7 Becoming (in)visible

A performative autoethnography on mental health, help-seeking, and missing connections

Willem J. Stander

Characters

Willem (the protagonist, sometimes antagonist): international PhD student, gay, male.

Max, father, academic mentor: various ages and sexualities; male; all people who want to help the protagonist (sometimes antagonist) the best way they know how.

A long gone, but not forgotten family member: gay; male; dearly missed.

Incidental characters (e.g., police officers, man at the train station etc.): various ages and sexualities; male; holding stigmatising views towards the protagonist (sometimes antagonist) and others like him; themselves navigating shame and restrictive social norms.

Extras

Shame: a large family of emotions (e.g., embarrassment, humiliation, and feelings of failure, rejection, or inadequacy) (Scheff, 2000); a relational and judgemental emotion tied to vast everyday social and economic inequalities (McDermott and Roen, 2016) or ‘the affective cost of not following the scripts of normative existence’ (Ahmed, 2015, p. 107); an often unspoken, repressed, disguised, or hidden emotion that ‘goes to the heart of who we think we are’ (Probyn, 2005, p. 13); can be transformative in the context of relational reciprocity (e.g., Johnson, 2015; Sedgwick, 2003).

Social norms: often implicit and interconnected social rules, ideals, or expectations that guide everyday behaviour (Cialdini and Trost, 1998); dynamic in nature; regulate, coerce, and enforce narrow modes of sexual and gendered existence (Foucault, 1976), and ‘operate as a condition of cultural intelligibility’ (Butler, 2004, p. 52); in a neoliberalist and biopolitical framework, these norms privilege a particular type of hetero- or homonormative subject, one who is autonomous, self-governing, and responsible for their own life, health, and wellbeing (Cover, 2012; Foucault, 1977; Rose, 1989).

Ontological (in)security: the degree of ‘confidence that most human beings have in the continuity of their self-identity and in the constancy of the surrounding material environments of action’ (Giddens, 1990, p. 92); a continuum along which we all move, rather than a binary distinction (Bondi, 2014); in relation to mental health, a state of ontological insecurity can be experienced as a result of difficulties maintaining social relationships and managing daily activities or routines, and feelings of being judged or stigmatised.

Act I: End of the line

Finally!

I spot the lights of an approaching train in the far distance. While I’ve only been on the platform a few short minutes, it feels much longer, and I am desperate to get to the university’s library. My right foot taps irritably as I watch the train’s slow crawl into the station, thinking about the mountain of thesis writing still left to do. When it eventually stops, I scramble on and make a beeline for a seat in the farthest corner. I settle down, dumping my backpack and coat on the aisle seat next to me; piling them high on top of each other, building a fort. I want to keep all social interactions to a minimum. I want to hide, to be invisible. I can’t stand the thought of being watched. Every stare, every glance feels penetrative and judgemental. All of this is unnecessary, however. The carriage is mostly empty given the early hour with the nearest passenger sat at the opposite end.

Come on, come on, come on.

I’m anxious for the journey to get underway, checking my watch every few seconds. My heart is racing. It’s always racing lately. I try to calm myself, slowing my breathing. At long last the train leaves with a violent jerk, lurching forward as we cross over a viaduct offering panoramic views of a still-sleeping Brighton. I am already waiting by the doors when we near my destination, feeling clammy and claustrophobic – aching for the commute to end. I get off at the end of the platform, holding back until I’m all alone. Every step requires gargantuan effort, exhaustion clouding my body and mind. I try to push through it, increasing my pace into a brisk walk. As I reach the station exit, however, I come to an abrupt stop, transfixed by the scene ahead. Framed by bleak, wintery trees on either side, the exit staircase descends into a pool of darkness (Figure 7.1), mirroring the weariness – the hopelessness, the helplessness – inside of me. And then I spiral, spiral into despair, into distress.

I can’t do this anymore, can’t feel like this any longer. I need help.

My difficulties with depression and anxiety had finally caught up with me, now debilitating and seeping into every aspect of my life. This was

Figure 7.1 Despair on the staircase

in addition to the other life stressors: family ill-health and death back in my home country, Namibia; trying to balance teaching and university commitments; and ongoing financial and visa worries to remain in the United Kingdom (UK), my new home. I was being pulled in a million different directions, stretched precariously thin. Feeling trapped and overwhelmed, no longer able to lie to myself or pretend that I was managing. I sit down on the steps facing an uncomfortable and frightening realisation, knowing I've reached the limits of my ability to cope. Knowing I was hanging on by a thread and in need of support. However, an upcoming deadline towered above all else. It was made clear to me that there would be no more room for delays or extensions regarding my thesis. This deadline was my final opportunity to submit, and I had to meet it.

