vulnerabilities, and as a way of meeting gendered expectations. Narratives here reflected what Mejía (2005) called the ‘toughening up’ process, where social pressures, including the marginalization of ‘feminine’ qualities, reinforce the notion that ‘boys don’t cry.’

9.2.2. *Internal conflict*

A second way in which traditional masculinity generated distress was by producing internal conflict. Men were not only encouraged by hegemony to disconnect from negative emotions, but also from other qualities which local norms proscribed as ‘unacceptable,’ like sensitivity. Pressure to conform was not only external: men also internalised these norms. Aspects of self which conflicted with expectations were deemed ‘unacceptable,’ and men tried to disconnect from these. An example of internal conflict was the difficulties many gay participants had in coming to terms with their sexuality. Homosexuality is usually considered a marginalized masculinity, and LGBT are liable to censure in society (Gochros and Bidwell, 1996). In the present study, some internalised this censure, a process labelled as ‘internalised homophobia’ (Allen and Oleson, 1999), leading to issues of self-acceptance. However, such censure does not only impact upon gay men, but also heterosexuals who enact qualities seen as feminine, e.g. sensitivity (Schippers, 2007). Heterosexual participants here also internalised the censure of such ‘feminine’ qualities, generating internal conflict for them too.

Internal conflict relating to gender norms here has parallels with Pleck's (1995) concept of ‘gender role strain,’ where trying to attain unattainable norms can create ‘intrapsychic strain.’ Notably, the present study expands the gender role strain concept to incorporate Connell's (1995) notion of multiple hegemonies. Gender strain is typically discussed in terms of trying to attain traditional masculine norms, e.g. toughness. The present study found such instances. However, hegemonic norms varied with local context, as Connell and Messerschmidt (2005) emphasised. For example, Michael was bullied for his sensitivity as a child; as an adult in a feminist milieu he came to see anger as inappropriate. In both cases he felt internal conflict, disowning parts of himself which were ‘unacceptable.’ His experience shows that ‘strain’ can be generated by different hegemonic forms, not just traditional ones.

Michael's experience in a feminist context also has implications for the relationship between masculinity and femininity. Schippers (2007: 98) extends the concept of hegemony to include dominant femininities, although these are still seen as subordinate to hegemonic masculinity, complicit in upholding patriarchy. Schippers argues that femininity is not limited to women: subordinate masculinities are ‘hegemonic femininity embodied or enacted by men.’ However, it was interesting to find a man here seeking to insert himself into hierarchies of femininity, and feeling marginalized due to his ‘masculine’ qualities. Thus at local levels, the interplay

between masculinities and femininities can be complicated. It is perhaps relevant that some scholars have begun to prefer the term ‘kyriarchy’¹ to patriarchy to argue that power does not always reside with men, but is distributed locally in complicated ways according to various parameters (Muers, 2005).

9.2.3. Concealing distress, and alternative coping strategies

A third link between distress and traditional masculinity was that men were reluctant to seek help for distress – construing it as weak and contrary to expectations – only doing so once it had reached such a level that they felt compelled to act. Such concealment had parallels with Cochran and Rabinowitz’s (2000) masked depression framework, which suggests depression in men may be masked, both from themselves (due to difficulties in recognising emotions) and from others (due to proscriptions against expressing emotions). Some men here discussed depression, and described both types of masking. First, although in retrospect some felt they had suffered depression, they did not recognise it as such at the time, but constructed their experience as one of struggling with life, rather than ‘mental health.’ Second, men had sought to conceal their suffering, even those who resisted other traditional hegemonic expectations, such as gay men.

Rather than seeking help for their distress, men turned to relationships, drink/drugs, work and hobbies as coping responses. These responses to some extent mirrored a pattern of behaviour labelled ‘male depression:’ rather than internalising distress as sadness, men are seen as more likely to ‘externalise’ it, manifesting itself in ways including self-medication, aggression and overwork (Pollack, 1998). Such responses are labelled as ‘maladaptive,’ leading to escalating distress and destructive consequences, like suicidality (Brownhill et al., 2005). Similarly, this type of response, e.g. self-medication, was portrayed as ‘maladaptive’ in the current study, being not only often ineffectual, but sometimes exacerbating problems.

¹ Kyriarchy, from the Greek term meaning lord, is a neologism coined by the feminist scholar Fiorenza (2001). It refers to the different interlocking systems of power and oppression that can marginalize people in particular contexts, suggesting that power inequalities emerge along multiple dimensions, predominantly gender, but also SES, ethnicity, etc.

9.2.4. *Turning towards meditation*

Despite difficulties managing emotions, men found ways to better care for themselves by turning to meditation. This affirms what social constructionist theories of gender have argued (Paechter, 2003): that gender construction is a fluid and ongoing process, and that men can narrate and enact gendered performances that are more conducive to well-being. Moreover, many participants managed to do this without professional help, taking initiative themselves to engage with self-administered strategies. Discussions around men positively managing well-being are often restricted to men's capacity to 'seek help' (Chuick et al., 2009). This study expands the discourse in this area by emphasising that there are other ways men can engage with well-being.

Furthermore, the variability of the means by which men found more adaptive ways of taking care of themselves, in this case with meditation, extends previous work. Chuick et al. (2009) found that men who engaged constructively with emotional problems, e.g. seeing a therapist, often only did so through the intervention of a loved one, who 'de-stigmatised' help seeking. The four reasons for taking up meditation here – explorations around meaning, coping with stress, questioning, and crisis – indicate a range of ways in which men moved towards more constructive engagement. Moreover, these reasons may not be exhaustive; there may be other pathways not identified by this study. The multiplicity of these different reasons for engaging with well-being has implications for health professionals, as this suggests that formulating a range of intervention strategies, targeted to appeal to different needs, may be useful in terms of reaching out to more men.

However, moving away from unhelpful behaviours was often a considerable undertaking, and was ongoing for meditators. The difficulty was partly because it meant challenging traditional norms which encouraged such behaviours (Connell and Messerschmidt, 2005) – even when men wanted to engage with well-being and try meditation, prohibitive social pressures, and concern with stepping outside peer group norms, put some off. However, men appeared to be differentially affected by these restrictive norms. Concern with such norms was more evident in those who only turned to meditation later in life – when levels of distress were often higher – after significant problems, usually involving escalating distress culminating in a breakdown (cf. Brownhill et al., 2005). In contrast, men who began meditating earlier in life reported fewer such concerns with traditional norms.

That men who began meditating earlier described less distress than those who found it harder to resist hegemony has lessons for health promotion. Kilmartin (2005: 97) argues that men with depression should be educated about restrictive gender norms to help them 'resist the cultural pressure to be masculine.' Results here suggest this advice could be extended to men not currently suffering from depression, distress, or other disorders, as they may experience issues related to such norms at some point. Moreover, this advice might be extended to boys and their carers. The childhood-to-adolescence transition is a key period in the development of gendered behaviour, where hegemonic pressures come to prominence (Frosh et al., 2002), as confirmed here with sudden pressure to be 'a man' as participants crossed the 'threshold.' The results suggest that the sooner males are encouraged to engage with emotions, they might sooner begin managing their mental health, and thus avoid extremes of distress and potential disorders. It is relevant here that mindfulness programs developed for schools have improved attention and reduced emotional/behavioural problems in pupils (Weijer-Bergsma, in press).

However, there may be social barriers to engagement with such programs, especially for boys from lower SES backgrounds. Here, those men who seemed more resistant to hegemony, and engaged with well-being early in life, were mostly from 'facilitative' upbringings, with more support across the threshold. In contrast, men with dysfunctional bonds struggled alone, and were likely to use toughness as a coping strategy. These two kinds of transition echo Briggs' (2009) analysis of 'slow' and 'fast' tracks into adulthood. The former involves crossing/re-crossing boundaries in a series of partial transitions between dependence and independence, relying on parental support until social/cultural capital is acquired mainly through educational attainments. The latter involves a sudden transition, characterised by negative experiences and emotions. Briggs argued that SES influences the track taken, with disadvantaged youths more likely to take the fast track.

In the present study, it was unclear whether different upbringings related to SES. However, economic demands did prevent some from pursuing an early interest in their emotional and spiritual life. This affirms that analysis of experience in terms of gender alone is insufficient for understanding masculinity, and that research must explore the 'interactions between social hierarchies,' and how a person's 'location in multiple shifting categories shapes experience' (Bates et al., 2009: 1002). While SES was not a key focus of the present study, it will be an important aspect of future research, as discussed below.

9.3. Working with the mind: Managing emotions through meditation.

The second finding was that one of the main ways meditation impacted upon well-being was through helping men develop the skills to manage emotions more effectively. Men discussed: learning to become more aware of emotions; cultivating attitudes like acceptance to augment awareness; having greater understanding of how their mind worked; and acquiring skills to work with their mind. There are few studies exploring men's constructive approaches to well-being, and seemingly none on men improving emotional management. This finding is thus an important contribution to the literature on masculinity and mental health. It is further notable given these participants' previous difficulties engaging with emotions; the results thus affirm the potential for adaptive change in men. This section discusses this finding – that meditation facilitated well-being by helping men manage emotions – in three parts: meditation helped men improve attention; which enhanced emotional intelligence; which facilitated well-being.

9.3.1. Attention

Results here support theorists who define meditation in conceptual and operational terms as a technique for developing attention (Chiesa et al., 2011). Moreover, attention was investigated here from three perspectives: analysing narratives; cognitive testing; and EEG measurement. The current study is unique in using this combination in any field, and certainly in the study of masculinity and mental health. The multidimensional approach here made no presumption that the different strands of data would 'converge' (Mason, 2006). However, in the event, all three methods appeared to indicate that men improved attention through meditation.

First, the qualitative data suggested that meditation involved development of 'inner directed attention' (Shaw, 1996). Men described becoming attentive to their inner world. Moreover, narratives revealed that attention skills were not simply acquired, but required practice. There was an emphasis on skill-learning, slowly gaining proficiency, but with ongoing challenges, affirming Austin's (1998: 72) point that definitions of meditation ought to include the word 'attempt,' as it is 'an artful process, it takes much practice, patience and skill.' The few other qualitative studies on meditation found similar themes around skill-learning (Kerrigan et al., 2011). However, the present study is unusual in exploring how difficult this process can be, as discussed further below.

Attention development was also indicated by the cognitive neuroscience data.¹ Men showed significant improvements from T1 to T2 on measures of attention, e.g. executive attention (monitoring and selecting from competing stimuli), attentional flexibility and switching. In themselves, the results cannot demonstrate that attention increases were linked to meditation per se. However, the EEG analysis indicated that meditation involved a state of enhanced attention. EEG profiles for meditation, relative to baseline, and to profiles accompanying performance on the cognitive tasks, were characterised by patterns of elevated amplitude and coherence, in both alpha and theta, reflecting enhanced attention processing (Shaw, 1996).

In some respects, the findings support previous studies. Alpha and theta amplitude increases are the two ‘signatures’ of meditation (Josipovic, 2010). Increases in coherence are less often observed, though not without precedent (Travis and Wallace, 1999). However, this study is unique in comparing EEG profiles during meditation with those during the cognitive tasks. Greater amplitude and coherence in meditation indicated that men were more attentive during meditation than when completing the attention tasks. In combination with the narrative data, which revealed themes of attention development in meditation, it is plausible to suggest that men’s improvements over time on the attention tasks may have been connected to meditation practice during the intervening year. In sum, the qualitative, cognitive and neuroscience data all suggested that meditation was connected to attention development.

9.3.2. *Emotional intelligence (EI)*

The second part of the key finding – that meditation facilitated well-being by helping men to manage their emotions – was that attention development enhanced EI, including emotional management skills. Although there are various models of emotional management, Mayer and Salovey's (1997) hierarchical model of EI seemed particularly apposite for understanding the qualitative data. In their narratives, participants depicted the process of learning meditation as a stage-like sequence of skill acquisition, as elucidated below. These different stages mapped accurately on to the four branches of the model: emotional awareness/perception; emotional facilitation of thought; understanding emotions; and management of emotions.

¹ However, modest effect sizes and various methodological limitations means caution is necessary in interpreting the results (as discussed in the limitations sections of both this and the previous chapter).

First, in learning to pay attention to their inner world, men described developing awareness of emotional experience, and learning to recognise emotions. This process seemed to correspond to the first EI branch: emotional awareness/perception. Then, as men encountered negative thoughts/feelings, they cultivated attitudinal qualities, like '*metta*' ('loving-kindness'), to help deal with these; this fits the criteria for the second branch (emotional facilitation of thought: '[T]he ability to generate emotions in order to use them in other mental processes,' Day and Carroll, 2004: 1444). In Mayer and Salovey's model, these two branches are 'lower-level' EI abilities. Participants suggested they were able to begin working on these soon after taking up meditation.

However, participants described gradually developing more advanced skills for working with their emotions, which seem to reflect the two higher EI branches. With repeated meditation, men gained familiarity with their mental patterns, reflecting the third branch, 'understanding emotions.' For example, some noticed recurring negative self-related thoughts, and learned to see these as just an unfortunate 'habit' of the mind. Finally, men described acquiring tools to work with the mind, like 'decentring,' or skilfully deploying attention. Such skills seemed to reflect the highest branch, the strategic management of emotions: men suggested they learned to utilise mental skills to defuse or alter negative emotions.

These results enhance our understanding of men's capacity for emotional engagement. They also further our knowledge of EI. There is a debate in the literature whether EI is a stable trait (Petrides and Furnham, 2003), or an ability amenable to training (Mayer et al., 2008b). The present study suggests the latter, in this case through meditation. Further supporting this view are results from the RMET task, assessing the emotion recognition facet of EI (Harrison et al., 2009). On this, men improved from T1 to T2, a result which converged with narratives suggesting men had become more sensitive to recognising emotions in themselves and others. Although theorists have predicted that meditation may facilitate EI (Brown et al., 2007), few studies have actually observed this outcome (Delgado et al., 2010). Moreover, the qualitative data here illuminates the processes by which EI was developed in practice.

9.3.3. *Well-being*

The third part of this finding was that EI skills contributed to men's well-being. First, men said they became better at dealing with distress, being less likely to respond in maladaptive

ways. For example, before meditation, many men self-medicated with substances to suppress negative thoughts/feelings. Subsequently, they could stay with and work with these in more constructive ways in meditation. Additionally, intriguing results from the ‘Emotional Stroop’ suggested men also became less affected by negative emotional stimuli over time. Although this effect was predicted by Brown et al. (2007), the only other two studies to test this in meditators failed to find it (Anderson et al., 2007; Lykins et al., 2012). These findings are important, since traditional masculine norms are linked to emotional management deficits in men (Addis, 2008), and moreover such deficits are a critical transdiagnostic factor underlying various mental health issues (Aldao et al., 2010). Men here overcame traditional norms and developed EI, which helped them deal constructively with distress – this indicates that men are not bound inevitably to respond to distress in the ways suggested by Addis.

Furthermore, EI skills learned in meditation extended beyond the practice session, and helped in general life. First, men deployed these skills to help cope with negative feelings, e.g. trying to decentre during an argument. Second, men were able to call upon various other responses to help relieve their mood, like exercising or talking to others. This further demonstrated their capacity for the fourth EI branch (strategic management of emotions), as men described being able to manipulate their emotions through a range of cognitive, behavioural and interpersonal strategies, indicating self-regulatory competence (Schrock et al., 2009). Given constructions in the literature of men as emotionally restricted, such EI skills in men are notable, especially given these participants’ apparent emotional difficulties before taking up meditation.

Finally, there were indications that EI skills helped generate positive subjective well-being (SWB). Psychologists differentiate SWB into affective pleasure, and cognitive judgements of satisfaction (Diener, 2009). On occasion, men here experienced satisfaction and/or pleasure in meditation. Similar links between meditation and SWB have been found in experimental (Shapiro et al., 2007) and qualitative research (Matchim et al., 2008). However, results in the current study are unusual in three ways. First, positive states depended to some extent on EI. For example, men practised generating positive emotions in meditation, especially the *metta bhavana* practice. While theorists have recognised the ability to generate positive emotions as a facet of EI (Zeidner et al., 2009), this study was unique in exploring men actively practising this. Moreover, this study also found other EI skills linked to SWB – e.g. retaining a state of mindfulness long enough for thoughts to ‘quieten down’ – which have not yet been picked up in the literature.

Second, results here were unusual in the strength of reported SWB. Other meditation studies tend to present well-being as ‘peace and relaxation’ (Matchim et al., 2008). However, men here recalled states of contentment which, while relatively rare, were highlights of their life, and often particularly meaningful. Men’s experiences thus somewhat challenged a distinction in the literature between SWB (pleasure and satisfaction), and ‘Psychological Well-Being’ (pertaining to the importance of meaning) (Ryan and Deci, 2001). These narratives suggested that it may not always make sense to present these types of well-being as separate, as the most pleasurable/satisfying experiences in men’s lives were sometimes the most meaningful. There is a third way in which results here were unusual: positive states were relatively rare, often outweighed by challenging meditation experiences. This leads to the third key finding.

9.4. Problems with meditation

Against the positive message of the section above, the third finding was that meditation could be problematic. Some participants felt that meditation had exacerbated or even caused mental health problems, such as depression, anxiety and psychosis. Less seriously, meditation could be challenging, bringing participants into contact with negative thoughts/feelings. Although men developed skills to deal with these, discussed above, meditation could still be troubling. Lastly, in practical terms, psychosocial barriers impeded men’s ability to meditate.

The present study is unusual in focusing on problems associated with meditation. Although empirical and theoretical interest in meditation has ‘exploded’ recently (Brown et al., 2007), amidst enthusiasm to explore its benefits, the potential negative aspects have received less attention (Dobkin et al., 2012). As Irving et al. (2009: 65) concluded in reviewing the clinical efficacy of mindfulness-based interventions, a ‘striking limitation’ of the work in this area is the ‘absence of research on potentially harmful or negative effects.’ For example, in a review of mental health problems linked to meditation, Lustyk et al. (2009) identified just 17 primary publications (and five secondary reports/literature reviews) in this area, the majority of which are single case studies, often of psychiatric problems (e.g. psychosis) occurring in individuals after participation in intensive retreats.

Moreover, very few studies have explored the risk of mental health issues in a non-clinical setting, involving a sample of long-term meditators. One exception is Shapiro (1992), who assessed 27 meditators via questionnaire at three points: retrospectively; prospectively at one

month; and at six months following an intensive retreat. Adverse effects were reported (at some point) by 55% of participants, including feelings of depression and/or anxiety, with 7% describing more profound issues (e.g. depersonalisation). As set out below, the present study uncovered comparable mental health problems; moreover, exploring these qualitatively, these findings deepen our understanding of the issues around mental health and meditation, which is important given the burgeoning interest in meditation, particularly mindfulness.

9.4.1. Mental health issues

Meditation was portrayed by some men as maintaining, exacerbating or even causing mental health issues. First, a few men experienced strong negative feelings which they thought may have been depression. Under these circumstances, not only was meditation unable to help, it exacerbated their mood. Meditation is recognised as inappropriate for *current* depression in the literature (Teasdale et al., 2000). Narratives here support Teasdale et al.'s explanation why meditation is ill-advised: lacking 'strength' to decentre from negative thoughts as they would usually do, men were drawn into a spiral of 'depressogenic' thinking. However, results here are significant in highlighting the potential dangers of meditation in a *non*-clinical population. Most studies on meditation do not address potential problems, but when they do, it is usually in terms of it being 'contraindicated' as a clinical treatment (Dobkin et al., 2012). However, men here were not part of a clinical sample, yet they still experienced meditation as harmful. More caution may thus be needed in encouraging meditation in non-clinical populations.

A similar point – risk of mental health issues linked to meditation in a non-clinical population – can be made for psychosis. Six participants reported severe adverse psychological effects connected to meditation, including depersonalisation, reality-testing and despair. Three men linked these adverse experiences to subsequent states of psychosis, with two sectioned for a psychotic breakdown. While meditation is acknowledged as inappropriate for those at risk of psychosis (Lustyk et al., 2009), as with depression, there is little research on the potential for meditation to precipitate it in a general population (Dobkin et al., 2012). A few studies have connected meditation to adverse psychological effects (Kuijpers et al., 2007; Yorston, 2001; Shapiro, 1992; Craven, 1989), including anxiety, depression, anger and psychosis. However, Perez-de-Albeniz and Holmes (2000) argue that such studies did not adduce causality, as they did not disentangle the effects of meditation from pre-existing psychological issues.

Causality cannot be ascertained in this study either. However, although one man admitted to mental health problems before taking up meditation, the remaining five mentioned no prior experience of such problems. Moreover, four of these believed their adverse experiences had been directly caused by meditation. It must be emphasised though that these men felt their problems had been due to meditating incorrectly and/or to lacking peer guidance to help them interpret powerful experiences. They still viewed meditation positively, some even attributing significance to their experiences, constructing them as potent moments of insight. Narratives here support thus the concept of post-traumatic growth (Tedeschi and Calhoun, 2004), where traumatic events can induce positive changes, e.g. gratitude for life. Still, these men's stories reinforce the idea that meditation must be used with caution, even in non-clinical populations.

9.4.2. Difficulties in meditation

Many men discussed less serious issues with meditation which were nonetheless challenging. Most prominent was encountering troubling thoughts/feelings in meditation. This difficulty is perhaps linked to the finding discussed above, that before starting meditation men learned to disconnect from troubling internal content. Turning towards their inner world in meditation could thus be hard. Men uncovered painful memories, thoughts and feelings, with negative consequences in some cases, sometimes impacting adversely on men's self-view.

This problematic 'uncovering' process has implications for the promotion of meditation as a means to better mental health. In encouraging introspection of thoughts/feelings, meditation has parallels with psychotherapy (Bogart, 1991). However, psychotherapy is designed around interaction with a therapist who can help patients work constructively with negative emergent content (Bergin and Garfield, 1994). In contrast, no such provisions are necessarily in place with meditation. While meditators may turn to teachers and fellow practitioners for support (Berzin, 2010), there is not necessarily a safety net to ensure this. There is a danger people may emerge from a meditation session more troubled than before, and lack resources to cope.

Through meditation, men did cultivate skills to manage negative content, as discussed above. However, developing such skills could be challenging. While men agreed with theorists that mindfulness should be practised in a spirit of '*metta*' (Kabat-Zinn, 2003), it was notable that some had difficulties generating this for themselves. While it is suggested that women tend to be more self-critical (Neff, 2003), others argue that men collectively have suffered damage to

self-esteem as social changes have undermined traditional male roles, e.g. the ‘breadwinner’ (Ashwin and Lytkina, 2004). Whatever the relative levels of self-esteem of the sexes, results here suggest men may need assistance in cultivating self-compassion, which is an important factor in mental health (Neff et al., 2007). Meditation may be helpful in this regard.

9.4.3. Practical and motivational issues

There were procedural difficulties with meditation. Most men described learning meditation as an arduous process of skill acquisition. With any skill, performance can vary according to cognitive, volitional and physiological factors (Steele-Johnson et al., 2000). Men described manifold ways in which their skills could falter and a meditation could be unsuccessful, e.g. involving boredom, tiredness, day-dreaming, or mental ‘chatter.’ Contrary to depictions of meditation as a relaxing process of self-tranquillisation (Friedman et al., 2001), results here suggest that while it can induce calmness, it usually involves mental effort. So-called mental ‘stillness,’ frequently portrayed as characterising the meditative state in academic (Zahourek, 1998) and popular literature (Dillard-Wright and Jerath, 2011), was an achievement achieved neither often nor easily in the narratives.

There were also physical issues. Performing the ‘correct’ posture could be painful. Men could be competitive with meditation. In ‘pushing’ their body, some endorsed the type of ‘macho Buddhism’ noted by Scherer (2011). Traditional masculinity often idealises the male body as robust and competitive, affirmed through physical strength (Potts et al., 2004), with weakness a threat to men’s gendered identity (Bernardes and Lima, 2010). Here, while men challenged gender norms in many ways, other conventional views persisted, including the need to see oneself, and be seen by others, as physically able. When meditation is studied in the context of physical pain, it is often as a way to alleviate pain (Teixeira, 2008). However, results here suggest meditation can contribute to physical issues, especially in the context of competition.

Lastly, there were motivational issues around losing the will to practise. Most men articulated a narrative of progress, a long-term perspective where they saw themselves as developing in various ways, e.g. becoming ‘integrated.’ This narrative helped to sustain men when practice was unrewarding, and justified sacrifices they had made for it. However, men sometimes lost faith in meditation. Faith here refers to ‘confidence in the value of meditation,’ rather than a traditional religious sense of ‘belief in the absence of evidence’ (Kail, 2007). However, these

narratives did have parallels with a religious loss of faith, which is linked to questioning and disruption of meaning (Clarke, 2003). Loss of faith seemed particularly challenging for men who had ‘invested’ significantly in their meditation career (e.g. living/working in the centre), as they questioned their whole way of life. Moreover, loss of religious faith is associated with mental health issues, such as depression (Wittink et al., 2009). Some here described losing faith as dispiriting. However, others did not so much lose faith as lose interest temporarily.

By drawing attention to a range of problems associated with meditation, this study may assist people to develop more sustainable meditation practices. The findings may also enhance the efficacy of clinical interventions, since practice non-compliance is the ‘main obstacle to the therapeutic use’ of meditation (Sun et al., 2004: 466), and a more realistic appraisal of the demands of meditation may help clinicians ensure compliance. At the same time however, the findings here around the risks and burdens associated with meditation – psychologically in terms of mental health risks, and socially in terms of transgressing peer-group norms and expectations (discussed below in section 6) – means caution is warranted in recommending meditation. This point is discussed further in section 8 (implications and recommendations). Greater understanding of the demands of meditation can also improve meditation research, as failure to ensure and monitor adherence to interventions is an enduring criticism of many studies, compromising their reliability and validity (Toneatto and Nguyen, 2007). Vettese et al. (2009: 221) argue that qualitative work is needed to clarify ‘what participants are actually doing’ as they try to practise meditation; in exploring just this, the current study contributes to our understanding in this area.

This section has explored psychological issues around meditation. However, there were many social issues which also impacted upon meditation. Although studies have acknowledged the potential for such issues to hinder practice, it is usually as a methodological limitation, rather than part of the research question (Dobkin and Zhao, 2011). The qualitative exploratory focus of the present study meant that social factors around meditation could be explored in some depth – discussed in the following two sections – as few previous studies have done.

9.5. Communities of practice, and positive hegemonic masculinity

The fourth finding was that men came into contact with a social ‘world’ around meditation. This world encouraged them to take on new ways of being a man, which were experienced as

conducive to well-being, including connecting with others, reducing alcohol/drug use, and a sense of spirituality. Most research on meditation has taken a psychological or physiological perspective, within minimal attention paid to it as a complex social phenomenon (Dobkin and Zhao, 2011). The current study is unusual in exploring the social context of meditation, and unique in focusing on how this context might facilitate well-being in men. This section first argues that the social context constituted a ‘community of practice’ (CoP, Lave and Wenger, 1991). It then suggests this CoP promoted a positive local hegemonic masculinity, conducive to well-being. The idea of ‘positive hegemony’ is a new addition to the masculinity literature, having only been alluded to by a few studies previously, e.g. in relation to a ‘peacekeeping’ form of masculinity in the UK military (Duncanson, 2009). The remaining three parts explore the positive norms of the CoP here: connecting with others; abstinence; and spirituality.

9.5.1. Communities of practice

Most men learned and practised meditation, at least some of the time, in a social context, e.g. attending meditation centres, or other social events involving meditators. Twenty-two men were involved to some degree with one particular meditation centre, which recruitment focused on; four more were linked to other centres. In discussing these social environments,¹ men depicted a culture – influenced by Buddhism² – where certain ideas and behaviours were encouraged. In analysing these contexts, Lave and Wenger's (1991) concept of CoP seemed a particularly useful way of understanding them. Wenger (1998) offers three criteria for identifying a social environment as a CoP: mutual interaction of members; jointly negotiated enterprise (common purpose(s) that drive the interaction); and shared repertoire (common discourses, ideas and behaviours). CoP are seen as differing from other models of social interaction: one can be part of a network by chance/circumstance, but CoP involve conscious, active engagement (Meyerhoff, 2008).

¹ Given that over two thirds of participants were affiliated with one particular centre, men's narratives around the social context of meditation centred largely on this particular locale. Thus, the discussion here around communities of practice pertains mainly to this centre. However, men also discussed similar themes (e.g. encouragement of abstinence) with reference to other centres and locales, and so the points made here are not necessarily limited to the key meditation centre.

² This is not to say that all men identified as Buddhist – around two-thirds did; the remainder rejected the label – or that men were not also influenced by other discourses and traditions.

Practices beneficial to well-being were promoted as hegemonic ideals by the CoP, including connecting with others, abstinence, and spirituality, as discussed in detail below. Men did not necessarily depend on a CoP to pursue these ideals. To some extent these ideals were part of the Buddhist culture around meditation, e.g. in books. Thus men unconnected to a meditation CoP, or involved in only a minimal or occasional way, also discussed taking on similar ways of being. However, participating in CoP made it easier for men to adopt these new practices. Firstly, in the CoP such practices were encouraged, even expected, as local norms. Secondly, social pressures outside the CoP – where traditional norms usually still dominated – hindered men enacting these new ways, as discussed in the sixth section of this chapter.

9.5.2. Positive hegemonic masculinity

In identifying and examining CoP which promote positive local norms, conducive to well-being in men, the present study makes a useful contribution to the literature. The idea of CoP has been explored in relation to masculinity, notably by Paechter (2003: 72), who argued that these enable the ‘constant production, reproduction and negotiation’ of gendered behaviour. However, studies invoking the CoP concept in relation to masculinity tend to focus on their role in the maintenance of traditional norms (Parker, 2006). Against this, the present study suggests that CoP can also promote alternative masculine norms and values, like emotional openness, that may promote well-being.

There are parallels here with a study of the Australian ‘shed’ movement (Golding et al., 2008: 254). It was suggested that the sheds – informal ‘workshop-based spaces’ – were CoP which offered a ‘safe, neutral and acceptable place’ for men to meet and address emotional needs in a positive way. Furthermore, the potential for CoP to encourage positive behaviour in men intersects with the idea of hegemonic masculinity. Golding et al. argue that hegemony is not inevitably negative, and that deleterious norms should be explicitly qualified as ‘negative hegemonic masculinity.’ The present study aligns with this argument, as promotion of norms conducive to well-being in the meditation CoP highlights the possibility of men encountering a ‘positive hegemonic masculinity.’

The notion of ‘positive’ hegemony is new, though not unprecedented – Duncanson (2009) analysed a local ‘peacekeeping’ form of masculinity in the UK military. However, the current study is the first to argue for a ‘positive hegemonic masculinity’ in relation to mental health.

This is a useful corrective to the way hegemony is often presented in the literature: although Connell's (1995) theory allows for a plurality of hegemonies, Gough (2006: 2477) suggests that this complex concept is often 'reduced to a singular construct,' used interchangeably with traditional 'macho' masculinity. Sloan et al. (2010) argued against drawing simplistic links between hegemony and negative physical health outcomes. The current study extends this argument to mental health.

Attention now turns to the ways of being promoted within the CoP, which fell into three main 'strands:' connecting with others; abstinence; and spirituality. Most men described efforts to take on at least one strand; many tried to take on all three.

9.5.3. *Connecting with others*

Men described learning to be more open and intimate with other people – this contrasted with how men suggested they had been before taking up meditation, where the notion of the 'lone man' was a common theme. As with emotional disconnection explored above, this lone man idea was linked to traditional hegemonic norms, which as Mahalik (1999) argues, appeared to encourage interpersonal disconnection. Such disconnection was particularly prevalent among men who recalled dysfunctional upbringings, and troubles crossing the threshold to manhood. These findings support Pollack's (2006: 191) suggestion that while a 'cool pose' of 'bravado and invulnerability' is a way of enacting masculinity, it can also reflect a way of coping with vulnerability, erecting an 'impenetrable wall of toughness' to protect oneself from others.

However, in retrospect, men here felt they had suffered from being relatively disconnected. Notably, when discussing distress, with the exception of romantic relationships, men hardly mentioned turning to others for support. In this respect, the narratives affirm the idea that men tend to enjoy smaller support networks than women (Courtenay, 2000a), and that this impacts upon men's ability to cope (Shiner et al., 2009). However, through meditation, and encountering supportive CoP, men spoke about learning to open up.

Openness was facilitated partly by meditation itself, especially the '*metta bhavana*' practice. Relational connectedness was also encouraged by the CoP, though a supportive atmosphere, and specific activities like story-sharing. Some men likened such activities to therapy, saying these had enabled them to trust and open up to others. Such activities have hitherto not been

explored in the literature, and warrant further attention. In connecting with others, many men felt supported by the CoP when in distress; this corroborates the notion of the ‘religion-health connection’ (Ellison and Levin, 1998), where participation is seen as a ‘buffer’ against stress, reducing CMDs (McCullough and Larson, 1999). Moreover, Krause's (2008) contention that religious networks are especially close-knit, as people share principles geared towards caring, is apposite here given the emphasis on ‘*metta*’ in the CoP. However, not all men felt a sense of trust or connection in these contexts, as discussed below.

Men appreciated being able to share their feelings. They also valued the particular emotions promoted by the CoP, especially caring and compassion – these not only felt good, but lent purpose to men’s lives. Although the notion that being kind can generate positive feelings has previously been explored (Seligman et al., 2006; Hollis-Walker and Colosimo, 2011), results here are notable in finding these ideals promoted as a local form of hegemonic masculinity. In this respect, it was notable that the CoP appeared to have explicitly articulated a particular model of masculinity. Qualities like compassion are often constructed as ‘feminine’ (Mejía, 2005). It was interesting then to hear men use discourses – promulgated in the CoP – about ‘integrating the masculine and the feminine,’ and the value of being both caring and tough.

