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'Everywhere you get models of what you should be like': ideals of masculinity and therapeutic culture constraining young men's mental health and gendered subjectivities

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ABSTRACT

This paper presents a novel approach to youth mental health by examining the connections between young Finnish men's mental health, ideals of masculinity, and public discourses of mental health. Drawing from critical sociological and feminist theories on gender, power, and therapeutic culture, we apply a thematic discursive analysis to a questionnaire data (n = 910) about men's mental health targeted at young men (primarily aged 15-29). The findings illustrate how young Finnish men consider 'traditional' ideals of masculinity widespread in Finland, restricting the actions of men, and upheld by narrow representations of gender. In addition, young men display critical reactions to the public discourses of mental health, especially the ones they feel are repeated in the media. These discourses are seen as insufficient and too individualised, echoing therapeutic culture. Based on our results, we argue that the highly individualised and gendered discourses of mental health, deriving from therapeutic culture and rooted in Finnish cultural and institutional practices, are inadequate for supporting young men's mental health. Instead, these practices can create a vicious cycle where the often-well-intended efforts can limit and guide young men towards restricted gendered possibilities to express themselves, talk about mental health, and seek support if needed.

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Introduction

Youth mental health has become a central topic in public discourse in Finland and globally, especially during the covid pandemic. However, the discussions on youth mental health tend to focus on individual traits, capabilities, and psycho-emotional matters, ignoring the impact of societal changes and cultural normativities (Brunila et al. 2019; Brunila and Nehring 2023; Rimke 2016). Little attention has been given to the ways institutional and cultural practices, such as youth support systems or education, can play a

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significant role in reproducing gender norms in the context of mental health. These practices may also accentuate the focus on individualised psycho-emotional problems through an ethos of vulnerability (Brunila 2019; Brunila and Rossi 2018; Mertanen, Pashby, and Brunila 2020, 2022), a phenomenon we discuss further in this article. Furthermore, the connections between agency and mental health (see Rikala 2020), or cis-heteronormativity¹ and youth mental health (Gnan et al. 2019) remain insufficiently understood.

In this article, we provide new insights into the sporadic academic research on youth mental health and gender from a sociological and feminist studies perspective. Our research objective is to illustrate how young men's subject positions and agency are shaped by ideals of masculinity, public discourses of mental health, and therapeutic culture. With public discourses of mental health, we refer to the diverse ways mental health is generally discussed in Finnish society, e.g. in the media, education, or youth policies. By focusing on the consequences, reactions, and reiterations of the discourses of masculinity and mental health, our study contributes timely understanding of young men's perspectives and experiences in Finland. By young men we refer to individuals aged 15–29 who identify as men.

While our empirical data is from Finland, it is crucial to acknowledge that the examination of these phenomena should transcend borders, as Finland is part of a larger, especially Western, phenomenon characterised by the proliferation of therapeutic culture – the expansion of psychological and therapeutic language, practices, and values into an indispensable part of everyday life – and the perpetuation of normative assumptions of gender.

The expansion of therapeutic culture

Extensive research has shown that Western societies have taken a 'therapeutic turn' along with a focus on individual responsibility and perceived psycho-emotional vulnerability (Brown, Ecclestone, and Emmel 2017; Illouz 2008; McLeod and Wright 2015; Salmenniemi 2017). The sociological concept of therapeutic culture, deriving from popularisation of psychology and therapeutic methods, has been used to describe how therapeutic and psychological vocabulary, practices, and 'struggling with the self' have become an essential part of social and cultural life (Klein and Mills 2017; McLeod and Wright 2016; Nehring et al. 2020; Rimke and Brock 2012). The history of therapeutic power has been traced in research to the formation of Western individualism, the development of secularisation, the emergence of modern psychological sciences, and the shaping of liberal democracies (Brunila et al. 2021).

Consequently, both wellbeing and mental health, although not synonymous with each other, have become 'empty signifiers' – equivocal concepts, acquiring many meanings in everyday discourses, used to rationalise and justify many kinds of youth support systems (Aneshensel, Phelan, and Bierman 2013; McLeod and Wright 2015, 2016). Youth support systems refer to the diverse policies and services targeted at young people living in various life circumstances (Mertanen, Mäkelä, and Brunila 2022; Mäkelä, Mertanen, and Brunila 2021).

