


# “Appreciate the Little Things”: A Qualitative Survey of Men's Coping Strategies and Mental Health Impacts During the COVID-19 Pandemic

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## Abstract

The COVID-19 pandemic has presented a suite of circumstances that will simultaneously affect mental health and mobilize coping strategies in response. Building on a lack of research specifically exploring men's mental health impacts during the COVID-19 pandemic, this study presents the results of a qualitative survey exploring men's self-reported aspects of the pandemic giving rise to mental health challenges, alongside their diverse coping strategies applied during this time. The sample comprised 555 men from North America (age  $M = 38.8$  years;  $SD = 13.5$  years), who participated via an online survey with two open-ended qualitative questions assessing, respectively, the aspects of the pandemic affecting their mental health, and the strategies used to manage these challenges. Free-text responses were coded using inductive content analysis. Results pertaining to the mental health impacts of COVID-19 were categorized into two overarching themes: *far-reaching ramifications of COVID-19* encompassing consequences for lifestyle, work, and functioning, alongside *novel anxieties* related to health risks and daily uncertainty. In addition, coping strategies reported were categorized into two broad themes: efforts to *avoid, dull or distract* oneself from distress, alongside *adapting and doing things differently*, which encompassed largely approach-oriented efforts to flexibly ameliorate distress. Results signal the far-reaching impacts of COVID-19, alongside profound flexibility and diverse enactments of resilience among men in adapting to unprecedented challenges. Findings have implications for mental health promotion that should aim to leverage men's adaptive coping to encourage opportunities for social connectedness in response to the mental health impacts of the various psychosocial challenges of the COVID-19 pandemic.

## Keywords

COVID-19, mental health, masculinity, coping

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Following the World Health Organization's declaration of the novel coronavirus (COVID-19) pandemic on March 11, 2020, governments around the world quickly implemented measures to contain the spread of the virus and ease burden on hospitals (World Health Organization, 2020). In the United States, California was the first state to issue stay-at-home orders, limiting citizens' movement and activities aside from essential services, with other states following suit thereafter. Up to 2-month long societal “lockdowns” were ordered in many U.S. states (Moreland et al., 2020). Similar restrictions were implemented across Canadian provinces, where all areas also mandated mask wearing and closures of, or strict capacity limitation of businesses, restaurants, cinemas and similar

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(Canadian Institute for Health Information, 2020). In light of understanding of the social determinants of mental health, research continues to uncover the consequences of such sudden shifts in the daily lifestyles of North Americans (Jenkins et al., 2021).

## Men's Mental Health During COVID-19

In light of these measures, men's mental health and the impact of the COVID-19 pandemic are drawing important research attention (Ellison et al., 2021; Ogrodniczuk et al., 2021). Amid COVID-19 vaccinations, the world is revolving through ever-changing individual, local, and global restrictions characterized by quarantines and isolation that threaten lasting mental health impacts for many men (Pfefferbaum & North, 2020). Widespread and ongoing economic and employment uncertainty, alongside governmental controls over many aspects of men's lives including social distancing measures, has ostensibly created a "perfect storm" for high and rising male psychological distress (Pfefferbaum & North, 2020). Sex differences research indicates greater male vulnerability to the virus, in terms of mortality risk and symptom severity (Abate et al., 2020). Yet the gendered dimensions of men's mental health in COVID-19 have, at best, been emergent especially in regard to connecting men's mental health challenges to self-management strategies.

A large body of evidence links deterioration of men's mental health with social and/or situational stressors, beckoning research aimed at understanding factors affecting men's mental health in ever-shifting COVID-19 contexts. A theoretical understanding of the connection here is offered by Coleman et al. (2011) with reference to male suicide, in their discussion of the "social nature of male suicide." This theory purports that men's mental health is particularly at risk of decline, culminating in suicide, following the experience of circumstances that necessitate major psychosocial transitions which threaten a man's sense of masculine security. For example, extant research highlights that situational stressors such as job loss, unemployment and financial stress (Cunningham et al., 2021), in addition to relationship breakdown (Olliffe et al., 2022; Scourfield & Evans, 2015) and social isolation (Olliffe et al., 2019), are reliably linked with psychological distress and suicide in men. Turning to the pandemic context, emerging evidence substantiates the proliferation of these issues over the course of the pandemic thus far (Kawohl & Nordt, 2020; Pietrabissa & Simpson, 2020; Ogrodniczuk et al., 2021). Modelling has also highlighted increased risk of suicide among men due to prevalent unemployment seen during pandemic lockdowns (Brenner & Bhugra, 2020). Among Canadian men, COVID-19-induced financial stress and

relationship challenges have been associated with mental health consequences such as increased anxiety, depression, and suicidal ideation (Ogrodniczuk et al., 2021). The role of psychosocial stressors in men's mental health deterioration is well established and warrants further research in the current pandemic context where these same stressors have been exacerbated.

Building on early data, forecasted is the widespread emergence of psychological distress among men particularly due to the enforced isolation during COVID-19, as men tend to have fewer and more activity-based friendships (McKenzie et al., 2018). Yet to understand how best to support men in distress during the pandemic, it is important to specifically understand which aspects of the pandemic are proving most hazardous for men's mental health, and chart the relative frequency of these stressors. Studies reporting men's COVID-related mental health impacts have utilized scale-based measures of depression and anxiety symptomatology, such as the Public Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder Assessment-7 (GAD-7), and Depression Anxiety Stress Scale-21 (DASS-21; Racine et al., 2021; Ogrodniczuk et al., 2021). To contextualize the particular challenges experienced by men that might be contributing to these symptoms, and uncover potential avenues for self-management and interventions as the pandemic continues, open-ended qualitative approaches are needed for additional insights.

## Men's Coping Strategies During COVID-19

Given the unprecedented nature of COVID-19, research is also needed to reveal men's coping strategies during this difficult period. A wealth of literature explores men's coping with depression, which accords well with the context of COVID-19 given evidence that pandemic-era loneliness appears to be more strongly associated with depression in men, whereas loneliness has been more strongly associated with anxiety in women (dos Santos et al., 2021). Pre-COVID-19 qualitative research indicated the following key themes in men's self-reported coping strategies in the context of depression: escape and/or avoidance-oriented strategies typified by excessive use of drugs or alcohol to "numb" one's distress (Brownhill et al., 2002), over-focus at work as a means of distracting oneself from mental health difficulties (Chick et al., 2009), alongside efforts to conceal or minimize symptoms through social withdrawal and disengagement from relationships (Spendelov, 2015; Whittle et al., 2015). These avoidance-oriented strategies are regarded as maladaptive, as they typically exacerbate distress in the longer-term, or are ineffectual (Brownhill et al., 2002; Chick et al., 2009) and have links with increased risk of

suicide in men (Clapperton et al., 2019). Many of these ineffectual strategies have been connected to traditional masculine norms, where concealment and/or avoidance of negative emotions and engagement in risk-taking behavior (e.g., substance use) are thought to represent efforts by men to reassert a feeling of control and power, or blunt discordant emotions when experiencing states that may trigger a sense of emasculation (Spendelow & Seidler, 2020).