It is intriguing to compare this idea of ‘integration’ with other discourses of gender promoted by ‘men’s groups.’ Such groups arose in the wake of social movements, notably feminism, that challenged conventional gender norms (Stein, 2005). A neo-conservative ‘mythopoetic’ movement – ‘[R]eworking... old stories and myths in ways that are relevant to the healing of contemporary men’ (Barton, 2000: 264) – sought to reassert traditional masculinity via male bonding (Hearn, 2004). In contrast, pro-feminist groups endeavoured to ‘transcend traditional modes of relating’ (Singleton, 2003: 131) and encourage the emergence of the ‘emotionally-expressive New Man’ (Messner, 1993: 723). The CoP here incorporated elements from both groups. While men endorsed pro-feminine discourses around cultivating ‘feminine’ qualities, they were critical of feminism, which they felt denigrated traditional qualities, e.g. strength, which they still valued. The discourse of ‘integrating’ the masculine and the feminine seemed to thus both reject and defend traditional notions of masculinity.

9.5.4. *Working towards abstinence*

A second strand of the new way of being was abstinence – many participants had been trying to cut down drink/drug use; some had even largely given them up. This abstinence narrative can be juxtaposed with stories about life before meditation, where many described heavy or unhelpful drink/drug use. Accounting for their use, men echoed extant ideas in the literature. Some men rehearsed the idea of using drink/drugs as a way to embody traditional hegemonic norms (De Visser and Smith, 2007). Drink/drugs were also sometimes responses to distress, and attempts at self-medication, e.g. suppressing negative thoughts – this reflects Brownhill et al.'s (2005) identification of drink/drug use as a 'maladaptive' avoidant coping strategy.

It was notable that the latter reason – drink/drugs as a coping strategy – was more prominent than the 'performing as men' reason. Not many men described using drink/drugs because it was expected of them, but more because of the effects these had, or they hoped these would have, on their mental state. This reasoning may help explain why men engage in health-risk behaviours, like alcohol use, that appear detrimental to well-being (Courtenay, 2000b). It is not that men here used drink/drugs to perform as men in defiance of their well-being. Rather, such behaviours were more a way of engaging with well-being, albeit in a 'maladaptive' way, as an emotional regulation coping strategy. As Gudjonsson and Sigurdsson (2003) note, the idea that health-risk behaviours may actually be attempts to manage health makes them more explicable. Still, that these men often used drink/drugs to manage their emotions reinforces the importance of teaching men EI skills so that they might explore more adaptive strategies.

Given this background, it was notable that many men described efforts towards abstinence. Although men did not meditate in order to reduce drink/drug use, for many, this appears to have been a positive side-effect. Reasons for this reduction were interesting. De Visser et al. (2009) found that men who refrained from drinking were often still influenced by traditional norms, but traded masculine 'competencies,' where attainment of other norms, like sporting prowess, 'justified' their abstinence. However, other reasons were noted in the current study. Men's EI development meant they were less likely to use drink/drugs to cope with distress. The results also echoed those of O'Brien et al. (2009), who found that events like fatherhood prompted a re-calibration of values, with drinking demoted in importance. For some in the present study, drink/drugs became incompatible, socially and mentally, with a commitment to meditation, so abstinence was preferred. The support of the CoP, which promoted abstinence

as a norm, also facilitated men's efforts. As to *why* this norm may have emerged, it is relevant that Buddhism offers specific doctrinal encouragement of abstinence (Thrangu, 1993).

These results are intriguing. Alcohol and substance abuse among men is often recognised as a problem (Pinkhasov et al., 2009). For example, men account for two thirds of alcohol deaths (ONS, 2011a). Concern around men's drink/drug use have led to prominent 'calls to action' to encourage healthier behaviours (Courtenay, 1998). However, while various interventions have been conceived and implemented, a 10 year review concluded little progress had been made in reducing men's alcohol use (Robertson and Williamson, 2005). The possibility that meditation groups can promote health behaviours in men thus deserves further investigation.

9.5.5. *A sense of spirituality*

The third strand of the new way of being was a sense of spirituality – most participants said they had come to view themselves as 'spiritual' in some way, even if some still experienced tension or conflict in describing themselves as such.

As per the other strands, this turn towards spirituality is contextualised by men's lives before meditation, where men described hegemonic pressures which discouraged engagement with spiritual discourses and practices. In particular, men suggested they had been influenced by a norm of rationality, and also the idea that rationality is antithetical to spirituality/religion. The pressure appears to have been two-fold. First, some participants experienced the prohibitive idea that men don't 'do' spirituality – indeed, rationality is often constructed as a traditional masculine attribute (Ross-Smith and Kornberger, 2004).

Gendered pressure against spirituality was compounded by societal pressure (irrespective of gender) – men felt that spirituality was viewed as suspect by peers, echoing Bauman's (2001) assessment of society as generally secular and materialistic. There were also other factors in men's resistance to spirituality. Many had rejected a religious upbringing (mostly Christian), often in adolescence, a common age for a 'loss of faith' (Uecker et al., 2007). This rejection was partly explained in terms of ratiocination, i.e. their inability to 'believe' in the theology. However, some participants had also found religion intolerant, particularly of homosexuality, as recognised in the literature (Bernstein, 2004).

In light of these prohibitive factors, part of the appeal of meditation/Buddhism was that it was experienced as inclusive and rational. While religion is often portrayed as irrational (Parks, 2005), proponents of Buddhism construct it as empirical and rational, based not on faith-based acceptance of theological tenets, but adoption of introspective practices (Harris, 2004). Narratives here endorse this view, to some extent. Men suggested that Buddhism was easier for them to take on (compared to other religions) because it seemed free from ‘dogma,’ and emphasised empiricism, i.e. observation of the mind. However, men subsequently came to find that Buddhism/meditation allowed room for spirituality. Men participated in religious-type rituals, e.g. bowing to a shrine. Men also described ‘paranormal’ experiences – ‘beyond the range of normal experience’ (The American Heritage Dictionary, 2009) – in and out of meditation, which they interpreted in spiritual terms, e.g. encountering an external ‘power.’

This last point – interpretation of powerful experiences as spiritual – was part of an intriguing debate in the narratives around the nature of spirituality. This debate centred on the issue of whether spirituality was ‘real,’ or just involved learning to talk in certain ways. For example, describing spirituality as the feeling that there was ‘a force for good in the world,’ one man questioned whether he had genuinely experienced this, or was simply rehearsing a common phrase. This debate is also played out in the literature. Some theorists of religion advocate a social constructionist stance, where spirituality is not about so-called ‘numinous’ experiences, but adoption of discourses that mark one out as ‘spiritual’ (Popp-Baier, 2002). In contrast, another current of thought understands spirituality in terms of actual anomalous (‘out of the ordinary’) experiences (Coyle, 2008).

In the narratives there was support for both perspectives. Corroborating the constructionist argument, men suggested the CoP had encouraged them to adopt discourses of spirituality. However, some men also recounted unusual, emotionally charged, meaningful events, which corresponded to Maslow's (1964) concept of ‘peak experiences,’ i.e. rare moments of intense emotion and/or insight, endowed with existential significance. Such episodes thus point to a capacity for meditation to generate potent anomalous experiences (while still recognising that men adopted particular discourses to discuss these). For example, some men recalled having an altered sense of self in meditation, including dissolution of the sense of being a ‘separate’ individual, as previous studies have found (Travis and Shear, 2010).

Such experiences could be difficult for men to deal with, as discussed above. However, many who discussed ‘spiritual’ experiences valued them highly. Before taking up meditation, some participants had been searching for meaning. One way of understanding meaning is in terms of acquisition of a schema which endows life with significance (Park, 2005). In a few cases, men suggested these ‘spiritual’ experiences had provided them with the meaning they had sought. Thus, whatever the ‘nature’ of these spiritual experiences, men appreciated being able to explore ideas and practices that could be labelled ‘spiritual,’ as many men felt these had previously been closed off to them.

As a final comment here, in focusing on CoP, this study not only adds to our understanding of masculinity – viewing the social context of meditation in terms of CoP is also a relatively new way of understanding the sociology of religion. Although a few scholars have analysed meditation/Buddhism in terms of CoP (Thatamanil, 2011), most sociological studies have constructed engagement in terms of adherents ‘converting’ to a New Religious Movement (Smith, 2008). However, results here did not support the idea of ‘conversion.’

Viewing engagement with meditation in terms of conversion or ‘identity change’ overlooks the fluid nature of identity construction (Chandler, 1998). Men’s stories of involvement with meditation/Buddhism reflected Ezzy’s (2000: 613) depiction of narratives as composed of ‘overlaid, interwoven and often contradictory stories and values.’ Some men did incorporate Buddhist ideas/practices into their identities. However, as relational identity theories predict (Connell and Messerschmidt, 2005), whether these ideas/practices came to the fore depended on contextual factors: in some situations, men were influenced by Buddhism, in others, less so. Thus even men who identified as Buddhist did not ‘convert’ to Buddhism, but negotiated a complex, fluid relationship with it, and with the social context around it. The CoP concept recognizes that people do not just ‘belong’ to CoP, but navigate dynamic relationships with multiple social contexts (Wenger, 1998). CoP was thus a more flexible way of looking at the social context of meditation.

However, negotiating involvement with the meditation CoP could be difficult for men, as the next section explores.

9.6. The trouble with CoP, and with taking on new ways of being

The final finding was that engaging with CoP, and trying to take on new ways of being, could be problematic. Some problems were ‘internal’ to CoP, including issues linked to hegemony, such as competitiveness and marginalization. Some problems were ‘external,’ in that men found it hard to manage their involvement with CoP in the context of life as a whole. As this study is among the first to suggest that CoP can promote a positive local form of hegemonic masculinity, the finding that such CoP can also be problematic enhances our understanding of this emergent idea.

9.6.1. Problems within CoP

There were a range of issues associated with meditating in a CoP. For around a third of men, these issues were such that they had preferred not to get involved with meditation CoP, or at least scaled down their involvement at points. Participants discussed interpersonal issues and conflicts. Although some conflict may be ‘inevitable’ in any social interaction (Rahim, 2002), there were three concerns that are particularly relevant to the notion of the meditation group functioning as a CoP: intensity; issues around hegemony; and problematic bonding.

Issues of intensity related to Wenger's (1998) second criteria for identifying CoP: interaction driven by common purposes – here, meditation, and ways of being influenced by Buddhism. Wenger argued that having common purposes does not render CoP immune to conflict. The current study goes further and suggests that shared purposes can generate conflict in various ways. Firstly, the idealism that drew some men to the CoP was challenged by the mundane realities of interaction; e.g. a commitment to compassion undermined by irritation at others’ peccadilloes. While similar forms of ‘frustrated idealism’ have been found in other contexts, like teaching (Wood and Bennett, 2000), meditation groups are evidently not immune.

Moreover, some participants disliked the ‘hothouse’ intensity of the idealism. The potential for idealistic fervour in religious communities is often noted (Robbins, 2002). The intensity here however was not on the same scale of some religious groups, like those involved in mass suicide (Mancinelli et al., 2002) or terrorism (Stern, 2006). Some participants suggested that a commitment to ‘*metta*’ in the CoP exerted a positive restraining effect on conflict related to

idealism. Nevertheless, while zealotry has been observed in traditional Buddhist contexts in India (Engineer, 1998), results here show it can be an issue in a modern ‘Western’ setting too.

A second issue for the CoP concerns the operation of hegemony. Although the CoP promoted a positive hegemony, issues of hierarchy, competitiveness and marginalization still emerged. Such issues are often linked to the operation of hegemonic masculinity, which is constructed as hierarchical: those who appear to be closer to normative standards wield power over those who do not (Donaldson, 1993). Since hegemony is about hierarchy, even positive hegemony will mean that there will be marginalized and failed men.

Newer practitioners admired and wished to emulate more senior CoP members, who in turn understood their elevated status. Issues around power inequalities and concomitant potential for abuse in Buddhist communities, particularly around ‘guru-disciple’ relationships, are a topic of concern in the literature (Puttick, 1995). Perhaps because accusations of impropriety have previously been levelled against UK Buddhist movements (Bunting, 1997), the CoP did not encourage such ‘guru-disciple’ bonds. Still, a sense of hierarchy clearly emerged for men here, especially around a system of ordination in the movement to which the CoP belonged.

After a period of preparation, if deemed ready by senior members, applicants who wished to ‘commit’ to Buddhism could attend a lengthy retreat and be given a new Buddhist ‘identity.’ A hierarchy emerged from aspiring ‘ordinants’ being at different ‘stages’ of the process, with the awarding of ordination a coveted marker of progress. Here, issues of competitiveness and jealousy were described by participants. In Buddhist literature, problems generated by desire for progress have been labelled ‘spiritual materialism’ (Trungpa, 1973). However, the way the CoP had channelled this idea of ‘progress’ into a structural stage-wise process seemed to generate particular issues around competition.

A few participants believed that leaders in the CoP wielded power in malign ways. Two men reported ‘bullying’ by more senior members in the ‘race’ to ordination. One explanation is that character clashes contributed to their marginalization. However, their stories indicated hegemony at work (whether gender based or not) in the way these men felt power structures in the movement had undermined and ostracised them. Their ‘traumatic’ experiences of being compelled to leave the CoP echo other accounts of rejection from religious communities in the literature (Williams and Gerber, 2005).

Other men felt that power issues were handled sensitively in the CoP. They acknowledged a sense of hierarchy, but felt that people were conscious of this and generally sought to mitigate problems with it. For example, newly ordained members were ‘warned’ about the potential danger of abusing power accorded by their ‘status.’ The CoP had taken steps to minimise the differences between those at different levels, eschewing status symbols such as robes, which create distance between ordained and lay members (Salgado, 2004). Although other markers of ordination were still present (e.g. Buddhist names), there was thus clearly sensitivity in the CoP towards power issues.

Hegemonic masculinity is conceived as operating by subjecting subordinate masculinities – those who do not manage or seek to attain local hegemonic standards – to censure (Connell, 1995). In extreme cases (e.g. homophobia), censure can mean harassment, and even violence (Mills et al., 2004). As discussed, two men reported distressing accounts of ostracism. A few others also reported marginalization for not adhering to norms, like refusing to join in rituals. However, others who had deviated from norms, e.g. using alcohol, attested to feeling largely supported by the CoP, encouraged, rather than pressured, into trying to attain the local norm. Their stories reflect the idea that religious communities can perform quasi-therapeutic roles in addressing members’ problems (Worthington et al., 1995). Thus, the narratives as a whole point to inconsistency in the deployment of hegemony, even within one CoP.

A final complication concerns bonds formed between members. The CoP encouraged men to be more intimate with each other, as discussed above. However, participants also highlighted potential issues connected to this intimacy. Various interpersonal dynamics emerged within the CoP, some of which could be problematic. A few participants suggested that some men in the CoP were looking for father- or son-figures, playing out unresolved issues from their past. The potential for such issues to emerge in Buddhist communities has been noted by scholars. Austin (2006: 65) describes, in psychodynamic terms, the need for people to ‘overcome the mutual unease of parent-child transference reactions.’ However, these issues have not been addressed in the empirical literature, and warrant further attention.

Another potentially difficult interpersonal dynamic in the CoP was around homosexuality. A large minority of participants were homosexual. For these, part of Buddhism’s appeal was its inclusivity. Men here often found other religions to be homophobic, as noted in the literature (Finlay and Walther, 2003). In contrast, although Buddhism is not exempt from homophobia

(Scherer, 2011), it has a tradition of acceptance of homosexuality (Schalow, 1992), and men here generally experienced it as inclusive. So, while gay men had various reasons for wanting to engage with the CoP, being in a tolerant environment in close proximity to other men was part of its appeal for some. However, complications could arise, from unrequited attraction to painful break-ups. While these complications may be normal aspects of human interaction, they could be hard to manage for men living in close proximity within the CoP, such as when protagonists continued living there following a break-up.

9.6.2. External issues: Negotiating multiple contexts

Men had trouble trying to balance their involvement with CoP with demands from other areas of life. The key issue was that CoP norms were infrequently encountered outside the CoP, where traditional expectations often still dominated. For example, while the CoP encouraged emotional openness, this was discouraged in other contexts, policed by fear of censure. Thus while men appreciated enacting new behaviours in the CoP, lack of support for these outside the CoP created considerable difficulties. The contrast between these different social contexts was such that some men distinguished between a 'Buddhist world' (meditation CoP), and a 'non-Buddhist world' (areas of life unrelated to meditation, like work).

These results further our understanding of how masculinity is negotiated through interaction across diverse contexts. Discussing the CoP concept, Wenger (1998: 648) endorses a social constructionist perspective, and suggests the 'continuous negotiation of 'self' across multiple social contexts' can generate identity conflict. However, there was variation in the way men responded to the challenges of negotiating different 'worlds.' Some men appeared to keep the two worlds largely separate, 'compartmentalising' the identities that emerged in each. Others felt they managed to maintain a consistent identity, influenced by Buddhism, across different contexts. However, many participants felt an ongoing sense of conflict, wanting to enact 'new ways of being' outside the CoP, but worrying about doing so.

Those who felt conflicted had a difficult choice. One option was maintaining new behaviours outside CoP, yet risking censure. Some men described being marginalized for doing just this, as hegemonic theory predicts (Moss-Racusin et al., 2010). Some even likened admitting to being Buddhist to 'coming out' as gay, worrying in similar ways about social censure. Such prohibitive social barriers around meditation have not been reported in the literature. In light

of such censure, an alternative option was to try to adapt to the traditional hegemony of the local context, e.g. engaging in ‘laddish’ banter at work. There are parallels here with Gough (2001: 181), where men withheld non-hegemonic discourses (‘biting their tongue’) over their concern with the ‘social costs entailed in appearing ‘other.’’ However, some in the present study who modified their behaviour felt they had compromised their authenticity by doing so.

Both responses above were problematic, risking either censure or inauthenticity. There were two ways men tried to ‘close down’ this dilemma: relinquishing non-traditional behaviours and embracing old ways (e.g. drug-taking), or immersing themselves in the CoP and avoiding contexts governed by traditional norms (with parallels to Phillips and Aarons' (2007) study on meditators escaping into Buddhist enclaves in response to their disenchantment with society). However, neither solution was sustainable in the present study. Rebellion was dissatisfying, as men were drawn back to meditation. With ‘immersion,’ it did not seem possible to escape society, which always impinged in some way. Thus, all men negotiated compromises in how they managed multiple conflicting contexts.

While narratives here highlight difficulties of trying to take on more constructive behaviours, they also make a wider point about gender construction. The results affirm the constructionist position that forms of gendered behaviour are produced by the local context, as outlined by Connell (1995). However, in exploring men’s subjectivities of this constructive process, this study reveals how troubling this experience can be. Connell and Messerschmidt (2005: 832), invoking psychodynamic theory, viewed individual men as composed of multiple discourses and ‘layers’ of masculinity, with ‘tension and contradiction’ between these. However, results here suggest this ‘tension’ in the construction of masculinity is often experienced painfully by men themselves. Constructionist theories like Connell’s have been criticised for articulating ‘overly-sociological’ views of identity, to the exclusion of men’s subjectivities (Whitehead, 2002). In exploring their ‘inner world’ (Jefferson, 2002), the present study highlights men’s struggles as they tried to navigate multiple social contexts and local hegemonic norms.

In sum, men’s efforts to take on more helpful masculine behaviours can still be destabilised by other social contexts – governed by more traditional norms – that undermine their efforts. As such, encouraging men to change, even with the help of CoP, may be of limited use unless counterproductive social pressures from elsewhere are addressed. Thus, wider social changes

around how masculinity is constructed must still be encouraged if men are to maintain more adaptive masculine behaviours in their lives.

9.7. Critical reflections on the thesis

Post-positivist theories of knowledge recognise that researchers can influence their data at all stages of the research process (Patton, 2002). As Charmaz (2000: 524) articulates the issue, in discussing the type of constructionist grounded theory to which the present study is aligned, the data do not provide a ‘window onto reality,’ but rather are generated by the ‘interactive process and its temporal, cultural and structural contexts.’ Researcher influence is addressed by a commitment to reflexivity – critical awareness of the process of knowledge construction (Cutcliffe, 2003). In this spirit, this section focuses on three aspects of the study, to consider the potential impact my choices and interventions as a researcher had in relation to these areas: the sample of participants; the interview process; and data analysis. It could be argued that these choices – which necessarily guided the research along particular empirical and theoretical avenues and closed off others – were ‘limitations’ of the study. However, research inevitably involves ‘setting limits’ to one’s enquiry (Edson, 1988: 50), and thus it is sufficient to account for these limits, rather than necessarily construct them negatively as ‘limitations.’

9.7.1. Sampling issues

In terms of participant selection, as a white male from a middle-class upbringing, this perhaps limited my ability to engage with more diverse social networks. Thus, despite commitment to ‘maximum variation,’ my personal social location may have produced a relatively ethnically homogenous sample, as only three men were ‘non-white.’ However, at 10% of the sample, this exceeds the national percentage (9%; ONS, 2011c) so is not necessarily unrepresentative. Moreover, the ethnic profile of the sample may be fairly representative of British meditators: while there is no national data on meditators’ ethnicity, in an ‘exploration of the ‘whiteness’ of convert Buddhism,’ Smith (2008: 227) argues that Western Buddhism is a ‘white middle-class enterprise.’ Thus rather than a limitation, the ethnic homogeneity of participants here may itself reflect an ethnic bias in meditation participation.

It might still be objected that the participants are unrepresentative of men in general, and that the findings cannot be generalised. For example, the sample has a large number of gay men

(nine out of 30). Studies suggest gay men have higher rates of depression (Mills et al., 2004), potentially linked to societal censure (Warner et al., 2004). However, such marginalization does not only impact upon gay men, but extends to qualities seen as feminine, e.g. sensitivity, in heterosexual men, (Schippers, 2007), which was also found here. Thus the large number of gay men (and heterosexuals who endorsed feminine traits) in the sample is itself revealing: it suggests that men drawn to meditation are those who feel dissatisfied with traditional norms in some way, and are open to alternatives.

Similarly, that men here found ways to engage with well-being could mean they are unusual in other ways, such as more emotionally functional. For example, meditators often have high education levels (Jacobs et al., 2011), as was found here. However, the point of the study was to consider a relatively functional group to examine factors related to their engagement with well-being. The exploratory nature of the research meant the findings were not intended to be generalised beyond this sample of men. That said, there are different types of generalisation (Draper, 2004): empirical generalisation concerns the process of drawing inferences about a wider population on the basis of a representative sample; conceptual generalisation involves developing concepts and understandings that may be applicable to other settings and groups. While the current study makes no claims regarding the former, its findings may be deemed to possess the latter, being useful to those seeking to understand men, distress and well-being.

9.7.2. The interview process

A second ‘limitation’ is how the interaction between myself and participants helped shape the narratives that were produced. Methodological reflexivity requires an acknowledgement that their telling is to some extent a performance – and a gendered one – and that the interview process shapes the way experiences are recalled and presented (Gergen, 1989). Allen (2005) found that research interactions are an opportunity for men to enact traditional masculinity as they engage in ‘identity work,’ concealing vulnerabilities behind their bravado. However, the idea that interviews are a gendered performance could be seen as source of empirical interest. Presentations of self here highlighted ways in which men constructed masculinity, at times reinterpreting or contesting hegemonic norms, in other ways reinforcing them. For example, narratives of help-seeking reluctance may reveal actual health behaviour, but may also reflect men’s ‘situated accounts,’ where men present ‘versions of themselves through their narratives

about health' (Dolan, 2011: 596). The way men positioned themselves in the interview is thus itself informative about the construction of masculinity.

However, this does not mean that narratives cannot provide information about the past. As Connell (1995: 91) said, treating qualitative data as 'fiction' to be 'read' for narrative devices risks 'spurning the effort respondents themselves make to speak the truth.' For example, men here presented dramatic 'turning points' in their narratives. Social constructionist theorists of religion have identified a 'conversion' narrative, where 'converts' rehearse a well-worn genre of radical transformative change (Popp-Baier, 2002). Men here may have drawn on such a genre, perhaps influenced by discourses in the CoP. However, this narrative may have also been adopted because it resonated with the significance of men's experiences in altering their lifecourse. Arguably then, men's stories were also records of past events, however selectively recalled and interpreted.

My role in eliciting the narratives must be noted. Interviews are communicative interactions, and interviewer and interviewee co-create the emergent content as a product of the interaction (Enosh and Buchbinder, 2005). As such, in interviews, I was guided by Schön's (1983: 241) notion of reflection-in-action: '[O]n-the-spot surfacing, criticizing, restructuring, and testing of intuitive understandings of experienced phenomenon.' I tried to be aware 'in the moment' of the way I was shaping the direction of the interview depending on my responses. While exerting influence is inevitable with any intervention (even silence is an action), I tried to be sensitive to the effects I was having. I was conscious that my personality, interactional style, even mood on the day, impacted upon the process. In reflecting post-hoc upon my impact on the interview dynamics, I was guided by a research journal I kept, as a recommended aid to reflexivity (Cutcliffe, 2003), throughout the PhD. All manner of interpersonal and situational dynamics can shape the way interviews unfold (Broom et al., 2009). As charted in my journal entries, one may analyse my impact upon interviews according to various factors, including: personal characteristics and interpersonal skills; variations in mood; long-term trends in skills and technique; and specific interventions in the interview process.

Regarding personal characteristics, I felt that I managed to create an atmosphere conducive to participants opening up. Oliffe and Mroz (2005: 258) counsel researchers to be aware of the 'masculine self' they are presenting to participants, and to endeavour to 'project a courteous, non-competitive' self to lessen the likelihood of interviewees enacting traditional masculine

behaviours as a way of ‘competing’ (e.g. emotional detachment). To this end, drawing on previous experiences as a nursing assistant and a Samaritans volunteer, I tried to bring ‘non-traditional’ qualities of gentleness, calmness and empathy to bear on interview interactions. I believe that I managed to do so, to the extent that, echoing Gough’s (2009: 536) point about interviews potentially having a ‘quasi-therapeutic’ quality, a number of participants who had previously undertaken therapy likened the experience to a therapeutic encounter.

Beyond personal characteristics, other factors affected my ability to elicit emotional honesty in men. In some interviews, mood fluctuations and negative feelings (e.g. irritation, tiredness or sadness), either arising in the interview or ‘imported’ from life outside, meant I was not as ‘present’ as I would have liked. Such emotional dynamics probably impacted on my ability to really ‘hear’ participants, and may well have been registered by the men themselves, leading potentially to greater reticence on their part. A third factor was my developing interview technique, conspicuously lacking at first. In journal entries after early interviews, I upbraid myself for nervousness and interviewing naivety, and, linked to this, chastise myself for the crudity of some interventions. For example, in my first interview, Harry was constructing a narrative around what was subsequently revealed to be an epochal moment in his life (going abroad alone). I blundered in, first by attempting to shoehorn this experience into my existing conceptual schemas (asking, ‘Was this a solitary retreat?’), and then by failing to conceal my enthusiasm for a ‘good story’ (saying, ‘I’d love to hear about it!’). I felt both interventions made him less willing to share the narrative than might otherwise have been the case – he only did so after some repair work on my part around the anonymity of the transcriptions, and even then somewhat guardedly.

This last point – the impact of my interventions on the story told – raises a pertinent question: did I elicit narratives, or actively co-produce them?, as Enosh and Buchbinder (2005) argue. As noted in chapter 4, while the analysis sought to maintain a hermeneutics of both faith *and* suspicion (Ricoeur, 1981), my preference was to lean towards the former. A hermeneutics of faith suggests that although I may have helped to shape the narrative offered, or my approach led to the production of some narratives and not of others, at least some of the stories the men told were based on actual events. Thus, other researchers using a similar technique may have elicited at least comparable data (Atkinson, 2002). Furthermore, my impact upon constructed narratives was mitigated in various ways, which all reflect the idea that men were generally *in*

charge of their story, corroborating Corbin and Morse's (2003) point that semi-structured interviews ideally allow participants to control the data divulged.

First, men were unwilling to be drawn in directions they did not wish to go. Misinterpretation of meaning is a threat to the validity of interview data (Baxter and Eyles, 1997). However, my in-situ summaries, clarifications or interjections were usually corrected by participants if they felt these were errant. For example, one man described being on 'a path' of Buddhism, which I probed by venturing the assertion that this path consisted of 'watching one's mind.' He politely rejected this ('That's one way of looking at it. Actually, that a bit psychological for me.'), before clarifying the issue in his own terms. Sometimes my interpretation had not previously occurred to participants, and was taken and incorporated into their account; again though, only if they agreed with it. For instance, one interviewee discussed valuing quiet and solitude. I conjectured that having 'space to be alone' may have been one of the reasons he had been drawn to meditation, to which he replied, 'I hadn't thought about it like that, but yeah, that's right.' Thus participants often had a corrective input into my interpretations.

In addition, the longitudinal design also allowed misinterpretations from the first interview to be corrected at T2. For example, at T1, Adam discussed the dangers of meditation. Since this was a relatively unusual theme, and thus constituted a 'negative case' which was pertinent to my analysis, I probed the topic in the interview. Evidently my probing must have appeared enthusiastic – at T2, he recalled that I had seemed 'particularly interested' in this theme and had 'sat up' at that point. As such, perhaps out of concern that I would seek to sensationalise this theme for the sake of a notable finding, he wanted to emphasise that these dangers were due to practising incorrectly, and that meditation per se was unproblematic. Thus, offering participants the opportunity to check and amend transcripts, as well as discuss T1 transcripts at the T2 interview, further enabled men to retain some control over the interpretations. That said, as Ollife and Mroz (2005) observed, many participants did not avail themselves of that opportunity, seemingly happy to let the transcript go unchecked. However, on the whole I felt I influenced, rather than determined, the narratives produced.

9.7.3. Data analysis

I tried to maintain a critical stance throughout the analytic process – this was particularly important given that my data gathering approach involved me being a 'participant-observer'

in the meditation-related activities of my participants. This approach made me sympathetic to the view that meditation can facilitate well-being, as did my experience of interviewing men, given the persuasive and enthusiastic nature of many narratives. The reflexive task was thus maintaining critical distance and not taking participants' world at face value – being aware of my appreciation for meditation and my sympathies for the participants, and bracketing them as far as possible (Fischer, 2009). Central to reflexivity is the development of self-awareness (Bradbury-Jones, 2007). That is, as noted, reflexivity is not simply a matter of reflecting on one's methodological and theoretical choices, but turning the reflective gaze upon one's self with an 'immediate, dynamic and continuing self-awareness' (Finlay and Gough, 2003: ix). I was helped in this by keeping a reflective journal of my research experiences, as discussed above, and by ongoing supervisory discussions, which can serve as 'consciousness raising' activities (Grant and McKinley, 2011). Furthermore, as meditation is seen a practice of self-awareness (Wallace, 2006), participation in meditation also facilitated this reflexivity.

In reflexively considering the construction of my analysis, it is relevant to consider a number of factors, including my evolving interpretation of the data, and the selection of theories used to help explain these interpretations. First, my interpretations changed in subtle but important ways as my thinking became focused in certain directions. As Gough (2004) discusses, one's approach to, and understanding of, a particular data set can shift over time. While the themes in the data, identified through a bottom-up inductive process, did not alter substantively, my overall top-down perspective did evolve, casting these same themes in a new light. In sum: I shifted from being interested in what participants – through their experiences as men – could inform me about meditation/Buddhism, to being concerned with what participants – through their experiences of meditation/Buddhism – could tell me about men and masculinity. That is, I was initially drawn into the PhD through an interest in exploring Buddhism; the connection to masculinity prescribed by the PhD scholarship offer was at that point incidental. However, I gradually began to appreciate the value of locating the research primarily within the field of gender studies, and using Buddhism/meditation as an interesting avenue of exploration within this field.

A second factor to consider in regard to data analysis are the theories I called upon to account for my interpretations. Two theories were especially prominent: Connell's (1995) theory of masculinities, and Mayer and Salovey's (1997) model of EI. While these theories seemed the most apposite for clarifying the narratives, another researcher could have analysed the data

with different theoretical tools, producing a differing interpretation. That particular data-sets are amenable to multiple analyses does not undermine any one analysis, since qualitative data is always over-determined, with many different ways to understand it theoretically (Atkinson, 2005). However, these theories are not without their critiques, which it is important to answer in justifying their use. Moreover, from a reflexivity perspective, it is relevant to also address the reasons why these particular theoretical choices were made.

Connell's (1995) theory of masculinities was identified from the outset as potentially relevant, and was instrumental in the conceptualisation of the study. However, the study was initially conceived by the supervisory team, rather than myself, and I was personally ambivalent about the theory at first, with my conceptual appreciation somewhat unsophisticated: I had a vague grasp of its relevance, but made what Gough (2006) suggests is the common error of treating hegemonic masculinity as a singular concept, one coterminous with traditional deleterious masculine norms (e.g. risk-taking). As I proceeded through the PhD – with ongoing reading, supervisory discussions, and above all through a difficult process of preparing and submitting a paper for publication, which took over a year of revisions before being accepted (Lomas et al., 2012) – I gradually cultivated a more nuanced understanding of the theory. For example, a key part of my analysis was the idea that there can be 'positive' forms of hegemony. I also felt that I utilised Connell's theory in a way that evaded some of the traditional critiques of it, e.g. that it overlooked the way men engage in ongoing negotiations of masculinity (Wetherell and Edley, 1999). Many of these criticisms were incorporated into later formulations of the theory (Connell and Messerschmidt, 2005), and it was this 'reworked' model that I sought to explore, as attested to by the focus on men's experiences of negotiating multiple contexts.