According to educational sociologist Brunila (2020, 304), there is a prevailing sense of political pessimism surrounding the declining psychological and emotional wellbeing of young people, which has led to the perception of young people as psycho-emotionally

vulnerable. This 'ethos of vulnerability' draws attention to individual measures, framing e.g. the lack of employment or education as individual deficiencies or identity issues (Brunila et al. 2020; Brunila and Lundahl 2020; Mertanen, Pashby, and Brunila 2020). Thus, instead of understanding inequalities as structural, political, societal, and economic issues, they are turned into psycho-emotional and highly individualised problems and solutions (Brunila et al. 2019, 2021; Klein and Mills 2017). To address these perceived problems, psychologically and therapeutically orientated language has become prevalent in policies as well as social and cultural practices, both globally and in Finland (Brunila et al. 2020; Ecclestone 2010; McLeod and Wright 2015).

The ethos of vulnerability in Finnish youth support systems

Although Finland has a long history as a Nordic welfare state with universal services, it has gone through a significant reform in the last decades towards a neoliberal, therapeutic state. This transformation has been driven by a combination of factors, including economic crises, changes of workfare policies towards individual responsibility, marketisation of public services where citizens are seen as customers, and the rise of therapeutic culture. Kristiina Brunila and Hanna Ylöstalo have shown how the therapeutic policies and practices work in accordance with the neoliberalisation of the welfare state, as they both focus on cultivating self-sufficient, competitive, and resilient citizens (Brunila and Ylöstalo 2020).

These changes have had far-reaching implications for the provision and emphasis of welfare services in Finland, including mental health services and youth support systems (e.g. Ahonen 2020; Ikävalko 2021). As the principles of market logic have become pervasive in institutional practices, economic rationalisation is expected of them (Ahonen 2020; Salo 2019). Accordingly, Mertanen, Pashby, and Brunila (2020) highlight how young people's social exclusion and unemployment have become the main foci of youth support systems.

Brunila with her colleagues have argued that in Finland both therapeutic culture and ethos of vulnerability as imperatives share a commonality as forms of cultural sensibility due to their emphasis on self-centredness, self-regulation, self-discipline, emotions, and psycho-emotionally considered imperfections. Therapeutic culture encourages individuals to engage in introspection and strive for self-improvement through various therapeutic practices. On the other hand, the ethos of vulnerability underscores the importance of acknowledging one's psycho-emotional vulnerabilities. Through a set of therapeutic and psychological orthodoxies, different experiences from structural inequalities and traumatic events to those once seen as commonplace are seen to create fragile or psycho-emotionally vulnerable identities. (Brunila et al. 2019, 2020; Brunila and Rossi 2018; Brunila and Siivonen 2016.)

The interplay of gender normativities, ideals of masculinity, and therapeutic discourses

This article is guided by poststructuralist and feminist theorising. We address both gender and mental health as socially and culturally constructed concepts, governed and produced in normative discursive practices (Butler 1999; Foucault 1980; Rossi 2010, 2015). We follow Judith Butler's (1993, 1999) theorisation of gender as performative, constantly

produced through reiteration and citation. We utilise a Foucauldian understanding of discourses as power-knowledge systems: discourses, understood as bodies of knowledge, are intertwined in the mechanics of power, which in turn reproduce power relations in ongoing discursive processes by defining 'normal' or ideal codes of conduct. Thus, instead of mere use of language, discourses produce meaning and constitute thoughts, feelings, and even material bodies. Within these conditions of possibility, and in relation to each other, individuals are constituted and constitute themselves into certain kinds of subjects (Davies 2006; Davies and Gannon 2005; Foucault 1980).

Therefore, discourses related to the culturally and societally produced notions of masculinity, femininity, and gendered behaviour establish conditions of possibility for individuals to act, talk, feel, or do their gender. These gendered positions are situational and shift over time as individuals take up, maintain, or challenge the discursive practices upholding gender normativities (Brunila 2019; Ikävalko and Brunila 2019; Davies 2006; Davies and Gannon 2005).

Gender normativities are largely upheld by and constructed through textual and visual representations in cultural and institutional practices. Feminist scholar Leena-Maija Rossi (2015), states that representations combine meaning, language, and culture, shaping the gendered reality and thereby profoundly influence our ways of understanding gender. Rossi emphasises that representations not only re-produce, but efficiently produce reality. Because of their highly repetitive nature, representations may also be seen as performative. However, representations not only produce and reiterate norms and ideals, but can also challenge them. This applies to the ideals and norms of masculinity, femininity, and heteronormativity. Consequently, the relevant question concerning media representations is not how well they 'mirror' reality, but what kind of reality they produce. Recent research has shown that social media platforms – both the algorithm and practices of users, which continuously shape each other – reinforce and reward dualistic, normative performances of gender (Bishop 2018; Schroeder 2021).