I need to keep going, keep writing.

I hear the rails behind me rattle as the next train approaches. I stand up and try and wrestle back control over my emotions, not wanting anyone to see me like this. *As soon as this is over, I can focus on myself, on my health. I'm overreacting because I'm tired. It's not that bad, others have coped with worse.* I lie to myself a little longer, normalising and accommodating my distress. I continue down the steps, disappearing into the darkness.

Act II: Fragmented

It's all a festering wound, too painful to write.

I stare in frustration at the blinking cursor, willing it to move – my hands suspended over the keyboard, waiting for the words to come. I've been in the library for a few hours now, but the writing process remains slow and laboured. I keep thinking about my one supervisor's comments and how she attributed my writing anxiety to my desire for perfectionism. Like many academics, I felt like an imposter, an interloper, my best efforts all smoke and mirrors, nowhere near good enough for academia. These feelings certainly contributed to my difficulties in writing, but it was much more than that. Ironically, I was experiencing mental health difficulties while investigating how gay and bisexual men seek help for these burdens. As a result, my research felt increasingly personal and exposing. Through my writing, I was becoming public, visible, and vulnerable – caught in an endless loop of rumination. Always overthinking, over-analysing, and meant to have the solutions to all of my problems but failing. Unable to find peace. My words felt ruinous, an invitation to the judgement or evaluation of others – further proof of my shortcomings.

I should be thriving here.

I look up from my laptop, searching for some distraction from the panic now clawing up my throat. More students are now filtering into the library, sitting in small groups and whispering softly. I feel lonely watching them, so used to the isolation of postgraduate studies. Outside of my partner and a small handful of friends scattered across England, my Brighton existence has been rather solitary compared to my time in Namibia. Namibia, where same-sexual relations remain illegal under a colonial-heritage law (Hubbard, 2015). Namibia, where the ruling party would routinely employ homophobic discourse to police gender and sexuality during my formative years. Making it known that homosexuality was unnatural, evil, a threat to the nation; that homosexuality needed to be eradicated or, at the very minimum, rendered publicly invisible (Currier, 2010). Although the state doesn't actively enforce this law, negative social attitudes towards lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals made me keenly

aware of my distance from the norm at very young age. I was bullied and tormented throughout my childhood for being a ‘moffie’ – a derogatory Afrikaans term used to refer to or mock homosexual (or effeminate) boys and men – long before I even knew what the word meant or implied. I became hypervigilant about how I walked, talked, dressed, and expressed my interests. *Complex, strong female figures in books and other media? Yes, please! Er, no, wait. I’m all about hyper-masculine icons and rugby. For heterosexual reasons, of course.* This continued into my early adulthood. I was petrified of coming out to my family and friends, aware, like many of us who fall under the LGBTQ umbrella, that ‘love comes with conditions however unconditional it might feel’ (Ahmed, 2015, p. 145). Feelings of exclusion, inadequacy, and failure stuck to my negotiations of everyday life. As Eve Sedgwick (2003) suggests, ‘at least for certain (“queer”) people, shame is simply the first, and remains a permanent, structuring fact of identity’ (p. 64).

I did eventually come out, encouraged by the support of a burgeoning local LGBTQ scene. I secretly frequented the short-lived Donna Bella, the first recognised gay bar in the capital. It was there that I found my ‘chosen family’, that I found my voice. When the venue closed due to financial strain, I was determined to keep its legacy going. Working alongside a group of friends, we arranged a series of events where the city’s small LGBTQ community could meet and socialise. My increasing visibility among the gay scene soon extended to the wider public as I started volunteering for LGBTI Namibia, an LGBTQ rights-based organisation. I felt empowered but afraid, reminded often of the violence that comes with (too much) visibility. Yet, I was able to live my gayness openly to some extent, facilitated no doubt by my privileges as a white, middle-class man. Working for a predominantly white *and* male corporation at the time, I was able to evade some of the blatant homophobia directed at my LGBTQ colleagues. While management didn’t block my career development, for example, because of racism *and* homophobia, they thought it within their right to tell an entry-level employee of colour to ‘tone down his gayness’ if he hoped for promotion. I left Namibia to pursue my postgraduate studies in community psychology, to learn more about LGBTQ social movements. I left Namibia because I didn’t want to die lonely, left because I wanted to be (in)visible.