Also offered have been men's helpful self-management strategies. For example, Spendelow and Seidler (2020) presented a typology of men's coping across a suite of stressors (i.e., both in terms of mental health diagnoses, and more situational factors). Positive themes encompassed the reinterpretation of existing masculine traits in a flexible manner in the pursuit of acceptance, adaptation, and personal growth. In this way, new behavioral coping mechanisms are employed with men seeking new social roles (e.g., carer) and support (e.g., psychotherapy) where useful. Whittle et al. (2015) also observed markedly similar positive coping strategies irrespective of the particular stressor or mental health concern experienced and these were themed as "practical solutions" and "problem solving." These strategies can reflect an approach orientation, where men engage actively in problem-solving to alleviate their distress (Nolen-Hoeksema & Aldao, 2011). Exploring this in the context of COVID-19, Cheng et al. (2021) reported ostensibly male-specific benefits of approach-oriented (as opposed to avoidance-oriented) coping in reducing the negative effects of social isolation among younger men who report low levels of wellbeing. Livingston et al. (2021) recently explored coping profiles among Australian men before and during the pandemic, and reported that so-termed "dual copers," who utilized a mix of avoidance and approach-oriented coping behaviors, experienced higher levels of psychological distress relative to those who coped using mainly approach-oriented strategies. Given similar positive (approach-oriented) and maladaptive (avoidance-oriented) coping strategies have been reported across studies, often irrespective of the particular stressor under consideration, it could be that the strategies men report to cope with the mental health challenges induced by COVID-19 mirror those identified in past studies. Nonetheless, calls for more concerted focus on strategies which manifest as adaptive coping among men are evident, as such knowledge will lead to valuable insights regarding potential context or stressor-specificity of particular adaptive coping strategies. The unprecedented nature of COVID-19 is coupled with many largely intractable stressors potentially leading to greater reliance on avoidance-oriented coping, given associations between a perceived lack of control over stressors contributing to psychological distress and often-maladaptive, avoidance-oriented coping strategies

(Groth et al., 2019). Research is, therefore, needed to specifically understand the means of coping employed by men alongside their self-reported stressors.

With the intention of identifying the best target therapeutic approaches to assisting men to ameliorate the impact of COVID-19 induced stressors, this study aims to qualitatively explore the aspects of the pandemic that have affected men's mental health, alongside related coping strategies employed.

## Method

### *Participants and Procedure*

This study involved a cross-sectional design, where data were collected via an online survey involving a mix of quantitative and qualitative survey items. Respondents were recruited using convenience sampling via an online survey focused on men's mental health experiences during COVID-19. The survey was conducted in the Spring of 2020 and was embedded within a widely-accessed men's mental health-specific website, called HeadsUpGuys (Ogrodnizcuk, Oliffe & Beharry, 2018). Self-identified men were eligible to take part in the study if they were aged 18 or over, and were sufficiently fluent in English so as to complete the survey. A link to the survey was advertised on the HeadsUpGuys website along with a plain language statement and consent page for the study. Consenting participants were then encouraged to progress through the survey, which contained a mix of Likert-type-scale items and free-text qualitative survey questions assessing a range of constructs including social engagement and relationship satisfaction, screen time and physical activity, alongside a range of personality measures. Participants were given the opportunity to enter a draw to win a \$500 (USD) prize. Regarding risk management, participants were directed to a range of mental health support services at the conclusion of the survey in case any distress arose during participation. In addition, participants were provided with the email address of the research team to contact for any support in accessing services. Ethics approval for this study was granted by The University of British Columbia Research Ethics Board (H20-01401).

### *Quantitative Measures*

Sample demographics were assessed via a series of self-report survey items covering gender, sexual orientation, country of residence and ethnicity, living situation, employment status, and education level. In addition, to profile the current mental health of the sample, depression severity category was classified according to the PHQ-4 (Kroenke et al., 2009). This is a brief, validated scale assessing symptoms of anxiety and depression,

where respondents rate their experience of various symptoms in the 2 weeks preceding assessment, on a four-point Likert-type scale from “not at all” to “nearly every day.” Scores are then summed to provide a total score, from which severity categories are derived, where scores of 0 to 2 reflect “normal,” 3 to 5 “mild,” 6 to 8 “moderate,” and 9 to 12 “severe” psychological distress. Alcohol use was measured using the Alcohol Use Disorders Identification Test-Concise (Bush et al., 1998). Using a four-point Likert-type scale, items assessed the frequency of alcohol consumption (“never” to “four or more times a week”) and number of daily drinks (“1 or 2” to “10 or more”). Response scores are summed to produce total scores reflecting various categories of severity of use: low risk (0–3), moderate risk (4–5), high risk (6–7), and severe risk (8–12).

### Qualitative Data Collection

The primary data analyzed in this study were collected via qualitative survey using two open-ended survey questions. While somewhat limited in terms of the depth of information that can be obtained relative to a qualitative interview or focus group, this methodology has merits in allowing participants control over the level of detail they are willing to provide in their response (Braun et al., 2021). This is particularly useful in samples where reticence to discuss certain topics might be present (such as mental health among men; Chandler, 2021). In addition, this methodology allows qualitative data collection from larger samples than is feasible when using individual interviews (Braun et al., 2021). Qualitative survey data were collected for this study using two open-ended questions, where participants were free to respond at any length. First, participants were asked to list the aspects of the pandemic that were affecting their mental health using the following prompt, presented with three blank spaces for response entry: “List the top 3 aspects of the COVID-19 pandemic that are currently having the biggest impact on your mental health and well-being.” Next, participants were asked to identify the main strategies they used to cope during the pandemic, with the following question, “*What has helped you manage these challenges? (list up to five tactics, strategies, tips, etc.)*,” presented with five blank spaces for responses. Both questions were generated for this study in consultation with the author group, who are experts in men’s mental health and coping research.

### Data Analysis

Responses to the two questions were analyzed separately using inductive qualitative content analysis (see Figure 1).

The approach of Elo and Kyngäs (2008) was applied, where first the researchers engaged in *preparation*

through immersion in the data. It was decided *a priori* to code for manifest content. This involves developing categories to encompass similar responses, where categories are “close to the text”; directly reflecting that which is described by participants as opposed to interpreting and coding underlying meaning (Kleinheksel et al., 2020). Next, the *organizing* phase involved initial generation of codes and categories to group like responses; codes were subsequently collated via researcher consultation (MW, ZS, NT) under higher order headings to obtain a complete picture of the data. Following initial coding and categorization, codes within categories were appraised in relation to the full dataset, to simplify the picture of the data without compromising meaning. Finally, the *reporting* phase involved the development of a conceptual map among four researchers (MW, ZS, NT, JLO) to represent the full dataset. A count of base-level codes was also conducted separately for each question. Given the *impacts* question prompted participants to list their “top three” challenges, a weighted count was conducted where participants’ first response was assigned 3 points; their second response assigned 2 points; and their third response assigned a count of 1. These counts were then summed and grouped under descriptive headings to indicate both the absolute and weighted frequency of respondents’ reported challenges. For the *coping strategies* question, a simple count was conducted to determine the absolute frequency of response categories.

