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GROUNDED THEORY

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Living (dys)regulated and alienated young masculinity—Young men's embodied experiences of mental disorders and suicidality

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Abstract

Introduction: Mental disorders, such as depression and anxiety with interlinked suicidality, are the leading cause of health-related disability among young men. Knowledge of the interaction between emotional, bodily, social and gendered mental health processes in young men is limited and therefore needed.

Aim: This study aimed to explore young men's lived embodied experiences of mental disorders and suicidality, and to conceptualise these by integrating affective–emotional, physiological, social and gendered processes.

Methods: Semistructured individual interviews were conducted with 13 young men who had sought professional help for mental disorders and suicidality. Grounded theory (GT) was used with a social constructivist perspective.

Results: The results comprise one core category—*Living (dys)regulated and alienated young masculinity*—with related categories "battling with the emotional body," "suffering in social silence" and "balancing embodied darkness and distress." The GT illustrates how young men navigate and manage their embodied and emotional suffering in a context of "regulative" masculine and social norms alongside insufficient social support.

Conclusion: Our results suggest that young men's lived embodied experiences of mental disorders and suicidality can be understood as a dynamic process of internal and external "(dys)regulation and alienation." The generated GT provides a broad tentative explanation model, contributing to theory development, and serves as a basis for gender-sensitive interventions—in both psychotherapy and physiotherapy—integrating body, mind and the social context.

KEYWORDS
anxiety, depression, emotional regulation, masculinity, self-harm, youth mental health

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1 | INTRODUCTION

Adolescence and young adulthood are critical times for early onset of mental disorders (Solmi et al., 2021), a leading cause of health-related disability in youth (Patton et al., 2016). Worldwide, the prevalence of mental disorders is 13% (Polanczyk et al., 2015), with anxiety and depression being the most common (Kessler et al., 2007; Polanczyk et al., 2015). Comorbidity includes psychosomatic symptoms (Potrebny et al., 2017) and neuropsychiatric diagnoses (Hossain et al., 2020; Sandstrom et al., 2021). Furthermore, suicide is globally the second leading cause of death in 15- to 29-year-olds (World Health Organization, 2014). In turn, nonsuicidal self-injury—referring to intentional and deliberate damage to one's body without suicidal intention—is used to regulate emotional distress (Taylor et al., 2018).

Consequences of mental disorders in youth include, for example, long-term educational, social and health-related aspects, including an increased risk of obesity, smoking and misuse of alcohol and drugs (Katon et al., 2010; Patton et al., 2016). The aetiology is complex and related to social, psychological, cognitive and physical processes (Paxton et al., 2006; Sawyer et al., 2012). Adolescence is characterised by self-discovery, identity-forming and by striving for autonomy (Sawyer et al., 2012). Forming social relationships is, during this period of development, a critical social determinant of mental health and well-being (Viner et al., 2012). Furthermore, an imbalance in brain development is seen in adolescence, where the limbic system develops earlier than the prefrontal cortex (Casey et al., 2008). This can be one explanation of the emotion-driven behaviours and associated risk-taking often seen during adolescence (Casey et al., 2008). "Self-regulation" correlates with mental health in youth and future adulthood (Robson et al., 2020).

Implications for practice and policy

Young men's embodied experiences of and coping with mental disorders and suicidality can be understood as a dynamic process of internal and external "(dys)regulation and alienation." In our grounded theory, the core process of "living (dys)regulated and alienated young masculinity" is consolidated by processes of "battling with the emotional body," "suffering in social silence" and "balancing embodied darkness and distress." Our grounded theory suggests that young men navigate and manage embodied, emotional and existential suffering in a context of "regulative" masculinity and social norms—along with insufficient social support. In response to the complex and dynamic mental health needs of young men, it is crucial to develop context- and gender-sensitive interventions, including tailored suicide prevention.

1.1 | Mental disorders and suicidality in young men

Globally, mental disorders and associated outcomes cause substantial mortality and disability in boys and young men aged 15–25 years (Rice et al., 2018), with the highest suicide rate among young men (Miranda-Mendizabal et al., 2019). According to a systematic review of longitudinal studies across multiple countries, risk factors for suicide include mental disorders, earlier suicidal attempts, bullying and peer victimisation (Miranda-Mendizabal et al., 2019). Besides suicide, externalising disorders such as attention-deficit disorder, conduct problems and drug use are more common in young men than in other groups of youth in Europe (Boyd et al., 2015). Internalising disorders in young men may be underestimated because of clinician bias and masculine norms (Addis, 2008; Smith et al., 2018). Norms of "stoic" masculinity are suggested to influence gendered patterns in mental health and help-seeking (O'Neil, 2013; Rice et al., 2018). Of note, there is also diversity *within* the group of young men (Park et al., 2022).

A call is made for focused development of policy, theory and interventions targeting young men's mental health (Rice et al., 2018), which have been largely neglected (Patton et al., 2016; Rice et al., 2018). Broad explanation models are needed (Patton et al., 2016; Rice et al., 2018), including young men's own perspectives (Randell et al., 2016; Ridge et al., 2011). To form a basis for theory development and tailored interventions, this study therefore addresses a vital knowledge gap by capturing young men's voices from multiple biopsychosocial perspectives (Berke et al., 2018; Patton et al., 2016; Rice et al., 2018). The aim of this study was to explore young men's lived embodied experiences of mental disorders and suicidality, and to conceptualise these experiences by integrating affective–emotional, physiological, social and gendered processes.