By ideals of masculinity, we refer to socially, historically, and situationally constructed power-knowledge relations. These ideals depict certain normativities and idealised characteristics often associated with the behaviour of men – although not available to men only – and serve to produce gender and legitimise hierarchical gendered order (Rossi 2003). For the sake of analytical clarity in the data analysis, we utilise the concept 'traditional ideals of masculinity' to refer to characteristics often associated with idealised behaviour of men in Western societies, such as power, independence, strength, success, emotional restraint, and heterosexuality (e.g. Collier 1998; Jokinen 2010; Pietilä 2008). However, like any other social construction, normativities are subject to change, and ways of performing masculinity have been demonstrated to be continuously transforming (see Bridges and Pascoe 2014; de Boise 2018; Halvorsen and Ljunggren 2021; Hyvönen 2021a, 2023; Waling 2019) – to the point that they may contain some traits of femininity as well (e.g. the 'new fatherhood', Rossi 2003).

As several scholars have argued, men should not be understood as a homogenous category, but instead men's lived experiences should be examined with an intersectional lens (e.g. Aavik 2020; Davis 2008; Hearn 2014; Hyvönen 2021a). Intersectionality (Crenshaw 1989) acknowledges that identity is not one-dimensional, but perceives individuals having multiple, interconnected social identities that overlap in complex ways and coexist in relation to power structures in society. Personal and group identities

are not fixed, but rather, are socially and historically constructed in power-knowledge relations (Brunila and Rossi 2018). However, even though men's attitudes towards help-seeking, and the ways in which men position themselves in relation to ideals of masculinity and femininity are vastly diverse and individual, social practices, such as health-related behaviour, serve as ways for individuals to perform and establish gendered subjectivities (Courtenay 2000; Ridge, Emslie, and White 2011). Therefore, even though there is not a single kind of association between masculinity and e.g. depression, examining the social pressures of conforming to masculine norms can be useful in understanding men's mental health (Gough and Novikova 2020; The Men's Project & Flood 2024; Valkonen and Hänninen 2013).

Therapeutic discourses and associated practices can both reinforce and challenge gender normativities. Sociologist Kolehmainen (2021) has shown how social practices can create gender differences by dictating what emotions are deemed acceptable to express for certain genders in certain situations. For example, the attribution of emotional responsibility and communication to women in (hetero)sexual relationships tends to reinforce 'traditionally masculine' attributes like emotional restraint. Therefore, as therapeutic culture is strongly interlinked to discourses of emotion, it can reinforce prevailing gender normativities (Kolehmainen 2018). However, men and masculinities scholar Hyvönen (2021b) suggests that by engaging with therapeutic discourses of well-being and health, which have formerly been associated with femininities, men can also challenge traditional ideals of masculinity. This way, discourses intertwined with therapeutic culture can in some situations give men tools to critically examine gendered expectations and identify causes of behaviour they associate with 'negative masculinity' (Hyvönen 2021a, 2021b). Similarly, men and masculinities scholar Ralph (2024) argues that while not an answer to structural inequalities, therapeutic discourses have allowed care and intimacy in men's homosocial friendships, destabilising norms around gender and emotional expressiveness. Therefore, therapeutic culture can paradoxically guide men to uphold hierarchical gender norms while simultaneously freeing themselves from the idealised masculinity of the past.

Materials and methods

In this article, in addition to examining what kind of discourses related to masculinity and mental health young Finnish men identify with in their lives, we focus on the wider societal and cultural practices with which they are upheld, reproduced, and challenged. Instead of defining what mental health is, we are interested in what the concepts of mental health and wellbeing do, how these concepts are talked about, and with what kind of consequences (see McLeod and Wright 2016). With a focus on the discursive, cultural, and regulatory processes whereby individuals are made into appropriate(d) gendered subjects in the ethos permeated by therapeutic culture (Brunila et al. 2021; Davies 2006; Davies and Gannon 2005; Hyvönen 2021a; Rossi 2010), we asked from the data: (i) What are the prevalent discourses related to ideals of masculinity and mental health among young Finnish men, and how do these discourses interact with broader societal shifts? (ii) How do these discourses contribute to shaping distinct subject positions for young men? and (iii) To what extent do young Finnish men align and negotiate with the discourses pertaining to masculinity and mental health?