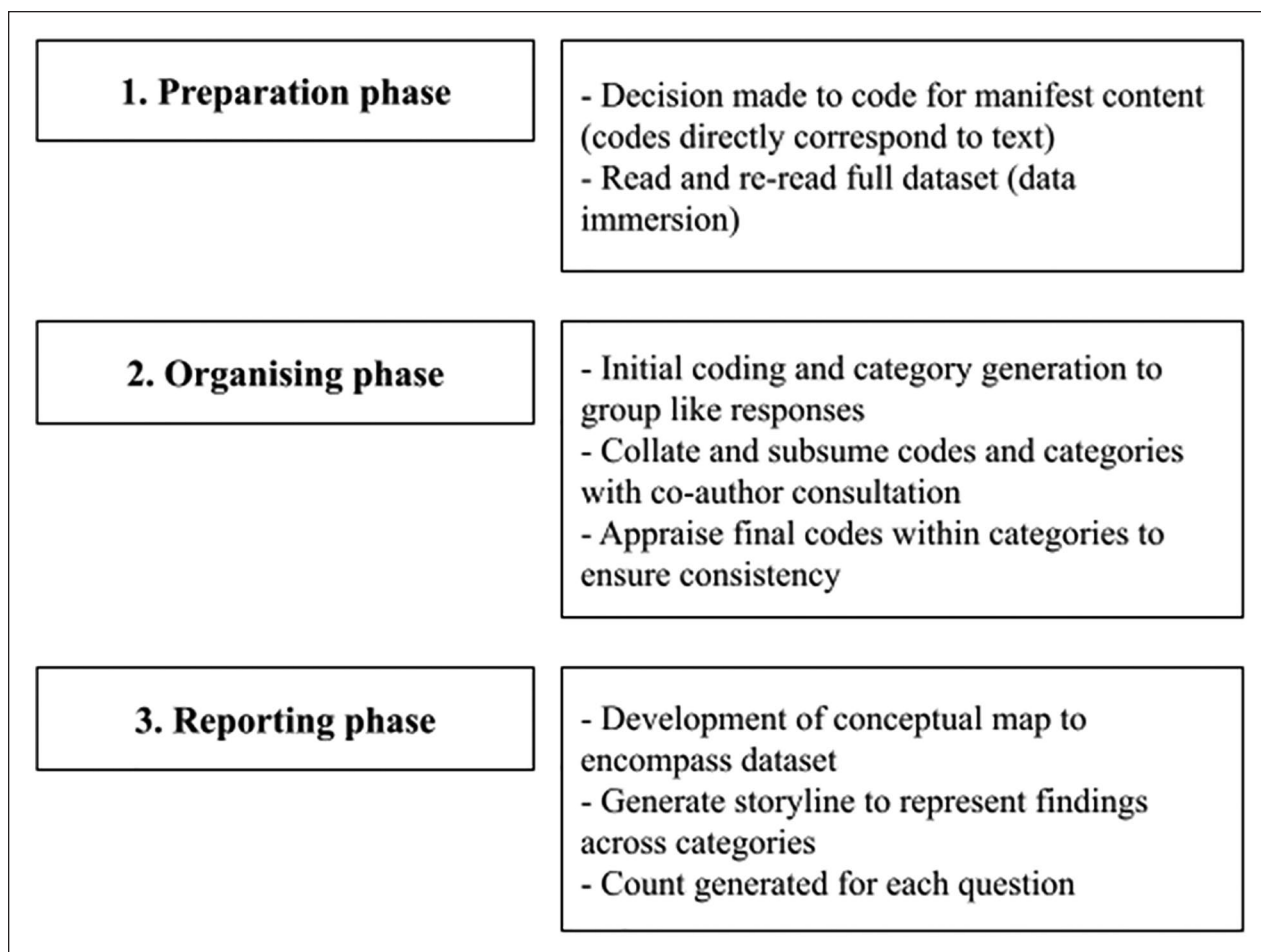
## Results

### Sample Demographics

In total, 555 self-identified male participants responded to the survey, with a mean age of 38.8 years ( $SD = 13.5$  years). Regarding current psychological distress, 84.9% of participants ( $n = 471$ ) were classified as having current symptoms of depression and/or anxiety of at least mild severity. Regarding alcohol use, 79.5% of participants ( $n = 441$ ) were categorized as displaying moderate or higher risk of disordered alcohol use. An overview of the sample demographic information is provided in Table 1.

### COVID-19 Impacts on Men’s Mental Health

The key stressors outlined by participants were grouped under two descriptive headings: (1) *the far-reaching ramifications of COVID-19* including impacts on lifestyle, functioning and relationships; and (2) *novel anxieties* including men’s concern regarding their health and the welfare of those around them, alongside frustration at the government and/or media (see Table 2). In addition to the two overarching themes, a minority of participants mentioned not experiencing any mental health impacts of the



**Figure 1.** Summary of the Data Analysis Process.

pandemic, or conversely, experiencing a positive impact. Reported percentages reflect the proportion of the specific category relative to the total number of responses observed.

### *Far-Reaching Ramifications of COVID-19*

*Consequences for Daily Functioning and Lifestyle.* Respondents noted how the pandemic had major ramifications for their working lives, and that this was a prominent stressor for them, ranging from underemployment, job loss and difficulties re-entering the workforce, to changes in workload, productivity, and daily routine. While many respondents were employed, it was the “*biggest worry of joblessness*” or “*less work*” that featured in many responses ( $n = 139$ ; 8.6%). Similarly, the change in workload, with “*longer work hours*” and “*more stress at work,*” was compounded by a change in location, and therefore one’s established routine, leading respondents to describe “*working from home*” and “*missing the office*” as key mental health impacts ( $n = 77$ ; 4.7%).

Many respondents also noted the impact of the pandemic on their daily lifestyle including leisure and recreation changes. This encompassed the overarching impact of rules and regulations, where responses described “*feeling trapped because of lockdowns*” alongside the impact of various mandates and public protocols, including mask wearing (e.g., “*stupid masks*”; “*mask wearing*”), that affected their daily functioning, and mental health ( $n = 37$ , 2.3%). Responses detailing restricted access to leisure activities ranged from a near-universal feeling of being cut-off (e.g., “*lack of freedom*”; “*no entertainment*”), to more specific mention of activities that could no longer be performed (e.g., “*nowhere to play live music*”;  $n = 101$ ; 6.2%). Common was the impact of reduced physical activity on respondents’ mental health with the widespread closure of exercise facilities (e.g., “*gyms being closed*”; “*no sport*”; “*pool closures*”;  $n = 72$ , 4.4%). This extended further to travel restrictions where participants expressed a sense of frustration at bans on domestic and/or international travel (e.g., “*not being able to travel and finally take a break*”;  $n = 39$ ; 2.4%).

**Table 1.** Sample Demographic Characteristics.

Demographic	Category	n (%)
Sexual orientation	Heterosexual	370 (66.7)
	Gay	116 (20.9)
	Bisexual	50 (9.0)
	Queer/questioning	7 (1.3)
	Pansexual	4 (0.7)
	Asexual	2 (0.4)
	Other	6 (1.1)
Country of residence	Canada	434 (78.2)
	United States	121 (21.8)
Ethnicity	Caucasian	431 (77.7)
	Asian	29 (5.2)
	Hispanic	25 (4.5)
	Aboriginal	8 (1.4)
	African	6 (1.1)
	South Asian	5 (0.9)
	Middle Eastern	2 (0.4)
	Multiple ethnicities	43 (7.7)
Living situation	Other ethnicity	6 (1.1)
	Single person living alone	121 (21.8)
	Couple living together (no children)	116 (20.9)
	Couple living with dependent children	112 (20.2)
	Non-related adults sharing a home	57 (10.3)
	Single person living with extended family (with or without children)	56 (10.1)
	Couple living with extended family (with or without children)	21 (3.8)
	Single parent living with dependent children	19 (3.4)
Education level	Other	53 (9.5)
	Undergraduate degree	163 (29.4)
	Some college but no degree	119 (21.4)
	Graduate degree	103 (18.6)
	Technical diploma/trade qualification	94 (16.9)
Employment status	High school or equivalent	76 (13.7)
	Full-time employment	298 (53.7)
	Not employed, looking for work	100 (18.0)
	Part-time employment	59 (10.6)
	Not employed, not looking for work	36 (6.5)
	Disabled, not able to work	32 (5.8)
Depression severity category	Retired	30 (5.4)
	Normal	84 (15.1)
	Mild	171 (30.8)
	Moderate	138 (24.9)
Alcohol use risk category	Severe	162 (29.2)
	Low risk	114 (20.5)
	Moderate risk	269 (48.5)
	High risk	125 (22.5)
	Severe risk	47 (8.5)