1.2 | Conceptual frame

In this study, our grounded theory (GT) (or hypotheses) is conceptually framed by a synthesis of theories focusing on affective–emotional and physiological–autonomic processes, as well as on social and gendered processes. We specifically use the sensitising concepts of "(dys)regulation" and "alienation" to refer to both internal and external processes to explore and conceptualise young men's mental disorders and suicidality. Below, we briefly outline our conceptual frame, further elaborated upon in our GT, and in Sections 3 and 4.

Emotional regulation is crucial for mental well-being and social interaction, and concerns processes that modify emotional experiences and expressions of importance for psychological functioning (Gross, 2014). Adaptive emotional regulation develops during early attachment between a child and their caregivers. Because of a child's limited capacity to regulate emotions, responses to the child's experiences are crucial for developing healthy emotional regulation (Brumariu, 2015). Emotions aim to generate goal-oriented physiological, cognitive and behavioural changes, in order to respond adaptively to particular challenges and goals (Levenson et al., 2017).

Emotional dysregulation (Thompson, 2019), defined as [negative] "patterns of emotional experience or expression that interfere with goal-directed activity" (p. 805), has a critical role in developing and maintaining psychopathology (Aldao et al., 2010).

Affects can be defined as embodied psychological states evaluating whether something is perceived as "good" or "bad" (Desteno et al., 2013); for example, closely tied to cognitive appraisals of "threat" and physiological stress responses of "fight or flight" (Porges, 2007). Affects thus link psychological and physiological processes with social processes (Wetherell, 2012). Basic affect constructs are, for example, enjoyment/joy, fear/panic, anger/rage, shame/humiliation, sadness/despair, guilt/remorse and tenderness/care/devotion (Taarvig et al., 2015). Such psychophysiological processes—here also referred to as "autonomic regulation"—highlight the role of the parasympathetic and sympathetic nervous systems in affective and emotional regulation and expressions of distress. Processes of "autonomic (dys) regulation" link the influence of parasympathetic and sympathetic nervous systems to flexible and adaptive emotion regulation, as well as to cognitive and social functioning and various stress reactions (Porges, 2007; Thayer & Lane, 2000). The neurovisceral integration model proposes a group of underlying physiological systems, a central autonomic network that serves to integrate visceral, cognitive/attentional and affective information that is critical for self-regulation and adaptability (Thayer & Lane, 2000). According to the polyvagal theory (Porges, 2007), the vagus nerve serves as a "brake" inhibiting the sympathetic nervous system's influence, reducing the stress response and enhancing social engagement.

To expand the understanding of emotional and autonomic regulation and its relevance to youth mental health, social context and gender constructs must be taken into account (Berke et al., 2018; English et al., 2017). Social norms "regulate" social life and relationships, both positively and negatively, via affects/emotions such as shame and fear (Berke et al., 2018). Furthermore, we view certain social constructions of masculinity as potentially normative and "(dys)regulative." Connell (2005) describes hegemonic masculinity as an idealised form of masculinity, characterised by traits such as dominance, control, physical strength and emotional restraint. Conformity to masculinity norms—for example, hegemonic masculinity—can be associated with reduced mental health and help-seeking in men (Rice et al., 2018; Wong et al., 2017).

The concept of alienation includes dimensions of self-estrangement, powerlessness, social isolation, meaninglessness, normlessness and cultural estrangement (Seeman, 1959). Social alienation in adolescents can be tied to destructive health behaviours (Safipour et al., 2010).

2 | METHODS

2.1 | Study design

The overall study design is informed by GT, with a social constructivist perspective as defined by Charmaz (2014).

2.2 | Procedure and participants

Participants were recruited through purposive sampling, from one adult psychiatric clinic specifically aimed at young adults (aged 18–25 years), from youth health services and from school health services in northern Sweden. All services were outpatient care. Inclusion criteria were young men (aged 16–25 years) with mental disorder and/or suicidality. The exclusion criterion was mental health too poor to participate in an interview (e.g., psychosis or acute trauma). Recruitment and eligibility decisions were made in close collaboration with professionals at the respective service, such as psychologists. All participants had professional contact due to mental disorders such as depressive symptoms, anxiety and/or suicidality. Some had neuropsychiatric diagnoses of attention-deficit/hyperactivity disorder (ADHD) or autism spectrum disorders. There was variation regarding age, ethnicity, sexual orientation, education, work, unemployment, sick leave, home conditions and rural/urban living. Three participants were recent immigrants (unaccompanied refugees).

In total, 13 adolescent boys and young men between 16 and 25 years were included. In the sections that follow, the term "young men" refers to all participants.