To enable a discursive examination, the analysis is based on the open-ended answers in a large anonymous questionnaire data ($n = 975$). Conducted in November 2020 by the Family Federation of Finland and Nyyti ry², the questionnaire 'Young men – How are you?' was targeted at young men about their experiences and views about their mental health and the general atmosphere towards young men's mental health. The questionnaire was open for everyone and shared through multiple channels online. The answers by women were left out, leaving us with 910 participants. The answers by non-binary participants and those who did not disclose their gender were included ($n = 15$), as they might face similar kinds of gendered expectations even if they do not necessarily identify as men. Over 87 per cent of the 910 participants were aged between 15 and 29, while the rest were under 15 or over 30, all of whom were included in our data.

Excluding a few background questions, the questionnaire consisted of 11 questions: four Likert-scale matrixes, three open-ended questions, and four multiple-choice questions with an open 'something else, what?' option. Our qualitative data consists of the responses to the four 'something else, what' questions and the three open-ended questions. The questions addressed the different aspects of mental health services that young men considered important, obstacles to men seeking and getting help, the ways men's mental health is addressed in public, reasons for the potential deterioration of young men's mental health, and 'what else would you like to say'. These seven open-ended questions had in total 924 answers, varying from one word to several paragraphs long.

The data was first coded and thematised with descriptive, reflexive coding by examining the commonalities, differences, and relationships throughout the data (Braun and Clarke 2006; Saldaña 2021). By clustering together similar codes consisting of repeated repertoires about men, ideals of masculinity, and mental health, two interconnected themes were formulated. The first theme comprises of answers addressing ideals of masculinity and mental health. The second focuses on the reactions that public discourses of mental health evoke in young men. The constructed themes were found to be notably consistent, with no considerable variation according to the age of the respondents. Other recurring themes in the data focused on anti-feminist rhetoric, shame and stigma related to mental health issues, and difficulties to reach mental health services due to a lack of resources in the public sector. Due to delimitation, these themes are not discussed further in this article.

After the thematisation, the data was analysed with discursive reading (Ikävalko and Brunila 2019; Lanas, Petersen, and Brunila 2022), which is not a clearly defined method, but a way to construct meanings from the data. Discursive reading entails understanding of discourses as power-knowledge relations that produce reality with certain effects. It allows to analyse ideas and practices that produce social reality, and limit and enable what can be done, thought, and said. In our analysis, gender, masculinity, and mental health are understood as discursive categories that produce conditions of possibility to talk about and align oneself to these phenomena (Lanas, Petersen, and Brunila 2022). This approach encompasses understanding the meaning of discursive categories both as patterned and fluid, and the role of individuals in meaning-making simultaneously agential and guided by prevailing discourses (Venäläinen 2022).

The presented excerpts in the results are individual answers but were selected because they reflect something essential from the themes. The age range of the respondents is

indicated after each data excerpt. The questionnaire was conducted in Finnish and the translations of the excerpts were done by Tähkä.

Ideals of masculinity cultivating subject positions for young Finnish men

There was a strong tendency in the data to illustrate how the so-called traditional ideals of masculinity create limited positions for men to act from. These ideals were deemed to negatively impact men's mental health by limiting their ability to maintain their mental well-being, express themselves, or seek help. Although young men understood help-seeking as intelligible, they did not necessarily see it possible due to gendered expectations (see Hyvönen 2021a; Valkonen and Hänninen 2013). Echoing previous research, young men reiterated how the ideals of masculinity restrict their actions and highlighted the importance of examining societal gendered expectations to better understand men's mental health (Courtenay 2000; Gough and Novikova 2020; Ridge, Emslie, and White 2011). Simultaneously, young men also criticised the traditional ideals of masculinity and negotiated with them. This discourse emphasised the interconnectedness of mental health and ideals of masculinity, and entailed various notions that challenge the effectiveness of addressing men's mental health without considering gender normativities.

A repeated discursive repertoire in the data illustrated how the multifaceted expectations from society uphold restricting ideals of masculinity. It included frequent references to characteristics associated with traditional masculinity, such as being strong, resilient, and not showing weakness or emotions (Collier 1998; Jokinen 2010). Some participants explicitly stated how these expectations come either from women, other men, or their upbringing. However, the most prevailing view was that these expectations stem from 'the society' or were built on the notion that they 'simply exist among men'.