A second key theory used to account for the data was that of EI (Mayer and Salovey, 1997). In contrast to Connell's (1995) work, this was not identified from the outset as potentially useful; its relevance became apparent as the analysis proceeded. That said, based on work I had undertaken for an MSc by Research in psychology in 2005, I had initially speculated that ideas around the concept of 'self-regulatory coping' (Carver and Scheier, 1998; see chapter 2) would prove to be pertinent. In the event, while this prediction was borne out in a minor way (some themes in chapter 6 did relate to this concept), it became evident that the notion of EI might be more applicable. Being familiar with EI from Goleman's (1995) popularising work, as themes emerged, following the principles of modified constant comparison – which allows researchers to engage with the literature to clarify their analysis (Cutcliffe, 2005) – I explored

the EI construct in more depth. I noted distinct parallels between participants' experiences of learning meditation and the structure of the model. While the EI concept has been criticised for lacking a precise operational definition (Locke, 2005), Mayer and Salovey's (1997) work is seen as the most 'commonly accepted' theoretical model (MacCann et al., 2011), and its applicability in the present study confirms its explanatory validity.

Finally, without rehearsing the cautionary points raised in the limitations section of chapter 8, it bears repeating the need for circumspection around drawing definitive conclusions on the basis of the quantitative results. First, while many results were statistically significant, they were usually only modestly so, with considerable error within, and overlap between, the sets of scores compared. Second, the lack of a control group means that the longitudinal changes observed cannot be attributed decisively to meditation per se. Lastly, although issues around practice and fatigue effects, and concerns over measurement and interpretation, are addressed and allayed to some extent in chapter 8 – e.g. the idea that practice effects are minimised with a test-retest interval of at least a year (Hausknecht et al., 2007) – the results here must still be read with a degree of caution, and not be viewed as conclusive.

9.8. Implications and recommendations

In terms of implications and recommendations for future research, there are two main points to be made: the importance of encouraging constructive emotional engagement in men; and the need for caution and support around meditation.

First, this study agrees with Kilmartin (2005) regarding the need to help men resist restrictive gender norms that contribute to distress. However, results here suggest this advice should be extended to men not currently experiencing mental health problems, as they might still suffer distress related to masculine norms at some point. As hegemonic norms seemed to become particularly salient during the threshold period here, it may be important to reach out to males in adolescence, if not before. Interventions using meditation in schools have been developed (Burnett, 2011), with promising findings around boys' emotional literacy and broader well-being (Huppert and Johnson, 2010). More work is needed to encourage such programs.

However, this last point raises a salient issue: there may be social barriers to taking up such programs, as they run counter to traditional hegemonic norms. More research is thus needed

in terms of not only understanding how to promote emotional management in males, but to facilitate resistance to hegemonic norms which can discourage such engagement. Particular efforts may be needed to reach boys from lower SES backgrounds (Scholes and Nagel, 2012). While this study did not focus specifically on SES, some men suggested that their relatively disadvantaged backgrounds made it more difficult to challenge hegemonic expectations and engage with well-being. Seale and Charteris-Black (2008: 466) suggest lower SES men may lack the space to explore alternative ways of being male, while higher SES men can fashion a 'more constructive and reflexive masculinity' as their 'greater cultural capital involves access to a wider discursive repertoire' of emotions. The intersection of masculinity, mental health and SES will be an important area for future research.

Second, if meditation is to be promoted as a way of enhancing well-being – for example, a recent report by the Mental Health Foundation (2010: 4) argued that mindfulness has a 'much wider application' than just treating depression, and called for 'this potentially life-changing approach to be more readily available' – it is vital to take heed of the negative results around meditation here. Clinical interest in meditation as a therapeutic tool has 'exploded' in recent years (Brown et al., 2007), to the extent that the current proliferation of therapies influenced by mindfulness is viewed as being the 'third wave' of therapeutic interventions, superseding the second wave of cognitive-behaviour therapy (Siegel et al., 2009: 24). Indeed, a survey of 2598 American psychotherapists found 41% incorporated some form of mindfulness therapy into their practice (Simon, 2009). However, the present study suggests therapists/clinicians may need to be more circumspect about promoting meditation as a pathway to better mental health, rather than uncritically treating it as a universal panacea (e.g. in their piece intended to instruct psychotherapists on the utility of mindfulness, Siegel et al. suggest it may be a 'core perceptual process underlying all effective psychotherapy,' (p.24), while making no mention of any possible downsides).

There is a recognition by some scholars of the potential dangers posed by meditation to those with a history of psychiatric issues, although the same scholars suggest that such dangers are often overlooked by others in the field (Dobkin et al., 2012). As Lustyk et al. (2009) advise, it may be prudent for clinicians and therapists to conduct cost-benefit analyses, including safety screening procedures (e.g. on current or historic psychiatric problems), before recommending meditation to patients. However, what the present study adds is the risk of meditation having a detrimental effect in non-clinical populations, with participants who do not necessarily have

a psychiatric history. More work is urgently needed to establish the risks of meditation and guard against adverse consequences, especially in non-clinical populations (who are perhaps of less concern to clinicians, and thus for whom preventative safeguards may not be in place). However, while the National Institute for Health Research has taken an interest in meditation-based therapies, the number of currently funded research projects remains limited (Burstow, 2011). Notwithstanding the need for future research though, the current study can still provide some clarity regarding the risks of meditation that may be of benefit to clinicians conducting cost-benefit analyses.

In discussing risks, it is first helpful to differentiate between different types of meditation. In the literature, the focus is predominantly on forms of meditation – and therapeutic adaptations – based on the idea of mindfulness, which, in its elemental form, concerns attentiveness to the ‘contents’ of the mind (Kabat-Zinn, 2003). The findings suggest that the primary concern in relation to this activity is participants being troubled or even disturbed by such contents, with subsequent difficulties managing these ‘revelations.’ In relation to this concern, a number of recommendations can be made concerning the teaching of mindfulness in *any* circumstances (from clinical interventions to informal sessions in meditation centres): screening participants in terms of present mental state, with a wider remit than a psychiatric history (e.g. monitoring current mood); participants who are judged to be at risk (e.g. those in a state of anxiety) may be advised to try meditation only under the guidance of a qualified therapeutic practitioner, or at least be carefully monitored by the session leader; all participants be informed of potential adverse consequences of meditation, and be given opportunities to withdraw; session leaders explicitly make provisions for spending time after the session with any participants who wish to discuss concerns; and have protocols in place (e.g. a handout of counselling services) for any participant who seems to have been particularly troubled by the session.

It is relevant to here to also consider other types of meditation. The ‘*metta bhavana*’ practice, conceptualised in the literature with the label ‘loving-kindness meditation’ (LKM; Johnson et al., 2009), assumed importance in the findings as a means of helping temper negative content brought up via mindfulness. Clinicians/therapists may benefit from exploring the practice, as either a useful counterpart to mindfulness interventions, or incorporating features from LKM within the latter. However, it must also be noted that many participants also found LKM to be a powerful practice, inducing strong emotions, while others found generating self-compassion to be challenging; thus caution is also needed here. Finally, there was an advanced practice –

the six element meditation (‘deconstruction of the self’) – which participants linked to strong adverse effects, including psychosis, even in men who reported no prior history of psychiatric problems. Although meditators are unlikely to encounter such practices in clinical settings (there is currently no literature on the practice), they may come across it at Buddhist centres. It is imperative that leaders at such centres exercise caution in promoting the practice, and for clinicians/therapists who recommend meditation to their clients be aware of such practices, and to warn these clients accordingly.

More work is also needed around the social dimensions of meditation. This study uncovered range of social factors which undermined men’s practice, and their efforts to adopt new ways of being. Subsequent studies should explore these social factors in more detail, to understand how men’s efforts to make constructive changes in behaviour might be better supported. The issue here is also one of *perspective*, and the way masculinity and gender are conceptualised. Attempts to help men engage in health-related behaviours are liable to fail if advocates cleave to a conventional perspective which regards men’s gendered behaviour in essentialised terms as an individual quality. It is insufficient to ‘convince’ or ‘persuade’ men to enact behaviours conducive to well-being, as this overlooks the manifold social and structural influences which deter such behaviour. Thus future work could also encourage health practitioners to adopt a more nuanced social constructionist view of gender, which recognises the capacity of men to change, but also acknowledges the social forces which can hinder such change.

Finally, it is worth reflecting briefly on the wider significance of the findings here beyond the immediate cultural-historical location of early 21st century London. It is recognised that from a constructionist perspective it may be neither possible nor desirable to generalise the results obtained beyond this group of men and this particular context (Burr, 1995). However, Draper (2004) reminds us that beyond such empirical generalisation is the possibility of ‘conceptual generalisation’ – developing understandings that may be applicable to other settings. It is this latter form that this study aspires to. Thus we can ask whether the findings speak to/for men at other times and places. This thesis has emphasised the notion of multiple shifting forms of hegemonic masculinity, and of variation among and within men. This view rejects the idea of any universal masculine form, or more locally, of any particular culture or country being host to a particular stereotypical kind of man. Nevertheless, while acknowledging local variations in custom (e.g. hand-holding among men in Islamic societies not being read as a signifier for

homosexuality; Najmabadi, 2005), it is possible to discern commonalities in masculine ideals across diverse cultures.

The kind of norms presented above as being ‘traditional’ Western forms of masculinity (e.g. risk-taking, toughness) have also been identified and detailed by scholars analysing forms of masculinity throughout the world, including in Africa (Ghana; Adu-Poku, 2001), the Middle-East (Egypt and Lebanon; Inhorn, 2004), Asia (the Philippines; Liwag et al., 1998) and South America (Argentina; Stobbe, 2005). Thus it may not be unreasonable to suggest that issues uncovered in the present study may have some resonance beyond this specific cohort of men in London, and be of relevance to males in other times and places. Going further, the themes identified here may not only pertain to men, as there are parallels with Fullagar’s (2008: 42) analysis of women’s recovery from depression. Her participants’ mental health also depended on ‘finding ways to better understand, live with, and manage’ their emotions, also through meditation in some instances, which reminds us that struggles around ‘emotion work’ are not limited to men. Thus, without universalising the findings of the present study, it is possible that these will be of interest and use to all people concerned with finding ways towards better mental health and well-being.

9.9. Conclusion

This study has produced some important findings. First, it was possible to find men who are constructively engaged with well-being, although the journey towards this engagement was a struggle for many. Men were influenced by hegemonic toughness norms, particularly as they crossed a threshold to manhood. Men tried to be tough as a coping strategy, and to fit in. This toughness was linked to distress, including lack of control over their inner world, and a sense of conflict. Men tried to cope with distress by turning to relationships, drink/drugs, work and hobbies. Eventually men turned to meditation, for reasons including: exploration of alternate ways of being; coping with stress; existential questioning; and responding to a crisis. Those who found meditation earlier in life seemed to be less influenced by hegemonic norms, and appeared to experience less distress. Subsequent research should look at ways to encourage emotional engagement, and resistance to norms that discourage engagement.

Meditation facilitated well-being by enhancing EI skills. Attention development, highlighted by both the qualitative and quantitative components of the study, was central to increased EI.

Through becoming aware of their inner world, men learned EI skills, including the strategic management of emotions. Such skills enabled men to deal with distress and generate positive feelings of well-being. However, meditation was also associated with mental health issues: participants encountered troubling thoughts/feelings that could be difficult to manage. More seriously, meditation was implicated in depression, anxiety and psychosis. These results suggest that meditation needs to be used with caution, even in non-clinical populations.

Many men engaged with CoP around meditation which promoted positive hegemonic norms, including connecting with others, abstinence, and spirituality. These norms offered men new ways of being a man which were conducive to well-being. Encouraged by the CoP, men tried to take on these new ways, often to positive effect. However, the CoP was not immune from issues around hegemony, like competitiveness and marginalization. Men also often struggled to enact new ways of being outside the CoP, experiencing conflict from negotiating different masculine performances across multiple social contexts. It was thus usually hard for men to sustain new masculine behaviours across life as a whole. As such, men may need help taking on positive health practices in light of prohibitive social pressures from other areas of life.

The findings add to our understanding of men and masculinity, meditation and Buddhism, and mental health and well-being, and how these phenomena interact in helpful and unhelpful ways. More research is needed to capitalise on the results, and to explore their complexities and nuances in more detail. However, the findings here augur well for the future, and suggest that men themselves can find the personal and social resources they need to take better care of themselves, and not only cope with their problems, but to flourish, and to be happy.

APPENDIX A – ETHICS APPROVAL



Damien Ridge – Integrated Health

Tina Cartwright – Psychology

Trudi Edginton - Artificial Intelligence and Interactive Media

3 November 2008

Dear Damien, Tina and Trudi,

App. No. 07/08/56

“Men behaving constructively?: Men, mindfulness and positive approaches to mental wellbeing”

I am writing to inform you that your application for ethics approval was considered by the Research Ethics sub Committee at its meeting of 29 October. Following receipt of the conditions set to you by the Research Ethics sub Committee, the application has been approved.

If your protocol changes significantly in the meantime, please contact me immediately, in case of further ethical requirements.

Yours sincerely

Huzma Kelly

Senior Research Officer (Policy and Governance)

Secretary, Research Ethics sub Committee

cc Dr. John Colwell, (Chair) Research Ethics sub Committee

APPENDIX B – INFORMATION SHEET FOR VOLUNTEERS

Hello, my name is Tim Lomas. I am a PhD student at the University of Westminster. This information sheet provides you with details about the research I am asking you to take part in. Please take your time to read it carefully, and feel free to ask me any questions you like before you decide to take part. I can also go through this sheet with you before you make a decision.

What is the purpose of the study?

Many men in the UK engage in practices (like meditation) that are good for their wellbeing. In this project, we would like to talk to men about their experiences to find out what these kinds of practices are like, and how they look after themselves so as to feel good about themselves.

We want to talk to men about themselves twice, about one year apart. We also want to measure activity in the brain using an electroencephalogram (EEG). Finally, we want to measure how men pay attention and feel when they engage in certain tasks. All of these things are described in more detail below. I will also go through with you what the interviews and measurements involve exactly, before you decide whether or not to sign the consent form.

Why have I been chosen?

You are invited to take part because we would like to interview a small number of men about their experiences with practices like meditation, as well as looking after themselves in general. We also want to look at changes in thinking and feelings due to meditation.

Do I have to take part?

No. It is up to you to decide whether or not you want to take part. If you decide to take part, you will be asked whether or not you want to sign a 'consent form'. You should only sign the form if you feel you fully understand the study. If you decide to take part, you are still free to stop at any time without giving a reason. No questions will be asked if you stop and you will not be penalised in any way.

What would taking part be like?

The study will be explained to you and you will be given a 'consent form'. You only sign this form if you agree to take part. You will be given a copy of the consent form to keep.

At the interview, I will take notes, and will also audio tape the interview if you give me permission for taping on the consent form. You do not have to give permission for your interview to be taped, and you can still be included in the study if you do not have your interview recorded.

Only the text from the interview will be used in the research, not the audio. All names of people and places will be removed from the typed up interview to keep your identity confidential. Only a professional typist will be used to type up your interview, and they will sign an agreement to keep your interview confidential, and not talk to anyone about it.

The interview will be like a discussion, but the interviewer will ask you questions e.g. Why do you do meditation? What it is like to meditate? What benefits are there? What was life like before you meditated? How do you manage problems that come up? How do you try to feel good?

Remember, you so you can keep out of the interview anything that you do not want to talk about.

If you feel more comfortable, you may ask for an interviewer of the opposite sex to me to do the interview by ticking the box on the consent form.

You will also be asked to take part in tests that use tasks and measurements to look at how you pay attention, and also your awareness and processing of emotions. I will also ask you to meditate for a short period of time. Afterwards I will ask you briefly about your experience of both the tests and the meditation.

An EEG (Electroencephalogram) will be used to measure brain wave activity when you pay attention and when you meditate. Here, I will put 5 small pads on different parts of your head (two at the top of the forehead, two at the back of the head at the bottom of the hairline, and one behind one ear) connected to a monitor to look at activity in your brain. Although I may need to use gel to attach these, which can be slightly messy, this is completely painless and should take less than 1 minute.

I will explain all of these tests in more detail before you are given a chance to decide whether to take part in the study and sign the consent form.

Remember, this study does not need to cover things that you do not wish to talk about or do. You may say 'pass' to any question or activity you do not wish to do.

How long would the interview and measurements take?

The interviews will usually not last more than 90 minutes, and there will be 2 interviews about one year apart. Remember, if you want to stop the interview at any time, or refuse the second interview, you can do so without giving any reason at all.

After a short break, or on another day and time to suit you, then the measurements described above will be taken. These should not take more than 50 minutes in total.

What are the drawbacks of doing the study?

The time involved is the main drawback of this study. There are no health risks involved in taking the measurements used in this study. But it might be messy having the gel on your scalp from the EEG.

Talking about yourself might bring up upsetting feelings for you. I will give everyone a list of useful contacts that can be used to get more help if personal issues come up that you would like to discuss further. I will also ask about how you are feeling after the interview, and talk to you if you feel upset. You can also let me know by email or phone to call you if you want to talk after the interview.

Expenses

You will be paid £20 (twice, one year apart) to cover all of your expenses involved in participating in the study (e.g. travel, food away from home, child care, loss of work opportunities). However, we are unable to pay you any more than this amount.

What would happen after the interview and measurements?

I will take notes during the interview and use these notes (and the tape recording if you agree) to type out everything that was said in the interview.

All material including interview tapes, typed up interviews, and measurements will be identified with codes only (not your name and identifying details which will be removed). The signed consent forms will be stored separately to ensure anonymity and confidentiality.

The typed up transcript will be kept on computer, but will not contain any information that could identify you, as this information will be removed.

A copy of the interview will be sent to you to check. You may like to change or remove some of your interview if you like. You may also like to request a final report on the study.

I will not discuss identifying details of interviews with anyone else except my supervisors at the University of Westminster (Dr Damien Ridge, Dr Tina Cartwright and Dr Trudi Edginton).

What if I decide to withdraw after the interview and measurements have taken place?

You are free to leave the study at any time. If you decide to leave after the interview, your tape will be destroyed, and we will not use your interview quotes in the study. Additionally, all the other measurements that you have given will not be used.

How would we use the interview tape, typed up interview and measurements

All data use is strictly within the terms of the Data Protection Act (DPA 1998). Only short quotes (where the person cannot be identified) will be used in the PhD thesis, public presentations, publications and media reports about the project.

All information on you will be kept in a locked filing cabinet in a locked office at the University of Westminster, and then destroyed 5 years after my PhD finishes, including any audio recordings of your interview. If you withdraw from the study (which you can do at any time before I submit my PhD) all information about you will be destroyed.

Contact for further information and questions

We hope that this information sheet about the study has told you what you need to know before deciding whether or not to take part.

You can also ask me any questions you like, and discuss any concerns you have with me before, during and after the interview. Please email on **tim.lomas@my.westminster.ac.uk** or call me on **07765 967 529**.

If you have any questions that I can't answer, please email my supervisor, Dr Damien Ridge at d.ridge@westminster.ac.uk, or telephone Damien on 020 7911 5134. If he cannot answer your questions, you can also talk to the School Research Director, Liza Draper on 020 7911 3884 (email: a.draper@westminster.ac.uk).

Notes:

- I am a PhD student who is paid by scholarship for their work.

- The study has been approved by the University Research Ethics Committee

APPENDIX C – INFORMED CONSENT FORM

Informed Consent Form for Interview Volunteers

Project: Men, Mindfulness and wellbeing

I agree to take part in the above study. I have had the project explained to me, and I have read the sheet “Information for Interview Volunteers”, which I may keep for my records. I understand that agreeing to take part means that I am willing to:

- be interviewed by the researcher
- allow the researcher take notes about the interview
- tape record the interview only if I agree by signing this sheet
- take part in tasks that will test my brain waves (EEG), cognition (thinking) and affect (my emotional reactions) related to meditation and/or yoga

Data Protection

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. Only the researcher who asks the questions, and the researchers Dr Damien Ridge, Dr Tina Cartwright and Dr Trudi Edginton will have access to this confidential information.

No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.

I understand that the information I provide will be held and processed for the following purpose:

- to be used in a PhD thesis and/or in conference reports and/or in publications related to this research.

I agree to University of Westminster keeping and processing this information about me from my interview and tests (cognition and emotions). I understand that this information will be used only for the purpose set out in the explanatory sheet “Information for Interview Volunteers” and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998. I understand that information on me will be kept in a locked filing cabinet in a locked office at the University of Westminster, and then destroyed 5 years after the PhD project finishes. Audio recordings of my interview will also be kept and destroyed after 5 years.

Withdrawal From Study

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without any questions being asked, and without being penalised in any way by the University of Westminster.

Tape recording the study

I agree that the interviewer may tape record my interview (please tick the box to show your choice):

Yes

No

Note: Participants who do not agree to tape recording will not be excluded from the study, instead, the researcher will take detailed notes during the interview.

Male or female interviewer

I would like the interviewer to be of the opposite gender of the PhD student (please tick the box to show your choice):

Yes:

No:

Your name:

Signature:

Date:

Name of PhD student: Tim Lomas

Signature:

Date:

APPENDIX D – DEMOGRAPHIC QUESTIONNAIRE

Respondent details (fill out only what you feel comfortable providing)

Contact details

Name:

Phone numberEmail

Address

Personal details

Age.....

Relationship Status:

No. of Children:

Ages of Children:

No. of persons in household:

Country of Birth:

Ethnic Background:

Occupation:
(if retired, note last employment)

Full/Part time:

What is your education background? (please circle all that apply)

None

University/College/Undergraduate

Primary/Elementary

Postgraduate education (Masters, PhD)

Secondary/High School

Professional training

Other (please write down)

What is your meditation background?

Number of years spent meditating

Average number of meditation sittings per week (in the past month)

Average length of each sitting

To be filled in by interviewer

Location of Interview:

(i.e. home/office/clinic etc)

Interview contact:
(i.e. GP/Support Group/Consultant etc)

Title of Series: Men, mindfulness and well being

Interviewer: **Tim Lomas**..... Date of Interview:

Method of Recording:

Number of tapes:

Number of interviews with this respondent:

Notes

APPENDIX E – INTERVIEW SCHEDULE

Name

Date

Preamble

‘Ok, before we start I’d just like to run over a few points.

Firstly, I want this too feel like a safe space, and for you to feel in control. If there is a question you would rather not respond to, then just say pass, and we’ll move on. If you’d like a break at any point, just say the word. And if at any point you would like to stop the interview, then we can, no questions asked.

Secondly, I want to reassure you that everything you say will be confidential. Any personal information you have given me will be kept locked up in my office, and will not be connected or traceable to the transcripts, which will be kept separately. The interview transcripts will be anonymous, and any details that could enable a reader to identify you will be removed. Once I have done that, I will send a copy of the transcript to you, and you can check that you are happy with what’s there. If you are not happy with anything in the transcript, then let me know and I can take that out too. When it comes to writing up the research, I will only be using small quotes and snippets from the interview, and perhaps only 10 or so of them, rather than showing large sections of speech.

Thirdly, I’d just like to say that this interview is about your story. I would like to hear about your experiences, both about meditation, and about your life more generally, particularly in relation to your well-being. There are no right or wrong answers. Please feel free to say anything that comes to mind, I’m not looking for any particular answers or anything, I’m interested in your story, and not the opinion of others or anything. And once again, I really appreciate you doing this. Ok, shall we begin?’

Part 1 - journey

Stages

1. Before meditation

‘So, please tell me something about life before meditation.’

2. Finding meditation

‘Could you tell me something about how you came to be involved with practising meditation?’

Probes

‘Can you remember the first time you ever heard of meditation, or came into contact with it in some way?’

‘Having heard about meditation, can you recall what prompted you to first think, ‘Right, I’ll give it a go?’

- ‘Can you remember your initial feelings once you decided to give it a go, but before you’d actually done it – the build up to getting involved?’
- ‘Can you remember what drew you to a particular group, or practice or session; what made you choose the particular circumstances of your initial involvement?’

3. First experience

‘Can you tell me something your first experience of meditation?’

Probes

- ‘What were your first impressions of meditation?’
- ‘Can you remember the first time you meditated?’
- ‘What was the experience like?’
- ‘Can you recall the first time you came to a meditation session?’

4. What happened next

‘What happened after your first meditation.’

Probes

- ‘What happened after that first session?’
- ‘Can you remember your initial feelings after that first session?’
- ‘How did you follow it up?’
- ‘What happened then’ (and then...etc)

5. Current situation

‘What is going on with meditation now?’

Probes

- ‘How would you describe what meditation currently means to you in your life?’
- ‘In what way has meditation affected your life?’

6. Future

‘Where do you see yourself going with meditation?’

Probes

- ‘How do you see the future in terms of your involvement with meditation?’

Part 2 - questions

1. Self

‘At this point in your life, how do you see yourself?’

Probes

‘Who do you consider yourself to be?’

‘What, or where, is your self?’

‘Has your sense of who you are changed?’

‘Can you think of a particular occasion recently when you’ve been really surprised in some way by the way you’ve acted?’

2. Well-being

‘What does well-being mean to you?’

Probes

‘How would you define happiness?’

‘What do you live for?’

3. Others

‘Has meditation changed how you relate to people?’

Probes

‘Tell me about what its like to be in contact with other people who meditate?’

‘Can you recall a time recently when you’ve experience a strong emotion, positive or negative, in a close relationship. Could you tell me what happened?’

4. Conflict

‘Can you tell me something about how you deal with conflict and stress?’

Probes

‘Have you experienced any kind of conflict in the past month, and what happened?’

‘Have there been any times recently when you’ve had to make a really difficult life choice. Could you describe what happened to me, how you dealt with it?’

‘Can you bring to mind a situation you’ve found stressful recently, and tell me how you dealt with it?’

‘Can you recall a situation recently which has been, not stressful, but unsatisfactory in some way, and tell me how you reacted to that?’

‘Can you recall a recent event that has shaken up how you see the world?’

5. Problems of meditation

‘Has being involved with meditation ever been difficult in any way, and if so how?’

APPENDIX F – EEG TECHNICAL SPECIFICATION

EEG signals were acquired using a Nexus EEG amplifier with a 24 bit AD converter (Mind Media BV, The Netherlands; www.mindmedia.nl). This is a portable wireless two-channel (four electrode) EEG recording system for bilateral monitoring. This connects to a laptop (an Acer Aspire; 5920G; 2GHz Processor; 4GB RAM; 32 bit operating system) via bluetooth, where signals were recorded, processed in real-time, and analysed using BioTrace+ software; an established technology used extensively in the literature (Gruzeliera et al., 2010). Neural oscillations were registered by Blue Disc Electrodes attached to the scalp, and connected to the bluetooth unit through the NeXus EXG sensor, a dual channel sensor using high grade connectors (brushed aluminium with low noise carbon coated cables and active shielding). Raw EEG signals were amplified, with band limits of .01 and 64 Hz, and stop-band filtering (48-52 Hz) used to eliminate mains interference. Amplified signals were sampled at a rate of 1024 per second; from this EEG channels were sampled at 256 samples per second, digitally filtered with a IIR Butterworth Bandpass 3rd order filter, and root mean squared in 1/8 second epochs in frequency bands: Theta (4-8Hz); Alpha (8-12Hz); SMR (12–15 Hz); Beta (15–21 Hz) and Gamma (34–45Hz).

APPENDIX G – TEST SCHEDULE

The entire session lasted approximately one hour, and involved 11 separate components

The first component was the equipment set up. Participants were asked to sit in a comfortable position at a table. The laptop was positioned in front of them, and confirmation sought that they could reach the keys and mouse. Participants' skin at the electrode sites was scrubbed with 'NuPrep skin prepping gel,' and Ten20 conductive paste applied to the electrode sites. Electrodes were placed at F3 and F4 (international 10-20 system, see figure 24), referenced to linked-mastoids (M1 and M2; the bony outgrowths behind the ear), and a ground electrode placed behind the left ear. Assurances were sought that the participant felt comfortable. The EEG program was activated and the recording started. The position of the electrodes and the bluetooth receiver were adjusted until a clean signal was obtained, i.e. no electromagnetic interference, as indicated by absence of a visual spike on the visual array at 48-52 Hz.

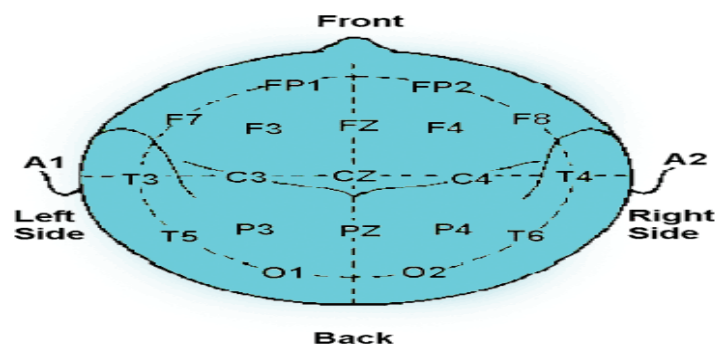


Figure 25: Schematic diagram of the 10-20 system of electrode placement (from www.brainm.com).

The second component was five minutes of participant inactivity to obtain an EEG baseline, as standard in neurophysiological studies (Gruzeliera et al., 2010). Participants were asked: 'Please make yourself comfortable while I set up the tests. The machine is recording. You don't need to do anything, so just relax, though please don't close your eyes, or meditate.'

The third component was the verbal fluency tasks (FAS and category tests). Participants were given verbal instructions for the 'F' condition: 'Please shout out as many words as you can that begin with F in one minute. There are two rules: no repeating words, or tweaking them, e.g. apple, apples, and no common nouns, i.e. names of people or places.' Participants were

asked to confirm they understood, and indicate when ready. After a five second countdown, a stopwatch was started. The test lasted one minute. The procedure was repeated for 'A,' then 'S,' then animals. At T2, the letter P was used instead of F, and food/drink instead of animals.

The fourth component was the RVIP. Participants were given verbal instructions: 'You will be shown a series of numbers appearing one after another on the screen. Your task is to press the spacebar when you see either three odd numbers, or three even numbers, in a row. There is a practice run for one minute, then the test lasts five minutes.' Participants were asked to confirm they understood, and to start the program by pressing the spacebar. The program repeated the instructions on screen, then the practice commenced, followed by the test.

The fifth component was the RMET, which took approximately 10 minutes. Participants were given a folder containing 37 A4 sheets. Each sheet had one rectangular photo (10cm x 15cm) in the centre of the page, with four responses placed outside the corners of the photo. There were 36 test photos, preceded by a practice photo. Participants were given verbal instructions: 'Here are 36 photos, each with four words describing an emotion. For each photo, choose the word that best fits the emotion the person is feeling.' Participants were shown the practice photo, and invited to respond, and then to proceed through the photos at their own pace.

The sixth component was the DISS. Versions of the tasks were displayed on screen for the purposes of instruction. Participants were given verbal instructions for the test: 'You will be shown a screen with four different tests. Top right, words will appear written in ink colours matching one of these four boxes [pointing]; click on the colour that matches the colour the word is written in. Top left, these bars are ascending toward the top; when one reaches it, a warning sign will appear; at that point, click on the bars in order, from highest to lowest, as shown by the numbers that appear on the bars [pointing]. Bottom right, press reset before this dot leaves the outer circle, though leave it as long as possible doing so. Bottom left, click on every circle containing the highest number on the grid, e.g. all the 8s [pointing]. You will be penalised if you don't respond to tests, or leave them too long. Please do as much of all of the tests as you can. There will be a practice run for two minutes, then the test lasts five minutes.' Participants were asked to confirm they understood, and to start the program by pressing a spacebar. The program repeated the instructions on screen, then the practice commenced, followed by the test.

The seventh component was the emotional stroop. Participants were told the names of the colours, and shown examples on a test card (e.g. 'This colour is yellow.'). Participants were then given verbal instructions: 'Here are three cards, each with a list of 72 words written in the six ink colours you have just seen. For each card, please go down the columns as fast as you can, reading out the ink colour each word is written in, and stop at the bottom of the card.' Participants were asked to confirm they understood, and indicate when ready. They were then handed the first card (neutral words). After a five second countdown, a stopwatch was started when they said the first word on the card, and stopped when they said the last word on the card. The procedure was repeated with negative words, then with positive words.

The eighth component was the NART. Participants were given verbal instructions: 'Here is a list of 50 irregular words. Please read the words out loud, going down the columns, from left to right.' Participants were asked to confirm they understood, and start when ready. They were judged on their pronunciation according to the accepted versions of each word. Note: participants were only given the NART at T2.

The ninth component was a meditation lasting 10 minutes. Participants were informed that the tasks had been completed, and that a meditation would follow. They were offered the opportunity to take a refreshment break. Participants were then asked to make themselves comfortable, and were given verbal instructions: 'Please do the mindfulness of breathing. I'll leave the room, and return in 10 minutes.' Participants were then left alone.

The tenth component was a feedback/debriefing, lasting around five minutes. Participants were gently aroused verbally from the meditation. Permission was sought to ask them about their experience of the session, and to record their responses using audio-taping equipment. The verbal invitation was given: 'Please tell me a bit about the meditation you just did, and how you found the tests.' Participants spoke for a few minutes, with occasional interviewer-interventions to elicit information.

The final component was the termination of the session. The audio-taping equipment was switched off and the EEG recording stopped. Electrodes were removed from participants' scalps, and cleaning materials provided. The equipment was packed away, and the session brought to an end.