2.3 | Data collection

Data were collected via individual semistructured interviews with a thematised interview guide, lasting 60–90 min. The interviews were performed by members of the research team (MS, MW and ESÖ) experienced in clinical counselling and qualitative research. Open-ended questions focused on thoughts, feelings and bodily experiences of mental health and distress. The first question was posed to facilitate broad narrations: "Would you like to tell about your experiences of mental health now and in the past?" followed by questions such as "What feelings, thoughts and bodily sensations do you associate with feeling well/not feeling well?" All interviews were audio-recorded and transcribed verbatim, and participants were given pseudonyms.

2.4 | Data analysis

According to the constructivist approach, researchers are seen as "co-constructors" in the analytical process (Charmaz, 2014), using individual reference frames and expertise to explore data. In our research team, all members were physiotherapists with various clinical and educational expertise incorporating psychology, psychiatry, psychosomatics, stress physiology and body–mind methods. Throughout the process, we used memo-writing and visualisations to stimulate analytical thinking. Initially, we worked inductively and in a data-driven manner, allowing new concepts and hypotheses to emerge. The analytical process was comprised of three steps: open, focused/selective and axial/theoretical coding (Charmaz, 2014).

Experiences, actions and processes were coded line by line. Analytical questions such as the following enhanced our thinking: "What process is involved here?" "How to define it?" and "How do participants act and feel while involved in this process?" Next, in focused/selective coding, codes with similar content were combined into subcategories and categories (Table 1). The software Open Code was used (version 4.03) during coding and sorting.

Later, by abstraction and abduction, data were re-examined to enhance conceptual and theoretical integration. Here, the sensitising concepts emerged and guided our analytical process (Charmaz, 2014). As a starting point, sensitising concepts offer guidance in understanding and organising experience (Charmaz, 2014). Through axial/theoretical coding, relations between subcategories and categories were investigated and constantly compared, and a core category (core process) was created. While drafting the results and discussion sections, these categories were re-examined and integrated in the light of existing theories and concepts, thus forming our conceptual frame. The final step of GT resulted in a theoretical model or "hypothesis" (Charmaz, 2014), further elaborated in Section 4. Triangulation between the authors' various clinical and research expertise was used to enhance credibility (e.g., psychology, youth mental health, physiotherapy, psychiatry, and gender theory). All authors were, to various degrees, familiar with the synthesised theories.

2.5 | Ethics

The study was approved by the Ethical Council of Umeå (ref. nos 2017-333-31 and 2017-316-32M), according to the Declaration of Helsinki. Verbal and written informed consent were obtained from all participants, after information was provided about confidentiality and the option of withdrawing from the study without reason. Participants were also informed about the possibility of a follow-up contact with the researcher regarding emerging questions or thoughts. Furthermore, the professionals at each service were informed about the research interviews and could offer individual counselling and support if needed.

TABLE 1 Subcategories, categories and core category.

Subcategory	Category	Core category
Distressed body and alarming affects	Battling with the emotional body	Living (dys) regulated and alienated young masculinity
The embodied brake		
Filtered feelings		
Facing a lacking and limiting environment	Suffering in social silence	
Odd and invisible boys		
Life on hold		
Carrying without sharing		
Flight and respite	Balancing embodied darkness and distress	
In the shadow of suicidality		
Longing for another life		

3 | RESULTS

The young men's lived experiences included severe suffering from various mental disorders and embodied distress, including struggles with suicidal thoughts, single or repeated suicidal attempts and self-harm. The core category (core process) "living (dys)regulated and alienated young masculinity" is consolidated by processes of "battling with the emotional body," "suffering in social silence" and "balancing embodied darkness and distress."

The created theoretical model of sensitising concepts (Figure 1) illustrates the dynamic interplay between internal and external (dys)regulation closely tied to alienation—relating to experienced body and emotions, as well as to social norms and constructs of masculinity.

3.1 | Battling with the emotional body

The category *battling with the emotional body* refers to young men's experiences of problematic emotions and their accompanying bodily perceptions—and their difficulties in identifying, understanding and handling overwhelming emotions and sensations. It illuminates how emotional and autonomic (dys)regulation and alienation were tangible and "lived." Some lived a life dominated by embodied shame, sadness, anxiety or anger—experiences that can be interpreted as a lack of "emotional nuance." Others perceived an absence or avoidance of emotions, and instead referred to thoughts and thinking.

The subcategory *distressed body and alarming affects* comprises the young men's struggle with a body that behaved incomprehensively and unreliably. Unpleasant bodily sensations were associated with specific situations, but could also emerge suddenly and unexpectedly. Stress, thoughts and feelings increased these bodily sensations. Strong emotions could range from "everything turned off" to social withdrawal or externalising behaviour. Panic attacks could arise in consequence of "not letting feelings out." Unpleasant bodily feelings were perceived as "triggering" thoughts, anxiety or panic:

> And then it usually becomes that I think that, "oh no, I know what's under way" and then it usually only gets worse because then I get stressed out in both my body and head.
>
> (Axel)

Both heart rate and breathing were affected by anxiety. Difficulty breathing, a feeling of tightening around the heart, heart palpitations and nausea then occurred—sensations experienced as "odd." Sudden changes in mood were also perceived as "strange." Perceived pressures and demands worsened anxiety and mood swings, but it was perceived as hard to understand what gave rise to these fluctuations:

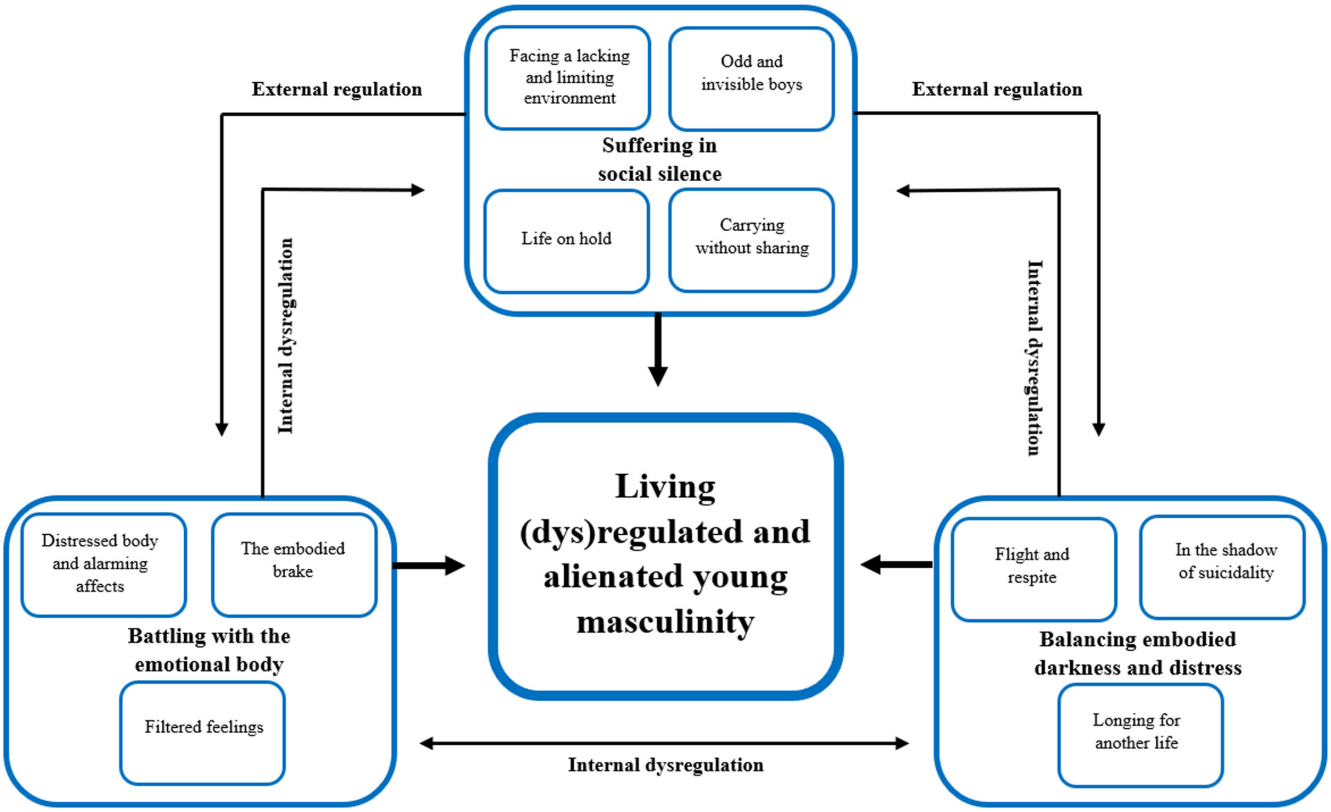

FIGURE 1 Theoretical model of the young men's embodied and contextualised lived experiences of mental disorders and suicidality.

> Just anxiety from nothing I can have. Such as I don't know where it comes from. It's just this kind of anxiety but then I always start to think about feeling weird, kind of.
>
> (Love)

Experiences of not being "in control" of the body made the young men withdraw and become reclusive. Anxiety led to feelings of not knowing "where to go," whereas the bodily sensations were consuming all their cognitive attention, making it hard to concentrate:

> Yes, but ba…lump of anxiety. So that's mostly…yes, which makes it difficult to think of other things, yes, difficult to get away from.
>
> (Noah)

An "excess of energy" and restlessness also made things difficult,-for example, in school and education:

> Yes, but sitting down 5 hours a day didn't work. I can't do that. Got to get up and move.
>
> (Björn)

Problems of "being" in and "standing" the uncomfortable body were expressed, interpreted as bodily alienation, while others felt "trapped" in the body. In contrast, the body was barely noticeable when feeling better mentally.

The embodied brake refers to dissatisfaction with a body that did not live up to one's own or to others' expectations. Difficulties concentrating, physical fatigue and an aching body limited everyday life:

> I simply didn't have energy. I couldn't complete my studies because it…there was no reserve for that.
>
> (Max)

Bodily limitations made it hard for the young men to understand themselves, especially when no physical illness could be detected by health care. Lacking energy led to passivity and isolation. They described their bodies as being "out of balance." For some, "a lot of thoughts" made it difficult to sleep, while others struggled with nightmares or slept many hours without feeling well-rested. Josef had ended up in a "burnt out" and a "protesting" body:

> I couldn't physically get out of bed because I was so weak in my body.
>
> (Josef)

Besides a problematic physical body, the young men felt social shame and bodily dissatisfaction. This concerned appearance or performance, of "not being fit enough," or of having a too high or

too low weight, which was categorised by one young man as "anorexia." Kim had been dissatisfied with his body for as long as he could remember:

> I don't like my body, I see myself as fat, I don't have the ideal body in today's society.
>
> (Kim)

While some had "never reflected on" the body, others perceived it as a "tool for moving forward," related to functionality.