'I believe the 'take it like a man' mentality is strong among men. It can be difficult to accept your need for help and to handle problems.' (15-19 years old)

'There is still a disappointingly broad idea among men that 'men don't cry or that men don't feel'.' (20-24 years old)

'Men are still pushed into a too narrow mould, with stereotypes feeding on themselves.' (15-19 years old)

The critique towards the prevailing ideals was constructed by addressing a feeling of being restricted by gender normativities and referencing to masculinity as 'toxic'. This is in line with Waling (2019), who states that in the past decade, discourses of masculinity have increasingly included the concept of 'toxic masculinity'. Toxic masculinity and the suppression of men's emotions is often seen as the cause for aggressive behaviour and mental and/or physical health problems. Echoing Waling, the notion of 'toxic masculinity' often implies men being victims of a broader, ambiguous entity, dismissing their own agency in the reproduction of masculinities. This can also be interpreted from the data. On the one hand, men were positioned in these discourses as victims of masculinity by neglecting men's agency in upholding performative gender binaries (see Davies and Gannon 2005; Waling 2019). However, as Ralph (2024, 360) states, awareness of the

problematic aspects of idealised masculinity does not necessarily lead to the eradication of the desire to be recognised as a man according to those standards. On the other hand, men were positioned to actively criticise the traditional ideals of masculinity and to act outside of them.

'Men also openly challenge and question society's expectations and the norms of public discourse about manhood and mental health, and they are liberated from them and are not just trying to implement some 'yellow press vision' from their fathers and grandfathers' times of real manhood and hanging tough.' (30-34 years old)

The positions young men adopted towards the discourse of masculinity were divisive, especially evident in answers addressing weakness. There were repeated notions in the data that associated displaying emotions or mental health issues with weakness. Weakness has conventionally been associated with femininity and showing weakness clashes with the traditional ideals of masculinity (e.g. Collier 1998; Pietilä 2008). However, the positions men adopted within this discourse of weakness were contradictory. On the one hand, young men indicated how they wish that showing weakness would be socially acceptable for men ('Being weak is too big of a taboo [among men]' 20-24 years old). On the other hand, they described how they wish men could talk about mental health or emotions without being portrayed as weak, as weakness was not seen as socially appropriate for men. This ambiguity was built on notions of how some young men wish they could display traits associated with 'traditional masculinity', such as strength ('Asking for help isn't a weakness, it's a strength.' 25-29 years old) when expressing their emotions, while others promoted discarding these traditional ideals.

'[obstacles for seeking help] The Finnish culture of making it on your own, together with a very narrow idea of being a man. There's still a pervasive perception that those struggling with their mental health are weak (which a man should not be)'. (20-24 years old)

The answers addressing weakness illustrated paradoxical alignments and changes in what young men consider masculine or feminine, or the meaning of masculinity among young Finnish men. The answers displayed men's reluctance to associate their actions with femininity, or to associate 'masculine behaviour' with weakness. Echoing Davies and Gannon (2005), the respondents can be seen to both actively take on and question prevailing gender normativities. This shows how despite of social pressure, not all gender norms are equally internalised, and concurrently, despite the critique of these normativities, some are unconsciously absorbed and complied with (see Flood 2024). As such, the discourse of weakness displays complex reactions to the ideals of masculinity: men wish to broaden the available positions for men, yet simultaneously wish to uphold the traditional masculinity. This highlights the conflicting alignments towards the convoluted gendered expectations in society and illustrates the ambivalent, changing, and fluid nature of the conception or ideals of masculinity (Bridges and Pascoe 2014; Halvorsen and Ljunggren 2021; Hyvönen 2021a, 2023).

While the respondents portrayed the gendered expectations applying to all young men, they also highlighted the diversity of men. The use of the singular form 'man' can be understood both as a reflection of the questionnaire's question setting and as an implication that the respondents constitute similar position for everyone who belongs to this category. Concurrently, the responses emphasised how men should be understood as a diverse category, and how men's various experiences and identities affect their

alignments with the expectations of society. The data included references to the various positions men adopt toward the traditional gender ideals, highlighting the importance of an intersectional approach (Crenshaw 1989; Davis 2008) to mental health and maleness. With intersectionality, other characteristics besides gender identity could be accounted to understanding young men's mental health more broadly.

Echoing intersectional thinking and the traditional ideals of masculinity, cis-heteronormativity was indicated to construct even narrower positions for men identifying gay or queer, who may find it especially difficult to adapt to traditional ideals of masculinity. However, they were also portrayed as potentially freer to act outside of these ideals. The rhetoric of the restricting, traditional ideals was reiterated in answers addressing the ambivalent positions available for gay men.