A minority of men came to the realization that they were partaking in excessive screen time ( $n = 5$ , 0.3%) as a result of the pandemic, which included significantly greater pornography consumption, as well as increased substance misuse (mainly alcohol and marijuana;  $n = 9$ ;

0.6%). Men reflected on a feeling of stagnancy that often coupled increases in these behaviors throughout the pandemic, having a profound impact on their wellbeing. Some men felt “*stuck at home*,” often with someone participants felt they couldn’t escape from (e.g., “*stuck in a*

**Table 2.** Aspects of the Pandemic Impacting Men's Mental Health in COVID-19.

Far-reaching ramifications of COVID-19	Exemplar quotes
<i>Consequences for daily functioning and lifestyle</i>	
<i>Work-related consequences</i>	
Stifled career trajectory ( $n = 139, 8.6\%$ ; $w = 278$ )	Lack of employment / can't find a job / not working. Feeling worthless
Change in working life ( $n = 77, 4.7\%$ ; $w = 162$ )	Working excessive hours / Working from home (feels like I'm on call 24/7) / more stress at work
<i>Leisure and recreation consequences</i>	
Restricted access to leisure activities ( $n = 101, 6.2\%$ ; $w = 180$ )	No pubs open for male small talk / lack of freedom / no access to restaurants
Restricted access to exercise ( $n = 72, 4.4\%$ ; $w = 149$ )	Less active / gyms closed / unable to go gym
Travel restrictions ( $n = 39, 2.4\%$ ; $w = 73$ )	My trip cancellation / border closures / travel ban
Rules and regulations ( $n = 37, 2.3\%$ ; $w = 75$ )	Public protocols / lockdown / wearing masks
<i>Bad habits, stagnant lifestyle</i>	
Stuck at home ( $n = 58, 3.6\%$ ; $w = 118$ )	Being stuck inside / feeling trapped at home / lack of personal time/space
Lack of purpose ( $n = 55, 3.4\%$ ; $w = 93$ )	Boredom / lack of purpose / lack of routine / waking up knowing it's to do nothing
Increased substance use ( $n = 9, 0.6\%$ ; $w = 17$ )	Alcohol consumption / every day feels like a Friday = alcohol / cannabis smoking
Excessive screen time (including porn use) ( $n = 5, 0.3\%$ ; $w = 8$ )	Too much time in front of screens / porn use/electronics use / more screen time
<i>Consequences for relationships</i>	
Social isolation and prohibited contact ( $n = 302, 18.6\%$ ; $w = 675$ )	Isolation / no social life / no friends / missing family / cannot meet friends
Social distancing rules; lack of physical contact ( $n = 62, 3.8\%$ ; $w = 161$ )	Social distancing / distancing rules / social distancing restrictions
Effects on romantic relationships ( $n = 85, 5.2\%$ ; $w = 165$ )	Kids home constantly / family fighting/verbal abuse / relationship break-up / lack of intimacy / no sex
<i>Novel anxieties</i>	
<i>Unprecedented distress</i>	
Existential uncertainty ( $n = 58, 3.6\%$ ; $w = 108$ )	Fear of the unknown / unpredictable future / chaos / uncharted waters
Pandemic distress ( $n = 80, 4.9\%$ ; $w = 130$ )	Depression / panic attacks / changes to everyday life / stress in stores / fear of losing my housing
Financial difficulties ( $n = 111, 6.8\%$ ; $w = 224$ )	Finances / money / loss of income / cash flow
Global economy concern ( $n = 9, 0.6\%$ ; $w = 18$ )	Stock market turmoil / concern about economy / global economy
<i>Illness anxieties</i>	
Worry about my health ( $n = 76, 4.7\%$ ; $w = 149$ )	Fear of getting sick / death / having to travel on the bus to work—get very nervous about it
Worry about others' health ( $n = 58, 3.6\%$ ; $w = 106$ )	How it may affect my family / thinking about losing my parents / spreading it to loved ones
<i>Exacerbating forces</i>	
Can't escape it ( $n = 34, 2.1\%$ ; $w = 70$ )	Seeing it mentioned EVERYWHERE / constant repetitive news cycle / social media
Other people making it worse ( $n = 51, 3.1\%$ ; $w = 97$ )	People not respecting social distancing in stores / lack of others' concern / people's patience
Frustration at government and media ( $n = 48, 3.0\%$ ; $w = 98$ )	Media fearmongering / the illogical response of governments / it's fake
No impacts ( $n = 40, 2.5\%$ ; $w = 85$ )	None / I like the peace / Opportunity to research COVID-19 (positive)
Don't know ( $n = 18, 1.1\%$ ; $w = 36$ )	NA / . / ? / -

Note. In addition to the classifications stipulated in the table, a minority of responses were classified as *missing* ( $n = 28$ ).  $N$  = absolute count;  $w$  = weighted count. Percentages reflect the proportion of the relevant category relative to the total number of responses.

household with irritating family members";  $n = 58$ ; 3.6%). This restriction in their physical and social sphere was also linked with a lack of motivation or purpose by respondents, where "boredom" and the "inability to move on with life" were common ( $n = 55$ , 3.4%).

**Consequences for Relationships.** Feelings of "social isolation," "seclusion," and "loneliness," were the most commonly reported impacts on participants' mental health, particularly due to lack of physical contact with other people ( $n = 302$ , 18.6%). Many participants reported being "cut off" or "limited" in their opportunities for social contact. This implied the role of mandatory social distancing measures, where other participants directly mentioned "social distancing restrictions" as affecting their mental health ( $n = 62$ , 3.8%). The tone of many responses indicated feelings of near-absolute isolation, where many participants had no one to connect with, even if they wanted to. Other participants reported a significant other in their social network who they still felt connected to, but could not see in person (e.g., "I can't see my friends"). In addition to the impact on social lives, changes in familial routines were often reported including shifts in child-rearing responsibilities (e.g., "no child care"), alongside men's experiences of relationship disillusionment or strain during the pandemic (e.g., "stuck at home with wife who is talking about separation";  $n = 85$ ; 5.2%). Participants in this category also mentioned a lack of physical or sexual contact and intimacy as having mental health impacts; an often-salient point within their broader discussion of effects on intimate relationships: "sexual frustration"; "no dating."

### Novel Anxieties

**Unprecedented Distress.** Many responses encompassed the compounding mental impact of daily frustrations (e.g., "lack of food in grocery stores"; "lineups") and a potentially-related increase in distress (e.g., "moody"; "emotional";  $n = 80$ , 4.9%). This coupled an existential uncertainty, where responses reflected the ongoing cognitive effort required to make sense of unprecedented pandemic anxieties ( $n = 58$ , 3.6%). Responses here communicated both the "chaos" and "uncertainty of daily life" (i.e., the "here and now"), alongside anxieties regarding the precariousness of men's future lives (e.g., "uncertain future plans") or that of their loved ones ("kids' future"). In addition, financial concern for the future, both personally ( $n = 111$ , 6.8%) and regarding more global-level financial worry (e.g., "global economy";  $n = 9$ ; 0.6%) was evident.

**Illness Anxieties.** The mental health consequences of fear of contracting COVID-19 itself or associated consequences (e.g., "stress about daily interactions and safety

leaving home"), alongside a sense of health anxiety linked to waiting for vaccination were commonly mentioned ( $n = 76$ , 4.7%). Participants also reported worry about the welfare and safety of their loved ones or vulnerable people around them, including elderly family members ( $n = 58$ , 3.6%).