The subcategory *filtered feelings* represents the young men's challenges in interpreting their emotionality paralleled with uncertainties as to how one "should" feel. Contextual constraints were described, interpreted as a form of "external" emotional regulation. They, for example, connected problems with emotionality to norms of how men "ought to" relate to emotions. This concerned both: which emotions were acceptable to experience and which expressions of emotions were acceptable.

> So, since I'm a boy, maybe I wouldn't...first of all, I shouldn't have these feelings. And if I have these feelings, I should be able to endure them.
>
> (Max)

Other people's attitudes and treatment had a strong impact on the young men's approach to their own emotions. There was a discrepancy between how they were expected to feel and how they actually felt:

> I got a lot of the impression that I...I'm not supposed to feel this much. That maybe I'm a little bit too...too sensitive. I was told it too: "You're too sensitive" and saw it as something...negative.
>
> (Max)

Keeping their emotions "within themselves" was one way of managing emotions. Moreover, thoughts and rationalisation could prevail, leading to confusion and a depressed mood.

3.2 | Suffering in social silence

Young men's mental disorders and suicidality were marked by "suffering in social silence." Several of them had experienced a demanding childhood and youth. This category refers to the social and gendered dynamics of internal and external (dys)regulation and alienation.

The subcategory *facing a lacking and limiting environment* highlighted poor adult support and parents and teachers who did not see or respond to their specific social, emotional or cognitive needs. Difficulties—for instance those related to ADHD or "social phobia"—were instead interpreted as a lack of motivation or "will." Tied to this, one young man, Emil, had for a long period of time perceived himself to be "a burden":

> It felt like I probably was the biggest problem this school had experienced in over a hundred years. So basically, it felt like no teacher cared.
>
> (Emil)

Among the young men who were recent immigrants, social suffering comprised hardships in their home country, their escape and their arrival to a foreign country. They struggled to "get through" in new circumstances, longing for community and shared language:

> When I saw the other youth, who are in my age...their family, I always wished that..."why shouldn't I be with my family here?"
>
> (Mehran)

> I felt every day...alone and alone, then more and more and more. Since I could not speak Swedish and have contact with any Swedish...if you manage to learn Swedish or the language, then it also helps one's own health.
>
> (Ali)

Even circumstances beyond their own control led to the young men becoming burdened by guilt and shame. Feelings after bullying or violation were turned inwards and internalised as self-blame, anxiety or depressive mood. Kim, repeatedly bullied in school, reflected on his destiny:

> I just saw it as something like this..."it is supposed to be like that, people are supposed to bully me."
>
> (Kim)

The absence of resonance and reflection from others hindered the young men from understanding and conceptualising their own mental illnesses:

> I didn't think it was, that I was depressed or so, but I felt like I just didn't want to be there. And I was always told I was lazy and irresponsible, both from home and from teachers. So that became what I thought, "I don't go to school because I'm lazy and I don't want to." Although, it wasn't really like that.
>
> (Axel)

Furthermore, social and gendered norms held them back and reinforced perceptions of being *odd and invisible boys*. Often, these feelings of "being different" had been there since early childhood, and still

made it hard to feel included and accepted. School was seen as a critical place for exclusion:

> You become lonely all day if you are lonely in school….
>
> (Emil)

Adolescence was referred to as "critical" for individuals who did not fit prevailing norms, although how much they were bothered by this varied. The balance between "being one in the crowd" and not "sticking out" too much was seen as demanding. This was tied to (not) adhering to the norm of being a "real" man or other ideals of youthful masculinity.

> I thought it sucked to be me, that I did not understand why I was me, and why I was the way I was, and why I wouldn't be…yes but kind of cooler, look a different way…
>
> (Noah)

Feelings of not fitting in were also related to ethnicity or to sexual orientation. Some felt lonely in their way of thinking, and wondered why their own social needs were not met by their social circle.

> So, I'm not as outside as I sometimes think or…It's not like I'm the outcast guy in the class and such things. Absolutely not. But it's more how I feel myself. That I don't get this outlet for… or that I don't get to discuss [it].
>
> (Love)

Ambivalent feelings of yearning for closeness were expressed. Problems related to trust were barriers to forming close relationships. The feeling of alienation was, for some, so painful that they had attempted suicide. To cope, others had instead taken up destructive relationships with "nasty friends" with both self-abuse and drug use. Although highly ambiguous, and wounding to self-respect, this was a way to "hang out" and ease loneliness.