APPENDIX H – NEUTRAL STROOP TEST CARD

CHAIR	WHEAT	SITTING
UMBRELLA	PENCIL	LOCKER
SOLID	FOREHEAD	POTATO
SITTING	POATO	ROCK
WALK	LOCKER	CHAIR
HAMMER	ROCK	FOREHEAD
FOREHEAD	UMBRELLA	SOLID
LOCKER	SOLID	HAMMER
PENCIL	HAMMER	UMBRELLA
ROCK	SITTING	PENCIL
POTATO	WALK	WHEAT
WHEAT	CHAIR	WALK
FOREHEAD	ROCK	WHEAT
ROCK	LOCKER	UMBRELLA
UMBRELLA	POTATO	PENCIL
PENCIL	WALK	HAMMER
WHEAT	FOREHEAD	SOLID
SOLID	SITTING	ROCK
HAMMER	PENCIL	WALK
POTATO	CHAIR	FOREHEAD
CHAIR	HAMMER	POTATO
SITTING	SOLID	SITTING
LOCKER	UMBRELLA	CHAIR
WALK	WHEAT	LOCKER

APPENDIX I – NEGATIVE STROOP TEST CARD

ILLNESS	STROKE	CRAZY
INJURY	TREMBLING	HEARTBEAT
DEBTS	NERVOUS	ABANDONED
NERVOUS	HEARTBEAT	STROKE
DEATH	UNEMPLOYED	INJURY
HEARTBEAT	INJURY	FAILURE
UNEMPLOYED	DEBTS	DEATH
FAILURE	CRAZY	TREMBLING
ABANDONED	ILLNESS	ILLNESS
TREMBLING	FAILURE	DEBTS
CRAZY	ABANDONED	NERVOUS
STROKE	DEATH	UNEMPLOYED
HEARTBEAT	FAILURE	TREMBLING
ABANDONED	HEARTBEAT	CRAZY
CRAZY	CRAZY	HEARTBEAT
ILLNESS	TREMBLING	DEATH
DEBTS	DEATH	ABANDONED
STROKE	ILLNESS	NERVOUS
NERVOUS	STROKE	UNEMPLOYED
INJURY	UNEMPLOYED	INJURY
TREMBLING	INJURY	FAILURE
DEATH	DEBTS	DEBTS
FAILURE	NERVOUS	STROKE
UNEMPLOYED	ABANDONED	ILLNESS

APPENDIX J – POSITIVE STROOP TEST CARD

BABY	DREAMING	GIFT
DREAMING	SUNSET	FRIENDLY
FLOWER	GRADUATION	SUNSET
GIFT	DIAMOND	DIAMOND
MARRY	BABY	DREAMING
SUNSET	VICTORY	BABY
CHRISTMAS	KISS	CHRISTMAS
DIAMOND	FLOWER	VICTORY
FRIENDLY	MARRY	KISS
GRADUATION	FRIENDLY	GRADUATION
KISS	GIFT	FLOWER
VICTORY	CHRISTMAS	MARRY
FRIENDLY	DIAMOND	DIAMOND
VICTORY	MARRY	GRADUATION
FLOWER	GRADUATION	CHRISTMAS
SUNSET	SUNSET	VICTORY
GIFT	CHRISTMAS	KISS
GRADUATION	GIFT	FLOWER
DREAMING	KISS	MARRY
KISS	DREAMING	DREAMING
BABY	VICTORY	BABY
CHRISTMAS	FRIENDLY	SUNSET
DIAMOND	BABY	FRIENDLY
MARRY	FLOWER	GIFT

APPENDIX K – READING THE MIND IN THE EYES (RMET) – SAMPLE CARD

interested

joking



affectionate

content

APPENDIX L – NATIONAL ADULT READING TEST (NART) SECOND EDITION

CHORD	_____	HEIR	_____	PLACEBO	_____
ACHE	_____	RADIX	_____	ABSTEMIOUS	_____
DEPOT	_____	ASSIGNATE	_____	DÉTENTE	_____
AISLE	_____	HIATUS	_____	IDYLL	_____
BOUQUET	_____	SUBTLE	_____	PUERPERAL	_____
PSALM	_____	PROCREATE	_____	AVER	_____
CAPON	_____	GIST	_____	GAUCHE	_____
DENY	_____	GOUGE	_____	TOPIARY	_____
NAUSEA	_____	SUPERFLUOUS	_____	LEVIATHAN	_____
DEBT	_____	SIMILE	_____	BEATIFY	_____
COURTEOUS	_____	BANAL	_____	PRELATE	_____
RAREFY	_____	QUADRUPED	_____	SIDEREAL	_____
EQUIVOCAL	_____	CELLIST	_____	DEMESNE	_____
NAÏVE	_____	FAÇADE	_____	SYNCOPE	_____
CATACOMB	_____	ZEALOT	_____	LABILE	_____
GAOLED	_____	DRACHM	_____	CAMPANILE	_____
THYME	_____	AEON	_____	NART error score	_____

APPENDIX M – NART CONVERSION TABLE
 WAIS-R FULL SCALE IQs PREDICTED FROM THE NART ERROR SCORE
 Adapted from Nelson and Willison (1991)

NART Errors	Predicted Full Scale IQ
0	131
1	129
2	128
3	127
4	126
5	124
6	123
7	122
8	121
9	120
10	118
11	117
12	116
13	115
14	113
15	112
16	111
17	110
18	108
19	107
20	106
21	105
22	103
23	102
24	101
25	100
26	98
27	97
28	96
29	95
30	94
31	92
32	91
33	90
34	89
35	87
36	86
37	85
38	84
39	82
40	81
41	80
42	79
43	77
44	76
45	75
46	74
47	73
48	71
49	70
50	69

APPENDIX N – QUALITATIVE CODING FRAMEWORK

The five ‘boxes’ are the meta-categories. Words in bold type are the categories (numbers in brackets indicate how many codes are in that category). Words not in bold type are the codes.

Table 18: Coding framework

‘Subjective’ codes (34)
Cognition (2): thoughts/beliefs; understanding/insight
Feelings (5): positive; negative; calmness; stress; anger/aggression
Orientation (3): meaning; values; goals
Coping (2): strategies; management of feelings
Embodiment (2): sensations; expressiveness
Identity (3): masculinity/gender; self/ego/‘I’; self-regard/perception
Will (4): motivation/desire; freedom; control; choice/responsibility
Attitude (5): acceptance-resistance; attachment-letting go; love/care; faith-doubt; fear-hope
Meditation (5): practices; skills; experiences; in-the-world; dangers
States of mind (3): awareness/consciousness; altered states (e.g. dreaming, mystical experiences); phenomenology (e.g. fragmentation, conflict)
‘Objective’ codes (12)
Health (3): illness/death; health behaviours (e.g. diet, exercise, help-seeking); body concerns
Life (2): habits/routines; difficulties (e.g. stress, life events, obstacles)
Indulgence (2): alcohol/drugs; hedonism/pleasure
Ownership (2): possessions; money
Skills (3): hobbies/interests; abilities, ‘spiritual’ activities (e.g. yoga, tai-chi, other forms)
‘Inter-subjective’ codes (29)
Relationships (6): family; partners; friends; colleagues; meditation community; therapist
Bond (3): harmony-conflict; closeness-separation; independence-conformity
Influence (2): support/guidance, social pressure (e.g. norms, expectations, stereotypes)
Communication (3): understanding; perceptions; language
Buddhist practices (6): the community; ritual; retreat; ordination; teachings; teachers
Frameworks (4): ethics/morality; worldviews/ideologies (e.g. materialism); culture (e.g. literature, art, ideas); religion/spirituality

‘Inter-objective’ codes (16)

Environment (3): city; nature; living situation (e.g. accommodation, co-habitants)

Travel (2): moving/commuting; exploring/seeking

Education (2): school/university; learning/improvement

Position (3): work; status (e.g. power, success, competitiveness); society (e.g. politics, economics)

Existence (3): being; metaphysics (nature of the universe); death/afterlife

Nature of reality (3): truth-illusion; chance-fate; rationality/empiricism

‘Time’ codes (14)

Meditation stages (3): before meditation; finding meditation; after meditation

Life stages (4): childhood/youth; early adulthood; middle adulthood; late adulthood/old age

Direction (3): past; present; future

Narratives of time (4): change; progress; journeys/paths; turning points;

APPENDIX O – TREATMENT OF RVIP DATA

With the RVIP, responses were recorded by the E-Prime program, which was a repository for the raw data (responses and reaction times). Performance evaluation required numerous steps. First, the number of correct responses was identified. Each number was presented for 750ms; responses to a target (the third number in a sequence of three odd or three even numbers) in this 750ms frame were recorded as correct by the program; responses outside this frame were marked as incorrect. However, responses were often made to a target which fell just outside the 750 ms frame, e.g. within 1000ms. In these cases, it was felt a correct response *had* been made, and deeming these incorrect would penalise slower reaction times, rather than attention performance. As such, responses were considered correct if they fell within the time-frame of the target *and* the subsequent stimulus. This gave a window of 1500ms, though no responses exceeded 1100ms (reinforcing the notion that these were reactions to the *previous* frame, as ‘correct’ responses generally fell towards the end of the allotted time frame, after 500ms).

Unlike Clark et al. (2002), it was not considered necessary to run a signal detection analysis to counter the potential confounding tendency to respond impulsively to the task, since for all participants, hardly any responses were registered (correct or incorrect), which seemed to rule out response impulsivity. For each participant, two scores were calculated at both T1 and T2. First, overall performance was the percentage of correct responses over five minutes (relative to the number of targets). Second, ‘vigilance decrement’ concerned the percentage of correct responses for each minute of the test.

APPENDIX P – DISCARDED RVIP RESULTS

Overall performance – i.e. percentage of targets responded to across the whole test – declined from T1 to T2 for both novices and elders, as shown in the table and line graph below.

Table 19: RVIP mean scores (standard deviation in brackets) – percentage of targets responded to correctly.

	T1	T2
Novices	11.07 (6.02)	10.00 (7.49)
Elders	9.67 (7.49)	7.33 (6.71)
All	10.34 (6.74)	8.62 (7.40)

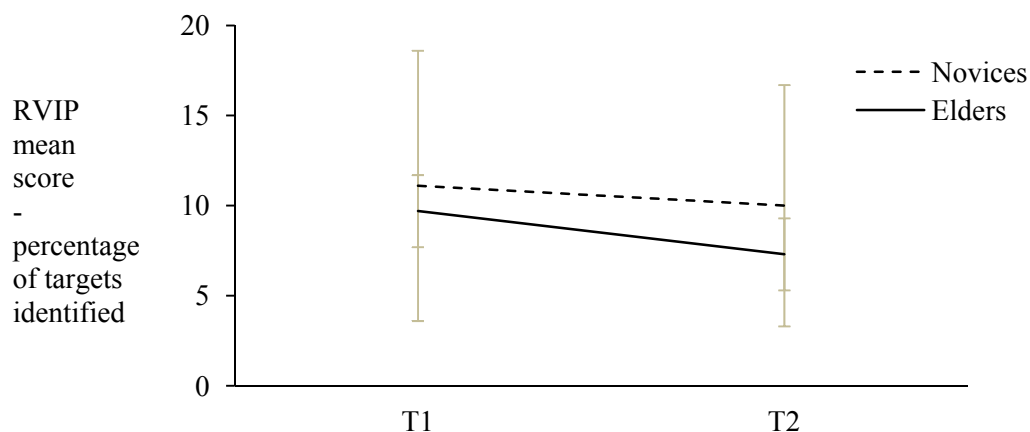


Figure 26: Line graph showing RVIP mean scores – percentage of targets responded to correctly.

A Shapiro-Wilk test indicated most scores were not normally distributed, including those for novices at T1 and T2, and elders at T2. The data was thus analysed with non-parametric tests. A Wilcoxon signed ranks test indicated no difference between overall performance at T1 ($Mdn = 7.5$) and at T2 ($Mdn = 7.5$), $Z = -1.53$, $p = .127$. A Mann-Whitney test indicated that there was no differences between novices and elders in overall performance at either T1 ($U = 83.5$, $p = .34$) or T2 ($U = 83.0$, $p = .33$).

RVIP was also analysed in terms of ‘vigilance decrement’ (percentage of targets responded to over each of the five minutes). At T1 and T2, there was a general decline in performance over five minutes. A Friedman’s test indicated that the decline was significant at T1 ($\chi^2(2) = 12.20$,

$p = .016$), but not T2 ($\chi^2(2) = 3.14$, $p = .53$). These declines are shown in the table and line graph below. The table shows mean scores at T1 and T2 in one-minute segments. The line graph shows depreciating performance over time at T1 and T2.

Table 20: RVIP mean scores (standard deviation in brackets) in one-minute segments – percentage of targets responded to correctly.

	Minute 1	Minute 2	Minute 3	Minute 4	Minute 5
T1	15.95 (18.87)	12.93 (14.75)	9.48 (12.79)	9.48 (10.90)	4.31 (6.90)
T2	9.91 (13.93)	11.20 (13.91)	8.19 (9.61)	6.90 (9.79)	6.90 (9.20)

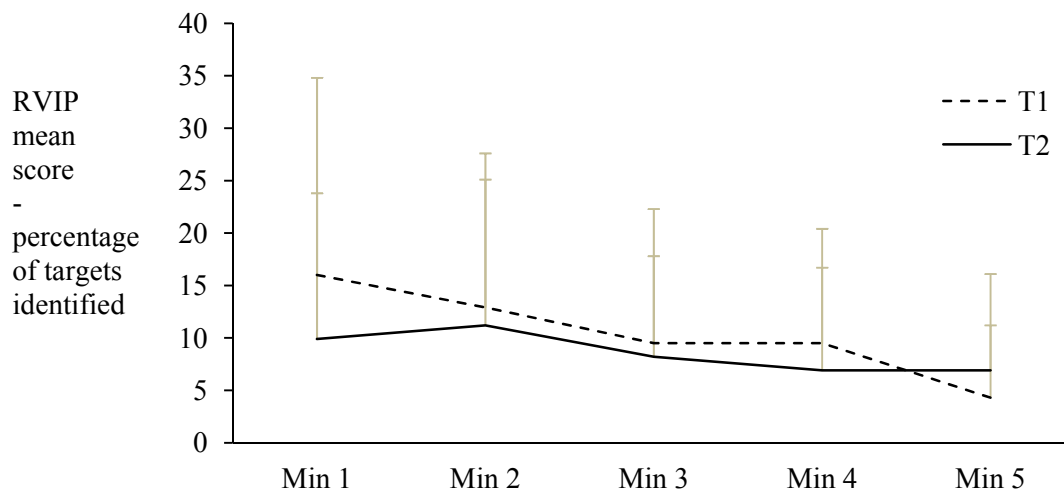


Figure 27: Line graph showing RVIP mean scores in one-minute segments – percentage of targets responded to correctly.

APPENDIX Q – EEG DIFFERENTIAL HEMISPHERIC ACTIVATION

EEG data was analysed in terms of differential hemispheric activation. Descriptive statistics are shown below, showing mean amplitude for each hemisphere across the whole session, for alpha and theta, with participants separated into groups based on experience.

Table 21: Mean hemispheric amplitude (standard deviation in brackets)

	Novices		Elders	
	Left hemisphere	Right hemisphere	Left hemisphere	Right hemisphere
T1 Alpha	10.49 (3.20)	10.44 (3.29)	10.39 (2.72)	10.41 (3.43)
T1 Theta	12.22 (2.82)	11.92 (2.57)	11.67 (2.24)	11.45 (2.45)
T2 Alpha	12.45 (2.10)	10.12 (3.06)	11.66 (2.08)	10.67 (3.15)
T2 Theta	12.34 (2.04)	12.45 (2.10)	12.01 (2.41)	11.66 (2.08)

Four mixed-factorial ANOVAs were conducted, one for each bandwidth at T1 and T2. For each, there was a within-subjects factor of hemisphere (left, right), a between-subjects factor of experience (novice, elder), and average amplitude as the DV. In the T2 alpha ANOVA there was a main effect for hemisphere, with greater amplitude in the left ($M = 12.45$, $SD = 2.10$) than the right ($M = 10.12$, $SD = 3.06$), $F(1, 27) = 15.79$, $p = .000$. There were no other main effects by hemisphere, no main effects for experience, and no interactions, as shown in the table below.

Table 22: Hemispheric amplitude - ANOVA results

Band	Effect	T1	T2
Theta	Hemisphere	$F(1, 27) = 1.05$, $p = .31$	$F(1, 27) = .25$, $p = .62$
	Experience	$F(1, 27) = 3.14$, $p = .58$	$F(1, 27) = .54$, $p = .47$
	Interaction	$F(1, 27) = .024$, $p = .88$	$F(1, 27) = 1.93$, $p = .34$
Alpha	Hemisphere	$F(1, 27) = .002$, $p = .97$	$F(1, 27) = 15.78$, $p < .001$
	Experience	$F(1, 27) = .003$, $p = .96$	$F(1, 27) = .018$, $p = .90$
	Interaction	$F(1, 27) = .005$, $p = .95$	$F(1, 27) = 2.61$, $p = .12$

To analyse differences between the hemispheres in a more detailed way, paired-sample T-tests were also conducted in terms of each *epoch* (baseline, RVIP, DISS and meditation), at both T1 and T2, separated into bandwidths. Of the 16 paired samples (two bandwidths x four epochs x two sessions), two were significant. During T1 meditation, there was higher theta on the left ($M = 12.61$, $SD = 4.47$) than the right ($M = 12.22$, $SD = 4.93$), $t(28) = 2.10$, $p = .045$. During T2 baseline, there was higher alpha on the left ($M = 9.23$, $SD = 2.48$) than the right ($M = 8.37$, $SD = 2.61$), $t(28) = 2.64$, $p = .013$. The remainder of the tests were non-significant, as shown in the table below.

Table 23: Hemispheric amplitude - Paired T-tests

T1	Baseline		T2	Baseline	
	<i>Alpha</i>	$T(28) = .67, p = .51$		<i>Alpha</i>	$T(28) = 1.23, p = .23$
	<i>Theta</i>	$T(28) = .67, p = .51$		<i>Theta</i>	$T(28) = 2.64, p = .013$
	RVIP			RVIP	
	<i>Alpha</i>	$T(28) = .22, p = .82$		<i>Alpha</i>	$T(28) = .27, p = .79$
	<i>Theta</i>	$T(28) = -.04, p = .96$		<i>Theta</i>	$T(28) = .07, p = .94$
	DISS			DISS	
	<i>Alpha</i>	$T(28) = .88, p = .38$		<i>Alpha</i>	$T(28) = .10, p = .92$
	<i>Theta</i>	$T(28) = -.31, p = .76$		<i>Theta</i>	$T(28) = -.22, p = .82$
	Meditation			Meditation	
	<i>Alpha</i>	$T(28) = 2.10, p = .045$		<i>Alpha</i>	$T(28) = -.52, p = .61$
	<i>Theta</i>	$T(28) = .67, p = .51$		<i>Theta</i>	$T(28) = -.32, p = .579$

APPENDIX R – EEG CHANGE WITHIN MEDITATION

The meditation epoch was split into two smaller epochs (five minutes each) to examine any differences *within* the meditation session itself. This section presents the results for alpha and theta bandwidths, for both amplitude and coherence.

Theta amplitude

T1 and T2 were first considered separately. Two mixed-factorial ANOVAs were conducted, one for T1, one for T2. Both had a within-subjects factor of meditation half (first, second), and a between-subjects factor of experience (novice, elder). The first ANOVA had T1 theta amplitude as the DV. There was a main effect of meditation half ($F(1, 27) = 5.50, p = .027$), with higher amplitude in the first half ($M = 12.85, SD = 4.59$) than the second half ($M = 12.39, SD = 4.45$); there was no main effect of experience ($F(1, 27) = .419, p = .52$); and no interaction ($F(1, 27) = .33, p = .57$). The second ANOVA had T2 theta amplitude as the DV. There was no main effect of meditation half ($F(1, 27) = 1.58, p = .22$), no main effect of experience ($F(1, 27) = .018, p = .89$), and no interaction ($F(1, 27) = .022, p = .88$).

A mixed-factorial ANOVA was then conducted to analyse longitudinal change. For this, to construct the within-subjects factor, two differentials were calculated, one for T1 (first half amplitude minus second half amplitude), and one for T2 (first half amplitude minus second half amplitude). The ANOVA analysed the change in these differentials over time. The within-subjects factor was time (T1, T2), the between-subjects factor was experience (novice, elder), and the DV was the differential between first half and second half amplitude. There was no main effect for time ($F(1, 27) = .66, p = .42$), no main effect for experience ($F(1, 27) = .046, p = .83$), and no interaction ($F(1, 27) = .39, p = .54$).

Theta coherence

T1 and T2 were first considered separately. Two mixed-factorial ANOVAs were conducted, one for T1, one for T2. Both had a within-subjects factor of meditation half (first, second), and a between-subjects factor of experience (novice, elder). The first ANOVA had T1 theta coherence as the DV. There was no main effect of meditation half ($F(1, 27) = .074, p = .79$); a main effect of experience ($F(1, 27) = 7.67, p = .010$), with a larger differential for the elders ($M = .73, SE = .027$) than the novices ($M = .62, SE = .027$); and no interaction ($F(1, 27) = 1.06, p = .31$). The second had T2 theta coherence as the DV. There was no main effect of

meditation half ($F(1, 27) = .33, p = .57$), no main effect of experience ($F(1, 27) = 3.87, p = .060$), and no interaction ($F(1, 27) = 1.67, p = .21$).

A mixed-factorial ANOVA was then conducted to analyse longitudinal change. The within-subjects factor was time (T1, T2), the between-subjects factor was experience (novice, elder), and the DV was the differential between first half and second half coherence. There was no main effect for time ($F(1, 27) = .11, p = .74$), no main effect for experience ($F(1, 27) = 2.62, p = .12$), and no interaction ($F(1, 27) = .25, p = .62$).

Alpha amplitude

T1 and T2 were first considered separately. Two mixed-factorial ANOVAs were conducted, one for T1, one for T2. Both had a within-subjects factor of meditation half (first, second), and a between-subjects factor of experience (novice, elder). The first ANOVA had T1 alpha amplitude as the DV. There was a main effect (one-tailed) of meditation half ($F(1, 27) = 5.51, p = .036$), with higher amplitude in the first ($M = 12.83, SD = 6.72$) than the second half ($M = 12.32, SD = 6.52$); there was no main effect of experience ($F(1, 27) = 1.42, p = .24$); and no interaction ($F(1, 27) = .92, p = .35$). The second ANOVA had T2 alpha amplitude as the DV. There was a main effect of meditation half ($F(1, 27) = 4.78, p = .037$), with higher amplitude in the first ($M = 13.94, SD = 6.84$) than the second half ($M = 13.32, SD = 6.77$); no main effect of experience ($F(1, 27) = .23, p = .63$); and no interaction ($F(1, 27) = .75, p = .39$).

A mixed-factorial ANOVA was then conducted to analyse longitudinal change. The within-subjects factor was time (T1, T2), the between-subjects factor was experience (novice, elder), and the DV was the differential between first half and second half amplitude. There was no main effect for time ($F(1, 27) = .14, p = .71$), no main effect for experience ($F(1, 27) = 1.17, p = .29$), and no interaction ($F(1, 27) = .002, p = .96$).

Alpha coherence

T1 and T2 were first considered separately. Two mixed-factorial ANOVAs were conducted, one for T1, one for T2. Both had a within-subjects factor of meditation half (first, second), and a between-subjects factor of experience (novice, elder). The first ANOVA had T1 alpha coherence as the DV. There was no main effect of meditation half ($F(1, 27) = .023, p = .88$); a main effect of experience ($F(1, 27) = 4.45, p = .044$), with a larger differential for elders ($M = .76, SD = .037$) than novices ($M = .65, SD = .036$); and no interaction ($F(1, 27) = 1.62, p = .31$). The second ANOVA had T2 alpha coherence as the DV. There was a main effect of

meditation half ($F(1, 27) = 4.27, p = .049$), with higher coherence in the first ($M = .73, SD = .13$) than the second half ($M = .72, SD = .14$); no main effect of experience ($F(1, 27) = 2.06, p = .16$), and no interaction ($F(1, 27) = .001, p = .97$).

A mixed-factorial ANOVA was then conducted to analyse longitudinal change. The within-subjects factor was time (T1, T2), the between-subjects factor was experience (novice, elder), and the DV was the differential between first half and second half amplitude. There was no main effect for time ($F(1, 27) = 2.36, p = .14$), no main effect for experience ($F(1, 27) = .71, p = .40$), and no interaction ($F(1, 27) = 1.23, p = .27$).

REFERENCES

- Abramson LY, Seligman MEP and Teasdale JD (1978) Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology* 87: 49-74.
- Addis MA (2008) Gender and depression in men. *Clinical Psychology: Science and Practice* 15(3): 153-168.
- Addis ME and Mahalik JR (2003) Men, masculinity, and the contexts of help seeking. *American Psychologist* 58(1): 5-14.
- Adelson N (2000) *"Being Alive Well": Health and the Politics of Cree Well-being*. Toronto: University of Toronto Press.
- Adiswaranda S (2007) *Meditation and its Practices: A Definitive Guide to Techniques and Traditions of Meditation in Yoga and Vedanta*. Woodstock, VA: Skylight Paths Publishing.
- Adler RH (2009) Engel's biopsychosocial model is still relevant today. *Journal of Psychosomatic Research* 67(6): 607-611.
- Adu-Poku S (2001) Envisioning (black) male feminism: A cross-cultural perspective. *Journal of Gender Studies* 10(2): 157-168.
- Aftanas LI and Golocheikine SA (2001) Human anterior and frontal midline theta and lower alpha reflect emotionally positive state and internalized attention: High-resolution EEG investigation of meditation. *Neuroscience Letters* 310(1): 57-60.
- Aftanas LI and Golocheikine SA (2002) Non-linear dynamic complexity of the human EEG during meditation. *Neuroscience Letters* 330(2): 143-146.
- Ahmed S (2007) The happiness turn. *New Formations* 63: 7-14.
- Aldao A, Nolen-Hoeksema S and Schweizer S (2010) Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review* 30(2): 217-237.
- Algom D, Chajut E and Lev S (2004) A rational look at the emotional stroop phenomenon: A generic slowdown, not a Stroop effect. *Journal of Experimental Psychology: General* 133(3): 323-338.
- Allen DJ and Oleson T (1999) Shame and internalized homophobia in gay men. *Journal of Homosexuality* 37(3): 33-43.
- Allen L (2005) Managing masculinity: Young men's identity work in focus groups. *Qualitative Research* 5(1): 35-57.
- American Psychiatric Association (APA) (1994) *Diagnostic and Statistical Manual of Mental*

- Disorders* (4th ed). Washington, DC: American Psychiatric Association.
- American Psychological Association (APA) (2010) *Concise Rules of APA Style*. Washington, DC: American Psychological Association.
- Anderson EA, Kohler JK and Letiecq BL (2002) Low-income fathers and "responsible fatherhood" programs: A qualitative investigation of participants' experiences. *Family Relations* 51(2): 148-155.
- Anderson ED (2009) The maintenance of masculinity among the stakeholders of sport. *Sport Management Review* 12(1): 3-14.
- Anderson ND, Lau MA, Segal ZV and Bishop SR (2007) Mindfulness-based stress reduction and attentional control. *Clinical Psychology and Psychotherapy* 14(6): 449-463.
- Ando M, Morita T, Miyashita M, Sanjo M, Kira H and Shima Y (2010) Effects of bereavement life review on spiritual well-Being and depression. *Journal of Pain and Symptom Management* 40(3): 453-459.
- Apicella CL, Dreber A Campbell B Gray PB Hoffman M and Little AC (2008) Testosterone and financial risk preferences. *Evolution and Human Behavior* 29(6): 384-390.
- Appelhans BM, Whited MC, Schneider KL, Oleski J and Pagoto SL (2011) Response style and vulnerability to anger-induced eating in obese adults. *Eating Behaviors* 12(1): 9-14.
- Ashwin S and Lytkina T (2004) Men in crisis in russia: The role of domestic marginalization. *Gender and Society* 18(2): 189-206.
- Aspinwall L (2005). The psychology of future-oriented thinking: From achievement to proactive coping, adaptation, and aging. *Motivation and Emotion* 29(4): 203-235.
- Astin JA and Astin AW (2002) An integral approach to medicine. *Alternative Therapies in Health and Medicine* 8(2): 70-75.
- Atkinson P (2005) Qualitative research - unity and diversity. *Forum: Qualitative Social Research* 6(3): Article. 21. Available at <http://www.qualitative-research.net/index.php/fqs/article/viewArticle/4> (accessed 5 January 2012).
- Atkinson R (2002) The life story interview. In: Gubrium JF and Holstein JS (eds), *Handbook of Interview Research: Context and Method*. Thousand Oaks, CA: Sage, pp.121-140.
- Austin JH (1998) *Zen and the Brain: Toward an Understanding of Meditation and Consciousness*. Cambridge, MA: MIT Press.
- Austin JH (2006) *Zen-Brain Reflections: Reviewing Recent Developments in Meditation and States of Consciousness*. Cambridge, Mass: MIT Press.
- Baer RA, Smith GT, Hopkins J, Krietemeyer J and Toney L (2006) Using self-report

- assessment methods to explore facets of mindfulness. *Assessment* 13(1): 27-45.
- Baer RA, Smith GT, Lykins E, Button D, Krietemeyer J, Sauer S et al. (2008) Construct validity of the five facet mindfulness questionnaire in meditating and nonmeditating samples. *Assessment* 15(3): 329-342.
- Bailey KD (1994) *Methods of Social Research*. New York: Free Press.
- Baldo JV, Schwartz S, Wilkins D and Dronkers NF (2006) Role of frontal versus temporal cortex in verbal fluency as revealed by voxel-based lesion symptom mapping. *Journal of the International Neuropsychological Society* 12: 896-900.
- Bao J (2005) Merit-making capitalism: re-territorializing Thai Buddhism in silicon valley, California. *Journal of Asian American Studies* 8(2): 115-142.
- Barbour RS (2001) Checklists for improving rigour in qualitative research: A case of the tail wagging the dog? *British Medical Journal* 322(7294): 1115-1117.
- Barker C (2008) Men, Buddhism and discontents of Western modernity. *Journal of Men, Masculinities and Spirituality* 2(1): 29-46.
- Barker M (2007) Investments in religious capital: An explorative case study of Australian Buddhists. *Journal of Global Buddhism* 8: 65-80.
- Baron-Cohen S, Jolliffe T, Mortimore C and Robertson M (1997) Another advanced test of theory of mind: evidence from very high functioning adults with autism or Asperger syndrome. *Journal of Child Psychology and Psychiatry* 38(813): 822.
- Baron-Cohen S, Wheelwright S, Hill J, Raste Y and Plumb I (2001) The 'reading the mind in the eyes' test revised version: A study with normal adults, and adults with Asperger syndrome or high-functioning autism. *Journal of Child Psychiatry and Psychiatry* 42(241): 252.
- Barratt AE and White HR (2002) Trajectories of gender role orientations in adolescence and early adulthood: A prospective study of the mental health effects of masculinity and femininity. *Journal of Health and Social Behavior* 43(4): 451-468.
- Barrett FJ (1996) The organizational construction of hegemonic masculinity: The case of the US navy. *Gender, Work and Organization* 3(3): 129-142.
- Barry RJ, Clarke AR, McCarthy R and Selikowitz M (2002) EEG coherence in attention-deficit/hyperactivity disorder: A comparative study of two DSM-IV types. *Clinical Neurophysiology* 113(4): 579-585.
- Barton ER (2000) Parallels between mythopoetic men's work / men's peer mutual support groups and selected feminist theories. In: Barton ER (ed) *Mythopoetic Perspectives of*

- Men's Healing Work: An Anthology for Therapists and Others*. Westport, CT: Bergin and Garvey, pp.3-20.
- Basar E, Basar-Eroglu C, Karakas S and Schürmann M (2001) Gamma, alpha, delta, and theta oscillations govern cognitive processes. *International Journal of Psychophysiology* 39(2-3): 241-248.
- Bates LM, Hankivsky O and Springer KW (2009) Gender and health inequities: A comment on the final report of the WHO commission on the social determinants of health. *Social Science and Medicine* 69(7): 1002-1004.
- Bauman Z (2001) *The Individualised Society*. Cambridge: Polity Press.
- Bauman Z (2005) Education in liquid modernity. *Review of Education, Pedagogy, and Cultural Studies* 27(4): 303-317.
- Baumeister RF and Vohs KD (2003) Self-regulation and the executive function of the self. In Leary MR Tangney JP (eds), *Handbook of Self and Identity*. New York: Guilford Press, pp.197-217.
- Baxter J and Eyles J (1997) Evaluating qualitative research in social geography: Establishing 'rigour' in interview analysis. *Transactions of the Institute of British Geographers* 22(4): 505-525.
- BBC (2009) *Beefeaters Fired in Bullying Probe*. Available at <http://news.bbc.co.uk/1/hi/england/london/8379326.stm> (accessed 19 December 2011).
- Bebbington PE, Dunn G, Jenkins R, Lewis G, Brugha T, Farrei M, et al. (1998) The influence of age and sex on the prevalence of depressive conditions: Report from the national survey of psychiatric morbidity. *Psychological Medicine* 28: 9-19.
- Beck AT, Rush AJ, Shaw BF and Emery G (1979) *Cognitive Therapy of Depression*. New York: Guilford.
- Becker ES, Rinck M, Margraf J and Roth WT (2001) The emotional Stroop effect in anxiety disorders: General emotionality or disorder specificity? *Journal of Anxiety Disorders* 15(3): 147-159.
- Beddoe AE and Murphy SO (2004) Does mindfulness decrease stress and foster empathy among nursing students? *Journal of Nursing Education* 43(7): 305-312.
- Beglinger LJ, Gaydos B, Tangphao-Daniels O, Duff K, Kareken DA, Crawford J, et al. (2005) Practice effects and the use of alternate forms in serial neuropsychological testing. *Archives of Clinical Neuropsychology* 20(4): 517-529.
- Bell JS (2002) Narrative enquiry: More than just telling stories. *Tesol Quarterly*, 36(2): 207-213.