'Heteronormative culture may highlight the need for a man to be strong and capable and not to show emotions. In gay circles, it might be easier to talk about feelings and also show weaknesses. On the other hand, gay men probably have more mental health problems due to heteronormativity and experiences of being different'. (25-29 years old)

The discourse of idealised masculinity was constructed with references to a lack of diverse representations of men and men's mental health in the media. The existing representations, especially in social media, were presented as hard to identify with and as creating pressure to look and act in a certain way, (see Bishop 2018; Schroeder 2021). This discourse was reinforced with frequent accounts of how the narrow representations limit young men from expressing their need for support or their trouble coping with the pressures of conforming to expectations of being strong and independent. Furthermore, insufficient representations can make men disengage from discussions about mental health, behaviour associated with weakness, or addressing the issues of masculinity, further reinforcing the lack of representation.

'Everywhere you get models of what you should be like. Successful, handsome, career-centred, and so on. In my opinion, social media is one of the key factors for why men are lost with themselves'. (25-29 years old)

'The experience that the media and the opposite sex set certain expectations of what a real man is like'. (20-24 years old)

Men aligned themselves as disapproving of these one-sided representations. This was illustrated with men calling for media representations of 'ordinary men', wishing for more relatable representations and open conversations about the diverse ways of being a man. This discourse involved critical notions of whether contemporary representations accurately reflect reality and highlighted how they contribute to producing gendered outcomes. The existing representations of gender can be perceived to shape normative patterns of doing gender (Butler 1999; Foucault 1980; Rossi 2010, 2015), limiting the way men can express themselves. The responses emphasised the importance of diverse representations to widen the positions available for young men in Finland.

The dissatisfaction with current representations of men was aptly illustrated in an extract addressing 'survival stories', referring to media articles of men who have 'survived' mental health problems and are now willing to speak about their experiences (for 'survival discourse as a consequence of therapeutic ethos', see Brunila 2014). These stories were posited as counterproductive, reinforcing the traditional ideals by portraying men as

strong and self-reliant, as they often highlight how these men have, for example, overcome depression and are 'no longer weak'.

'The topic [men's mental health] comes up when someone's already survived something. Men come public afterwards with stories 'I beat depression', but no one talks about it when they're suffering from it. It's also used in a way to boost one's manhood, cause they're afraid to be weak and talk when things are going bad, but bring it into their success story to tell how well I'm doing right now'. (25-29 years old)

Overall, the responses emphasised how the ways men are brought up, treated, and expected to behave often contradicts how men wish they could express themselves. Ideals of masculinity constitute what men see as possible behaviour for those who belong to the social category of men, and echoing Butler (1999), the repetition of narrow ideals or norms constructs the ways young men performatively produce their gender. Although young men actively criticised the ideals of masculinity, they described having limited positions to negotiate with them. The data illustrated how young men view the traditional ideals as still prevalent in Finnish society, reproduced and upheld with narrow representations of manhood, emphasising that how we talk about gender or mental health, matters.

Young men's reactions to individualised discourses of mental health

The responses illustrated critical reactions towards the public discourses of mental health, which were seen as insufficient and too individualised. Young men repeatedly expressed a view that the current public discourses on men's mental health are inadequate both in quality and quantity. They contended that there is not enough media coverage of men's mental health issues, and when there is, the discussion tends to be negative, overly simplistic, to downplay the significance of the problem, or to attribute mental health problems solely as the individual's fault. This demonstrates how the resource-orientated discourses of mental health in Finland tend to focus on individual's struggles and abilities (Ahonen 2020; Brunila and Ylöstalo 2020; Ikävalko 2021; Salo 2019). Overall, young men were critical towards the way mental health, especially men's mental health, is addressed in contemporary Finland. In addition, young men were concerned of the ways the therapeutically driven language of deficit and disorder has come to shape social life (see Ahonen 2020; Brunila and Siivonen 2016).

'Concepts related to mental health disorders are often used when talking about the problems of ordinary people, which often unintentionally weaken the importance of these problems and addressing them'. (15-19 years old)

'Problems are recognised in ways such as 'Young men also suffer from mental health problems', but discussions tend to stop at that. Reasons, methods, or solutions are rarely considered beyond that'. (25-29 years old)

Young men's reactions displayed criticality toward the ambivalence of mental health discourses and the extensive focus on individuals. They highlighted how mental health is a prevalent topic in public discourses, acquiring many interpretations and reasonings (Ane-shensel, Phelan, and Bierman 2013; McLeod and Wright 2015), but often fails to translate into practical solutions. The participants reiterated the notion that there is a lack of action when men's mental health is discussed in public.