The subcategory *life on hold* captures the young men's depressive mood and alienation. Being "stuck" in negative thoughts and behaviours hindered them from moving on. Dark and disparaging thoughts distanced them from others and resulted in them being "closed" off. Björn explained his social withdrawal as integral to an ongoing degrading process:

> Since what you say to yourself is that "as a human, I am not worth so much and other people do not want to meet me." Then you stick to yourself.
>
> (Björn)

Low or depressive mood dominated life, and unprocessed former life events were "catching up," shaping the present. This was attributed to learning difficulties and truancy. Inner and outer pressure of "performing well" were expressed by some. Uncertainty about the future, along with experiences of feeling "worthless doing nothing," created a vicious circle of passivity that was hard to break:

> …it is very nice to sit at home, except that I feel bad about it…so I don't get anywhere with that, but I just turn away when I'm going to do things, and so I just stay home instead, kind of.
>
> (Noah)

Not being able to influence situations gave rise to "crippling hopelessness," where feelings of futility and a "pessimistic view" on life outcompeted former interests and activities:

> I stopped playing sports and ended up not attending anything and all my activities were to sit down in the cellar and play computer games…So, I became less social, especially when I stopped going to school. Then there was absolutely nothing social.
>
> (Emil)

Carrying without sharing represents the isolating social silence that enveloped the young men's suffering. Barriers of disclosing were attributed both to themselves and to their social environment, also stated as "nobody asked." Showing vulnerability, they said, broke with norms of how boys and men ideally "should" behave. Masculine ideals of being "stoic" were dominant, and mental illness was viewed as a sign of weakness. They reflected that "you can't talk to your guy friends about mental illness" and you were "not expected to ask for help." Gendered ways of coping were described:

> Throughout my life and growth, all the boys that you have socialised with and all the guy-gangs and groups of friends that you have had—so it has always been that as a boy you should be tough and handle everything. No matter what happens, basically. Just bite the bullet and do it.
>
> (Axel)

Difficulties "putting words" to mental illness, and a general discomfort with talking about feelings and mood, hindered the young men from sharing experiences with others. Shame and a fear of appearing "weak" if one exposed oneself to vulnerability also restricted them. "Keeping things to oneself" was seen as a way of "protecting" and stabilising oneself. Even when others were available, it took too much effort to "open up," so some gave up.

> If I haven't had someone to lean on, then I don't know how it feels to lean on someone and therefore it will be difficult to miss it.
>
> (Charlie)

The notion of not burdening or worrying others was prominent, along with the idea that it is "one's own responsibility to keep your spirit up." At the same time, the young men found it important to encourage openness about mental health.

3.3 | Balancing embodied darkness and distress

The category *balancing embodied darkness and distress* comprises the young men's actions and processes in coping with their situation. It demonstrates their navigation of arousal, distress and depressive mood through various coping strategies, including self-harm and suicidality. In this way, internal and external (dys)regulation was approached—as was alienation.

The subcategory *flight and respite* represents strategies used to deal with mental disorders and distress, for example by "distracting themselves" and putting all their efforts into work or studies. Spending time with friends, exercising, playing computer games or reading were other activities that helped them think about other things and have moments of respite.

> I tried to escape to other worlds basically, through, with the help of studies and books instead, to avoid being left in myself/…/it was my way to escape from reality and not have to care about myself.
>
> (Kim)

Spiritual contexts and activities were cited as contributing to a sense of belonging. Exercise was another way to find community and positively "regulate" troublesome feelings:

> I think the training itself is a great way to take all the energy out of you. And after that, you can't be angry anymore. And when the anger is gone, you can focus.
>
> (Björn)

Alcohol and drugs were also used to calm the body and mind. Moreover, a kind of "passivity" was described whereby suffering just had to be "waited out." The subcategory *in the shadow of suicidality* represents that the young men's coping strategies included self-harm, suicidal thoughts and suicide attempts. These thoughts and behaviours were perceived as a "last resort" from unbearable suffering:

> That period when I was all by myself…then it was… yes, it was probably one of the darkest moments I've ever experienced.
>
> (Max)

> I started feeling like there were nothing to do or live for anymore.
>
> (Axel)

Ambivalent feelings were expressed of not wanting to live, but, at the same time, not wanting to die. In a painful life, being dead would be a "way out":

> These thoughts are my "refuge", I know that if everything is crap, I can just kill myself.
>
> (Josef)

For some, thoughts of taking their life had turned into action. Suicide attempts were sometimes made after a long period of thoughts about taking their own lives, but could also occur spontaneously. When the spark of life was weak, suicide [attempts] were, for some, close at hand, and could also be triggered by what were described as "ridiculous" events. Kim had made repeated suicide attempts:

> So, I never had a plan. I didn't plan; yes, I was terrified of dying, although it would feel better if I was dead.
>
> (Kim)

Hurting oneself was another way to endure suffering. A "curiosity" about self-harm as a solution was described, while for others, it was the only thing at hand when thoughts and feelings became unbearable.

Longing for another life captures the young men's hope for a brighter future, despite severe loneliness and suffering. Dreaming of "being someone else" or "living another life" helped them carry on.

> But I had never started playing computer and…I would have done things. I would have had friends, and I had done something every day, all the time, I had never slept alone.
>
> (Noah)

In addition, significant others gave the young men strength, by supporting them through their hardships. Therefore, it was crucial to open up and reach out to others.