Lively chatter snaps me out of my reverie. The library is now bustling with activity, loud and claustrophobic. The coronavirus pandemic has dominated the news headlines recently, and seeing everyone packed so close together makes me feel unsafe. I decide to head for the station and work from home for the foreseeable future.

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You were one of the first to discover I was gay. You’d seen my dating profile on a website and phoned to tell me how proud you were, how you’d be there when I come out to the rest of the family.

I missed your call.

You left a voicemail asking if I wanted to meet for a drink. ‘Soon’, I promised in a text. You caught up with some of our mutual friends instead. They said you were in good spirits, albeit a little lonely. That Windhoek is too small for people like us. They said you were making a conscious effort to catch up with everyone. That you wanted some company.

I missed your call.

You phoned again soon after, but I let it go to voicemail. I was busy/tired. I promised myself I’d call you over the weekend. The weekend came, and your brother found you. Only then did we find out your difficulties with depression.

I miss your calls.

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I’m new to Brighton and have signed up to a gay social networking app for some company. To go on a date or to make some friends. I’m on a walk when one of the first messages come through. ‘Disappointing in the flesh’, it reads. It’s come from a blank profile that appears disturbingly close. I look up, searching the area for the source. Unsuccessful, I continue walking. A second message soon follows: ‘camper also’.

A few weeks later, I’m on a date with a police officer. He seems nice, but we have very different interests, and the conversation is somewhat stilted. He asks about my research, listening politely. His eyes light up – it appears we’ve finally hit some common ground. As I finish, he launches into a tirade about the amount of mental health-related callouts the police receive. Words like ‘mad’ and ‘attention-seeking’ come thick and fast. ‘Time-wasters. The whole lot’, he concludes. A second date never materialises.

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We are in a hurry to get to the Brighton station, both needing to get to work. Max’s hand slips into mine as we talk about our respective plans for the day ahead. I should be used to it by now, seeing as we’ve been together for over a year. Yet, the small intimate gesture still thrills me – still scares me – every time his fingers interlace with mine. I’d never dare do this back in Namibia, but here in Brighton – *the* LGBTQ capital of the UK – the small, (extra)ordinary gesture feels possible, feels safe. We enter the station and share a hurried kiss before we head our separate ways. I watch Max slip through the ticket barriers, feeling content and brushing my silly trepidation aside.

‘Is that really necessary? *In public?*’ comes a voice from behind me. I turn and catch the man’s eye as he walks past, his face twisted into a grimace. I

watch him as he too disappears through the barriers, angry at my stunned silence.

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A meeting has been arranged with an academic mentor from the university to discuss my missed deadlines. To help me get back on track. His office lights are bright, uncomfortable. I feel embarrassed being here, that I let things get to this point. He is distracted at first, hammering away at his keyboard. He finally turns to me, asking me to explain the causes behind the delays. My answers come out in a rush, the lump in my throat promising tears. Perhaps sensing this, he soon interrupts.

'I don't want to hear any of *that*. I want us to focus on solutions', he says dismissively. We sit in silence for a few seconds, sharing an exasperated look. Our meeting eventually concludes with a solution – an expanding to-do list with additional deadlines, some imminent – and a tension of things left unsaid. I may be struggling, but capitalism marches on.

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I'm on the phone with my family. It's eventually my father's turn to say hello, and we act out the same old conversation.

'How are you?' he'd ask.

'I'm having a really tough time', I'd say.

A short, tense pause usually follows as he thinks of what to say, how best he can help his son. His response is always brief, always stoical: 'Keep going'. / 'Keep at it'. / 'Stay strong'. / 'Get it done'.

The best advice he has, advice his father had given him. And then a hurried, awkward goodbye as we both get back to work.

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Max is at a loss for what to do.

'You don't talk to me anymore', he says with frustrated tears. 'I can see how hard all of this is for you, but you won't talk to me about any of it'.