**Exacerbating Forces.** Novel anxieties were also expressed regarding factors peripheral to the direct consequences of the pandemic that served to compound men's distress. First, some men felt frustration at repeated "news bombardment" and/or "social media cycles," with participants feeling powerless in their efforts to avoid "hearing about COVID-19" (e.g., "seeing it mentioned EVERYWHERE";  $n = 34$ , 2.1%). In addition, there was a sense of exasperated bitterness toward the media (e.g., "media lies"; "media hypocrisy") and anger at both domestic and international governments (e.g., "China lies and aggression"; "government misinformation"; "politicians abusing power during a crisis") reflecting a lack of trust in leadership and information outlets ( $n = 48$ , 3.0%). Finally, participants' mental health was affected by other people; both in terms of day-to-day interactions (e.g., "people ignoring masks & social distancing") and negative sentiment toward people further afield and/or online ("a blossoming of online idiocy on a level never before seen"; "decline of faith in humanity";  $n = 51$ , 3.1%).

### Men's Coping Strategies During COVID-19

The key coping strategies outlined by participants were grouped under two descriptive headings: (1) *avoid, dull and distract* which related to examples of pleasure seeking, purposefully staying occupied and pushing through feelings of anxiety or discomfort and (2) *adapting and doing things differently* throughout COVID-19, commonly including approach-oriented changes to work, social life and finances as well as shifts to one's mindset through perspective taking and help-seeking. These individual coping styles and their respective groupings are outlined with a simple (non-weighted) raw count in Table 3. In addition to the two overarching themes, a minority of participants mentioned they were not coping, or explicitly mentioned doing "nothing" to try and manage their challenges. Reported percentages reflect the proportion of the specific category relative to the total number of responses observed.

#### Avoid, Dull and Distract

Participants described seeking short-lived pleasure as a means of distraction from (or reduction of) their pandemic-induced distress. Substance use was common here ( $n = 102$ , 4.9%), particularly alcohol (e.g., "drinking til I'm numb") and other drugs (e.g., "micro-dosing shrooms



**Table 3.** Self-Reported Coping Strategies During COVID-19.

Avoid, dull, and distract	Exemplar quotes
Substance use ( $n = 102$ , 4.9%)	<i>Drink more / drinking til I'm numb / smoking weed / uber eats</i>
Masturbation and pornography use ( $n = 21$ , 1.0%)	<i>Masturbation / lots of jerking off / porn / sex</i>
Screen time ( $n = 163$ , 7.8%)	<i>Online games / watching TV / distracting myself with screen time</i>
Burying myself in work ( $n = 89$ , 4.2%)	<i>Working as hard as possible / work / keeping busy with work / keeping a routine</i>
Tune out and ignore it ( $n = 82$ , 3.9%)	<i>Less social media / thinking about other things / changing focus / watch less news</i>
<b>Adapt and do things differently</b>	
<i>Adapt my routine</i>	
Keeping occupied (without screens) ( $n = 218$ , 10.4%)	<i>Building legos / reading / cooking / working on my car</i>
Go outside, connect with nature ( $n = 132$ , 6.3%)	<i>Walks in the park / being outside / being in nature / driving around aimlessly</i>
Look after home ( $n = 35$ , 1.7%)	<i>Working in the yard / gardening / sorting trash / getting my place organized</i>
<i>Money monitoring and productivity</i>	
Adapt financially ( $n = 29$ , 1.4%)	<i>Applied to CESB (Canada Emergency Student Benefit)/ spending reductions / budgeting</i>
Seeking more/new work ( $n = 19$ , 0.9%)	<i>New business venture / applying for jobs / looking to go back to work full time</i>
Adapt how I work ( $n = 20$ , 1.0%)	<i>Working different rooms / setting work boundaries / turning off work at home</i>
<i>Mental self-management</i>	
Relaxation and meditation ( $n = 113$ , 5.4%)	<i>Mindfulness / meditation / yoga / breathing exercises / grounding</i>
Mental kindness ( $n = 87$ , 4.1%)	<i>Trying to stay positive / being kind to myself / acceptance / patience</i>
Help-seeking ( $n = 76$ , 3.6%)	<i>Anxiety medication / looking for a therapist / psychotherapy / support groups</i>
Spirituality ( $n = 29$ , 1.4%)	<i>God / spirituality / Jesus (I'm a Christian) / praise and prayer</i>
Enjoy the chance to slow down ( $n = 17$ , 0.8%)	<i>Taking pleasure in solitude / enjoyment of lack of people / getting some quiet time</i>
<i>Connecting mind and body</i>	
Exercise ( $n = 162$ , 7.7%)	<i>Staying active / exercise / biking / daily workouts</i>
Healthy diet ( $n = 66$ , 3.1%)	<i>Quit drinking / eating well and cooking / eating healthy / drink water</i>
Hygiene behaviors ( $n = 64$ , 3.0%)	<i>Keep good hygiene / avoiding others / wear a mask / actively social distance</i>
Sleep ( $n = 41$ , 2.0%)	<i>Go to sleep / forcing yourself to stick to a sleep schedule / sleep hygiene</i>
<i>Adapt socially</i>	
Digital or distanced connection ( $n = 260$ , 12.4%)	<i>Zoom video chats / FaceTime calls / texting friends / physically distanced hang outs</i>
The people around me ( $n = 90$ , 4.3%)	<i>The support of my wife / my spouse / talking to dad / kids</i>
Time with pets ( $n = 26$ , 1.2%)	<i>Adopted a dog / spending more time with my dog! / my cat Lili</i>
I'm not coping ( $n = 89$ , 4.2%)	<i>None / Nothing / I'm not handling them / yeah, right / nothing has helped</i>
Don't know ( $n = 72$ , 3.4%)	<i>Not sure / NA / haven't figured it out yet / ? / .</i>

Note. In addition to the classifications stipulated in the table, a minority of responses were classified as *missing* ( $n = 269$ ).  $n =$  absolute count. Percentages reflect the proportion of the relevant category relative to the total number of responses.

[*not a joke answer*]). Absent from any responses in this category was mention of socializing (digitally or otherwise) while engaging in drug or alcohol use, leading to a sense that these substances might have been primarily used in conjunction with periods of isolation. In addition, men referred to their pornography consumption as a coping mechanism ( $n = 21$ , 1.0%), primarily specifying masturbation (e.g., “*lots of jerking off*”). Men also mentioned engagement in screen time ( $n = 163$ , 7.8%), where online and screen-based forms of distraction were commonly mentioned (e.g., “*Netflix (but that helped avoid the problems)*”). Alternatively, some participants chose to

reduce their consumption of information (e.g., “*watch less news*”) or re-direct their attention to other things (e.g., “*reading or listening to unrelated stories*”;  $n = 82$ , 3.9%). The most common form of distraction concerned increased engagement with work ( $n = 89$ , 4.2%), where many men described voluntarily increasing their workloads as a bridge to self-management of their distress.

### Adapt and Do Things Differently

**Adapt My Routine.** These responses ( $n = 218$ , 10.4%) reflected efforts to keep occupied and do anything that

might help to maintain a semblance of normality amid the pandemic. In terms of activities, reading, music, and podcasts were all common forms of coping, while often mention was made to outdoor activities such as going for walks, hikes or other engagement with one's natural environment ( $n = 132$ , 6.3%). Some participants noted the importance of keeping their private home environment in order, reflecting both indoor (e.g., "having a clean apartment") and outdoor coping behaviors (e.g., "tending to the garden"), often as a means of maintaining routine ( $n = 35$ , 1.7%).

**Money Monitoring and Productivity.** Participants reflected on professional and financial adaptations to the pandemic, covering steps taken to address financial challenges, either by reducing expenses (e.g., "cutting costs") or income loss (e.g., "government assistance";  $n = 29$ , 1.4%), or through new professional ventures (e.g., "Looking to go back to work full-time, from semi-retired";  $n = 19$ , 0.2%). Some participants noted self-led modifications to their work practices to promote balance, including work location (e.g., "having a separate room to work"), hours of work (e.g., "trying to work less") and maintaining work-life separation (e.g., "creating [a] mental break between work and start of personal evening";  $n = 20$ , 1.0%).