4 | DISCUSSION

Our main result, the empirically grounded conceptual model (Figure 1), demonstrates how the young men's lived experiences of mental disorders and distress can be understood as dynamic internal and external processes of "living (dys)regulated and alienated young masculinity." It illustrates how the young men navigate and manage their embodied and emotional suffering in a context of "regulative" masculine and social norms, along with insufficient social support. Our conceptualisation of this dynamic complexity contributes to existing knowledge and knowledge gaps on how to understand and theorise young men's mental distress and suicidality (Berke et al., 2018; Ridge et al., 2011).

In the following sections, we develop our GT and "hypothesis" further, guided by the sensitising concepts of (dys)regulation and alienation as dynamic and multifaceted processes—explained as processes of "emotional and autonomic (dys)regulation," "social and gendered (dys)regulation" and "social and existential alienation."

4.1 | Emotional and autonomic (dys)regulation

In our model/hypothesis, the process of "battling with the emotional body" represents the young men's coping strategies regarding their problematic emotional states and unpredictable bodily sensations—indicating a process of "emotional and autonomic (dys)regulation." The interlinked processes "carrying without sharing" and "filtered feelings" capture challenges of expressing, communicating and accepting emotions. A common approach was "keeping things within." From a psychological perspective, this behaviour can be defined as emotional *suppression*, inhibiting outward signs of inner feelings (Gross, 2015). In contrast to the emotional regulation strategy of *acceptance* and *reappraisal*, habitual use of suppression is associated with an increased risk of developing psychopathology (Aldao et al., 2010), such as anxiety and depression (Schäfer et al., 2017). Likewise, the young men's coping through suppressed emotionality involved unpleasant sensations of physical arousal, which points to links between emotional suppression and increased activity in the sympathetic nervous system and connected brain areas (Gross, 2002, 2015).

Furthermore, the young men's experiences can be explained in terms of anxiety and depression, characterised by either "alarming" or "absent" bodies and emotions. Emotional dysregulation has been identified as an important underlying cause of patterns of problematic emotional intensity (Thompson, 2019), including increased emotional reactivity in anxiety disorders (Goldin et al., 2009), and reduced positive emotional reactivity in depressive disorders (Bylsma et al., 2008). From a physiological perspective, problematic emotional intensity can be termed "autonomic dysregulation" (Porges, 2007). Previous psychophysiological perspectives on emotional regulation have highlighted the inhibitory role of the prefrontal cortex over that of the amygdala (Thayer & Lane, 2000), and the vagus nerve's role in regulating and decreasing the influence of the sympathetic nervous system (Porges, 2007). Autonomic dysregulation, in terms of impaired vagal nerve function, is observed in individuals with psychopathologies such as anxiety (Chalmers et al., 2014) and depressive disorders (Kemp et al., 2010). This supports the value of applying theories of emotional and autonomic (dys)regulation to better understand and respond to young men's distress.

4.2 | Social and gendered (dys)regulation

In our model/hypothesis, the process of "suffering in social silence" represents the young men's perceived loneliness and marginalisation—indicating a process of "social and gendered (dys)regulation." Here, the regulative affects/emotions of guilt and shame proved prominent. Mental distress was also viewed as a consequence of social and gendered oppression in the form of peer victimisation or violation. Exposure to peer victimisation is shown to correlate with mental health problems, psychosomatic symptoms and suicidal behaviour (Gini & Pozzoli, 2009; Hawker & Boulton, 2000; Miranda-Mendizabal et al., 2019). The experienced silent suffering stands in stark contrast to adolescent boys' emphasis of trustful social relationships and positive emotions for mental well-being (Randell et al., 2016).

From the perspective of "gendered (dys)regulation," contextual constraints and ideals of "stoic" and "hegemonic" masculinity may explain the young men's suppression of emotions (Connell, 2005; Rice et al., 2018; Wong et al., 2017). Their difficulties in recognising, interpreting and accepting emotions, and signs of emotional dysregulation, are, in other contexts, found to be associated with adherence to masculine norms and mental health problems (Connell, 2005; Wong et al., 2006, 2017). Moreover, suppression, as an emotional regulation strategy, limits interpersonal attachment and communication and increases social distancing, which may hinder access to social support (Butler et al., 2003). This regulative role of masculinity norms in emotion regulation and suppression is in line with a theoretical review and model by Berke et al. (2018), suggesting that masculinity has a co-regulating function, contributing to "psychological inflexibility" and, in the long run, to psychopathology (Berke et al., 2018).

4.3 | Social and existential alienation

As seen in our model/hypothesis, the process of "balancing embodied darkness and distress," engaging in self-harm, suicidal ideation and suicidal attempts was part of the young men's managing of unbearable emotions, bodily sensations and loneliness. This can be interpreted as expressions of social and existential alienation, also experienced by adults with long-term mental illness (Erdner et al., 2005). Self-harm and suicidality reflected a "last resort" when the young men could no longer stand their situation. Also of relevance are their descriptions of suicidal behaviours as sometimes relatively unplanned and spontaneous. Although young men are a high-risk group for attempting suicide (Miranda-Mendizabal et al., 2019), understanding of when suicidal thoughts turn into action is still limited (Klonsky et al., 2016). The irreversible nature of suicide speaks to the importance of increasing knowledge concerning when, how and why young men engage in suicidal behaviour.