'The topic [men's mental health] is discussed, but often the man himself is seen as the reason and the solution'. (30-34 years old)

'As if men couldn't have mental health problems, or if they do, they are self-inflicted'. (20-24 years old)

Young men expressed scepticism of the notion that individuals are held solely responsible for their wellbeing, displaying critique towards the therapeutic culture that prioritises individual responsibility in improving their own wellbeing, while overlooking social structures (Brunila et al. 2021; Brunila and Siivonen 2016; Klein and Mills 2017; Rimke and Brock 2012). Furthermore, the answers included critical rhetoric of the discourses of mental health that place guilt on men for their struggles based on an assumption that it is an inherent aspect of maleness because 'this is how men are'. This was seen to limit the positions available for men and their agency, portraying men as victims of an ambiguous force that regulates their behaviour. Therefore, the conception that therapeutic language and practices can produce strongly gendered outcomes (Kolehmainen 2018, 2021) was supported in the data.

However, while young men were critical towards therapeutic culture, it was also utilised to dismantle the traditional ideals of masculinity. Echoing Hyvönen (2021b), some respondents utilised therapeutic discourse to understand and disengage with gendered expectations and the behaviour of earlier generations ('With their behaviour, emotionally cold and distant fathers create young men with mental health problems.' 25-29 years old). This exemplifies well how the therapeutic vocabulary can also enable individuals' possibilities to act and help men free themselves from the gendered expectations (Brunila et al. 2021; Hyvönen 2021b; Ralph 2024).

There was a reiterated wish for public discourses of mental health to include more talk about the changes of Finnish society and the narrow ideals of masculinity. However, young men had conflicting alignments with the ways they hoped men's mental health would be addressed. The respondents emphasised the importance of addressing ideals of masculinity as intertwined with men's mental health and self-expression. Simultaneously, the answers demonstrated frustration with the way men's mental health issues are attributed to men's adherence to 'traditional masculinity', and as such, cause them to be dismissed as not 'serious mental health issues'.

However, examining men's mental health as connected to ideals of masculinity should not diminish the significance of subjective experiences of hardship. As normative power creates a set of standards that we both resist and actively take on, enabling and limiting our behaviour (Brunila 2019; Davies and Gannon 2005), our lived experiences are fundamentally intertwined and produced in relation to these normativities and social structures. Therefore, understanding the omnipresence of power and the ways gendered discourses produce gendered subjectivities (Davies 2006; Foucault 1980), examining structures instead of individuals can bring forth a deeper understanding of the different circumstances and their consequences for young men. Even when analysing mental health by focusing on gendered structures, it is important to acknowledge that the material consequences which individuals face, are real (Hearn 2014). Rather than placing the blame solely on individuals, young men also emphasised the need for practical solutions addressing the larger structural factors that enable and limit the behaviour of individuals.

'There is a big headline every six months about the topic [men's mental health] announcing 'something must be done', and then, nothing is done'. (15-19 years old)

Moreover, public discourses of mental health were regarded to position men as vulnerable and at risk of social exclusion. This was seen to limit their possibilities to address potential problems without being placed in these positions. This critique towards the discourses of mental health illustrated the common focus of youth policies and public discourse, which often position young people at risk (Brunila 2020; McLeod and Wright 2015; Mertanen, Pashby, and Brunila 2020, 2022; Mäkelä, Mertanen, and Brunila 2021). Young men's answers exemplified how youth support systems tend to emphasise employability and vulnerability of young people, creating limited positions for men to address different life situations without being seen as 'deficient' or 'psycho-emotionally vulnerable' (Brown, Ecclestone, and Emmel 2017; Brunila and Lundahl 2020; Brunila et al. 2019).

'I am concerned about the unilateral nature of the debate on the mental health problems of young men. We talk about social exclusion, even though many young men carry a huge burden within them without being marginalised. Lack of discussion causes young men to think that they are alone with their problems, which is a huge problem'. (20-24 years old)

'There are discussions about the socially excluded, but not about the causes of the phenomenon or about being a man in general'. (20-24 years old)

Media representations of men's mental health were again addressed as insufficient in this theme. Young men pointed out a strong inclination in the media to recognise men's mental health issues only when situations have become severe or men have harmed others, such as references to incel³ men or extreme violent behaviour. These extreme representations were seen to contribute to upholding and creating strictly gendered positions for men, stereotyping them as a unified, problematic group (see Rossi 2015). Furthermore, these harmful representations were considered difficult to relate to, and to position men with mental health problems as dangerous to others. This was built on the notion that the media mainly acknowledge men's problems as harming others, not discussing what it does to men themselves. As a result, these discourses were understood to restrict men's willingness and possibilities to talk about their mental health, as they are afraid of being categorised into these stigmatised stereotypes.