**Mental Self-Management.** This category saw participants reflecting on the employment of a variety of proactive psychological strategies, including acceptance (e.g., "radical acceptance") and self-compassion (e.g., "being kind to myself";  $n = 87$ , 4.1%). Many responses here identified attempts to cultivate positive and/or psychologically-adaptive thoughts, whether as a general approach (e.g., "thinking positive") or with specific perspectives in mind (e.g., "focus on what you can change"). Relaxation strategies were also described, including engagement with mindfulness and other forms of meditation, alongside "breathing," "yoga" and other cognitive strategies such as "count to 10" ( $n = 113$ , 5.4%). A minority of participants mentioned coping via engagement in religious and/or spiritual activities to improve wellbeing, including "attend church zoom prayer group" ( $n = 29$ , 1.4%). In addition, some men described enjoying the chance to slow down and/or enjoy alone time (e.g., "I'm an introvert"; "enjoyment of lack of people";  $n = 17$ , 0.8%). Finally, participants reported enlisting mental health services from general mention of "therapy," to specific therapies or medications (e.g., "dialectical behavior therapy"; "Paxil";  $n = 76$ , 3.6%). Some specific cognitive strategies were mentioned in this category, implying assistance from a mental health professional (e.g., "Identifying all-or-nothing thinking, and trying to combat it with more concrete, [evidence] based thought").

**Connecting Mind and Body.** Many participants coped via exercise, with responses ranging from general to more specific behaviors (e.g., "working out"; "rollerblading! Aka exercise"; "boxing at home";  $n = 162$ , 7.7%). Some men also reported coping via increasing intake of healthy foods and/or drinks (e.g., "healthier eating") alongside cutting down on unhealthy consumption (e.g., "quit drinking";  $n = 66$ , 3.1%). Recognizing the physical health risk of contracting COVID-19, some participants also reported coping via mitigating transmission risks (e.g., "hand washing routine";  $n = 64$ , 3.0%). Responses here also communicated complete avoidance of interpersonal contact (e.g., "staying home," "avoiding social gatherings"), rather than maintaining physical distance when in the company of others (e.g., by going on socially distanced walks). Finally, maintaining proper sleep hygiene was also mentioned by a minority of participants (e.g., "go to bed at a consistent time";  $n = 41$ , 2.0%).

**Adapt Socially.** A majority of participants coped via maintaining a sense of interpersonal connection by reaching out to those in their social circles, the people in their household, or their pets. The majority of this communication took place online or via phone with friends and family (e.g., "online communication"; "FaceTime calls") highlighting technology as a key conduit to men's coping via bolstering their social connectedness during the pandemic ( $n = 260$ , 12.4%). Participants also reported in-person contact with those in their household during lockdown, ostensibly without the involvement of technology (e.g., "spending time with family"; "talking to dad"; "cooking together";  $n = 90$ , 4.3%). This purposeful time extended to pets, often as a catalyst for exercise (e.g., "Spending more time with my dog! has been great, walks, exercise with doggo";  $n = 26$ , 1.2%).

## Discussion

This study reports qualitative responses that elucidate the particular aspects of the pandemic that have affected men's mental health, alongside men's self-reported strategies used to cope with COVID-19-era stressors. Despite a marked diversity in the particular aspects men reported as having affected their mental health, clear response patterns emerged and were classified according to consequences for one's lifestyle, functioning or social and romantic lives, alongside novel anxieties regarding the unprecedented experience of living through a pandemic. The primary mental health impacts reported were social isolation and loneliness. Concerns surrounding unemployment or career stagnancy, related financial difficulties, and reduced accessibility of hobbies or leisure activities were among the most commonly-mentioned mental health impacts of COVID-19.

Turning to men's self-reported coping strategies, results were broadly categorized into those efforts to avoid or distract oneself from the distress associated with COVID-19, versus more adaptive, approach-oriented coping. Across the breadth of self-initiated coping strategies surveyed, those most often mentioned were efforts to adapt socially through transitioning to digital communication, alongside staying occupied with or without screens, exercising, and connecting with nature or otherwise leaving the house. Noteworthy mental health stressors and coping findings are contextualized in line with existing understanding around masculinity (Seidler et al., 2016), mental health (Richardson et al., 2022) and the burgeoning COVID-19 literature (Greenglass et al., 2021; Livingston et al., 2021; Ogrodniczuk et al., 2021) below.

### ***Impacts of COVID-19 on Men's Mental Health***

Given the proliferation of research discussing the likely mental health impacts of enforced isolation during COVID-19 lockdowns (Pfefferbaum & North, 2020), the finding that the most commonly reported aspect of the pandemic affecting men's mental health was social isolation and/or loneliness was unsurprising. Past research has identified men as particularly vulnerable to loneliness, with younger men in Western societies thought to be most vulnerable given their smaller social circles and less frequent exchanges of support (Barreto et al., 2021). In addition, men consistently center friendships around shared interests and activities; often termed "instrumental" friendships which take place "shoulder-to-shoulder" or based on activity (Fiori & Denckla, 2012). This is thought to reflect masculine norms of independence and stoicism, where engagement in seemingly vulnerable, emotional communication can invoke discomfort and/or shame through feelings of dependence and weakness (McKenzie et al., 2018). Perhaps in the absence of opportunity to engage in typical social hobbies, many men experienced an evaporation of apparent opportunities for friendship and social connection, substantiated by recent Canadian evidence highlighting reduced self-reported hours of social contact among men (Ogrodniczuk et al., 2021). Our finding that the frequency of reported mental health effects of social isolation eclipsed other stressors known to affect men's mental health, such as job loss and relationship strain, is novel given the scarcity of evidence that compares the relative self-reported impact of these stressors. Building on theoretical understanding of the psychosocial and situational determinants of men's mental health (Coleman et al., 2011), our results imply that perhaps the isolation associated with stressors such as job loss or relationship breakdown might be one of the

mechanisms underpinning the role of these risk factors in male suicide. While we cannot unequivocally infer the extent to which social isolation occurred alongside job loss, for example, alleviating feelings of isolation is nevertheless crucial in protecting men's mental health. Evidence from recent survey research suggests that *only* social support was protective against the transition from suicidal thoughts to suicide attempts in men (Richardson et al., 2022).

Results concerning the mental health impact of unemployment-related stressors reinforce earlier research consistently reporting the role of these situational stressors in the proliferation of psychological distress among men, particularly suicidality (Clapperton et al., 2019; Cunningham et al., 2021); summarized in the "social nature of male suicide" theory (Coleman et al., 2011). Unemployment is often framed as a catalyst for distress among men, potentially due to men's tendency to assume the social role of primary provider and/or breadwinner as a result of, at least in part, masculine socialization (Courtenay, 2000; Seidler et al., 2021). In support of this notion, unemployed men are more likely to experience relationship breakdown and associated distress in countries that exhibit greater endorsement of male-breadwinner norms (Gonalons-Pons & Gangl, 2021). Experiencing unemployment can therefore manifest as failure to provide for one's family, and by extension, failure as a man (Oliffe et al., 2011). Indeed, men have been observed to experience heightened levels of depression or shame after unexpected loss of employment, indicating particular risk of fractured self-worth and psychological distress following job loss in men (Andreeva et al., 2015). This reinforces the potential value of developing targeted, outreach-oriented, or self-directed preventive mental health service offerings for men who have experienced recent unemployment. The value of embedding male-focused suicide prevention and help-seeking promotion initiatives within workplaces is known (Ross et al., 2019), yet to our knowledge, little research has explored potential avenues of identifying at-risk men following job loss and providing targeted support, in spite of calls for such proactive service-provision (Jordan et al., 2012).