Key are the young men's experiences of alienation, manifested emotionally but also physically, socially and existentially (Erdner et al., 2005; Safipour et al., 2010). Alienation can here be understood as both internalised and externalised. Of note, in our model, these biosocial processes are explained as reciprocal (not causal). This stands in contrast to theories of autonomic regulation, as high vagal tone supports social engagement behaviour (Porges, 2007).

Taken together, our empirically grounded conceptual synthesis contributes to existing knowledge by addressing emotional and autonomic processes—paralleled by the regulative role of social norms and "stoic" masculinity constructs—shaping young men's "lived" experiences of mental disorders and suicidality. It also integrates processes of social and existential alienation—including the young men's own descriptions of "balancing" darkness and distress. This expansion and contextualisation of theories of emotional and autonomic regulation is promising but merits further investigation.

4.4 | Implications for counselling and psychotherapy

The results of this study have several implications for traditional psychotherapy, body–mind-oriented physiotherapy and other fields of youth mental health practice. The GT implies that young men's experienced mental illnesses can be understood in terms of emotional, autonomic, social and gendered (dys)regulation—also including social and existential alienation resonating in suicidality. Based on the multifaceted biopsychosocial nature of their problems and coping, a way forward could be to develop intervention models addressing the dynamic complexities of (dys)regulation and alienation. Here, strengthening affective and emotional self-regulation seems central and may be linked to adequate social competence and prevention of psychopathology (Aldao et al., 2010; Desteno et al., 2013; Robson et al., 2020; Taarvig et al., 2015). Furthermore, using physiologically based methods that enhance vagal activity, such as breathing exercises, can complement the existing cognitive regulation strategies used in therapy (Zaccaro et al., 2018). Regulation of and gradual exposure to emotions and bodily sensations through interoception and mindfulness, as in body awareness physiotherapy and other body-oriented methods, can be useful "bottom-up" strategies (Childs-Fegredo et al., 2022; Strömbäck et al., 2013; Tymofiyeva et al., 2021). The limitations associated with the developing brain during youth (Ahmed et al., 2015), along with consequences of mental distress and autonomic dysregulation on brain function, further emphasise the need for additional approaches (Snyder et al., 2015; Thayer & Lane, 2000; Tymofiyeva et al., 2021). In addition, and in response to the complex mental health needs of young men, it is crucial to develop context- and gender-sensitive interventions (Berke et al., 2018), including tailored suicide prevention and digital support. In adult men, suicide prevention should focus on reframing help-seeking as masculine, emotional regulation and connecting with others (Struszczyk et al., 2019), which align with our GT model/hypothesis. To develop robust clinical practice and policy, further research is needed in additional contexts, with different subgroups of young men, and with complementing research methods.

4.5 | Strengths and limitations

This study has both strengths and limitations. The use of GT with a social constructivist perspective (Charmaz, 2014) and guiding sensitising concepts facilitated exploration and conceptualisation from multiple perspectives. To deepen analysis and strengthen trustworthiness, memo-writing and constant comparison were used throughout the analysis process (Charmaz, 2014). Triangulation between researchers and clinicians with different perspectives strengthened credibility.

Although different results may have emerged in other contexts or subgroups, this relatively small sample contributed to rich descriptions and new perspectives. The constructed GT and tentative hypothesis can be further explored in future research which would benefit from combining qualitative methods with self-reports and quantitative measures, such as biomarkers of emotional and autonomic regulation.

The young men found it difficult to talk in depth about their feelings and experiences. Thus, recruitment and building trust were challenging. This was tempered by the research team's extensive expertise in youth mental health and qualitative research. Despite personal and ethically sensitive issues, the young men found it positive to be listened to and share their experiences.

5 | CONCLUSION

The generated GT of "living (dys)regulated and alienated young masculinity" demonstrates the complex and dynamic processes tied to young men's experiences of mental disorders and suicidality. It illustrates how the young men navigate and manage their embodied and emotional suffering in a context of "regulative" masculine and social norms, along with insufficient social support. Our GT integrates processes of emotional and autonomic (dys)regulation, as well as of social and existential alienation—including the young men's experiences of balancing darkness and distress. Combining theories of emotional and autonomic regulation with notions of social norms, alienation and masculinity enriched our GT. Thus, our results acknowledge the value of utilising broad approaches to understand and respond to young men's mental disorders and suicidality. The results are of relevance for psychotherapists, physiotherapists and other healthcare professionals working on young men's mental health.

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DATA AVAILABILITY STATEMENT

Due to ethical and permissions restrictions, data are not available to access.

ETHICAL APPROVAL

The study was approved by the Ethics Committee of Umeå (ref. nos. 2017-333-31 and 2017-316-32M).

PATIENT CONSENT STATEMENT

All participants gave verbal and written consent to participate in the study.

PERMISSION TO REPRODUCE MATERIAL FROM OTHER SOURCES

Permission is not required.

CLINICAL TRIAL REGISTRATION

No trail registration is available.

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