'Men's problems are not talked about much. The everyday nature and commonness do not come up. There is talk of violence and problem behaviour, but not much about how the harsh demands imposed by the society, by the loved ones, by ourselves, and by biology which can make young men confused about their own direction'. (25-29 years old)

This repertoire included a notion that there is a need for discourse focusing specifically on men's mental health problems, as most of the public discourses of mental health were considered to be either ineffective in reaching men or primarily aimed at other groups ('These seems to be a lot of attention to the mental health of young people, but not so much on the mental health of young men.' 15-19 years old / 'I think there is enough talk about mental health, but it's maybe not very well targeted at men specifically.' 25-29 years old). Young men illustrated a need for public discourses of mental health directed *to men*, instead of being *about men*. On one hand, men were seen as a unified group, who could not identify with discourses of mental health that were gender-

neutral or not aimed at men. On the other hand, men were understood as a diverse group with different positions and experiences in society, highlighting an intersectional approach to men's mental health. Thus, whilst young men emphasised the significance of the social category of men, they also downplayed it as other elements of subjectivity were accentuated.

The discourses of mental health in Finland can be understood to create frustration among young men over the narrow positions available for them, resulting in diverse and sometimes contradictory alignments. Instead of emphasising individual responsibility and the ethos of vulnerability, young Finnish men called for practical social solutions and structural discussion of mental health, especially about men's mental health and gendered expectations. Similarly to the discourses of the ideals of masculinity, insufficient media representations and public discourses of men's mental health were seen to reinforce gendered conditions of possibility to express oneself and to generate apprehension among young men to discuss mental health due to the fear of how they would be perceived.

Discussion

Our results demonstrate young men having restricted subject positions and possibilities to act due to the contemporary discourses and representations of gender and mental health in society. Young men displayed critical reactions towards the ways these concepts are addressed in Finland and indicated a need for a shift from individualised, gendered discourses to structural solutions. As such, our research indicates a clear need for more diverse discourses of maleness, masculinity and femininity, and mental health. The observations of the contradictions in young men's reactions to perceived 'weakness' and to the ideals of masculinity also contribute to contemporary masculinity studies, as the paradoxes of masculinity and weakness may simultaneously reinforce the hierarchical gender ideals whilst they illustrate changes in the meaning and value of 'masculine behaviour' among young men.

Based on our findings, we argue that the efforts to support young men's mental health in Finland are inadequate or even counterproductive without addressing the cultural and institutional practices and discourses of gender and mental health, often derived from the therapeutic culture. Although our study is situated in Finland, the findings provide significant reasons for globally reassessing the ways gender and mental health are addressed in practices and policies.

In the future, as previous research and our results highlight, men and men's health-related practices should be examined in intersectional and contextualising ways (Aavik 2020; Gough and Novikova 2020; Ridge, Emslie, and White 2011), with an aim to further deconstruct the categories of gender, sex, and the dualities (re)produced through these categorisations (Hearn 2014). Male femininities should also be taken more into account, examining men's meaning-making of and possibilities to associate their practices with femininities (see Hyvönen 2023). Moreover, it would be important to further explore the various aspects of contemporary discourses of mental health that lead young men to disassociate with them. Together, these perspectives could help enrich and diversify the ways we talk about mental health and the possible solutions for young peoples' ill-being.

Notes

1. The suite of cultural, legal, and institutional practices that maintain normative assumptions that there are two and only two genders, that gender reflects biological sex, and that only sexual attraction between these 'opposite' genders is natural or acceptable' (Schilt and Westbrook 2009, 441). 'Cisgender' refers to individuals who feel a match between the gender they were assigned at birth, their bodies, and their personal identity (ibid., p. 461).
2. A Finnish non-governmental organization that 'promotes the mental health and ability to study of students' <https://www.nyyti.fi/en/>
3. Incel, 'involuntary celibate'. Incels are a primarily online community, predominantly comprised of young men 'who forge a sense of identity around their perceived inability to form sexual or romantic relationships' (Whittaker, Thomas, and Costello 2024, 4), sharing an ideology of victimhood, misogyny, and resentment towards society that is perceived to exclude them. While most often noted for the serious incidents of violence, especially in the UK and US, studies indicate that only a small proportion of those who identify as incels justify incel-related violence. (ibid.)

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