Men's concern for passing COVID-19 to vulnerable others likely reflects normative protector traditions, where men are socialized to prioritize the welfare of others above their own (Courtenay, 2000). The finding that men were also commonly concerned about their own health regarding COVID-19 appears to contradict the narrative in past research that positions health *risk* behaviors as fundamental in demonstrating one's status as a "real" man (Levant & Wimer, 2014; Walther et al., 2021), where some men are identified as reticent to engage in preventive behaviors such as wearing masks and regular

hand-washing (Mahalik et al., 2021), likely due to perceiving the pandemic as less serious relative to women (Gallasso et al., 2020). The message from the current data (i.e., that *some* men do see COVID as a realistic point of anxiety and are enacting measures to protect themselves and others), relative to the message from sex-differences research that tends to homogenize men as an unconcerned and careless group, reiterates the importance of within-gender research to be able to understand *which* men are more or less likely to see COVID as a legitimate health risk and comply with protective public-health strategies.

### *Coping Via Avoidance and Distraction*

Our findings complement the surrounding literature by being the first study to not only qualitatively explore but also chart the relative frequency of men's coping strategies employed in response to broad COVID-era distress. The first broad theme in coping responses, categorized as *avoid, dull and distract*, encompassed a range of avoidance-oriented coping behaviors. Substance use and other coping behaviors oriented toward numbing of distress were common in this theme, aligning with research also reporting links between increased alcohol use and pandemic-focused anxiety (Greenglass et al., 2021; Wardell et al., 2020). Substance use also features as one of the domains of so-termed "male-type" depression. This encompasses some men's experience of depression as an extension of traditional masculine socialization which prizes displays of independence and toughness, such that distress manifests via externalizing symptoms (e.g., anger, risk-taking, substance use) as opposed to typical internalizing depressive symptoms (Martin et al., 2013; Rice et al., 2013). Increasing one's workload was also commonly reported, mirroring previous research highlighting overfocus at work as a common distraction-oriented coping strategy among men experiencing depression (Chuick et al., 2009; Whittle et al., 2015). While discussed in previous research as primarily distraction-oriented, engaging more at work may have also allowed participants to achieve a greater sense of social connection in the absence of opportunities to see friends and family.

Engaging in screen time was the most common distraction-oriented coping strategy mentioned. The commonality of these behaviors is likely a function of the pandemic context, particularly given many participants described an inability to engage in their normal hobbies and behaviors as affecting their mental health. While coping via screen time likely afforded participants' short-term relief, there is evidence that engaging in distraction-oriented coping is associated with higher levels of stress and depression (Gurvich et al., 2021). Indeed, pandemic-era research has exposed links between

elevated screen time and heightened anxiety symptoms among undergraduates (Mishra et al., 2021). In addition, Pandya and Lodha (2021) discussed the proliferation of screen time behaviors in COVID-19 given digital communication represents the main viable means of maintaining a sense of connection when under societal lockdown. It will be an important avenue of future inquiry to understand the balance between adaptive and harmful effects of excessive screen-time during the pandemic, particularly given evidence that *what* individuals do online carries more influence on their mental health relative simply to *how long* they spend online (Coyne et al., 2020).

### *Adaptation and Approach-Oriented Coping*

The most commonly-observed coping strategies were men's enactment of adaptations to maintain a sense of social connection, primarily through digital connections with friends. Pandemic-era research has also observed the prioritization of social support as a prominent coping strategy in response to psychological and existential distress (Chew et al., 2020), as well as in the context of situational stressors, such as unemployment, where those experiencing job losses engage others socially to cope (Ogueji et al., 2021). This is noteworthy in light of evidence of the protective role of social support in reducing risk of suicide in men (Richardson et al., 2022). Such flexibility in prioritizing social connection has been echoed in previous research (e.g., Pandya & Lodha, 2021) but was overtly present in the current findings, potentially pointing to the universality of the COVID-19 context as a normalizing, leveling experience for men to openly seek connection and abandon feelings of fear of judgment, embarrassment or emasculating weakness often linked with seeking social support (Wester et al., 2007). Thus the stigma associated with sharing one's distress or difficulty may have reduced alongside the widespread acknowledgment of the profound mental health impacts of this period (Pfefferbaum & North, 2020).

Men reported an array of coping strategies centered around staying occupied and maintaining a sense of behavioral routine. Findings here mirror Kar et al. (2021), where 29.3% of men surveyed reported coping with COVID-era mental difficulties through efforts to "stay busy." Interestingly, screen-free activities classified under "Keeping occupied (without screens)" were more commonly reported relative to screen-time behaviors classified in the *avoid, dull and distract* theme. This is potentially explained by increasing societal understanding of associations between excessive screen time and psychological distress (Wang et al., 2019). Indeed, recent research among men identified that, particularly for younger men, loneliness predicts psychological distress

via time spent on social media (Seidler et al., 2020). There may also be overlap here between participants' efforts to cope by reducing screen time, and the "Tune out and ignore it" category, which encompassed active efforts to avoid the saturated COVID-focused news cycle. The mental health correlates of excessive news consumption have been associated with COVID-era anxiety (dos Santos et al., 2021). This also mirrors past evidence from the Severe Acute Respiratory Syndrome (SARS) pandemic, where reduced frequency of engagement with the news led to reduced risk of anxiety (Bai et al., 2004). The presence of these coping strategies may, therefore, be tied to several of the mental health impacts observed under "novel anxieties," where many participants expressed frustration at the saturated news cycle and government handling of the pandemic.

The role of masculine socialization potentially explains the relative commonality of engagement with a range of meditative practices as a form of coping, here categorized under "Mental self-management." Beyond the well-established benefits of meditation, yoga and other relaxation-oriented activities for reducing psychological distress and anxiety, a growing body of literature highlights the particular resonance these often-solitary, wellbeing-focused activities have for men (Lomas et al., 2016). Researchers commonly discuss men as experiencing added barriers to professional help-seeking, due to discomfort associated with exposing one's weaknesses (Seidler et al., 2016). Yet perhaps activities such as meditation afford men the space to cope and self-soothe without necessarily involving others, thereby upholding standards of masculinity and enacting healthy coping simultaneously (Lomas et al., 2016). This explanation likely also applies to our observation of exercise as the third most commonly-reported coping strategy overall, alongside increasing societal recognition of the profound benefits exercise imparts to mental health (Checkrout et al., 2018). Notwithstanding this, engagement with mental health services was also common in this theme, running counter to the common narrative that men's baseline position when appraising the enlistment of mental health services, is reticence (Seidler et al., 2016).

### *Limitations and Future Directions*

The main limitation of the study concerns the lack of direct linkages between self-reported stressors and coping strategies, meaning the above-suggested connections between men's reported coping strategies with the mental health impacts of the pandemic are equivocal. However, the broad qualitative approach applied here was intentional in affording respondents control over their own narrative when reporting stressors and coping behaviors. Importantly, these questions followed one another in the

completed survey, likely allowing participants the opportunity to consider how they coped with the individual stressors mentioned. However, the data and exemplar quotes presented, which were often succinct responses, undoubtedly lack some contextual depth necessary to fully understand the story behind these responses. In addition, as the pandemic continues, the extent to which findings from the cross-sectional data reported are generalizable is limited, as we have only surveyed a particular point in time when stressors and severity of the pandemic continues to vary across different regions. Participants in this study were all from a high-income country, were predominantly white, all cisgender and predominantly heterosexual; therefore limiting the extent to which these findings might apply to individuals beyond these demographics. This is especially pertinent given the disparate levels of government support across the globe for individuals during the pandemic, which likely moderated mental health impacts and associated coping strategies. In addition, in the present study, 84.9% of participants were classified as experiencing psychological distress of at least mild severity, compared to only 29% of participants in a large, representative U.S. sample (Kämpfen et al., 2020). Since both samples were recruited during similar time periods, this suggests that self-selection bias may have skewed participant characteristics in our study toward unusually high levels of distress. As such, our results are likely to reflect the experiences of a relatively vulnerable subset of individuals, and may not accurately represent a normative population. Nonetheless, these findings provide insight into the responses of relatively distressed individuals to COVID-19, and may serve as a useful comparison point for future research with normative populations.