- Bem SL (1974) The measurement of psychological androgyny. *Journal of Consulting and Clinical Psychology* 42(2): 155-162.
- Bennett KM (2007) "No sissy stuff": Towards a theory of masculinity and emotional expression in older widowed men. *Journal of Aging Studies* 21(4): 347-356.
- Benson PR (2010) Coping, distress, and well-being in mothers of children with autism. *Research in Autism Spectrum Disorders* 4(2): 217-228.
- Benton AL (1989) *Multilingual Aphasia Examination*. Iowa City, Iowa: AJA Associates.
- Berger PL and Luckmann T (1966) *The Social Construction of Reality*. New York: Doubleday.
- Bergin AE and Garfield SL (eds) (1994) *Handbook of Psychotherapy and Behavior Change* (4th ed). Oxford, England: John Wiley and Sons.
- Berking M, Orth U, Wupperman P, Meier LL and Caspar F (2008) Prospective effects of emotion-regulation skills on emotional adjustment. *Journal of Counseling Psychology* 55(4): 485-494.
- Berkman LF, Glass T, Brissette I, and Seeman TE (2000) From social integration to health: Durkheim in the new millennium. *Social Science and Medicine* 51(6): 843-857.
- Bernardes SF and Lima ML (2010) Being less of a man or less of a woman: Perceptions of chronic pain patients' gender identities. *European Journal of Pain* 14(2): 194-199.
- Bernstein M (2004) Paths to homophobia. *Sexuality Research and Social Policy* 1(2): 41-55.
- Berton O and Nestler EJ (2006) New approaches to antidepressant drug discovery: Beyond monoamines. *Nature Reviews. Neuroscience* 7(2): 137-151.
- Berzin A (2010) *Wise Teacher Wise Student: Tibetan Approaches to a Healthy Relationship*. New York: Snow Lion Publications.
- Biegel GM, Brown KW, Shapiro SL and Schubert CM (2009) Mindfulness-based stress reduction for the treatment of adolescent psychiatric outpatients: A randomized clinical trial. *Journal of Consulting and Clinical Psychology* 77(5): 855-866.
- Bishop SR (2002) What do we know about mindfulness-based stress reduction. *Psychosomatic medicine* 64: 71-84.
- Bishop SR, Lau M, Shapiro S, Carlson L, Anderson ND, Carmody J, et al. (2004) Mindfulness: A proposed operational definition, *Clinical Psychology: Science and Practice* 11(3): 230-241.
- Biswas-Diener R and Diener E (2009). Making the best of a bad situation: Satisfaction in the slums of Calcutta. In Diener E (ed), *Culture and well-being*, Springer Netherlands, pp.261-278.

- Block N (1995) On a confusion about a function of consciousness. *Behavioral and Brain Sciences* 18(2): 227-287.
- Bluck R (2006) *British Buddhism: Teachings, Practice and Development*. London: Routledge.
- Bogart G (1991) The use of meditation in psychotherapy. *American Journal of Psychotherapy* 45(3): 383-412.
- Bohan J (1996) *The Psychology of Sexual Orientation: Coming to Terms*. New York: Routledge.
- Bootzin RR and Stevens SJ (2005) Adolescents, substance abuse, and the treatment of insomnia and daytime sleepiness. *Clinical Psychology Review* 25(5): 629-644.
- Borgonovi F (2008) Doing well by doing good. The relationship between formal volunteering and self-reported health and happiness. *Social Science and Medicine* 66(11): 2321-2334.
- Borgonovi F (2010) A life-cycle approach to the analysis of the relationship between social capital and health in Britain. *Social Science and Medicine* 71(11): 1927-1934.
- Borton JLS, Markowitz LJ and Dieterich J (2005) Effects of suppressing negative self-referent thoughts on mood and self-esteem. *Journal of Social and Clinical Psychology* 24: 172-190.
- Bottorff JL, Oliffe J, Kalaw C, Carey J and Mroz L (2006) Men's constructions of smoking in the context of women's tobacco reduction during pregnancy and postpartum. *Social Science and Medicine* 62(12): 3096-3108.
- Botvinick MM, Cohen JD and Carter CS (2004) Conflict monitoring and anterior cingulate cortex: An update. *Trends in Cognitive Sciences* 8(12): 539-546.
- Bowlby J (1973) *Attachment and Loss (vol. 2)*. New York: Basic Books.
- Bradbury-Jones C (2007) Enhancing rigour in qualitative health research: Exploring subjectivity through Peshkin's I's. *Journal of Advanced Nursing* 59(3): 290-298.
- Bradshaw M and Ellison CG (2010) Financial hardship and psychological distress: Exploring the buffering effects of religion. *Social Science and Medicine* 71(1): 196-204.
- Brandth B and Haugen MS (2005) Doing rural masculinity – from logging to outfield tourism. *Journal of Gender Studies* 14(1): 13-22.
- Brannon R (1976) The male sex role: Our culture's blueprint of manhood and what it's done for us lately. In Brannon R and Davids D (eds), *The Forty-Nine Percent Majority*. Reading, MA: Addison-Wesley, pp.1-40.
- Braverman A, Braverman H and Suzuki S (1994) *Warrior of Zen: The Diamond Hard*

- Wisdom Mind of Suzuki Shosan*. New York: Kodansha-America.
- Bremer A, Dahlberg K and Sandman L (2009) To survive out-of-hospital cardiac arrest: A search for meaning and coherence. *Qualitative Health Research* 19(3): 323-338.
- Brickell C (2005) Masculinities, performativity, and subversion. *Men and Masculinities* 8(1): 24-43.
- Brickell C (2006) The sociological construction of gender and sexuality. *The Sociological Review* 54(1): 87-113.
- Brickman AM, Paul RH, Cohen RA, Williams LM, MacGregor KL, Jefferson AL, et al. (2005) Category and letter verbal fluency across the adult lifespan: relationship to EEG theta power. *Archives of Clinical Neuropsychology* 20(5): 561-573.
- Brickman P and Campbell D (1971) Hedonic relativism and planning the good society. In Appleby MH (ed), *Adaptation Level Theory: A Symposium*. New York: Academic Press, pp.207-302.
- Brickman P, Coates D and Janoff-Bulman R (1978) Lottery winners and accident victims: Is happiness relative? *Journal of Personality and Social Psychology* 36(8): 917-927.
- Briggs S (2009) Risks and opportunities in adolescence: Understanding adolescent mental health. *Journal of Social Work Practice: Psychotherapeutic Approaches in Health, Welfare and the Community* 23(1): 49-64.
- Broderick P (2005) Mindfulness and coping with dysphoric mood: Contrasts with rumination and distraction. *Cognitive Therapy and Research* 29(5): 501-510.
- Broom A, Hand K and Tovey P (2009) The role of gender, environment and individual biography in shaping qualitative interview data. *International Journal of Social Research Methodology* 12(1): 51-65.
- Brown KW, Ryan RM and Creswell JD (2007) Mindfulness: Theoretical foundations and evidence for its salutary effects. *Psychological Inquiry* 18(4): 211-237.
- Brownhill S, Wilhelm K, Barclay L and Schmied V (2005) 'Big build': Hidden depression in men. *Australian and New Zealand Journal of Psychiatry* 39: 921-931.
- Bruce A and Davies B (2005) Mindfulness in hospice care: Practising meditation-in-action. *Qualitative Health Research* 15(10): 1329-1344.
- Buber M (1958) *I and Thou*. New York: Scrivener.
- Burnett R (2011) Mindfulness in schools: Learning lessons from the adults, secular and buddhist. *Buddhist Studies Review*, 28(1). Available at <http://www.equinoxjournals.com/BSR/article/viewArticle/10704> (accessed 10 January 2011).

- Burr V (1995) *An Introduction to Social Construction*. New York: Routledge.
- Burstow P (2011) Publications and records: Written answers to questions. *Hansard*. Available at <http://www.publications.parliament.uk/pa/cm201011/cmhansrd/cm111024/text/111024w0001.htm> (accessed 23 April 2012).
- Burton A, Atherton M and Nygaard A (2009) GQ men's health program. *Social Marketing Quarterly* 15(2): 39-47.
- Bussey K and Bandura A (1999) Social cognitive theory of gender development and differentiation. *Psychological Review* 106(4): 676-713.
- Butler J (1990) *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge Kegan Paul.
- Butler J (1993) *Bodies that Matter: On the Discursive Limits of "Sex"*. New York: Routledge.
- Butt T (2004) *Understanding People*. New York: Palgrave MacMillan.
- Cacioppo JT, Tassinary LG and Berntson GG (2007) *Handbook of Psychophysiology*. Cambridge: Cambridge University Press.
- Cahn B, Delorme A and Polich J (2010) Occipital gamma activation during vipassana meditation. *Cognitive Processing* 11(1): 39-56.
- Cahn BR and Polich J (2006) Meditation states and traits: EEG, ERP, and neuroimaging studies. *Psychological Bulletin* 132(2): 180-211.
- Calestani M (2009) An anthropology of 'the good life' in the Bolivian plateau. *Social Indicators Research* 90(1): 141-153.
- Campbell A, Muncer S and Odber J (1997) Aggression and testosterone: Testing a bio-social model. *Aggressive Behavior* 23(4): 229-238.
- Campbell CA (1995) Male gender roles and sexuality: Implications for women's AIDS risk and prevention. *Social Science and Medicine* 41(2): 197-210.
- Campbell LD and Carroll MP (2007) The incomplete revolution. *Men and Masculinities* 9(4): 491-508.
- Campbell LM, Gray NJ, Meletis ZA, Abbott JG and Silver JJ (2006) Gatekeepers and key masters: Dynamic relationships of access in geographical fieldwork. *Geographical Review* 96(1): 97-121.
- Campbell-Sills L and Barlow DH (2007) Incorporating emotion regulation into conceptualizations and treatments of anxiety and mood disorders. In: James J (ed) *Handbook of Emotion Regulation*, London: Guilford Press, pp.542-559.
- Cao Q, Zang Y, Zhu C, Cao X, Sun L, Zhou X, et al. (2008) Alerting deficits in children with attention deficit/hyperactivity disorder: Event-related fMRI evidence. *Brain Research*

1219: 159-168.

- Cardoso R, de Souza E, Camano L and Roberto Leite J (2004) Meditation in health: An operational definition. *Brain Research Protocols* 14(1): 58-60.
- Carmody J, Reed G, Kristeller J and Merriam P (2008) Mindfulness, spirituality, and health-related symptoms. *Journal of Psychosomatic Research* 64(4): 393-403.
- Carson JW, Carson KM, Gil KM and Baucom DH (2004) Mindfulness-based relationship enhancement. *Behavior Therapy* 35(3): 471-494.
- Carson JW, Keefe FJ, Lynch TR, Carson KM, Goli V, Fras AM, et al. (2005) Loving-kindness meditation for chronic low back pain. *Journal of Holistic Nursing* 23(3): 287-304.
- Carver CS and Scheier MF (1998) *On the Self Regulation of Behavior*. Cambridge: Cambridge University Press.
- Carver CS and Scheier MF (2002). Control processes and self-organization as complementary principles underlying behavior. *Personality and Social Psychology Review* 6(4): 304-315.
- Carver CS, Scheier MF and Weintraub KJ (1989) Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology* 56(2): 267-283.
- Chalmers DJ (2004) How can we construct a science of consciousness? In Gazzaniga M (ed), *The cognitive neurosciences*. Cambridge, Mass: MIT Press, section X, chapter 79.
- Chambers R, Gullone E and Allen NB (2009) Mindful emotion regulation: An integrative review. *Clinical Psychology Review* 29(6): 560-572.
- Chambers R, Lo B and Allen N (2008) The impact of intensive mindfulness training on attentional control, cognitive style, and affect. *Cognitive Therapy and Research* 32(3): 303-322.
- Chandler JM (2009) *Hunting the guru: Lineage, culture and conflict in the development of Tibetan Buddhism in America*. PhD Thesis, State University of New York at Albany. Available from ProQuest Dissertations and Theses database. (UMI 3367332), <http://gradworks.umi.com/33/67/3367332.html> (accessed 14 March 2012).
- Chandle S (1998) Chinese Buddhism in America: Identity and practice. In Prebish CC and Tanaka KK (eds), *The Faces of Buddhism in America*. London: University of California Press.
- Chaplin TM, Cole PM and Zahn-Waxler C (2005) Parental socialization of emotion expression: Gender differences and relations to child adjustment. *Emotion* 5(1): 80-88.

- Chapman AL, Specht MW and Cellucci T (2005) Borderline personality disorder and deliberate self-harm: Does experiential avoidance play a role? *Suicide and Life-Threatening Behavior* 35: 388-399.
- Chapple A and Ziebland S (2002) Prostate cancer: Embodied experience and perceptions of masculinity. *Sociology of Health and Illness* 24(6): 820-841.
- Charmaz K (2000) Grounded theory: Objectivist and constructivist methods. In: Denzin N and Lincoln Y (eds), *Handbook of Qualitative Research*. Thousand Oaks, CA: Sage, pp.509-535.
- Charmaz K (2008) Constructionism and the grounded theory method. In: Holstein JA and Gubrium JF (eds), *Handbook of Constructionist Research*. New York: Guilford Press, pp.397-412.
- Chiesa A and Serretti A (2009) Mindfulness-based stress reduction for stress management in healthy people: A review and meta-analysis. *Journal of Alternative and Complimentary Medicine* 15: 593-600.
- Chiesa A, Calati R and Serretti A (2011) Does mindfulness training improve cognitive abilities? A systematic review of neuropsychological findings. *Clinical Psychology Review* 31(3): 449-464.
- Chokkanathan S (2009). Resources, stressors and psychological distress among older adults in Chennai, India. *Social Science and Medicine* 68(2): 243-250.
- Chryssides GD and Wilkins MZ (2006) *A Reader in New Religious Movements*. London: Continuum.
- Chwick CD, Greenfield JM, Greenberg ST, Shepard SJ, Cochran SV and Haley JT (2009) A qualitative investigation of depression in men. *Psychology of Men and Masculinity* 10(4): 302-313.
- Chwalisz K, Diener E and Dennis G (1988) Autonomic arousal feedback and emotional experience: Evidence from the spinal cord injured. *Journal of Personality and Social Psychology* 54(5): 820-828.
- Ciarrocchi JW and Deneke E (2005) Hope, optimism, pessimism and spirituality as predictors of well-being controlling for personality. *Research in the Social Scientific Study of Religion* 16: 161-184.
- Clark L, Iveren SD and Goodwin GM (2002) Sustained attention deficit in bipolar disorder. *The British Journal of Psychiatry* 180(4): 313-319.
- Clarke D (2003) Faith and hope. *Australasian Psychiatry* 11(2): 164-168.
- Cleeremans A and Haynes JD (1999) Correlating consciousness: A view from empirical

- science. *Revue Internationale De Philosophie* 209: 387-420.
- Cochran SV and Rabinowitz FE (2000) *Men and depression: Clinical and empirical perspectives*. San Diego: Academic Press.
- Cohen AB, Pierce Jr. JD, Chambers J, Meade R, Gorvine BJ and Koenig HG (2005) Intrinsic and extrinsic religiosity, belief in the afterlife, death anxiety, and life satisfaction in young Catholics and Protestants. *Journal of Research in Personality* 39(3): 307-324.
- Cohen JW (2009) Coding gender: Using IMP to construct a content analysis of gender definitions in scientific research *Journal of Integral Theory and Practice* 3(2): 129-154.
- Cohn AM, Jakupcak M, Seibert LA, Hildebrandt TB and Zeichner A (2010) The role of emotion dysregulation in the association between men's restrictive emotionality and use of physical aggression. *Psychology of Men and Masculinity* 11(1): 53-64.
- Collings-Mayo S, Mayo B and Nash S (2010) *The Faith of Generation Y*. London: Church House Publishing.
- Combs A and Esbjörn-Hargens S (2006) An integral tour of consciousness studies. *Journal of Integral Theory and Practice* 1(1): 162-182.
- Connell RW (1995) *Masculinities*. Cambridge: Polity Press.
- Connell RW and Messerschmidt JW (2005) Hegemonic masculinity: Rethinking the concept. *Gender and Society* 19(6): 829-859.
- Connell RW and Wood J (2005) Globalization and business masculinities. *Men and Masculinities* 7(4): 347-364.
- Cooper NR, Burgess AP, Croft RJ and Gruzelier JH (2006) Investigating evoked and induced electroencephalogram activity in task-related alpha power increases during an internally directed attention task. *Neuroreport* 17(2): 205-208.
- Coppin AK, Shumway-Cook A, Saczynski JS, Patel KV, Ble A, Ferrucci L, et al. (2006) Association of executive function and performance of dual-task physical tests among older adults: analyses from the InChianti study. *Age and Aging* 35(6): 619-624.
- Corbin J (1998) Alternative interpretations: Valid or not? *Theory & Psychology* 8(1): 121-128.
- Corbin J and Morse JM (2003) The unstructured interactive interview: Issues of reciprocity and risks when dealing with sensitive topics. *Qualitative Inquiry* 3: 335-354.
- Coull JT, Frith CD, Frackowiak RSJ and Grasby PM (1996) A fronto-parietal network for rapid visual information processing: a PET study of sustained attention and working memory. *Neuropsychologia* 34(11): 1085-1095.

- Courtenay WH (1998) College men's health: An overview and a call to action. *Journal of American College Health* 46(6): 279-290.
- Courtenay WH (2000a) Behavioral factors associated with disease, injury, and death among men: Evidence and implications for prevention. *The Journal of Men's Studies* 9(1): 81-142.
- Courtenay WH (2000b) Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science and Medicine* 50(10): 1385-1401.
- Courtenay WH (2003) Key determinants of the health and the well-being of men and boys. *International Journal of Men's Health* 2(1): 1-27.
- Coward R (1989) *The Whole Truth: The Myth of Alternative Health*. London: Faber and Faber.
- Coyle A (2008) Qualitative methods and 'the (partly) ineffable' in psychological research on religion and spirituality. *Qualitative Research in Psychology* 5(1): 56-67.
- Cramer KM, Gallant MD and Langlois MW (2005) Self-silencing and depression in women and men: Comparative structural equation models. *Personality and Individual Differences* 39(3): 581-592.
- Craven JL (1989) Meditation and psychotherapy. *Canadian Journal of Psychiatry* 34: 648-653.
- Crawford JR, Parker DM, Stewart LE, Besson JAO and De Lacey G (1989) Prediction of WAIS IQ with the National Adult Reading Test: Cross-validation and extension. *British Journal of Clinical Psychology* 28: 267-273.
- Creighton, G (2011) Troubled masculinity: Exploring gender identity and risk-taking following the death of a friend. PhD Thesis, University of British Columbia. Available from Electronic Theses and Dissertations (ETDs) 2008+, <https://circle.ubc.ca/handle/2429/37961> (accessed 25 January 2012).
- Creighton G and Oliffe JL (2010) Theorising masculinities and men's health: A brief history with a view to practice. *Health Sociology Review* 19(4): 409-418.
- Creswell JD, Myers HF, Cole SW and Irwin MR (2009) Mindfulness meditation training effects on CD4+ T lymphocytes in HIV-1 infected adults: A small randomized controlled trial. *Brain, Behavior, and Immunity* 23(2): 184-188.
- Crombie D, Lombard C and Noakes T (2011) Increasing emotional intelligence in cricketers: An intervention study. *International Journal of Sports Science and Coaching* 6(1): 69-86.

- Crook J (1998) Dangers in devotion: Buddhist cults and the tasks of a guru. *New Chan Forum* 18: 31-38.
- CSDH (2008) *Final Report of the Commission on the Social Determinants of Health*. Geneva: World Health Organization.
- Csikszentmihalyi M (1990) *Flow: The Psychology of Optimal Experience*. New York: Harper Perennial.
- Cunningham LS and Egan KJ(1996) *Christian Spirituality: Themes from the Tradition*. Mahwah, New Jersey: Paulist Press.
- Cutcliffe JR (2003) Reconsidering reflexivity: Introducing the case for intellectual entrepreneurship. *Qualitative Health Research* 13(1): 136-148.
- Cutcliffe JR (2005) Adapt or adopt: Developing and transgressing the methodological boundaries of grounded theory. *Journal of Advanced Nursing* 51(4): 421-428.
- Cutcliffe JR, Stevenson C, Jackson S and Smith P (2006) A modified grounded theory study of how psychiatric nurses work with suicidal people. *International Journal of Nursing Studies* 43(7): 791-802.
- Danielsson U and Johansson EE (2005) Beyond weeping and crying: A gender analysis of expressions of depression. *Scandinavian Journal of Primary Health* 23(2): 171-177.
- Danielsson U, Bengs C, Lehti A, Hammarstrom A and Johansson E (2009) Struck by lightning or slowly suffocating - gendered trajectories into depression. *BMC Family Practice* 10(1): 56-67.
- Da Rocha CM (2000) The appropriation of Japanese Zen Buddhism in Brazil. *Japan Studies Review* 4: 33-53.
- Dawson LL (1998) Anti-modernism, modernism, and postmodernism: Struggling with the cultural significance of new religious movements. *Sociology of Religion* 59(2): 131-156.
- Day AL and Carroll SA (2004) Using an ability-based measure of emotional intelligence to predict individual performance, group performance, and group citizenship behaviours. *Personality and Individual Differences* 36(6): 1443-1458.
- De Chavez AC, Backett-Milburn K, Parry O and Platt S (2005) Understanding and researching wellbeing: Its usage in different disciplines and potential for health research and health promotion. *Health Education Journal* 64(1): 70-87.
- De Pillis E and De Pillis L (2008) Are engineering schools masculine and authoritarian? the mission statements say yes. *Journal of Diversity in Higher Education* 1(1): 33-44.
- De Saussure F (1916/1959) *Course in General Linguistics*. New York: Philosophical Library.

- De Visser RO and Smith JA (2007) Alcohol consumption and masculine identity among young men. *Psychology and Health* 22(5): 595-614.
- De Visser RO, Smith JA and McDonnell EJ (2009) 'That's not masculine': Masculine capital and health-related behaviour. *Journal of Health Psychology* 14(7): 1047-1058.
- Dean H (2003) Discursive repertoires and the negotiation of well-being: Reflections on the WeD frameworks. *WeD Working Paper* 4. Bath: Research Group on Wellbeing in Developing Countries. Available at <http://www.welldev.org.uk/research/workingpaperpdf/wed04.pdf> (accessed 10 January 2012).
- Delgado LC, Guerra P, Perakakis P, Vera MN, Reyes del Paso G and Vila J (2010) Treating chronic worry: Psychological and physiological effects of a training programme based on mindfulness. *Behaviour Research and Therapy* 48(9): 873-882.
- Dennett D (2003). Who's on first? Heterophenomenology explained. *Journal of Consciousness Studies* 10(9-10): 19-30.
- Denzin NK (1978) *The Research Act: A Theoretical Introduction to Sociological Methods*. New York: Praeger.
- Denzin NK (1985) Emotion as lived experience. *Symbolic Interaction* 8(2): 223-240.
- Derrida J (1982) *Margins of Philosophy*. Chicago: University of Chicago Press.
- Diener E (2009) Subjective well-being. *The science of well-being: Social Indicators Research Series*, 37, 11-58 Available at http://dx.doi.org/10.1007/978-90-481-2350-6_2 (accessed 6 May 2011).
- Diener E, Diener M and Diener C (1995) Factors predicting the subjective well-being of nations. *Journal of Personality and Social Psychology* 69(5): 851-864.
- Diener E, Suh EM, Lucas RE and Smith HL (1999) Subjective well-being: Three decades of progress. *Psychological Bulletin* 125(2): 276-302.
- Dietl T, Dirlich G, Vogl L, Lechner C and Strian F (1999) Orienting response and frontal midline theta activity: a somatosensory spectral perturbation study. *Clinical Neurophysiology* 110(7): 1204-1209.
- Digester P (1994) Performativity trouble: Postmodern feminism and essential subjects. *Political Research Quarterly* 47(3): 655-673.
- Dillard-Wright DB and Jerath D (2011) *The Everything Guide to Meditation for Healthy Living*. Avon, MA: Adams Media.
- Ditto B, Eclache M and Goldman N (2006) Short-term autonomic and cardiovascular effects of mindfulness body scan meditation. *Annals of Behavioral Medicine* 32(3): 227-234.
- Dobkin P, Irving J and Amar S (2012) For whom may participation in a mindfulness-based

- stress reduction program be contraindicated? *Mindfulness* 3(1): 44-50.
- Dobkin PL and Zhao Q (2011) Increased mindfulness – the active component of the mindfulness-based stress reduction program? *Complementary Therapies in Clinical Practice* 17(1): 22-27.
- Doherty ST, Andrey JC and MacGregor C (1998) The situational risks of young drivers: The influence of passengers, time of day and day of week on accident rates. *Accident Analysis and Prevention* 30(1): 45-52.
- Dolan A (2011) ‘You can’t ask for a dubonnet and lemonade!’: Working class masculinity and men’s health practices. *Sociology of Health and Illness* 33(4): 586-601.
- Domes G, Heinrichs M, Michel A, Berger C and Herpertz SC (2007) Oxytocin improves "mind-reading" in humans. *Biological Psychiatry* 61(6): 731-733.
- Donaldson M (1993) What is hegemonic masculinity? *Theory and Society* 22(5): 643-657.
- Doron-LaMarca S, Vogt DS, King DW, King LA and Saxe GN (2010) Pretrauma problems, prior stressor exposure, and gender as predictors of change in posttraumatic stress symptoms among physically injured children and adolescents. *Journal of Consulting and Clinical Psychology* 78(6): 781-793.
- Doyal L, Anderson J and Paparini S (2009) ‘You are not yourself’: Exploring masculinities among heterosexual African men living with HIV in London. *Social Science and Medicine* 68(10): 1901-1907.
- Doyle L and Gough I (1991) *A Theory of Human Need*. London: Macmillan.
- Drach-Zahavy A and Erez M (2002) Challenge versus threat effects on the goal–performance relationship. *Organizational Behavior and Human Decision Processes* 88(2): 667-682.
- Draper AK (2004) The principles and application of qualitative research. *Proceedings of the Nutrition Society* 63: 641-646.
- Duffy ME (1987) Methodological triangulation: A vehicle for merging quantitative and qualitative research methods. *Journal of Nursing Scholarship* 19(3): 130-133.
- Dumoulin H (1979) *Zen Enlightenment: Origins and Meaning*. New York: Wetherhill.
- Duncan G (2010) Should happiness-maximization be the goal of government? *Journal of Happiness Studies* 11(2): 163-178.
- Duncanson C (2009) Forces for good? Narratives of military masculinity in peacekeeping operations. *International Feminist Journal of Politics* 11(1): 63- 80.
- Dunn BR, Hartigan JA and Mikulas WL (1999) Concentration and mindfulness meditations:

- Unique forms of consciousness? *Applied Psychophysiology and Biofeedback* 24(3): 147-165.
- Eagly AH and Wood W (1999) The origins of sex differences in human behaviour. *American Psychologist* 54(6): 408-423.
- Edson CH (1988) Our past and present: Historical inquiry in education. In: Sherman RR and Webb RB (eds) *Qualitative Research for Education: Focus and Methods*. London: The Falmer Press.
- Edwards MG (2005) The integral holon: A holonomic approach to organisational change and transformation. *Journal of Organizational Change Management* 18(3): 269-288.
- EHRC (2010) *Equality and human rights commission triennial review 2010: Equality, human rights and good relations in 2010*. Equality and Human Rights Commission.
- Ehrenreich B (2009) *Smile or Die: How Positive Thinking Fooled America and the World*. London: Granta.
- Eichstedt JA, Serbin LA, Poulin-Dubois D and Sen MG 2002) Of bears and men: Infants' knowledge of conventional and metaphorical gender stereotypes. *Infant Behavior and Development* 25(3): 296-310.
- Ekert P and McConnell-Ginet S (1992). Think practically and look locally: Language and gender as community-based practice. *Annual Review of Anthropology* 21: 461-490.
- Elliott R (1998) The neuropsychological profile in unipolar depression. *Trends in Cognitive Sciences* 2(11) 447-454.
- Ellison CG and Levin JS (1998) The religion-health connection: Evidence, theory, and future directions. *Health Education and Behavior* 25(6): 700-720.
- Emanuel AS, Updegraff JA, Kalmbach DA and Ciesla JA (2010) The role of mindfulness facets in affective forecasting. *Personality and Individual Differences* 49(7): 815-818.
- Emslie C, Browne S, MacLeod U, Rozmovits L, Mitchell E and Ziebland S (2009) 'Getting through' not 'going under': A qualitative study of gender and spousal support after diagnosis with colorectal cancer. *Social Science and Medicine* 68(6): 1169-1175.
- Emslie C, Ridge D, Ziebland S and Hunt K (2006). Men's accounts of depression: Reconstructing or resisting hegemonic masculinity? *Social Science and Medicine* 62(9): 2246-2257.
- Endler NS, Denisoff E and Rutherford A (1998) Anxiety and depression: Evidence for the differentiation of commonly cooccurring constructs. *Journal of Psychopathology and Behavioral Assessment* 20(2): 149-171.
- Endler NS and Kocovski NL (2001) State and trait anxiety revisited. *Journal of Anxiety*

- Disorders* 15(3): 231-245.
- Engel G (1977) The need for a new medical model: A challenge for biomedicine. *Science* 196(4286): 129-136.
- Engineer AA (1998) Religious fanaticism and communalism: A socio-economic analysis. In: Hasnain N (ed), *Weaker Sections: The Psycho-Social Perspective*. New Delhi: Gyan Publishing, pp.115-126.
- Enosh G and Buchbinder E (2005) The interactive construction of narrative styles in sensitive interviews: The case of domestic violence research. *Qualitative Enquiry* 11(4): 588-617.
- Erisman SM and Roemer L (2010) A preliminary investigation of the effects of experimentally induced mindfulness on emotional responding to film clips. *Emotion* 10(1): 72-82.
- Esbjörn-Hargens S (2006) Integral research: A multi-method approach to investigating phenomena. *Constructivism and the Human Sciences* 11(1-2): 79.
- Esbjörn-Hargens S (2008) Editorial introduction. *Journal of Integral Theory and Practice*, 3(1): v-xii.
- Esbjörn-Hargens S (2010) Integral theory in service of enacting integral education. In: Esbjörn-Hargens S, Reams J and Gunnlaugson O (eds), *Integral Education: New Directions for Higher Learning*. Albany: State University of New York Press, pp.57-78.
- Ezzy D (2000). Illness narratives: Time, hope and HIV. *Social Science and Medicine* 50(5): 605-617.
- Farghadani A, Navabinejad S and Shafiabady A (2010) Designing a model based on mindfulness, nonexistential resistance to life and sociability focusing on search for meaning in life in divorced women. *Procedia - Social and Behavioral Sciences* 5: 1650-1664.
- Faure B (2003) *The Power of Denial: Buddhism, Purity, and Gender*. Princeton: Princeton University Press.
- Fehmi LG and Collura T (2007) Effects of electrode placement upon EEG biofeedback training: The monopolar-bipolar controversy. *Journal of Neurotherapy* 11(2): 45-63.
- Feinberg I and Campbell IG (2010) Sleep EEG changes during adolescence: An index of a fundamental brain reorganization. *Brain and Cognition* 72(1): 56-65.
- Feldman G, Greeson J and Senville J (2010) Differential effects of mindful breathing,

- progressive muscle relaxation, and loving-kindness meditation on decentering and negative reactions to repetitive thoughts. *Behaviour Research and Therapy* 48(10): 1002-1011.
- Fell J (2004) Identifying neural correlates of consciousness: The state space approach. *Consciousness and Cognition* 13(4): 709-729.
- Fell J, Axmacher N and Haupt S (2010) From alpha to gamma: Electrophysiological correlates of meditation-related states of consciousness. *Medical Hypotheses* 75(2):218-224.
- Feltman R, Robinson MD and Ode S (2009) Mindfulness as a moderator of neuroticism—outcome relations: A self-regulation perspective. *Journal of Research in Personality* 43(6): 953-961.
- Ferguson, JM (2001) SSRI antidepressant medications: Adverse effects and tolerability. *Journal of Clinical Psychiatry* 3(1): 22-27.
- Fernandez AC, Wood MD, Stein LAR and Rossi JS (2010) Measuring mindfulness and examining its relationship with alcohol use and negative consequences. *Psychology of Addictive Behaviors* 24(4): 608-616.
- Fiandt K, Forman J, Megel ME, Pakieser RA and Burge S (2003) Integral nursing: An emerging framework for engaging the evolution of the profession. *Nursing Outlook* 51(3): 130-137.
- Field A (2009) *Discovering Statistics using SPSS*. Thousand Oaks, CA: Sage Publications.
- Field T (2011a) Tai chi research review. *Complementary Therapies in Clinical Practice* 17(3): 141-146.
- Field T (2011b) Yoga clinical research review. *Complementary Therapies in Clinical Practice* 17(1): 1-8.
- Fine C (2008) Will working mothers' brains explode? The popular new genre of neurosexism. *Neuroethics* 1(1): 69-72.
- Finlay B and Walther CS (2003) The relation of religious affiliation, service attendance, and other factors to homophobic attitudes among university students. *Review of Religious Research* 44(4): 370-393.
- Finlay F and Gough B (2003) *Reflexivity: A Practical Guide for Researchers in Health and Social Sciences*. Oxford: Blackwell Science.
- Fiorenza ES (2001) *Wisdom Ways: Introducing Feminist Biblical Interpretation*. Maryknoll, NY: Orbis Books.
- Fischer CT (2009) Bracketing in qualitative research: Conceptual and practical matters.