His concern breaks my heart. He desperately wants to help, to provide some relief. I want to say so much but end up saying so little, the words all tangled and catching in my throat. Overwhelmed by feelings of failure but struggling to voice them because to 'to feel failed is different than saying you are failed; articulation brings the failed subject into being' (p.144). I find words which resonate with experiences much later, wishing I had them in the moment to help fill the silence:

Depression is awful beyond words or sounds or images... It bleeds relationships through suspicion, lack of confidence, and self-respect; the inability to enjoy life, to walk or talk or think normally; the exhaustion, the night terrors, the day terrors. Depression... is flat, hollow, and unendurable. It is also tiresome. People cannot abide being around you when you are depressed. They might think that they ought to, and they might even try, but you know and they know that you are tedious beyond belief: you're irritating and paranoid and humourless and lifeless and critical and demanding and no reassurance is ever enough. You're frightened, and you're frightening, and

you're 'not at all like yourself but will be soon', but you know you won't (Jamison, 1995, pp. 217–218).

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There is a young man, sitting in a parked car with the engine running. His hands gripping the steering wheel tight, unable to let go. His eyes fixed on the dingy little Windhoek police station in the quiet darkness, unable to enter. He watches the front porch light flicker in and out of existence as he tries to find the words to describe a shame – a violation – that feels unspeakable, unprintable. There are two officers – two men – on duty, both standing on the porch now. Seeing them, he finds that his voice is barely a whisper. He turns his car around, taking the silence with him wherever he goes.

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I need to keep going, keep writing. I need to stay strong, stay on track.

Act III: Derailed

Under full national lockdown, everything has changed. Permitted only to leave our homes once a day for exercise, I find myself walking near Brighton station one morning. Perhaps drawn there out of curiosity or a yearning for some semblance of normalcy, I make my way inside. Usually bustling with harried travellers, the cavernous space is now eerily, impossibly quiet (see Figure 7.2). Most platforms are empty as train firms operate under a reduced timetable. Available trains sit largely vacant, looking forlorn. Ghostly figures make their way through the ticket gates, cautious and fearful, giving other commuters a wide berth. There is no frantic platform dash, no waiting crowds; the majority of people have retreated into their homes in a shared loss of safety and predictability, all our plans derailed. The rest of the world now just as anxious – just as isolated – as I am.

I need to keep going, need to stay on track.

The next few weeks are increasingly blurred, days all blending together. Sleep is minimal as I spend every waking hour writing, trying to meet my new deadline. My everyday life reduced to bare functioning, feeling more insubstantial than substantial; my life reduced to a series of nouns: bed, coffee, thesis, bed, coffee, thesis. Always finding a reason to change or rework another chapter, unable to submit; trying to cross an ever-moving finish line, trapped inside a never-ending tunnel. The threshold for submission – for relief, for support – forever pushed to a later date as I continue to ignore and downplay the warning signs. As I (re)negotiate increasing distress, running dangerously on empty.

Figure 7.2 Keep your (social) distance

I need to keep going, keep writing.

The final straw comes early one morning as my Fitbit reveals a dangerous trend. That my heart rate is dangerously high for someone who rarely leaves his desk. I tell this to Max when he wakes, laughing it off as if it's nothing. Only minor transient stress, but I find that I can't meet his eyes.

'You can't keep going like this', he pleads. 'You need to submit what you have and let it go'.

I try to rationalise and justify another delay, that my thesis is nowhere near good enough (that *I* am nowhere near good enough). I need to keep going, need to keep writing. I need to stay strong, stay on track. *Need to stay invisible, need to stay safe.*

I'm not sure what Max says to counter this, but his words manage to cut through the fog of my fatigue. They finally take hold. Reminding me that I am safe, that I am worthy of help, of being seen; that no person is an island. He leads me back to my family and friends, all of them isolated and vulnerable during this uncertain, unprecedented time. All of them are talking more openly, more freely about their mental health concerns and, in doing so, providing me with a space to start untangling my words. A space to begin exploring those norms that keep me from articulating my distress. I realise that I need to submit my thesis, need to let it go. I realise that I need to start telling a story about a young man, sitting in a parked car with the engine running...