- Psychotherapy Research* 19(4): 583-590.
- Fisher R (2006) Still thinking: The case for meditation with children. *Thinking Skills and Creativity* 1(2): 146-151.
- Flugel Colle KF, Vincent A, Cha SS, Loehrer LL, Bauer BA and Wahner-Roedler DL (2010) Measurement of quality of life and participant experience with the mindfulness-based stress reduction program. *Complementary Therapies in Clinical Practice* 16(1): 36-40.
- Forbes D (2005) In da zone: Meditation, masculinity and a meaningful life. In Miller JP, Karsten S, Denton D, Orr D and Kates IC (eds), *Holistic Learning and Spirituality in Education*. Albany, New York: State University of New York Press, pp.153-160.
- Fortney L and Taylor M (2010) Meditation in medical practice: A review of the evidence and practice. *Primary Care: Clinics in Office Practice* 37(1): 81-90.
- Foster D and Black TG (2007) An integral approach to counseling ethics. *Counseling and Values* 51(3): 221-234.
- Francis B (1999) Lads, lasses and (new) labour: 14-16-year-old students' responses to the 'laddish behaviour and boys' underachievement' debate. *British Journal of Sociology of Education* 20(3): 355-371.
- Frank AW (1997) *The Wounded Storyteller: Body, Illness and Ethics*. Chicago: University of Chicago Press.
- Fredrickson BL, Cohn MA, Coffey KA, Pek J and Finkel SM (2008) Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology* 95(5): 1045-1062.
- Fresco DM, Moore MT, van Dulmen MHM, Segal ZV, Ma SH, Teasdale JD, et al. (2007) Initial psychometric properties of the experiences questionnaire: Validation of a self-report measure of decentering. *Behavior Therapy* 38(3): 234-246.
- Frewen PA, Dozois DJA, Neufeld RWJ, Lane RD, Densmore M, Stevens TK, et al. (2010) Individual differences in trait mindfulness predict dorsomedial prefrontal and amygdala response during emotional imagery: An fMRI study. *Personality and Individual Differences* 49(5): 479-484.
- Friedman R, Myers P and Benson H (2001) Meditation and the relaxation response. In: Howard S. Friedman (ed) *Assessment and Therapy*. San Diego: Academic Press, pp.227-234.
- Frosh S, Phoenix A and Pattman R (2002) *Young Masculinities: Understanding Boys in*

- Contemporary Society*. London: Palgrave.
- Fullagar S (2008) Leisure practices as counter-depressants: Emotion-work and emotion-play within women's recovery from depression. *Leisure Sciences* 30: 53-52.
- Fuster JM (2008) *The Prefrontal Cortex* (4th ed). London: Academic Press.
- Gadalla TM (2009) Determinants, correlates and mediators of psychological distress: A longitudinal study. *Social Science and Medicine* 68(12): 2199-2205.
- Galdas P, Cheater F and Marshall P (2007) What is the role of masculinity in white and South Asian men's decisions to seek medical help for cardiac chest pain? *Journal of Health Services Research Policy* 12(4): 223-229.
- Galdas PM, Johnson JL, Percy ME and Ratner PA (2010) Help seeking for cardiac symptoms: Beyond the masculine–feminine binary. *Social Science and Medicine* 71(1): 18-24.
- Gallagher HL, Happé F, Brunswick N, Fletcher PC, Frith U and Frith DC (2000) Reading the mind in cartoons and stories: An fMRI study of ‘theory of mind’ in verbal and nonverbal tasks. *Neuropsychologia* 38(1): 11- 21.
- Gebser J (1991) *The Ever-Present Origin*. Athens, Ohio: Ohio University Press.
- Georgakopoulou A (2006) Thinking big with small stories in narrative and identity analysis. *Narrative Enquiry* 16(1): 122-130.
- George MS, Ketter TA and Post RM (1994) Prefrontal cortex dysfunction in clinical depression. *Depression* 2(2): 59-72.
- Gergen KJ (1989) Warrenting voice and the elaboration of the self. In Shotter J and Gergen KJ (eds), *Texts of Identity*. London: Sage, pp.70-81.
- Gerson JM and Peiss K (1985) Boundaries, negotiation, consciousness: Reconceptualizing gender relations. *Social Problems* 32(4): 317-331.
- Gibbs JJ, Giever D and Martin RL (2006) The meaning of criminology and criminal justice. *Journal of Integral Theory and Practice* 1(1): 215-234.
- Giddens A and Dallmayr FR (1982) *Profiles and Critiques in Social Theory*. Berkeley: University of California Press.
- Glaser BG (1992) *Basics of Grounded Theory Analysis*. Mill Valley, CA: Sociological Press.
- Glaser BG and Strauss AL (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago: Aldine.
- Gochros HL and Bidwell R (1996) Lesbian and gay youth in a straight world: Implications for health care workers. *Journal of Gay and Lesbian Social Services* 5(1): 1-18.
- Goldberg D and Huxley P (1992) *Common Mental Disorders: A Bio-social Model*. London:

Tavistock.

- Goldin PR and Gross JJ (2010) Effects of mindfulness-based stress reduction (MBSR) on emotion regulation in social anxiety disorder. *Emotion* 10(1): 83-91.
- Golding B, Kimberly H, Foley A and Brown A (2008) Houses and sheds in Australia: An exploration of the genesis and growth of neighbourhood houses and men's sheds in community settings. *Australian Journal of Adult Learning* 48(2): 237-262.
- Goleman D (1988) *The Meditative mind: The Varieties of Meditative Experience*. New York: Tarcher.
- Goleman D (1995) *Emotional Intelligence*. New York: Bantam Books.
- Gotlib IH, Traill SK and Montoya RL (2005) Attention and memory biases in the offspring of parents with bipolar disorder: Indications from a pilot study. *Journal of Child Psychology and Psychiatry* 46(1): 84-93.
- Gough B (2001) 'Biting your tongue': Negotiating masculinities in contemporary Britain. *Journal of Gender Studies* 10(2): 169-185.
- Gough B (2004). Psychoanalysis as a resource for understanding emotional ruptures in the text: The case of defensive masculinities. *British Journal of Social Psychology* 43(2): 245-267.
- Gough B (2006) Try to be healthy, but don't forgo your masculinity: Deconstructing men's health discourse in the media. *Social Science and Medicine* 63(9): 2476-2488.
- Gough B (2007) 'Real men don't diet': An analysis of contemporary newspaper representations of men, food and health. *Social Science and Medicine* 64(2): 326-337.
- Gough B (2009) A psycho-discursive approach to analysing qualitative interview data, with reference to a father-son relationship. *Qualitative Research* 9(5): 527-545.
- Gramsci A (1971) *Selections from the Prison Notebooks*. New York: International.
- Granié M (2010) Gender stereotype conformity and age as determinants of preschoolers' injury-risk behaviors. *Accident Analysis and Prevention* 42(2): 726-733.
- Grant B and McKinley E (2011) Colouring the pedagogy of doctoral supervision: Considering supervisor, student and knowledge through the lens of indigeneity. *Innovations in Education and Teaching International* 48(4): 377-386.
- Graves, CW (1970) Levels of existence: An open system theory of values. *Journal of Humanistic Psychology* 10(2): 131-155.
- Green E, Emslie C, O'Neill D, Hunt K and Walker S (2010). Exploring the ambiguities of masculinity in accounts of emotional distress in the military among young ex-servicemen. *Social Science and Medicine* 71(8): 1480-1488.

- Gross C, Cramer-Bornemann M, Frazier P, Ibrahim H, Kreitzer MJ, Nyman J, et al. (2009) Results of a double-controlled trial of mindfulness-based stress reduction to reduce symptoms in transplant patients. *Explore: The Journal of Science and Healing* 5(3): 156.
- Gross JJ (1999) Emotion regulation: Past, present, future. *Cognition and Emotion* 13(5): 551-573.
- Gross JJ and Levenson RW (1997) Hiding feelings: The acute effects of inhibiting negative and positive emotion. *Journal of Abnormal Psychology* 106(1): 95-103.
- Grossman P (2010) Mindfulness for psychologists: Paying kind attention to the perceptible. *Mindfulness* 1(2): 87-97.
- Grossman P, Niemann L, Schmidt S and Walach H (2004) Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of Psychosomatic Research* 57(1): 35-43.
- Grosswald SJ, Stixrud WR, Travis F and Bateh MA (2008) Use of the Transcendental Meditation technique to reduce symptoms of attention deficit hyperactivity disorder (ADHD) by reducing stress and anxiety: An exploratory study. *Current Issues in Education* 10(2): 1-16.
- Grunwald M, Weiss T, Krause W, Beyer L, Rost R, Gutberlet I, et al. (1999) Power of theta waves in the EEG of human subjects increases during recall of haptic information. *Neuroscience Letters* 260(3): 189-192.
- Gruzeliera J, Inouea A, Smart R, Steed A and Steffert T (2010) Acting performance and flow state enhanced with sensory-motor rhythm neurofeedback comparing ecologically valid immersive VR and training screen scenarios. *Neuroscience Letters* 480: 112-116.
- Gudjonsson GH and Sigurdsson JF (2003) The relationship of compliance with coping strategies and self-esteem. *European Journal of Psychological Assessment* 19(2): 117-123.
- Guerrero L, Claret A, Verbeke W, Enderli G, Zakowska-Biemans S, Vanhonacker F, et al. (2010) Perception of traditional food products in six European regions using free word association. *Food Quality and Preference* 21(2): 225-233.
- Güntekin B, Saatçi E and Yener G (2008) Decrease of evoked delta, theta and alpha coherences in Alzheimer patients during a visual oddball paradigm. *Brain Research* 1235: 109-116.
- Gyatso GK (2007) *Introduction to Buddhism: An Explanation of the Buddhist Way of Life*.

- Conishead Priory: Tharpa Publications.
- Gyatso T (2006) Science at the crossroads. *Explore: The Journal of Science and Healing*, 2(2): 97-99.
- Hackney CH and Sanders GS (2003) Religiosity and mental health: A meta analysis of recent studies. *Journal for the Scientific Study of Religion* 42(1): 43-55.
- Hall S (1992) The West and the rest. In Hall S and Gieben B (eds), *Formations of Modernity*. Cambridge: Polity Press/Open University Press.
- Hankivsky O and Christoffersen A (2008). Intersectionality and the determinants of health: A Canadian perspective. *Critical Public Health* 18(3): 271-283.
- Hanlon P, Carlisle S, Reilly D, Lyon A and Hannah M (2010) Enabling well-being in a time of radical change: Integrative public health for the 21st century. *Public Health* 124(6): 305-312.
- Happé F, Booth R, Charlton R and Hughes C (2006) Executive function deficits in autism spectrum disorders and attention-deficit/hyperactivity disorder: Examining profiles across domains and ages. *Brain and Cognition* 61(1): 25-39.
- Harris J (2012) The desperate search for jobs in Warrington. *The Guardian*, 7 February, 2012. Available at <http://www.guardian.co.uk/commentisfree/2012/feb/07/desperate-search-jobs-warrington> (accessed 7 February 2012).
- Harris S (2004) *The End of Faith: Religion, Terror, and the Future of Reason*. London: W. W. Norton and Co.
- Harrison A, Sullivan S, Tchanturia, K and Treasure J (2009) Emotion recognition and regulation in anorexia nervosa. *Clinical Psychology and Psychotherapy* 16(4): 348-356.
- Harvey P (1990) *An Introduction to Buddhism: Teachings, History and Practices*. Cambridge: Cambridge University Press.
- Hatch S and Dohrenwend B (2007) Distribution of traumatic and other stressful life events by race/ethnicity, gender, SES and age: A review of the research. *American Journal of Community Psychology* 40(3): 313-332.
- Hatch SL, Harvey SB and Maughan B (2010) A developmental-contextual approach to understanding mental health and well-being in early adulthood. *Social Science and Medicine* 70(2): 261-268.
- Hausknecht JP, Halpert JA, Di Paulo NT and Gerrard MOM (2007). Retesting in selection: A meta-analysis of practice effects for tests of cognitive ability. *Journal of Applied Psychology* 92(2): 373-385.

- Hay I, Ashman AF and Van Kraayenoord CE (1998) The influence of gender, academic achievement and non-school factors upon pre-adolescent self-concept. *Educational Psychology* 18(4): 461-470.
- Hayes R (1995) *Androgyny among friends*. Available at <http://www.unm.edu/~rhayes/afterpat.pdf> (accessed 3 July 2012).
- Hayley S, Poulter MO, Merali Z and Anisman H (2005) The pathogenesis of clinical depression: Stressor- and cytokine-induced alterations of neuroplasticity. *Neuroscience* 135(3): 659-678.
- Headey B, Schupp J, Tucci I and Wagner GG (2010) Authentic happiness theory supported by impact of religion on life satisfaction: A longitudinal analysis with data for germany. *The Journal of Positive Psychology* 5(1): 73-82.
- Hearn J (2004) From hegemonic masculinity to the hegemony of men. *Feminist Theory* 5(1): 49-72.
- Hebert R, Lehmann D, Tan G, Travis F and Arenander A (2005) Enhanced EEG alpha time-domain phase synchrony during Transcendental Meditation: Implications for cortical integration theory. *Signal Processing* 85(11): 2213-2232.
- Heeren A, Van Broeck N and Philippot P (2009) The effects of mindfulness on executive processes and autobiographical memory specificity. *Behaviour Research and Therapy* 47(5): 403-409.
- Heidegger M (1962) *Being and Time*. London: Blackwell.
- Hennessey CH and Walker A (2010) Promoting multi-disciplinary and inter-disciplinary ageing research in the United Kingdom. *Ageing and Society* 31(1): 52- 69.
- Henry P (2006) The sociological implications for contemporary Buddhism in the United Kingdom: Socially engaged Buddhism, a case study. *Journal of Buddhist Ethics*, Available at <http://jbe.gold.ac.uk> (accessed on 16 January 2012).
- Herman S and Sadosky R (2010) Psychosocial health screening and recognizing early signs of psychosocial distress. *Journal of Men's Health* 7(1): 73-82.
- Hilti CC, Hilti LM, Heinemann D, Robbins T, Seifritz E and Cattapan-Ludewig K (2010) Impaired performance on the rapid visual information processing task (RVIP) could be an endophenotype of schizophrenia. *Psychiatry Research* 177(1-2): 60-64.
- Hilton S, Emslie C, Hunt K, Chapple A and Ziebland S (2009) Disclosing a cancer diagnosis to friends and family: A gendered analysis of young men and women's experiences. *Qualitative Health Research* 19(6): 744-754.
- Hochschild AR (1979) Emotion work, feeling rules, and social structure. *The American*

- Journal of Sociology* 85(3): 551-575.
- Hodgins HS and Adair KC (2010) Attentional processes and meditation. *Consciousness and Cognition* 19(4): 872-878.
- Hofmann SG, Sawyer AT, Witt AA and Oh D (2010) The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of Consulting and Clinical Psychology* 78(2): 169-183.
- Hollis-Walker L and Colosimo K (2011) Mindfulness, self-compassion, and happiness in non-meditators: A theoretical and empirical examination. *Personality and Individual Differences* 50(2): 222-227.
- Hölzel BK, Ott U, Hempel H, Hackl A, Wolf K, Stark R, et al. (2007) Differential engagement of anterior cingulate and adjacent medial frontal cortex in adept meditators and non-meditators. *Neuroscience Letters* 421(1): 16-21.
- Honkalampi K, Hintikka J, Tanskanen A, Lehtonen J and Viinamäki H (2000) Depression is strongly associated with alexithymia in the general population. *Journal of Psychosomatic Research* 48(1): 99-104.
- Howe K (1988) Against the quantitative-qualitative incompatibility thesis; or dogmas die hard. *Educational Researcher* 17(8): 10-16.
- Howell AJ, Digdon NL and Buro K (2010) Mindfulness predicts sleep-related self-regulation and well-being. *Personality and Individual Differences* 48(4): 419-424.
- Hunt C, Keogh E and French CC (2006) Anxiety sensitivity: The role of conscious awareness and selective attentional bias to physical threat. *Emotion* 6(3): 418-428.
- Huppert FA and Johnson DM (2010) A controlled trial of mindfulness training in schools: The importance of practice for an impact on well-being. *Journal of Positive Psychology* 5(4): 264-274.
- Hurtado D, Kawachi I and Sudarsky J (2011) Social capital and self-rated health in Colombia: The good, the bad and the ugly. *Social Science and Medicine* 72(4): 584-590.
- Huta V and Ryan R (2010) Pursuing pleasure or virtue: The differential and overlapping well-being benefits of hedonic and eudaimonic motives. *Journal of Happiness Studies* 11(6): 735-762.
- Hutcherson CA, Seppala EM and Gross JJ (2008) Loving-kindness meditation increases social connectedness. *Emotion* 8(5): 720-724.
- Hwang JC (2002) Masculinity index and communication style: An East-Asian perspective. In: Jia W, Lu X and Heisey RD (eds) *Chinese Communication: Theory and Research*.

- Westport, CT: Ablex Publishing, pp.85-97.
- Ilomäki H (1998) Time in Finnish folk narratives. *Folklore* 9: 17-33.
- Inhorn MC (2004) Middle Eastern masculinities in the age of new reproductive technologies: Male infertility and stigma in Egypt and Lebanon. *Medical Anthropology Quarterly* 18(2): 162-182.
- Irving JA, Dobkin PL and Park J (2009) Cultivating mindfulness in health professionals: A review of empirical studies of mindfulness-based stress reduction (MBSR). *Complementary Therapies in Clinical Practice* 15: 61-66.
- Izquierdo C (2005) When "health" is not enough: Societal, individual and biomedical assessments of well-being among the Mmatsigenka of the Peruvian Amazon. *Social Science and Medicine* 61(4): 767-783.
- Jackson AY (2004) Performativity identified. *Qualitative Inquiry* 10(5): 673-690.
- Jackson C and Dempster S (2009) 'I sat back on my computer ... with a bottle of whisky next to me': Constructing 'cool' masculinity through 'effortless' achievement in secondary and higher education. *Journal of Gender Studies* 18(4): 341-356.
- Jacobs TL, Epel ES, Lin J, Blackburn EH, Wolkowitz OM, Bridwell DA, et al. (2011). Intensive meditation training, immune cell telomerase activity, and psychological mediators. *Psychoneuroendocrinology* 36(5): 664-681.
- James A (2007) Well-being: In whose opinion, and who pays? In Corsin-Jimenez A (ed), *Culture and Well-being: Anthropological Approaches to Freedom and Political Ethics*. UK: Pluto Press.
- Janoff-Bulman R (2000) The other side of trauma: Towards a psychology of appreciation. In: Harvey JD and Miller ED (eds) *Loss and Trauma: General and Close Relationship Perspectives*. Philadelphia: Brunner-Routledge, pp.29-44.
- Janoff-Bulman R and Yopyk DJ (2004) Random outcomes and valued commitments. In Greenberg J, Koole SL and Pyszczynski T (eds), *Handbook of Experimental Existential Psychology*. New York: Guilford, pp.122-140.
- Jaseja H (2009) Definition of meditation: Seeking a consensus. *Medical Hypotheses* 72(4), 483-483.
- Jefferson T (2002). Subordinating hegemonic masculinity. *Theoretical Criminology* 6(1): 63-88.
- Jelic V, Dierks T, Amberla K, Almkvist O, Winblad B and Nordberg A (1998) Longitudinal changes in quantitative EEG during long-term tacrine treatment of patients with Alzheimer's disease. *Neuroscience Letters* 254(2): 85-88.

- Jenning J (1999) Structuralism. In Glendinning S (ed) *The Edinburgh Encyclopedia of Continental Philosophy*. Edinburgh: Fitzroy Dearborn Publishers, pp.502-514.
- Jensen O, Gelfand J, Kounios J and Lisan JE (2002) Oscillations in the alpha band (9–12 Hz) increase with memory load during retention in a short-term memory task. *Cerebral Cortex* 12(8): 877-882.
- Jeong HO (2010) How do religions differ in their impact on individuals' social capital? *Nonprofit and Voluntary Sector Quarterly* 39(1): 142-160.
- Jha AP, Krompinger J and Baime MJ (2007) Mindfulness training modifies subsystems of attention. *Cognitive, Affective and Behavioral Neuroscience* 7: 109-119.
- Jin P (1992) Efficacy of tai chi, brisk walking, meditation, and reading in reducing mental and emotional stress. *Journal of Psychosomatic Research* 36(4): 361-370.
- Johnson DP, Penn DL, Fredrickson BL, Meyer PS, Kring AM and Brantley M (2009). Loving-kindness meditation to enhance recovery from negative symptoms of schizophrenia. *Journal of Clinical Psychology* 65(5): 499-509.
- Johnson RB and Onwuegbuzie AJ (2004) Mixed methods research: A research paradigm whose time has come. *Educational Researcher* 33(7): 24- 26.
- Johnson RB, Onwuegbuzie AJ and Turner LA (2007) Toward a definition of mixed methods research. *Journal of Mixed Methods Research* 1(2): 112-133.
- Jones K (2003) *The New Social Face of Buddhism: An Alternative Sociopolitical Perspective*. Somerville, MA: Wisdom Publications.
- Jones S (2005) *Y: The Descent of Men*. New York: First Mariner Books.
- Josipovic Z (2010) Duality and nonduality in meditation research. *Consciousness and Cognition* 19(4): 1119-1121.
- Josselson R (2004) The hermeneutics of faith and the hermeneutics of suspicion. *Narrative Enquiry* 14(1): 1-28.
- Junger-Tas J and Marshall IH (1999) The self-report methodology in crime research. *Crime and Justice* 25: 291-367.
- Kabat-Zinn J (1982) An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry* 4(1): 33-47.
- Kabat-Zinn J (2003) Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice* 10(2): 144-156.
- Kail PJE (2007) Understanding Hume's natural history of religion. *The Philosophical Quarterly* 57: 190-211.

- Kaiseler M, Polman R and Nicholls A (2009) Mental toughness, stress, stress appraisal, coping and coping effectiveness in sport. *Personality and Individual Differences* 47(7): 728-733.
- Kaiser DA (2005) Basic principles of quantitative EEG. *Journal of Adult Development* 12(2/3): 99-104.
- Kang YS, Choi SY and Ryu E (2009) The effectiveness of a stress coping program based on mindfulness meditation on the stress, anxiety, and depression experienced by nursing students in Korea. *Nurse Education Today* 29(5): 538-543.
- Kanuha VK (2000) "Being" native versus "going native": Conducting social work research as an insider. *Social Work* 45(5): 439-447.
- Kaufmann D, Kraay A and Zoido-Lobaton P (1999) *Aggregating governance indicators*. World Bank Policy Research Working Paper No. 2195, Washington, D.C. 15/1/2012. Available at http://info.worldbank.org/etools/docs/library/17588/agg_ind.pdf (accessed 10 January 2012).
- Kennedy D, Little W and Scholey AB (2004) Attenuation of laboratory-induced stress in humans after acute administration of melissa officinalis (Lemon Balm). *Psychosomatic Medicine* 66: 607-613.
- Kerrigan D, Johnson K, Stewart M, Magyari T, Hutton N, Ellen JM, et al. (2011) Perceptions, experiences, and shifts in perspective occurring among urban youth participating in a mindfulness-based stress reduction program. *Complementary Therapies in Clinical Practice* 17(2): 96-101.
- Kessler RC (2003) Epidemiology of women and depression. *Journal of Affective Disorders*, 74 (1): 5-13.
- Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR and Walters EE (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry* 62(6): 593-602.
- Keyes CLM, Shmotkin D and Ryff, CD (2002) Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology* 82(6): 1007-1022.
- Kilmartin C (2005) Depression in men: Communication, diagnosis and therapy. *Journal of Men's Health and Gender* 2(1): 95-99.
- Kilminster S, Downes J, Gough B, Murdoch-Eaton D and Roberts T (2007) Women in

- medicine - is there a problem? A literature review of the changing gender composition, structures and occupational cultures in medicine. *Medical Education* 41(1): 39-49.
- King R (1999) *Orientalism and Religion: Post-Colonial Theory, India and "The Mystic East"*. London: Routledge.
- Kingerlee R (2012) Conceptualizing men: A transdiagnostic model of male distress. *Psychology and Psychotherapy: Theory, Research and Practice* 85(1): 83-99.
- Kingston J, Chadwick P, Meron D and Skinner TC (2007) A pilot randomized control trial investigating the effect of mindfulness practice on pain tolerance, psychological well-being, and physiological activity. *Journal of Psychosomatic Research* 62(3): 297-300.
- Kjaer TW, Bertelsen C, Piccini P, Brooks D, Alving J and Lou HC (2002) Increased dopamine tone during meditation-induced change of consciousness. *Cognitive Brain Research* 13(2): 255-259.
- Klimesch W (1999) EEG alpha and theta oscillations reflect cognitive and memory performance: a review and analysis. *Brain Research Reviews* 29(2-3): 169-195.
- Klimesch W, Doppelmayr M, Russegger H, Pachinger T and Schwaiger J (1998) Induced alpha band power changes in the human EEG and attention. *Neuroscience Letters* 244(2): 73-76.
- Koch C and Tsuchiya N (2007) Attention and consciousness: Two distinct brain processes. *Trends in Cognitive Sciences* 11(1): 16-22.
- Koenig HG (2009) Research on religion, spirituality, and mental health: a review. *Canadian Journal of Psychiatry* 54(5): 283-291.
- Kohlberg L (1969) Stage and sequence: The cognitive-developmental approach to socialization. In Goslin DA (ed), *In handbook of socialization theory and research*. New York: Rand McNally, pp.347-480.
- Kolev V, Yordanova J, Basar-Eroglu C and Basar E (2002) Age effects on visual EEG responses reveal distinct frontal alpha networks. *Clinical Neurophysiology* 113(6): 901-910.
- Koole SL, Govorun O, Cheng CM and Gallucci M (2009) Pulling yourself together: Meditation promotes congruence between implicit and explicit self-esteem. *Journal of Experimental Social Psychology* 45(6): 1220-1226.
- Kozasa EH, Radvany J, Barreiros MA, Leite JR and Amaro Jr E (2008). Preliminary functional magnetic resonance imaging stroop task results before and after a zen meditation retreat. *Psychiatry and Clinical Neurosciences* 62(3): 366.

- Krause N (2008) The social foundation of religious meaning in life. *Research on Aging* 30(4): 395-427.
- Kruger M and Seng Y (2005) Leadership with inner meaning: A contingency theory of leadership based on the worldviews of five religions. *The Leadership Quarterly* 16(5): 771-806.
- Krisanaprakornkit T, Sriraj W, Piyavhatkul N and Laopaiboon M (2006) Meditation therapy for anxiety disorders. *Cochrane Database of Systematic Reviews*, Issue 1. Art. No.: CD004998. DOI: 10.1002/14651858.CD004998.pub2.
- Kuijpersa HJH, van der Heijdena FMMA, Tuiniera S and Verhoeven WMA (2007). Meditation-induced psychosis. *Psychopathology* 40(6): 461-464.
- Kulis S, Marsiglia FF, Lingard EC, Nieri T and Nagoshi J (2008) Gender identity and substance use among students in two high schools in Monterrey, Mexico. *Drug and Alcohol Dependence* 95(3): 258-268.
- Kumar SM (2002) An introduction to Buddhism for the cognitive-behavioral therapist. *Cognitive and Behavioral Practice* 9(1): 40-43.
- Labov W (1972) *Language in the inner city*. Philadelphia: University of Pennsylvania Press.
- Labov W and Waletzky J (1997) Narrative analysis: Oral versions of personal experience. *Journal of Narrative and Life History*, 7(1/4): 3-38.
- Larson JS (1999). The conceptualization of health. *Medical Care Research and Review* 56(2): 123-136.
- Lave J and Wenger E (1991) *Situated Learning: Legitimate Peripheral Participation*. Cambridge: Cambridge University Press.
- Lavender JM, Jardin BF and Anderson DA (2009) Bulimic symptoms in undergraduate men and women: Contributions of mindfulness and thought suppression. *Eating Behaviors* 10(4): 228-231.
- Lawler-Row KA (2010) Forgiveness as a mediator of the religiosity-health relationship. *Psychology of Religion and Spirituality* 2(1): 1-16.
- Layder D (1993) *New Strategies in Social Research*. Oxford: Polity Press.
- Layder D (1998) *Sociological Practice: Linking Theory and Social Research*. London: Sage Publications.
- Lazarus RS and Folkman S (1987) Transactional theory and research on emotions and coping. *European Journal of Personality* 1(3): 141-169.
- Lazarus RS and Folkman S (1984) *Stress, Appraisal, and Coping*. New York: Springer.
- Ledesma D and Kumano H (2009) Mindfulness-based stress reduction and cancer: A meta-

- analysis. *Psycho-Oncology* 18(6): 571-579.
- Lehmann D, Faber PL, Achermann P, Jeanmonod D, Gianotti LRR and Pizzagalli D (2001) Brain sources of EEG gamma frequency during volitionally meditation-induced, altered states of consciousness, and experience of the self. *Psychiatry Research: Neuroimaging* 108(2): 111-121.
- Leledaki A and Brown DHK (2006) Journeys of liberation in meditation and yoga: A qualitative exploration. In: Paper contributed to the 6th Qualitative Research Conference in Health and Social Care. Available at <http://www.getcited.org/pub/103430102> (accessed 3 December 2011).
- Levant RF, Good GE, Cook SW, O'Neil JM, Smalley KB, Owen K, et al. (2006) The normative male alexithymia scale: Measurement of a gender-linked syndrome. *Psychology of Men and Masculinity* 7(4): 212-224.
- Levant RF, Hall RJ, Williams CM and Hasan NT (2009) Gender differences in alexithymia. *Psychology of Men and Masculinity* 10(3): 190-203.
- Lévi-Strauss C (1981) *The Naked Man*. Chicago: University of Chiago Press.
- Lindkvist L (2005) Knowledge communities and knowledge collectivities: A typology of knowledge work in groups. *Journal of Management Review* 42(6): 1189-1210.
- Linley PA and Josphe S (2004) Applied positive psychology: A new perspective for professional practice. In Linley PA and Josphe S (eds), *Positive Psychology in Practice*. Hoboken, New Jersey: John Wiley and Sons.
- Littlewood R, Venable P, Carey M and Blair D (2008) The association of benefit finding to psychosocial and health behavior adaptation among HIV+ men and women. *Journal of Behavioral Medicine* 31(2): 145-155.
- Liwag MEC, Dela Cruz A and Macapagal ME (1998) How we raise our daughters and sons: Child rearing and gender socialization in the Philippines. *Philippine Journal of Psychology* 31: 1-46.
- Lock A and Strong T (2010) *Social Constructionism: Sources and Stirrings in Theory and Practice*. Cambridge: Cambridge University Press.
- Locke EA (2005) Why emotional intelligence is an invalid concept. *Journal of Organizational Behavior* 26(4): 425-431.
- Lomas T, Cartwright T, Edginton T and Ridge D (2012) 'I was so done in that I just recognised it very clearly, "You need to do something."' *Health*, Epub ahead of print 5 July 2012, DOI: 10.1177/1363459312451178.
- Lombardo MV, Barnes JL, Wheelwright SJ and Baron-Cohen S (2007) Self-referential

- cognition and empathy in autism. *PLoS ONE* 2(9): e883. Available at <http://dx.plos.org/10.1371/journal.pone.0000883> (accessed 3 January 2012).
- Lorber J (1994) *Paradoxes of Gender*. Yale: Yale University Press.
- Lorber J (1996). Beyond the binaries: Depolarising the categories of sex, sexuality and gender. *Sociological Enquiry* 66(2): 143-159.
- Luckmann T (1999) The religious situation in Europe: The background to contemporary conversions. *Social Compass* 46(3): 251-258.
- Luginaah IN, Taylor SM, Elliott SJ and Eyles JD (2002) Community responses and coping strategies in the vicinity of a petroleum refinery in Oakville, Ontario. *Health and Place* 8(3): 177-190.
- Lund C, Breen A, Flisher AJ, Kakuma R, Corrigall J, Joska JA, et al. (2010) Poverty and common mental disorders in low and middle income countries: A systematic review. *Social Science and Medicine* 71(3): 517-528.
- Lusher D and Robins G (2009) Hegemonic and other masculinities in local social contexts. *Men and Masculinities* 11(4): 387-423.
- Lustyk MK, Chawla N, Nolan RS and Marlatt GA (2009) Mindfulness meditation research: issues of participant screening, safety procedures, and researcher training. *Advances in Mind-Body Medicine* 24(1): 20-30.
- Lutz A, Brefczynski-Lewis J, Johnstone T and Davidson RJ (2008b) Regulation of the neural circuitry of emotion by compassion meditation: Effects of meditative expertise. *PLoS ONE* 3(3): e1897. Available from <http://dx.plos.org/10.1371/journal.pone.0001897> (accessed 15 December 2011).
- Lutz A, Greischar LL, Perlman DM and Davidson RJ (2009) BOLD signal in insula is differentially related to cardiac function during compassion meditation in experts vs. novices. *NeuroImage* 47(3): 1038-1046.
- Lutz A, Slagter HA, Dunne JD and Davidson RJ (2008a) Attention regulation and monitoring in meditation. *Trends in Cognitive Sciences* 12(4): 163-169.
- Lykins E, Baer R and Gottlob L (2012) Performance-based tests of attention and memory in long-term mindfulness meditators and demographically matched nonmeditators. *Cognitive Therapy and Research* 36(1): 103-114.
- Lykken D and Tellegen A (1996) Happiness is a stochastic phenomenon. *Psychological Science* 7(3): 186-189.
- Lyubomirsky S, Sheldon K and Schkade D (2005) Pursuing happiness: The architecture of sustainable change. *Review of General Psychology* 9(2): 111-131.