Finding the words: Making (some) headway with this experience

It is important to acknowledge that the majority of gay men are healthy, well-functioning and resilient individuals. Nevertheless, international evidence suggests that LGBTQ people are more likely to report elevated rates of mental health problems compared to their heterosexual counterparts due to increased social (or minority) stressors and diminished coping resources (Plöderl and Tremblay, 2015). Relatedly, LGBTQ people also utilise mental health services at higher rates (Chakraborty, et al., 2011), but can face substantial barriers to accessing care. LGBTQ-specific barriers include fears or experiences of mistreatment and pathologisation, heterosexist language or assumptions, and a scarcity of specialist resources (Hudson-Sharp and Metcalf, 2016; Rozbroj, et al., 2014). This is in addition to more common barriers to help-seeking, such as a preference for self-reliance, discomfort discussing emotions, the stigma associated with mental health difficulties, long waiting lists, and the high cost of private or voluntary health-care services (Ferlatte et al., 2019; Government Equalities Office, 2018). Furthermore, health and social care workers concede that there is a lack of professional education and training opportunities that specifically address the needs of LGBTQ people (Somerville, 2015). It is not surprising, then, that LGBTQ people report feeling ignored, devalued, dismissed, and invisible within mainstream services (Ash and Mackereth, 2013).

Research specifically investigating the mental health help-seeking behaviour of gay men remains limited (for a similar critique, see Platt, Wolf, and Scheitle, 2018). Help-seeking is an ongoing, interactive process defined and guided by a variety of approaches or strategies (Wenger, 2011). In this chapter, it is perhaps best understood as 'a response to a psycho-social dilemma concerning the desperate need for connection with others in tension with the ... difficulties inherent in that connection'¹ (Roen, Scourfield,

1 Although initially offered as a relational understanding or definition of suicidality, I borrow and adapt this phrase to the help-seeking context given how well it resonates with my personal experience.

and McDermott, 2008, p. 2096), particularly insofar as it involves the transgression of norms. I hope you recognise in my narration how the navigation of multiple sociocultural norms can impact upon gay men's mental (ill) health and (avoidant) help-seeking behaviour: the relentless onus on personal responsibility, self-management, and individualised self-care (neoliberal norms); expectations of stoicism, self-reliance, restrictive emotionality (dominant masculine and emotional norms); and the overt or more subtle workings of homonormativities, heteronormativities, and homophobia. Struggling against all of these normative pressures can make asking for help seem impossible, resulting in attempts to deal with emotional distress alone as the threshold to help-seeking is moved to higher levels of distress (even towards or beyond the point of crisis). These norms act to regulate what emotions are possible to articulate and can intensify feelings of shame, failure, and other negative affects in relation to help-seeking. Thus, for some, shame can remain an isolating, intense, and even deadly affective state if it cannot be released by way of connection and communication with another.

My account also demonstrates significant impacts of social relationships or informal supports (i.e., friends, partners, parents, other professionals) on the help-seeking process and in contributing to a sense of ontological (in)security. The extant literature continues to demonstrate that gay men are among those who most need and benefit from supportive social and community relationships with respect to their mental health (Frost, Meyer, and Schwartz, 2016; Hsieh, 2014). Whether queer or otherwise, these connections provide important 'resources for mediating and reappropriating experiences of shame through affective reconnection' (Johnson, 2015, p. 147). The continued prioritisation of individually targeted interventions and isolated practices of self-care or self-help with this group is therefore questionable. These approaches need to be balanced by a re-emphasis on relationally oriented interventions where attention is paid to fostering helpful relational connections beyond the self.² Such peer-led and community-based initiatives are particularly important – and under significant threat – in light of the coronavirus pandemic (see Stander, 2020).

This chapter highlights the affective and normative dimensions that can impact upon gay men's mental health and help-seeking relations; an area often underacknowledged within the mental health help-seeking literature (McDermott and Roen, 2016). There remain significant gaps in our understanding of how factors such as race, ethnicity, cultural backgrounds, and socioeconomic status intersect with gender and sexual orientation to influence help-seeking. These require greater attention moving forward if we are to better tailor prevention and intervention efforts. As Doolin (2010) – and the works of other contributors in this book – reminds us, 'our words,

2 Of which MindOut is an exemplar. See <https://www.mindout.org.uk>

experiences, time, and knowledge (as LGBTQ persons) may be invaluable to those wondering how to deal with some of the same things' (p. 101). My story – and our personal narratives – of mental distress and help-seeking can serve positively as a communal resource within the practice of relational meaning-making, testimony, and witness. I hope my tale encourages questions, identification, reflexion, or reflexivity among gay men, autoethnographers/researchers, and practitioners; as a means for us to find the words, to comprehend these difficult experiences, together.

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