- Ma S and Teasdale JD (2004) Mindfulness-based cognitive therapy for depression: Replication and exploration of differential relapse prevention effects. *Journal of Consulting and Clinical Psychology* 72(1): 31-40.
- Mac an Ghaill M and Haywood C (2012) Understanding boys': Thinking through boys, masculinity and suicide. *Social Science and Medicine* 74(4): 482-289.
- MacCann C, Fogarty GJ, Zeidner M and Roberts RD (2011) Coping mediates the relationship between emotional intelligence (EI) and academic achievement. *Contemporary Educational Psychology* 36(1): 60-70.
- Maccoby EE (1988) Gender as a social category. *Developmental Psychology* 24(6): 755-765.
- Maccoby EE and Jacklin CN (1974) *The Psychology of Sex Difference*. Stanford, CA: Stanford University Press.
- Mackenzie MJ, Carlson LE, Munoz M and Specia M (2007) A qualitative study of self-perceived effects of mindfulness-based stress reduction (MBSR) in a psychosocial oncology setting. *Stress and Health* 23(1): 59-69.
- MacLeod CM (1991) Half a century of research on the Stroop effect: An integrative review. *Psychological Bulletin* 109(2): 163-203.
- MacLeod CM and Dunbar K (1988) Training and stroop-like interference: Evidence for a continuum of automaticity. *Journal of Experimental Psychology* 10: 304-315.
- Maddux JE (2008) Positive psychology and the illness ideology: Toward a positive clinical psychology. *Applied Psychology*, 57(s1): 54-70.
- Mahalik JR (1999) Incorporating a gender role strain perspective in assessing and treating men's cognitive distortions. *Professional Psychology: Research and Practice* 30(4): 333-340.
- Mancinelli I, Comparelli A, Girardi P and Tatarelli R (2002) Mass suicide: Historical and psychodynamic considerations. *Suicide and Life-Threatening Behaviour* 32(1): 91-100.
- Manna A, Raffone A, Perrucci MG, Nardo D, Ferretti A, Tartaro A, et al. (2010) Neural correlates of focused attention and cognitive monitoring in meditation. *Brain Research Bulletin* 82(1-2): 46-56.
- Marchand A, Demers A and Durand P (2005) Does work really cause distress? The contribution of occupational structure and work organization to the experience of psychological distress. *Social Science and Medicine* 61(1): 1-14.
- Marquis A and Wilber K (2008) Unification beyond eclecticism and integration: Integral psychotherapy. *Journal of Psychotherapy Integration* 18(3): 350-358.

- Mars T S and Abbey H (2010) Mindfulness meditation practise as a healthcare intervention: A systematic review. *International Journal of Osteopathic Medicine* 13(2): 56-66.
- Marshall M (1996) Sampling for qualitative research. *Family Practice* 13(6): 522-525.
- Mascaro N and Rosen DH (2006) The role of existential meaning as a buffer against stress. *Journal of Humanistic Psychology* 46(2): 168-190.
- Maslow AH (1943) A theory of human motivation. *Psychological Review* 50(4): 370-396.
- Maslow AH (1964) *Religions, Values and Peak Experiences*. Columbus: Ohio State University Press.
- Mason O and Hargreaves I (2001) A qualitative study of mindfulness-based cognitive therapy for depression. *British Journal of Medical Psychology* 74(2): 197-212.
- Mason J (2006) Mixing methods in a qualitatively driven way. *Qualitative Research* 6(1): 9-25.
- Mast MS, Sieverding M, Esslen M, Graber K and Jäncke L (2008) Masculinity causes speeding in young men. *Accident Analysis and Prevention* 40(2): 840-842.
- Matchim Y, Armer JM and Stewart BR (2008) A Qualitative study of participants' perceptions of the effect of mindfulness meditation practice on self-care and overall well-being. *Self-Care, Dependent-Care and Nursing* 16(2): 46-53.
- Mathews A and MacLeod C (1994) Cognitive approaches to emotion and emotional disorders. *Annual Review of Psychology* 45: 25-50.
- Mayberg HS (2003) Modulating dysfunctional limbic-cortical circuits in depression: Towards development of brain-based algorithms for diagnosis and optimised treatment. *British Medical Bulletin* 65(1): 193-207.
- Mayer JD, Roberts RD and Barsade SG (2008a) Human abilities: Emotional intelligence. *Annual Review of Psychology* 59(507): 507-536.
- Mayer JD and Salovey P (1997) What is emotional intelligence? In P Salovey and DJ Sluyter (eds), *Emotional Development and Emotional Intelligence* New York: Basic Books, pp.3-31.
- Mayer JD, Caruso DR and Salovey P (1999) Emotional intelligence meets traditional standards for intelligence. *Intelligence* 27(4): 267-298.
- Mayer JD, Salovey P and Caruso D (2000) Models of emotional intelligence. In Sternberg R (ed), *Handbook of intelligence* New York: Cambridge University Press, pp.396-420.
- Mayer JD, Salovey P and Caruso DR (2003) *Mayer Salovey Caruso Emotional Intelligence Test: MSCEIT*. North Tonawanda, NY: MHS, Multi-Health Systems
- Mayer JD, Salovey P and Caruso D (2008b) Emotional intelligence: New ability or eclectic

- traits? *American Psychologist* 63(6): 503-517.
- Mayer JD, Salovey P, Caruso DR and Sitarenios G (2001) Emotional intelligence as a standard intelligence. *Emotion* 13(1): 232-242.
- McAdams DP (2008) Personal narratives and the life story. In: Johns OP, Robins RW and Pervin LA (eds), *Handbook of Personality: Theory and Research*. New York: Guilford Press, pp.242-264.
- McCullough ME and Larson DB (1999) Religion and depression: A review of the literature. *Twin Research*, 2(2): 126-136.
- McDowell L (2000) The trouble with men? Young people, gender transformations and the crisis of masculinity. *International Journal of Urban and Regional Research* 24(1): 201-209.
- McKinlay A (2010) Performativity and the politics of identity: Putting Butler to work. *Critical Perspectives on Accounting* 21(3): 232-242.
- McMahan DL (2004) Modernity and the early discourse of scientific Buddhism. *Journal of the American Academy of Religion* 72(4): 897-933.
- McManus S, Meltzer H, Brugha T, Bebbington P and Jenkins R (2009) *Adult psychiatric morbidity in England, 2007*. London: National Centre for Social Research.
- McNeill LS and Douglas K (2011) Retailing masculinity: Gender expectations and social image of male grooming products in New Zealand. *Journal of Retailing and Consumer Services* 18(5): 448-454.
- McVittie C and Willock J (2006) "You Can't fight windmills": How older men do health, ill health, and masculinities. *Qualitative Health Research* 16(6): 788-801.
- Mejía XE (2005) Gender matters: Working with adult male survivors of trauma. *Journal of Counseling and Development* 83(1): 29-40.
- Mennin DS, Holaway RM, Fresco DM, Moore MT and Heimberg RG (2007) Delineating components of emotion and its dysregulation in anxiety and mood psychopathology. *Behavior Therapy* 38(3): 284-302.
- Mental Health Foundation (2010) *Mindfulness Report*. Available at http://www.livingmindfully.co.uk/downloads/Mindfulness_Report.pdf (accessed 23 April 2012).
- Messner MA (1993) "Changing men" and feminist politics in the United States. *Theory and Society* 22: 723-737.
- Meyerhoff M (2008) Communities of practice. In: Chambers JK, Trudgill P and Schilling-Estes N (eds), *The Handbook of Language Variation and Change*. Oxford, UK: Blackwell Publishing.

- Mikulas WL (1990) Mindfulness, self-control, and personal growth. In M. G. T. Kwee (Ed.), *Psychotherapy, Meditation, and Health*. London: East-West Publications, pp.151-164.
- Mills TC, Paul J, Stall R, Pollack L, Canchola J, Chang YL et al. (2004) Distress and depression in men who have sex with men: The urban men's health study. *American Journal of Psychiatry* 161(2): 278-285.
- Minichiello V, Aroni R, Timewell E and Alexander L (1995) *In-Depth Interviewing: Principles, Techniques, Analysis*. Melbourne: Longman Cheshire.
- Minichiello V, Sullivan G, Greenwood K and Axford R (1999) *Handbook for Research Methods in Health Sciences*. Frenchs Forest, N.S.W: Addison-Wesley.
- Mirsky AF, Anthony BJ, Duncan CC, Ahearn MB and Kellam SG (1991) Analysis of the elements of attention: A neuropsychological approach. *Neuropsychology Review* 2(2): 109-145.
- Mischel W (1975) A social-learning view of sex differences in behavior. In Maccoby EE (ed), *The Development of Sex Differences*. Stanford, CA: Stanford University Press, pp.56-81.
- Mitmansgruber H, Beck TN, Höfer S and Schüßler G (2009) When you don't like what you feel: Experiential avoidance, mindfulness and meta-emotion in emotion regulation. *Personality and Individual Differences* 46(4): 448-453.
- Moore A and Malinowski P (2009) Meditation, mindfulness and cognitive flexibility. *Consciousness and Cognition* 18(1): 176-186.
- Moore TM and Stuart GL (2005) A review of the literature on masculinity and partner violence. *Psychology of Men and Masculinity* 6(1): 46-61.
- Morrongiello BA and Dawber T (2000) Mothers' responses to sons and daughters engaging in injury-risk behaviors on a playground: Implications for sex differences in injury rates, *Journal of Experimental Child Psychology* 76(2): 89-103.
- Moss-Racusin CA, Phelan JE and Rudman LA (2010) When men break the gender rules: Status incongruity and backlash against modest men. *Psychology of Men and Masculinity* 11(2): 140-151.
- Muehlenhard CL and Kimes LA (1999) The social construction of violence: The case of sexual and domestic violence. *Personality and Social Psychology Review*, 3(3): 234-245.
- Muers M (2005) Feminism, gender, and theology. In: Ford D (ed) *The Modern Theologians: An Introduction to Christian Theology since 1918*. Oxford: Blackwell Publishing, pp.431-450.

- Müller HJ and Rabbitt PMA (1989) Reflexive and voluntary orienting of visual attention: Time course of activation and resistance to interruption. *Journal of Experimental Psychology: Human Perception and Performance* 15(2): 315-330.
- Munn J (2008) The hegemonic male and Kosovar nationalism, 2000-2005. *Men and Masculinities* 10(4): 440-456.
- Murphy M, Donovan S and Taylor E (eds) (1997) *The Physical and Psychological Effects of Meditation: A Review of Contemporary Research with a Comprehensive Bibliography, 1931-1996*. Sausalito, CA: Institute of Noetic Sciences.
- Murray T (2006) Collaborative knowledge building and integral theory: On perspectives, uncertainty, and mutual regard. *Integral Review* 2: 210-268.
- Myers DG and Diener E (1995) Who is happy? *Psychological Science* 6(1): 10-19.
- Naik CD (2010) *Buddhism and Dalits: Social Philosophy and Traditions*. Delhi: Kalpaz Publications.
- Nakhaie R and Arnold R (2010) A four year (1996–2000) analysis of social capital and health status of Canadians: The difference that love makes. *Social Science and Medicine* 71(5): 1037-1044.
- Najmabadi A (2005) Mapping transformations of sex, gender and sexuality in modern Iran. *Social Analysis* 49(2): 54-77.
- National Institute for Clinical Excellence (2004) *Depression: Management of depression in primary and secondary care. clinical guideline 23*. Available at <http://www.nice.org.uk/CG023NICEguideline> (accessed 30 October 2009).
- Nayak A (2006) Displaced masculinities: Chavs, youth and class in the post-industrial city. *Sociology* 40(5): 813-831.
- Nayak A and Kehily MJ (2006) Gender undone: Subversion, regulation and embodiment in the work of Judith Butler. *British Journal of Sociology and Education* 27(4): 459-472.
- Neff KD (2003). Self-compassion: An alternative conception of a healthy attitude towards oneself. *Self and Identity* 2: 85-101.
- Neff KD, Kirkpatrick KL and Rude SS (2007) Self-compassion and adaptive psychological functioning. *Journal of Research in Personality* 41(1): 139-154.
- Nelson CJ, Rosenfeld B, Breitbart W and Galietta M (2002) Spirituality, religion, and depression in the terminally ill. *Psychosomatics* 43(3): 213-220.
- Nelson HE (1982) *National Adult Reading Test (NART): Test Manual*. Windsor: NFER-Nelson.
- Nelson HR and Willison JR (1991) *National Adult Reading Test (NART): Test Manual (part*

II). Windsor, UK: NFER-Nelson.

Nelson JM (2009) Helping relationships: Counseling and spiritual growth. *Psychology, Religion and Spirituality* 4: 475-506.

Newberg AB, Wintering N, Khalsa DS, Roggenkamp H and Waldman MR (2010) Meditation effects on cognitive function and cerebral blood flow in subjects with memory loss: A preliminary study. *Journal of Alzheimer's Disease* 20(2): 517-526.

Newberg AB, Alavi A, Baime M, Pourdehnad M, Santanna J and d'Aquili E (2001) The measurement of regional cerebral blood flow during the complex cognitive task of meditation: A preliminary SPECT study. *Psychiatry Research: Neuroimaging* 106(2): 113-122.

Newberg AB and Iversen J (2003) The neural basis of the complex mental task of meditation: neurotransmitter and neurochemical considerations. *Medical Hypotheses* 61(2): 282-291.

Niemiec CP, Brown KW, Kashdan TB, Cozzolino PJ, Breen WE, Levesque-Bristol C, et al. (2010) Being present in the face of existential threat: The role of trait mindfulness in reducing defensive responses to mortality salience. *Journal of Personality and Social Psychology* 99(2): 344-365.

Nightingale A (2006) The nature of gender: Work, nature and environment. *Environment and Planning D: Society and Space* 24(2): 165-185.

Nikolaev AR, Ziessler M, Dimova K and van Leeuwen C (2008) Anticipated action consequences as a nexus between action and perception: Evidence from event-related potentials. *Biological Psychology* 78(1): 53-65.

Nolen-Hoeksema S (1987) Sex differences in unipolar depression: Evidence and theory. *Psychological Bulletin*, 101(2): 259-282.

Nolen-Hoeksema S (1991) Responses to depression and their effects on the duration of depressive episodes. *Journal of Abnormal Psychology* 100(4): 569-582.

Nolen-Hoeksema S (2001) Gender differences in depression. *Current Directions in Psychological Science*, 10(5): 173-176.

Nolen-Hoeksema S and Girgus JS (1994) The emergence of gender differences in depression during adolescence. *Psychological Bulletin* 115(3): 424-443.

Noone JH and Stephens C (2008) Men, masculine identities, and health care utilisation. *Sociology of Health and Illness*, 30(5): 711-725.

Norman W and Shallice T (1986) Attention to action. In: Davidson RJ, Schwartz GE,

- Shapiro D (eds), *Consciousness and Self Regulation: Advances in Research and Theory, Vol. 4*. New York: Plenum, pp.1-18.
- Obadia L (2008) The economies of health in Western Buddhism: A case study of a Tibetan Buddhist group in France. In Wood DC (ed), *The Economics of Health and Wellness: Anthropological Perspectives*. Oxford: JAI Press, pp.227-259.
- O'Brien R, Hart G and Hunt K (2007) 'Standing out from the herd': Men renegotiating masculinity in relation to their experience of illness. *International Journal of Men's Health* 6: 178-200.
- O'Brien R, Hunt G and Hart K (2005) 'It's caveman stuff, but that is to a certain extent how guys still operate': Men's accounts of masculinity and help seeking. *Social Science and Medicine* 61(3): 503-516.
- O'Brien R, Hunt K and Hart G (2009) 'The average Scottish man has a cigarette hanging out of his mouth, lying there with a portion of chips': Prospects for change in Scottish men's constructions of masculinity and their health-related beliefs and behaviours. *Critical Public Health* 19(3-4): 363-381.
- Ochs E and Capps L (2001) *Living Narrative*. Cambridge, MA: Harvard University Press.
- Office for National Statistics (2010) *Health: Life Expectancy*. Available at <http://www.statistics.gov.uk/cci/nugget.asp?id=168> (accessed 16 February 2011).
- Office for National Statistics (2011a) *Health: Alcohol Deaths*. Available at <http://www.statistics.gov.uk/cci/nugget.asp?id=1091> (accessed 16 February 2011).
- Office for National Statistics (2011b) *Health: Suicides*. Available at <http://www.statistics.gov.uk/cci/nugget.asp?id=1092> (accessed 16 February 2011).
- Office for National Statistics (2011c) Population Estimates by Ethnic Group 2002 – 2009. Available at <http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates+by+Ethnic+Group> (accessed 14 January 2012).
- Oliffe J (2005) Constructions of masculinity following prostatectomy-induced impotence. *Social Science and Medicine* 60(10): 2249-2259.
- Oliffe JL, Kelly MT, Johnson JL, Bottorff JL, Gray RE, Ogrodniczuk JS et al. (2010) Masculinities and college men's depression: Recursive relationships. *Health Sociology Review* 19(4): 465-477.
- Oliffe JL and Mroz L (2005) Men interviewing men about health and illness: Ten lessons learned. *Journal of Men's Health and Gender* 2(2): 257-260.
- Oliffe JL and Phillips MJ (2008) Men, depression and masculinities: A review and recommendations. *Journal of Men's Health* 5(3): 194-202.

- O'Neil JM, Good GE and Holmes S (1995) Fifteen years of research on men's gender role conflict: New paradigms for empirical research. In R. F. Levant RF and Pollack WS (eds), *A New Psychology of Men*. New York: Basic Books, pp.164-206.
- Ong L (2007) The kinesthetic buddha, human form and function—Part 1: Breathing torso. *Journal of Bodywork and Movement Therapies* 11(3): 214-222.
- Orr D (2002) The uses of mindfulness in anti-oppressive pedagogies: Philosophy and praxis. *Canadian Journal of Education* 27(4): 477-490.
- Ospina MB, Bond K, Karkhaneh M, Tjosvold L, Vandermeer B, Liang Y, et al. (2007). Meditation practices for health: State of the research. *Evidence Reports/Technology Assessments, no. 155, Prepared for: Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services*, 1-263.
- Pace T, Mletzko TM, Bonsall B, Vogt GJ, Miller AH and Heim CM (2010) Psychosocial stressor-induced plasma cortisol concentrations predict stressor-induced plasma IL-6 concentrations in patients with major depression and increased early life stress. *Brain, Behavior, and Immunity* 24(Supplement 1): S69-S69.
- Paechter C (2003) Masculinities and femininities as communities of practice. *Women's Studies International Forum* 26(1): 69-77.
- Pagnoni G and Cekic M (2007) Age effects on gray matter volume and attentional performance in Zen meditation. *Neurobiology of Aging* 28(10): 1623-1627.
- Pagoria MM (2008) *Verbal fluency and executive dysfunction following traumatic brain injury*. Psy.D. Thesis, Roosevelt University). Available from ProQuest Dissertations and Theses database (UMI 3303566).
- Palmer S (1980) Performance practices in meditation rituals among the new religions. *Studies in Religion/Sciences Religieuses* 9(4): 403-413.
- Pandey M, Devi N, Thomas BC, Kumar VS, Krishnan R and Ramdas K (2007). Distress overlaps with anxiety and depression in patients with head and neck cancer. *Psycho-Oncology* 16(6): 582-586.
- Pardo JV, Pardo PJ, Humes SW and I. Posner M (2006) Neurocognitive dysfunction in antidepressant-free, non-elderly patients with unipolar depression: Alerting and covert orienting of visuospatial attention. *Journal of Affective Disorders* 92(1): 71-78.
- Park CL (2005) Religion as a meaning-making framework in coping with life stress. *Journal of Social Issues* 61(4): 707-729.
- Parker A (2006) Lifelong learning to labour: Apprenticeship, masculinity and communities of practice. *British Educational Research Journal* 32(5): 687-701.

- Parks FM (2005) Forward. In: Cox RH, Cox BE Hoffman L (eds), *Spirituality and Psychological Health*. Colorado Springs, CO: Colorado School of Professional Psychology Press.
- Patel VL, Arocha JF and Kushniruk AW (2002) Patients' and physicians' understanding of health and biomedical concepts: Relationship to the design of EMR systems. *Journal of Biomedical Informatics* 35(1): 8-16.
- Patton MQ (2002) *Qualitative Research and Evaluation Methods*. Thousand Oaks, CA: Sage.
- Pearl J and Carlozzi A (1994) Effect of meditation on empathy and anxiety. *Perceptual and Motor Skills* 78(1): 297-298.
- Peralta R (2007) College alcohol use and the embodiment of hegemonic masculinity among European American men. *Sex Roles* 56(11): 741-756.
- Perez-de-Albeniz A and Holmes J (2000) Meditation: Concepts, effects and uses in therapy. *International Journal of Psychotherapy* 5(1): 49-59.
- Perloff F (2010) Ken Wilber's integral theory applied to mediation. *Conflict Resolution Quarterly* 28(1): 83-107.
- Perreira TL (2010) "Die before you die": Death meditation as spiritual technology of the self in Islam and Buddhism. *The Muslim World* 100(2-3): 247-267.
- Peterson C, Park N and Seligman MEP (2005) Orientations to happiness and life satisfaction: The full life versus the empty life. *Journal of Happiness Studies* 6(1): 25-41.
- Peterson J (2009) Future research agenda in men's health. In Broom A and Tovey P (eds), *Men's Health: Body, Identity and Social Context..* West Sussex: Wiley Blackwell, pp.202-214.
- Petrides KV and Furnham A (2003) Trait emotional intelligence: Behavioural validation in two studies of emotion recognition and reactivity to mood induction. *European Journal of Personality* 17: 39-57.
- Peveler R, Carson A and Rodin G (2002) Depression in medical patients. *British Medical Journal* 325(7356): 149-152.
- Pfurtscheller G (1992) Event-related synchronization (ERS): An electrophysiological correlate of cortical areas at rest. *Electroencephalography and Clinical Neurophysiology* 83(1): 62-69.
- Pfurtscheller G, Stancák A and Neuper C (1996) Event-related synchronization (ERS) in the alpha band — an electrophysiological correlate of cortical idling: A review. *International Journal of Psychophysiology* 24(1-2): 39-46.
- Phillips SP (2006) Risky business: Explaining the gender gap in longevity. *The Journal of*

- Men's Health and Gender* 3(1): 43-46.
- Phillips T and Aarons H (2005) Choosing Buddhism in Australia: Towards a traditional style of reflexive spiritual engagement. *British Journal of Sociology* 56(2): 215-232.
- Phillips T and Aarons H (2007). Looking 'East': An exploratory analysis of Western disenchantment. *International Sociology* 22(3): 325-342.
- Piaget M (1971) *The Theory of Stages in Cognitive Development*. New York, NY: McGraw Hill.
- Pilgeram R (2007) 'Ass-kicking' women: Doing and undoing gender in a US livestock auction. *Gender, Work and Organization* 14(6): 572-595.
- Pinkhasov RM, Wong J, Kashanion J, Lee M, Samadi DB, Pinkhasov MM and Shabsigh R (2009) Are men shortchanged on health? Perspective on health care utilization and health risk behavior in men and women in the United States. *Journal of Men's Health* 6(3): 244-244.
- Pini B (2005) Interviewing men: Gender and the collection and interpretation of qualitative data. *Journal of Sociology* 41(2): 201-216.
- Pirsig RM (1974) *Zen and the Art of Motorcycle Maintenance*. London: The Bodley Head.
- Pittau M, Zelli R and Gelman A (2010) Economic disparities and life satisfaction in European regions. *Social Indicators Research* 96(2): 339-361.
- Pleck JH (1995) The gender role strain paradigm: An update. In R. F. Levant RF and Pollack WS (eds), *A New Psychology of Men*. New York: Basic Books, pp.11-32.
- Plexico LW, Manning WH and Levitt H (2009) Coping responses by adults who stutter: Part I. Protecting the self and others. *Journal of Fluency Disorders* 34(2): 87-107.
- Plichta SB and Garzon LS (2009) *Statistics for Nursing and Allied Health*. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins.
- Pogarell O, Teipel SJ, Juckel G, Gootjes L, Möller T, Bürger K et al. (2005) EEG coherence reflects regional corpus callosum area in Alzheimer's disease. *Journal of Neurology, Neurosurgery & Psychiatry* 76: 109-111.
- Polivy J and Herman CP (2002) Causes of eating disorders. *Annual Review of Psychology* 53: 187-213.
- Polkinghorne DE (1988) *Narrative Knowing and the Human Science*. New York: SUNY Press.
- Pollack WS (1998) Mourning, melancholia, and masculinity: Recognizing and treating depression in men. In Pollack WS and Levant RF (eds), *New Psychotherapy for Men*. Hoboken, NJ: John Wiley and Sons, pp.147-166.

- Pollack WS (2006) The “war” for boys: Hearing “real boys” voices, healing their pain. *Professional Psychology: Research and Practice* 37(2): 190-195.
- Pollard EL and Davidson L (2001) *Foundations of Child Well-Being: Action Research in Family and Early Childhood*. Paris: UNESCO. Available from <http://unesdoc.unesco.org/images/0012/001246/124620eo.pdf> (accessed 5 January 2010).
- Popp-Baier U (2002) Conversion as a social construction: A narrative approach to conversion research. In: Hermans CAM, Immink G, de Jong A and van der Lans J (eds) *Social Constructionism and Theology*. Holland: Koninklijke.
- Posner MI and Petersen SE (1990) The attention system of the human brain. *Annual Review of Neuroscience* 13: 25-42.
- Posner MI and Dehaene S (1994) Attentional networks. *Trends in Neurosciences* 17(2): 75-79.
- Potter G and López J (2001) After post-modernism: The millenium. In López J and Potter G (eds), *After Post-Modernism: An Introduction to Critical Realism*. London: The Athlone Press, pp.1-18.
- Potts A, Grace V, Gavey N and Vares T (2004) “Viagra stories”: challenging ‘erectile dysfunction’. *Social Science and Medicine* 59(3): 489-499.
- Pradhan EK, Baumgarten M, Langenberg P, Handwerger B, Gilpin AK and Magyari T (2008) Effect of mindfulness-based stress reduction in rheumatoid arthritis patients. *Arthritis and Rheumatism* 57: 1134-1142.
- Pradhan E, Berman B and Magyari T (2009) Mindfulness intervention for child abuse survivors. *Explore: The Journal of Science and Healing* 5(3): 156-156.
- Premack D and Woodruff G (1978) Does the chimpanzee have a ‘theory of mind’? *Behaviour and Brain Sciences* 1(4): 515--526.
- Pullen A and Simpson R (2009) Managing difference in feminized work: Men, otherness and social practice. *Human Relations* 62(4): 561-587.
- Puttick E (1995) Sexuality, gender and the abuse of power in the master-disciple relationship: The case of the Rajneesh movement. *Journal of Contemporary Religion* 10(1): 29-40.
- Putnam RD (1995) Tuning in, tuning out: The strange disappearance of social capital in America. *Political Science and Politics* 28(4): 664-683.
- Putnam RD (2000) *Bowling Alone*. New York: Simon and Schuster.
- Pyysiäinen I (2003) Buddhism, religion and the concept of god. *Numen* 50(2): 147-171.
- Rabinowitz FE and Cochran SV (2008) Men and therapy. *Clinical Case Studies* 7(6): 575-

- Rafal R and Posner M (1987) Deficits in human visual spatial attention following thalamic regions. *Proceedings of the National Academy of Sciences of the United States of America* 84: 7349-7353.
- Raffone A and Srinivasan N (2010) The exploration of meditation in the neuroscience of attention and consciousness. *Cognitive Processing* 11(1): 1-7.
- Rahim MA (2002) Towards a theory of managing organizational conflict. *International Journal of Conflict Management* 13(3): 206-235.
- Rail G (1998) Introduction. In Rail G (ed), *Sport and Postmodern Times*. Albany: State of Albany New York Press.
- Rambo LR (1999) Theories of conversion: Understanding and interpreting religious change. *Social Compass* 46(3): 259-271.
- Rampil IJ (1998) A primer for EEG signal processing in anesthesia. *Anesthesiology* 89(4): 980-1002.
- Rankin KP, Kochamba GS, Boone KB, Petitti DB and Buckwalter JG (2003) Presurgical cognitive deficits in patients receiving coronary artery bypass graft surgery. *Journal of the International Neurological Society* 9(6): 913-924.
- Ravitz P, Maunder R, Hunter J, Sthankiya B and Lancee W (2010) Adult attachment measures: A 25-year review. *Journal of Psychosomatic Research* 69(4): 419-432.
- Reddin JA and Sonn CC (2003) Masculinity, social support, and sense of community: The men's group experience in Western Australia. *Journal of Men's Studies*, 11(1): 207-224.
- Rehdanz K and Maddison D (2008) Local environmental quality and life-satisfaction in Germany. *Ecological Economics* 64(4): 787-797.
- Reynolds F and Carbine JA (eds) (2000) *The Life of Buddhism*. London: University of California Press.
- Rhodes R (1996) The new governance: Governing without government. *Political Studies* 44(4): 652-667.
- Ribeiro O, Paúl C and Nogueira C (2007) Real men, real husbands: Caregiving and masculinities in later life. *Journal of Aging Studies* 21(4): 302-313.
- Ricoeur P (1981) *Hermeneutics and the Human Sciences*. In: Thompson JB (ed and trans.). Cambridge: Cambridge University Press.
- Ridge DT, Emslie C and White A (2011). Understanding how men experience, express and

- cope with mental distress: Where to next? *Sociology of Health and Illness* 33(1): 145-159.
- Ridge DT, Minichiello V and Plummer D (1997) Queer connections: Community, the scene and an epidemic. *Journal of Contemporary Ethnography* 26(2): 146-181.
- Ridge DT, Williams I, Anderson J and Elford J (2008) Like a prayer: the role of spirituality and religion for people living with HIV in the UK. *Sociology of Health and Illness* 30(3): 413-428.
- Ridge DT and Ziebland S (2006) 'The old me could never have done that': How people give meaning to recovery following depression. *Qualitative Health Research* 16(8): 1038-1053.
- Ridner SH (2004) Psychological distress: Concept analysis. *Journal of Advanced Nursing* 45(5): 536-545.
- Riedy C (2008) An integral extension of causal layered analysis. *Futures* 40(2): 150-159.
- Riemann BC and McNally RJ (1995) Cognitive processing of personally relevant information. *Cognition and Emotion* 9(4): 325.
- Rilling JK, Gutman DA, Zeh TR, Pagnoni G, Berns GS and Kilts CD (2002) A neural basis for social cooperation. *Neuron* 35(2): 395-405.
- Riska E (2009) Men's mental health. In Broom A and Tovey P (eds), *Men's Health: Body, Identity and Social Context*. West Sussex: Wiley-Blackwell, pp.145-162.
- Robbins T (2002) Sources of volatility in religious movements. In: Bromley DG and Melton JG (eds), *Cults, religion and violence*. Cambridge, UK: Cambridge University Press, pp.57-79.
- Roberts P (1993) Social control and the censure(s) of sex. *Crime, Law and Social Change*, 19(2): 171-186.
- Robertson R (1995) Globalization: Time-space and homogeneity-heterogeneity. In Featherstone M, Lash S and Robertson R (eds), *Global Modernities*. London: Sage, pp.25-44.
- Robertson S (2006) 'Not living life in too much of an excess': Lay men understanding health and well-being. *Health* 10(2): 175-189.
- Robertson S and Williamson P (2005) Men and health promotion in the UK: Ten years further on? *Health Education Journal* 64(4): 293-301.
- Robinson M and Robertson S (2010) Young men's health promotion and new information communication technologies: Illuminating the issues and research agendas. *Health Promotion International* 25(3): 363-370.

- Roemer L and Borkovec TD (1994). Effects of suppressing thoughts about emotional material. *Journal of Abnormal Psychology* 103(3): 467-474.
- Roof W (2001) *Spiritual Marketplace*. Princeton, NJ: Princeton University.
- Roper M (2005) Slipping out of view: Subjectivity and emotion in gender history. *History Workshop Journal* 59(1): 57-72.
- Ros R, Munneke MAM, Ruge D, Gruzelier JH and Rothwell JC (2010) Endogenous control of waking brain rhythms induces neuroplasticity in humans. *European Journal of Neuroscience* 31: 770-778.
- Ross CE (2000) Neighborhood disadvantage and adult depression. *Journal of Health and Social Behavior* 41(2): 177-187.
- Ross-Smith A and Kornberger M (2004) Gendered rationality? A genealogical exploration of the philosophical and sociological conceptions of rationality, masculinity and organization. *Gender, Work and Organization* 11(3): 280- 305.
- Ryan RM and Deci EL (2000) Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist* 55(1): 68-78.
- Ryan RM and Deci EL (2001) On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology* 52: 141-166.
- Ryff CD (1989) Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology* 57(6): 1069-1081.
- Ryff CD and Singer B (1998) The contours of positive human health. *Psychological Inquiry* 9(1): 1-28.
- Saewyc EM, Skay CL, Hynds P, Pettingell S, Bearinger LH, Resnick MD et al. (2008). Suicidal ideation and attempts in North American school-based surveys: Are bisexual youth at increasing risk? *Journal of LGBT Health Research* 3(2): 25-36.
- Sakurai Y (2006) Multiple dimensions of socially engaged Buddhism: The case of Northeast and Southern Thailand. *Hokkaido University Collection of Scholarly and Academic Papers*. Available at <http://hdl.handle.net/2115/17112> (accessed 10 November 2011).
- Said EW (1995) *Orientalism: Western Conceptions of the Orient*. London: Penguin.
- Salgado NS (2004) Religious identities of Buddhist nuns: Training precepts, renunciant attire, and nomenclature in Theravāda Buddhism. *Journal of the American Academy of Religion* 72(4): 935-953.
- Salovey P and Meyer JD (1990) Emotional intelligence. *Imagination, Cognition and*

- Personality* 9(3): 185-211.
- Saltonstall R (1993) Healthy bodies, social bodies - men's and women's concepts and practices of health in everyday life. *Social Science and Medicine* 36(1): 7-14.
- Santorelli SK (1992) *A qualitative case analysis of mindfulness meditation training in an outpatient stress reduction clinic and its implications for the development of self-knowledge*. PhD Thesis, UMass Amherst (paper AAI9233158). Available at <http://scholarworks.umass.edu/dissertations/AAI9233158> (accessed 5 January 2012).
- Sarrazin J, Cleeremans A and Haggard P (2008) How do we know what we are doing? time, intention and awareness of action. *Consciousness and Cognition* 17(3): 602-615.
- Saso M (1990) *Tantric Art and Meditation*. Honolulu, Hawaii: University of Hawaii Press.
- Sauseng P, Klimesch W, Schabus M and Doppelmayr M (2005) Fronto-parietal EEG coherence in theta and upper alpha reflect central executive functions of working memory. *International Journal of Psychophysiology* 57(2): 97-103.
- Savin-Baden M and Van Niekerk L (2007) Narrative inquiry: Theory and practice. *Journal of Geography in Higher Education* 31(3): 459-472.
- Schak D (2008) Gender and Buddhism in Taiwan. *Hsuan Chuang Journal of Buddhist Studies* 9: 145-174.
- Schak D and Hsiao HHM (2005) Taiwan's socially engaged Buddhist groups. *China Perspectives* 59: 43-55.
- Schalow PG (1992) Kukai and the tradition of male love in Japanese Buddhism. In Cabezón JI (ed). *Buddhism, Sexuality and Gender*. Albany, NY: State University of New York Press, pp.215-230.
- Scherer B (2011) Macho Buddhism: Gender and sexism in the Diamond way. *Religion and Gender* 1(1): 85-103.
- Schildkraut JJ (1965) The catecholamine hypothesis of affective disorders: A review of supporting evidence. *American Journal of Psychiatry* 122: 509-522.
- Schippers M (2007) Recovering the feminine other: Masculinity, femininity, and gender hegemony. *Theory and Society* 36(1): 85-102.
- Schmidt S, Aickin M, Simshäuser K, Lüking M, Schultz C and Kaube H (2009) Design adaptive allocation in a controlled trial on the effectiveness of mindfulness-based stress reduction in migraine. *European Journal of Integrative Medicine* 1(4): 211
- Scholes L and Nagel MC (2012) Engaging the creative arts to meet the needs of twenty-first-century boys. *International Journal of Inclusive Education*. Epub ahead of print 17 June 2011. DOI:10.1080/13603116.2010.538863

- Schön DA (1983) *The Reflective Practitioner: How Professionals Think in Action*. New York: Basic Books.
- Schreiber RS (2001) The “how to” of grounded theory: Avoiding the pitfalls. In: Schreiber RS and Stern PN (eds), *Using Grounded Theory in Nursing*. New York: Springer Publishing.
- Schrock D, Boyd E and Leaf M (2009) Emotion work in the public performances of male-to-female transsexuals. *Archives of Sexual Behavior* 38(5): 702-712.
- Schultz JM, Tallman BA and Altmaier EM (2010) Pathways to posttraumatic growth: The contributions of forgiveness and importance of religion and spirituality. *Psychology of Religion and Spirituality* 2(2): 104-114.
- Schütze R, Rees C, Preece M and Schütze M (2010) Low mindfulness predicts pain catastrophizing in a fear-avoidance model of chronic pain. *Pain* 148(1): 120-127.
- Schwartz B (2000) Pitfalls on the road to a positive psychology of hope. In Gillham JE and Templeton J (eds), *The Science of Optimism and Hope: Research Essays in Honor of Martin E. P. Seligman*. Philadelphia, PA: Templeton Foundation Press, pp. 399-412.
- Seal KH, Bertenthal D, Miner CD, Sen S and Marmar C (2007). Bringing the war back home: Mental health disorders among 103 788 US veterans returning from Iraq and Afghanistan seen at department of veterans affairs facilities. *Archives of Internal Medicine* 167(5): 476-482.
- Seale C and Charteris-Black J (2008) The interaction of class and gender in illness narratives. *Sociology* 42(3): 453-469.
- Seligman MEP (2002a) *Authentic Happiness: Using the New Positive Psychology to Realize your Potential for Lasting Fulfillment*. New York: Free Press.
- Seligman MEP (2002b). Positive psychology, positive prevention, and positive therapy. In Snyder CR and Lopez SJ (eds), *Handbook of Positive Psychology*. New York: Oxford University Press, pp.3-9.
- Seligman ME and Csikszentmihalyi M (2000) Positive psychology: An introduction. *American Psychologist* 55(1): 5-14.
- Seligman MEP, Rashid T and Parks AC (2006) Positive psychotherapy. *American Psychologist* 61(8): 774-788.
- Sen A (1999) *Development as Freedom*. Oxford: Oxford University Press.
- Shah DK, Mackay MT, Lavery S, Watson S, Harvey AS, Zempel J, et al. (2008) Accuracy of

- bedside electroencephalographic monitoring in comparison with simultaneous continuous conventional electroencephalography for seizure detection in term infants. *Pediatrics* 121(6): 1146-1154.
- Shapiro DH (1992) Adverse effects of meditation: A preliminary investigation of long-term meditators. *International Journal of Psychosomatics* 39(1-4): 62-67.
- Shapiro DH (1994) Examining the content and context of meditation. *Journal of Humanistic Psychology* 34(4): 101-135.
- Shapiro SL, Astin JA, Bishop SR and Cordova M (2005) Mindfulness-based stress reduction for health care professionals: Results from a randomized trial. *International Journal of Stress Management* 12(2): 164-176.
- Shapiro SL, Brown KW and Biegel GM (2007) Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology* 1(2): 105-115.
- Shapiro SL, Carlson LE, Astin JA and Freedman B (2006) Mechanisms of mindfulness. *Journal of Clinical Psychology* 62(3): 373-390.
- Shaw JC (1996) Intention as a component of the alpha-rhythm response to mental activity. *International Journal of Psychophysiology* 24(1-2): 7-23.
- Shear J (1998) Introduction. In: Shear J (ed) *Explaining Consciousness: The Hard Problem*. Cambridge, Mass: MIT Press, pp.1-8.
- Sheldon K and Lyubomirsky S (2006) Achieving sustainable gains in happiness: Change your actions, not your circumstances. *Journal of Happiness Studies* 7(1): 55-86.
- Sher K and Grekin E (2007) Alcohol and affect regulation. In Gross JJ (ed), *Handbook of Emotion Regulation*. New York: The Guilford Press, pp.560-579.
- Sherkat DE and Ellison CG (1999) Recent developments and current controversies in the sociology of religion. *Annual Review of Sociology* 25: 363-394.
- Shiner M, Scourfield J, Fincham B and Langer S (2009) When things fall apart: Gender and suicide across the life-course. *Social Science and Medicine* 69(5): 738-746.
- Siegel DJ (2007) *The Mindful Brain*. New York: Norton.
- Siegel RD, Germer CK and Olendzki A (2009) Mindfulness: What is it? Where did it come from? In: Didonna F (ed) *Clinical Handbook of Mindfulness*. Springer New York, 17-35.
- Simon R (2007) The top ten. Psychotherapy Networker, March/April. Available at <http://www.psychotherapynetworker.org/populartopics/leaders-in-the-field/219> (accessed 15 July 2012).

- Simon P, Gonzalez E, Ginsburg D, Abrams J and Fielding J (2009). Physical activity promotion: A local and state health department perspective. *Preventive Medicine* 49(4): 297-298.
- Simonds J, Kieras JE, Rueda MR and Rothbart MK (2007) Effortful control, executive attention, and emotional regulation in 7–10-year-old children. *Cognitive Development* 22(4): 474-488.
- Singh-Manoux A, Kivimaki M, Glymour M, Elbaz A, Berr C, Ebmeier K et al. (2012). Timing of onset of cognitive decline: Results from whitehall II prospective cohort study. *British Medical Journal* 344. Epub ahead of print 5 January 2012. doi:10.1136/bmj.d7622.
- Singleton A (2003) Men getting real? *Journal of Sociology* 39(2): 131-147.
- Sloan C, Gough B and Conner M (2010) Healthy masculinities? How ostensibly healthy men talk about lifestyle, health and gender. *Psychology and Health* 25(7): 783-803.
- Smith JA, Braunack-Mayer A and Wittert G (2006) What do we know about men's help-seeking and health service use? *The Medical Journal of Australia* 184(2): 181-183.
- Smith JA Braunack-Mayer A Wittert G and Warin M (2007) “I've been independent for so damn long!”: Independence, masculinity and aging in a help seeking context. *Journal of Aging Studies* 21(4): 325-335.
- Smith JM and Alloy LB (2009) A roadmap to rumination: A review of the definition, assessment, and conceptualization of this multifaceted construct. *Clinical Psychology Review* 29(2): 116-128.
- Smith SE (2008) *Buddhism, diversity and 'race': Multiculturalism and Western convert Buddhist movements in East London – a qualitative study*. PhD Thesis, Goldsmiths, University of London., Available from Goldsmiths Research Online, <http://eprints.gold.ac.uk/2553> (accessed 11 January 2012).
- Smith TE and Leaper C (2006) Self-perceived gender typicality and the peer context during adolescence. *Journal of Research on Adolescence* 16(1): 91-104.
- Snow DA (1987) Organisation, ideology and mobilization: The case of Nichiren Soshu of America. In: Bromley DG and Hammond PE (eds) *The Future of New Religious Movements*. Macon Georgia: Mercer University Press, pp.153-174.
- Snow DA and Machalek R (1984) The sociology of conversion. *Annual Review of Sociology* 10: 167-190.
- Soroka SN, Helliwell JF and Johnston R (2003) Measuring and modelling trust. In: Kay F

- and Johnston R (eds) *Diversity, Social Capital and the Welfare State*. Vancouver, BC: University of British Columbia Press.
- Southwold M (1978). Buddhism and the definition of religion. *Man* 13(3): 362-379.
- Spira AP, Zvolensky MJ, Eifert GH and Feldner MT (2004) Avoidance-oriented coping as a predictor of panic-related distress: a test using biological challenge. *Journal of Anxiety Disorders* 18(3): 309-323.
- Squire C, Andrews M and Tamboukou M (2008) Introduction: What is narrative research? In Andrews M Squire C and Tamboukou M (eds), *Doing Narrative Research*. London: Sage, p.1-20.
- Squier S (2004) Meditation, Disability, and Identity. *Literature and Medicine* 23(1): 23-45.
- Stam CJ (2005) Nonlinear dynamical analysis of EEG and MEG: Review of an emerging field. *Clinical Neurophysiology* 116(10): 2266-2301.
- Steele-Johnson D, Beauregard RS, Hoover PB and Schmidt AM (2000) Goal orientation and task demand effects on motivation, affect, and performance. *Journal of Applied Psychology* 85(5): 724-738.
- Steger MF and Frazier P (2005) Meaning in life: One link in the chain from religiousness to well-being. *Journal of Counselling Psychology* 52(4): 574-582.
- Stein A (2005) Make room for daddy: Anxious masculinity and emergent homophobias in neopatriarchal politics. *Gender and Society* 19(5): 601-620.
- Stern J (2006) *Terror in the Name of God*. New York: Harper Collins.
- Stewart CC (2008) Integral scenarios: Reframing theory, building from practice. *Futures* 40(2): 160-172.
- Stiles KE (2006) Contemplating compassion: The politics of contemplative practice and the rise of mindfulness meditation in the US. In: *Annual Meetings of the American Sociological Association*, Quebec, Canada, 8 November 2006.
- Stobbe L (2005) Doing machismo: Legitimizing speech acts as a selection discourse. *Gender, Work and Organization* 12(2): 105-123.
- Stone AA, Turkkan JS, Bachrach CA, Jobe JB, Kurtzman HS and Cain VS (2000) *The Science of Self-Report: Implications for Research and Practice*. Mahwah, NJ: Lawrence Erlbaum.
- Strauss A and Corbin J (1990) *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Newbury Park, CA: Sage.
- Strauss A and Corbin J (1998) *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory* (2nd ed). Thousand Oaks, CA: Sage

- Strawbridge S (2003) Ethics, psychology and therapeutic practice. In Hill D and Jones C (eds), *Forms of Ethical Thinking in Therapeutic Practice*. Berkshire: McGraw-Hill.
- Stroop JR (1935) Studies of interference in serial verbal reactions. *Journal of Experimental Psychology* 18: 643-661.
- Strunk DR and Adler AD (2009) Cognitive biases in three prediction tasks: A test of the cognitive model of depression. *Behaviour Research and Therapy* 47(1): 34-40.
- Subhuti D (1994) *[Name of the founder of the movement]: A New Voice in the Buddhist Tradition*. Buddhism: Windhorse Publications.
- Subhuti D (1988) *Buddhism for Today: Portrait of a New Buddhist Movement*. Glasgow: Windhorse Publications.
- Suh E, Diener E and Fujita F (1996) Events and subjective well-being: Only recent events matter. *Journal of Personality and Social Psychology* 70(5): 1091-1102.
- Sun TZ, Wu CK and Chiu NM (2004) Mindfulness meditation training combined with eye movement desensitization and reprocessing in psychotherapy of an elderly patient. *Chang Gung Medical Journal* 27(6): 464-469.
- Swinyard WR, Kau A and Phua H (2001) Happiness, materialism, and religious experience in the US and Singapore. *Journal of Happiness Studies* 2(1): 13-32.
- Tagg B (2008). 'Imagine, a man playing netball!': masculinities and sport in New Zealand. *International Review for the Sociology of Sport* 43(4): 409-430.
- Tanaka KK (2007) The individual in relation to the sangha in American Buddhism: an examination of "privatized religion". *Buddhist-Christian Studies* 27: 115-127.
- Tang Y, Ma Y, Wang J, Fan Y, Feng S, Lu Q, et al. (2007) Short-term meditation training improves attention and self-regulation. *Proceedings of the National Academy of Sciences* 104(43): 17152-17156.
- Teasdale JD (1988) Cognitive vulnerability to persistent depression. *Cognition and Emotion* 2(3): 247-274.
- Teasdale JD, Segal SV and Williams, JMG (2003) Mindfulness training and problem formulation. *Clinical Psychology: Science and Practice* 10(2), 157-160.
- Teasdale JD, Segal ZV, Williams JMG, Ridgeway VA, Soulsby JM and Lau MA (2000). Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy, *Journal of Consulting and Clinical Psychology* 68(4): 615-623.
- Tedeschi RG and Calhoun LG (2004) Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry: An International Journal for the Advancement of Psychological Theory* 5(1): 1-18.

- Teixeira ME (2008) Meditation as an intervention for chronic pain: An integrative review. *Holistic Nursing Practice* 22(44): 225-234.
- Tennant C (2002) Life events, stress and depression: A review of recent findings. *Australian and New Zealand Journal of Psychiatry* 36(2): 173-182.
- Thatamanil JJ (2011) Comparative theology and the question of formation. *Teaching Theology and Religion* 14(1): 367-370.
- The American Heritage Dictionary of the English Language (2009). Available at <http://www.thefreedictionary.com> (accessed 11 November 2011).
- The Buddhist Centre (2012a) *Becoming a Friend*. Available at [www.thebuddhistcentre.com/text/becoming a friend](http://www.thebuddhistcentre.com/text/becoming-a-friend) (accessed 16 October 2012).
- The Buddhist Centre (2012b) *Order Members*. Available at www.thebuddhistcentre.com/text/order-members (accessed 16 October 2012).
- Thomas RM (2003) *Blending Qualitative and Quantitative Research Methods in Theses and Dissertations*. California, CA: Corwin Press.
- Thombre A, Sherman A and Simonton S (2010) Posttraumatic growth among cancer patients in India. *Journal of Behavioral Medicine* 33(1): 15-23.
- Thrangu K (1993) *The Practice of Tranquility and Insight: A guide to Tibetan Buddhist Meditation*. Boston, MA: Shambhala Publishing.
- Thurmond VA (2001) The point of triangulation. *Journal of Nursing Scholarship* 33(3): 253-258.
- Thurnell-Read T and Parker A (2008) Men, masculinities and firefighting: Occupational identity, shop-floor culture and organisational change. *Emotion, Space and Society* 1(2): 127-134.
- Tillich P (1952). *The Courage to Be*. Glasgow: William Collins.
- TIME (2000) Thunder out of China. *Time World*, 17 January, 2000. Available at <http://www.time.com/time/world/article/0,8599,2054272,00.html> (accessed 6 July 2012).
- Toneatto T and Nguyen L (2007) Does mindfulness meditation improve anxiety and mood symptoms? A review of the controlled research. *Canadian Journal of Psychiatry* 52(4): 260-266.
- Travis F, Haaga DAF, Hagelin J, Tanner M, Nidich S, Gaylord-King C, et al. (2009) Effects of Transcendental Meditation practice on brain functioning and stress reactivity in college students. *International Journal of Psychophysiology* 71(2): 170-176.
- Travis F and Shear J (2010) Focused attention, open monitoring and automatic self-

- transcending: Categories to organize meditations from vedic, buddhist and chinese traditions. *Consciousness and Cognition* 19(4): 1110-1118.
- Travis F and Wallace RK (1999) Autonomic and EEG patterns during eyes-closed rest and Transcendental Meditation (TM) practice: The basis for a neural model of TM practice. *Consciousness and Cognition* 8(3): 302-318.
- Trungpa C (1973) *Cutting Through Spiritual Materialism*. Berkeley: Shambhala.
- Turner RJ and Lloyd DA (2004) Stress burden and the lifetime incidence of psychiatric disorder in young adults: Racial and ethnic contrasts. *Archives of General Psychiatry* 61(5): 481-488.
- Tyner JA (2008) *The Killing of Cambodia: Geography, Genocide, and the Unmaking of Space*. Hampshire, England: Ashgate Publishing.
- Uecker JE, Regnerus MD and Vaaler ML (2007) Losing my religion: The social sources of religious decline in early adulthood. *Social Forces* 85(4): 1667-1692.
- Ulmer CS, Stetson BA and Salmon PG (2010) Mindfulness and acceptance are associated with exercise maintenance in YMCA exercisers. *Behaviour Research and Therapy* 48(8): 805-809.
- Umberson D and Montez JK (2010) Social relationships and health. *Journal of Health and Social Behavior* 51(1): S54-S66.
- Van Dam NT, Sheppard SC, Forsyth JP and Earleywine M (2011) Self-compassion is a better predictor than mindfulness of symptom severity and quality of life in mixed anxiety and depression. *Journal of Anxiety Disorders* 25(1): 123-130.
- Van Egmond NG and De Vries HJM (2011) Sustainability: The search for the integral worldview. *Futures* 43(8): 853-867.
- Varey RJ (2008) Marketing as an interaction system. *Australasian Marketing Journal* 16(1): 79-94.
- Veenhoven R (1991) Questions on happiness: Classical topics, modern answers, blindspots. In Strack F, Argyle M and Schwarz N (eds), *Subjective Well-Being: An Interdisciplinary Perspective*. Oxford: Pergamon Press. pp.7-26.
- Veenhoven R and Ehrhardt J (1995) The cross-national pattern of happiness: Test of predictions implied in three theories of happiness. *Social Indicators Research* 34(1): 33-68.
- Velmans M (2002) How could conscious experience affect brains. *Journal of Consciousness Studies* 9(11): 3-29.
- Vessantara (2002) *Meeting the Buddhas: A Guide to Buddhas, Bohisattvas, and Tantric*

- Deities*. Birmingham: Windhorse Publications.
- Vettese LC, Toneatto T, Stea JN, Nguyen L and Wang JJ (2009) Do mindfulness meditation participants do their homework? And does it make a difference? A review of the empirical evidence. *Journal of Cognitive Psychotherapy* 23(3): 198-228.
- Vishvapani D (2001) Perceptions of the [Buddhist movement] in British Buddhism. *Western Buddhist Review* 3.
- Volinn E (1985) Eastern meditation groups: Why join? *Sociological Analysis* 46(2): 147-156.
- Von Stein A and Sarnthein J (2000) Different frequencies for different scales of cortical integration: From local gamma to long range alpha/theta synchronization. *International Journal of Psychophysiology* 38(3): 301-313.
- Vujanovic AA, Zvolensky MJ, Bernstein A, Feldner MT and McLeish AC (2007) A test of the interactive effects of anxiety sensitivity and mindfulness in the prediction of anxious arousal, agoraphobic cognitions, and body vigilance. *Behaviour Research and Therapy* 45(6): 1393-1400.
- Walach H, Nord E, Zier C, Dietz-Waschkowski B, Kersig S and Schüpbach H (2007) Mindfulness-based stress reduction as a method for personnel development: A pilot evaluation. *International Journal of Stress Management* 14(2): 188-198.
- Walker D and Myrick F (2006) Grounded theory: An exploration of process and procedure. *Qualitative Health Research* 16(4): 547-559.
- Wallace BA (1999) The Buddhist tradition of samatha: Methods for refining and examining consciousness. *Journal of Consciousness Studies* 6: 175-187.
- Wallace BA (2006) *The Attention Revolution: Unlocking the Power of the Focused Mind*. Somerville, MA: Wisdom publications.
- Walsh R and Roche L (1979) Precipitation of acute psychotic episodes by intensive meditation in individuals with a history of schizophrenia. *American Journal of Psychiatry* 136(8): 1085-1086.
- Walsh R and Shapiro SL (2006) The meeting of meditative disciplines and Western psychology: A mutually enriching dialogue. *American Psychologist* 61(3): 227-239.
- Wang JL (2005) Work stress as a risk factor for major depressive episode(s). *Psychological Medicine* 35(6): 865-871.
- Warner J, McKeown E, Griffin M, Johnson K, Ramsay A, Cort C, et al. (2004) Rates and

- predictors of mental illness in gay men, lesbians and bisexual men and women: Results from a survey based in England and Wales. *The British Journal of Psychiatry* 185(6): 479-485.
- Weber M (1920) *The Protestant Ethic and the Spirit of Capitalism*. Los Angeles, CA: Roxbury Publishing Company.
- Wechsler D (1981) *Manual for the Wechsler Adult Intelligence Scale-Revised*. New York: Psychological Corporation.
- Weedon C (1997) *Feminist Practice and Poststructuralist Theory*. Oxford: Blackwell.
- Wegner DM and Gold DB (1995) Fanning old flames: Emotional and cognitive effects of suppressing thoughts of a past relationship, *Journal of Personality and Social Psychology* 68(5): 782-792.
- Weich S, Nazroo J, Sproston K, McManus S, Blanchard M, Erens B, et al. (2004) Common mental disorders and ethnicity in England: the EMPIRIC Study. *Psychological Medicine* 34(8): 1543-1552.
- Weijer-Bergsma, E. V. D., Formsma, A. R., De Bruin, E. I., and Bögels, S. M. The effectiveness of mindfulness training on behavioral problems and attentional functioning in adolescents with ADHD. *Journal of Child and Family Studies*. Epub ahead of print 1 Jan 2011. DOI: 10.1007/s10826-011-9531-7.
- Wenger E (1998) *Communities of Practice: Learning, Meaning and Identity*. Cambridge: Cambridge University Press.
- Wenk-Sormaz H (2005) Meditation can reduce habitual responding. *Alternative Therapies in Health and Medicine* 11(2), 42-58.
- West MA (ed) (1987) *The Psychology of Meditation*. New York: Clarendon Press.
- West C and Zimmerman DH (1987) Doing gender. *Gender and Society* 1(2): 125-151.
- Wetherell M and Edley N (1999) Negotiating hegemonic masculinity: Imaginary positions and psycho-discursive practices. *Feminism and Psychology* 9(3): 335-356.
- White H (1987) *The Content of the Form: Narrative Discourse and Historical Representation*. Baltimore: Johns Hopkins University Press.
- Whitehead SM (2002) *Men and Masculinities: Key Themes and New Directions*. Cambridge: Polity press.
- Wiech K, Ploner M and Tracey I (2008) Neurocognitive aspects of pain perception. *Trends in Cognitive Sciences* 12(8): 306-313.
- Wierzbicka A (2004) 'Happiness' in cross-linguistic and cross-cultural perspective. *Daedalus* 133(2): 34-43.

- Wight D (2010) Poor recall, misunderstandings and embarrassment: Interpreting discrepancies in young men's reported heterosexual behaviour. *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care* 1(1): 55-78.
- Wilber K (1997) An integral theory of consciousness. *Journal of Consciousness Studies* 4(1): 71-92.
- Wilber K (2005) Toward a comprehensive theory of subtle energies. *Explore: The Journal of Science and Healing* 1(4): 252-270.
- Wilber K (2006). Introduction to integral theory and practice: IOS basics and the AQAL map. *Journal of Integral Theory and Practice* 1(1): 1-40.
- Williams A, Selwyn PA, Liberti L, Molde S, Njike VY, McCorkle R, et al. (2005) A randomized controlled trial of meditation and massage effects on quality of life in people with late-stage disease: A pilot study. *Journal of Palliative Medicine* 8(5): 939-952.
- Williams K and Gerber J (2005) Ostracism: The making of the ignored and excluded mind. *Interaction Studies* 6(3): 359-374.
- Williams JMG, Mathews A and MacLeod C (1996) The emotional Stroop task and psychopathology. *Psychological Bulletin* 121(1): 3-24.
- Williams RA (2007) Masculinities fathering and health: The experiences of African-Caribbean and white working class fathers. *Social Science and Medicine* 64(2): 338-349.
- Winkler D, Pjrek E and Kasper S (2006) Gender-specific symptoms of depression and anger attacks. *The Journal of Men's Health and Gender* 3(1): 19-24.
- Witt SD (2000) The influence of television on children's gender role socialization. *Childhood Education* 76(5): 322-324.
- Wittink MN, Joo JH, Lewis LM and Barg FK (2009) Losing faith and using faith: Older African Americans discuss spirituality, religious activities, and depression. *Journal of General Internal Medicine* 24(3): 403-407.
- Wood AM, Joseph S and Maltby J (2008) Gratitude uniquely predicts satisfaction with life: Incremental validity above the domains and facets of the five factor model. *Personality and Individual Differences* 45(1): 49-54.
- Wood E and Bennett N (2000) Changing theories, changing practice: Exploring early childhood teachers' professional learning. *Teaching and Teacher Education* 16(5-6): 635-647.
- World Health Organization. (1948). *Preamble to the constitution of the world health*

- organization as adopted by the international health conference, new york, 19-22 june, 1946; signed on 22 july 1946 by the representatives of 61 states (official records of the world health organization, no. 2, p. 100) and entered into force on 7 april 1948. Available from <http://www.who.int/suggestions/faq/en/index.html> (accessed 4 January 2012).
- Worthington EL, Kurusu TA, McCollough ME and Sandage SL (1995) Empirical research on religion and psychotherapeutic processes and outcomes: A 10-year review and research prospectus. *Psychological Bulletin* 119(3): 448-487.
- Wortman CB and Silver RC (1989) The myths of coping with loss. *Journal of Consulting and Clinical Psychology* 57(3): 349-357.
- Wuthnow R and Hackett C (2003) The social integration of practitioners of non-Western religions in the United States. *Journal for the Scientific Study of Religion* 42(4): 651-667.
- Xu S and Connelly FM (2009) Narrative inquiry for teacher education and development: Focus on English as a foreign language in China. *Teaching and Teacher Education* 25(2): 219-227.
- Yalom I (1980) *Existential Therapy*. New York: Basic Books.
- Yip W, Subramanian SV, Mitchell AD, Lee DTS, Wang J and Kawachi I (2007) Does social capital enhance health and well-being? Evidence from rural China. *Social Science and Medicine* 64(1): 35-49.
- Yorston GA (2001) Mania precipitated by meditation: A case report and literature review. *Mental Health, Religion and Culture* 4(2): 209- 213.
- Yunesian M, Aslani A, Vash JH and Yazdi AB (2008). Effects of Transcendental Meditation on mental health: A before-after study. *Clinical Practice and Epidemiology in Mental Health* 4(25), DOI:10.1186/1745-0179-4-25.
- Zahourek RP (1998) Intentionality in transpersonal healing: Research and caregiver perspectives. *Complementary Health Practice Review* 4(1): 11-27.
- Zajonc A (2006) Love and knowledge: Recovering the heart of learning through contemplation. *Teachers College Record* 108(9): 1742-1759.
- Zeidan F, Johnson SK, Diamond BJ, David Z and Goolkasian P (2010) Mindfulness meditation improves cognition: Evidence of brief mental training. *Consciousness and Cognition* 19(2): 597-605.

- Zeidner M, Matthews G and Roberts RD (2009) *What We Know about Emotional Intelligence: How it Affects Learning, Work, Relationships, and our Mental Health*. Cambridge, Mass: MIT Press.
- Ziegler L, Hill K, Neilly L, Bennett MI, Higginson IJ, Murray SA et al. (2011) Identifying psychological distress at key stages of the cancer illness trajectory: A systematic review of validated self-report measures. *Journal of Pain and Symptom Management* 41(3): 619-636.
- Zindel V, Segal J, Williams MG and Teasdale JD (2002) *Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse*. New York: Guilford.

GLOSSARY

ACC:	Anterior Cingulate Cortex: located in the medial wall of the cerebral hemispheres, plays a prominent role in the executive control of attention and cognition, and the regulation of cognitive and emotional processing (Posner and Dehaene, 1994).
ADHD:	Attention-deficit hyperactivity disorder
<i>Alpha</i> :	EEG oscillation bandwidth (8-13 Hz).
<i>Beta</i> :	EEG oscillation bandwidth (13-30 Hz).
CMD:	Common Mental Disorders: often manifest with a mixture of anxiety and depressive symptoms.
CoP:	Communities of Practice (or singular – a/the community of practice – if preceded by a definite or indefinite article): ‘people who come together around mutual engagement in an endeavour’ and the practices which ‘emerge in the course of this mutual endeavour’ (Ekert and McConnell-Ginet, 1992: 464).
DISS:	The Defined Intensity Stressor Simulation: measures executive attention by assessing participants’ ability to simultaneously complete four cognitive and psychomotor tasks.
<i>Dharma</i> :	Sanskrit term pertaining to Buddhist teachings meaning ‘laws,’ or ‘how things are’ (Kabat-Zinn, 2003)
DSM-IV:	Diagnostic and Statistical Manual of Mental Disorders IV: clinical diagnostic manual (APA, 1994).
DV:	Dependent variable.
EEG:	Electroencephalograph: sinusoidal waveforms reflecting oscillations generated by synchronised changes in the electrical potential of neurons (Rampil, 1998)
EHRC:	Equality and Human Rights Commission
EI:	Emotional Intelligence: awareness, generating emotions, understanding, and strategic management of emotions (Mayer et al., 2008a)
<i>Elders</i> :	Participants ($n = 15$) who had been meditating for longer than the sample mean of 10.8 years.
ERD:	Event-Related Desynchronisation: reductions in bandwidth amplitude in response to internally or externally ‘paced’ events (Pfurtscheller, 1992).
ERS:	Event-Related Synchronisation: increases in bandwidth amplitude in response to internally or externally ‘paced’ events (Pfurtscheller, 1992).

FA:	Focussed Attention: concentrative, sustained attention on a particular object.
FAS:	A measure of verbal phonetic fluency (Benton, 1989): participants are asked to produce words beginning with specific letters of the alphabet, typically F, A and S, in 3 consecutive 60 second trials.
<i>Gamma</i> :	EEG oscillation bandwidth (36-44 Hz).
IF:	The ‘Integral Framework:’ an interdisciplinary paradigm based on the work of the philosopher Ken Wilber (1997, 2005, 2006). Used here as a sensitising device.
LGBT:	Lesbian, gay, bisexual and/or transgendered.
LKM:	Loving-Kindness Meditation: a type of concentration meditation focused on directing warm compassionate feelings to self and others, based on the Buddhist notion of metta (see below).
MBCT:	Mindfulness-Based Cognitive Therapy: an adapted version of the MBSR (see below), designed to prevent depressive relapse (Segal et al., 2002).
MBSR:	Mindfulness-Based Stress Reduction program (Kabat-Zinn, 1982): an 8-10 week course using meditation techniques in the treatment of pain and other mental or physical conditions.
<i>Metta</i>	Pali term reflecting an affectionate, compassionate attitudinal quality, usually translated as ‘loving-kindness’ (Johnson et al., 2009).
MGT:	Modified Grounded Theory: a method of qualitative analysis where theory is generated through a bottom-up data-driven inductive process (Strauss and Corbin, 1998).
NCC:	Neural Correlates of Consciousness: paradigm analysing the neurophysiological correlates of cognitive functions and states of consciousness.
<i>Novices</i> :	Participants (n = 14) who had been meditating for less than the sample mean of 10.8 years.
NICE:	National Institute for Clinical Excellence
NRM:	New Religious Movements.
NVivo:	A software package used to help organise, search and analyse the qualitative data.
ONS:	Office for National Statistics.
OM:	Open-Monitoring attention: receptive monitoring of the moment-to-moment content of experience (Lutz et al., 2008).

<i>Pali:</i>	A language of the Indian subcontinent in which early Buddhist texts were written
PFC:	Pre-Frontal Cortex: located in the frontal lobe, implicated in higher level cognitive activities such as attention, volition, planning, and decision making. Is central to cognitive control and complex goal-directed behaviour (Fuster, 2008).
RCT:	Randomised Controlled Trial.
RMET:	The ‘Reading the Mind in the Eyes’ test (Baron-Cohen et al., 2001): measures adult ‘mentalising,’ (Theory of Mind capacities), empathy and emotional intelligence by assessing participants’ ability to identify the emotion in a series of black and white photographs of the eye-region of actors and actresses, with a forced-choice response.
RVIP	The Rapid Visual Information Processing task: measures sustained attention by assessing participants’ ability to focus on a sequence of serially-presented integers.
PWB:	Psychological Well-Being: comprising two components – the need for meaning, and psychological growth across the life-span (Keyes et al., 2002).
<i>Samatha:</i>	A Pali term for meditative practices involving focused attention.
SES:	Socio-economic status.
SWB:	Subjective Well-Being: comprising two components – affective (ratio between positive and negative affect) and cognitive (judgements around life satisfaction) (Diener, 2009).
T1:	Time 1: the data collection period extending from March to September 2009, in which most participants were interviewed and tested for the first time.
T2:	Time 2: the data collection period extending from April to November 2010, in which most participants were interviewed and tested for the second time.
<i>Theta:</i>	EEG oscillation bandwidth (4-8 Hz).
TAU:	Treatment as usual
<i>Vipassana:</i>	A Pali term for meditative practices involving open-monitoring attention.