Future studies may seek to more directly connect men's self-reported stressors with reported coping behaviors to more clearly understand patterns in approach or avoidance-oriented coping, alongside any prospective associations between such behaviors and mental health outcomes. In addition, while exploring associations between mental health impacts mentioned and demographic variables was not the focus of this study, it is an important future direction that will enable us to effectively target health messaging and preventive intervention such that it reaches those men with whom it is most likely to resonate and achieve positive behavioral change.

To conclude, this study provides qualitative evidence of the far-reaching consequences of the COVID-19 pandemic for men's mental health, across lifestyle, functioning and social domains, with several notable unprecedented anxieties reported. In addition, men reported a range of coping behaviors, many of which could be considered maladaptive, where others were aligned with improving health and wellbeing. This

signals adaptability and resilience among most men, which is important to highlight and build upon given the continuity of the pandemic and the potential for future large-scale restrictive actions such as those experienced at-large since March 2020.

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### References

- Abate, B. B., Kassie, A. M., Kassaw, M. W., Aragie, T. G., & Masresha, S. A. (2020). Sex difference in coronavirus disease (COVID-19): A systematic review and meta-analysis. *BMJ Open*, *10*, Article e040129.
- Andreeva, E., Hanson, L. L. M., Westerlund, H., Theorell, T., & Brenner, M. H. (2015). Depressive symptoms as a cause and effect of job loss in men and women: Evidence in the context of organizational downsizing from the Swedish Longitudinal Occupational Survey of Health. *BMC Public Health*, *15*(1), 1–11.
- Bai, Y., Lin, C. C., Lin, C. Y., Chen, J. Y., Chue, C. M., & Chou, P. (2004). Survey of stress reactions among health care workers involved with the SARS outbreak. *Psychiatric Services*, *55*(9), 1055–1057. <https://doi.org/10.1176/appi.ps.55.9.1055>
- Barreto, M., Victor, C., Hammond, C., Eccles, A., Richins, M. T., & Qualter, P. (2021). Loneliness around the world: Age, gender, and cultural differences in loneliness. *Personality and Individual Differences*, *169*, 110066. <https://doi.org/10.1016/j.paid.2020.110066>
- Braun, V., Clarke, V., Boulton, E., Davey, L., & McEvoy, C. (2021). The online survey as a qualitative research tool. *International Journal of Social Research Methodology*, *24*(6), 641–654. <https://doi.org/10.1080/13645579.2020.1805550>
- Brenner, M. H., & Bhugra, D. (2020). Acceleration of anxiety, depression, and suicide: Secondary effects of economic disruption related to COVID-19. *Frontiers in Psychiatry*, *11*, 592467. <https://doi.org/10.3389/fpsy.2020.592467>
- Brownhill, S., Wilhelm, K., Barclay, L., & Parker, G. (2002). Detecting depression in men: A matter of guesswork. *International Journal of Men's Health*, *1*(3), 259–280. <https://doi.org/10.3149/jmh.0103.259>
- Bush, K., Kivlahan, D. R., McDonell, M. B., Fihn, S. D., & Bradley, K. A., & Ambulatory Care Quality Improvement Project. (1998). The AUDIT alcohol consumption questions (AUDIT-C): An effective brief screening test for problem drinking. *Archives of Internal Medicine*, *158*(16), 1789–1795.
- Canadian Institute for Health Information. (2020). *COVID-19 intervention timeline in Canada*. <https://www.cihi.ca/en/covid-19-intervention-timeline-in-canada>
- Chandler, A. (2021). Masculinities and suicide: Unsettling “talk” as a response to suicide in men. *Critical Public Health*, online publication ahead of print, 1–10.
- Checkrout, S. R., Gueorguieva, R., Zheutlin, A. B., Paulus, M., Krumholz, H. M., Krystal, J. H., & Checkrout, A. M. (2018). Association between physical exercise and mental health in 1.2 million individuals in the USA between 2011 and 2015: A cross-sectional study. *The Lancet Psychiatry*, *5*(9), 739–746. [https://doi.org/10.1016/S2215-0366\(18\)30227-X](https://doi.org/10.1016/S2215-0366(18)30227-X)
- Cheng, P. X., Park, H., & Gatt, J. M. (2021). Approach coping mitigates distress of COVID-19 isolation for young men with low well-being in a sample of 1,749 youth from Australia and the USA. *Frontiers in Psychiatry*, *12*, Article 634925. <https://doi.org/10.3389/fpsy.2021.634925>
- Chew, Q. H., Wei, K. C., Vasoo, S., Chua, H. C., & Sim, K. (2020). Narrative synthesis of psychological and coping responses towards emerging infectious disease outbreaks in the general population: Practical considerations for the COVID-19 pandemic. *Singapore Medical Journal*, *61*(7), 350–356. <https://doi.org/10.11622/smedj.2020046>
- Chuck, C. D., Greenfeld, J. M., Greenberg, S. T., Shepard, S. J., Cochran, S. V., & Haley, J. T. (2009). A qualitative investigation of depression in men. *Psychology of Men & Masculinities*, *10*(4), 302–313. <https://doi.org/10.1037/a0016672>
- Clapperton, A., Newstead, S., Bugeja, L., & Pirkis, J. (2019). Relative risk of suicide following exposure to recent stressors, Victoria, Australia. *Australian and New Zealand Journal of Public Health*, *43*(3), 254–260. <https://doi.org/10.1111/1753-6405.12886>
- Coleman, D., Kaplan, M. S., & Casey, J. T. (2011). The social nature of male suicide: A new analytic model. *International Journal of Men's Health*, *10*(3), 240–252. <https://doi.org/10.3149/jmh.1003.240>
- Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science & Medicine*, *50*(10), 1385–1401. [https://doi.org/10.1016/S0277-9536\(99\)00390-1](https://doi.org/10.1016/S0277-9536(99)00390-1)
- Coyne, S. M., Rogers, A. A., Zurcher, J. D., Stockdale, L., & Booth, M. (2020). Does time spent using social media impact mental health? An eight year longitudinal study.

- Computers in Human Behavior*, 104, Article 106160. <https://doi.org/10.1016/j.chb.2019.106160>
- Cunningham, R., Milner, A., Gibb, S., Rijnberg, V., Disney, G., & Kavanagh, A. M. (2021). Gendered experiences of unemployment, suicide and self-harm: A population-level record linkage study. *Psychological Medicine*, online publication ahead of print, 1–9. <https://doi.org/10.1017/S0033291721000994>
- dos Santos, E., Silva de Paula, J. L., Tardieux, F. M., Costa-E-Silva, V. N., Lal, A., & Leite, A. (2021). Association between COVID-19 and anxiety during social isolation: A systematic review. *World Journal of Clinical Cases*, 9(25), 7433–7444. <https://doi.org/10.12998/wjcc.v9.i25.7433>
- Ellison, J. M., Semlow, A. R., Jaeger, E. C., & Griffith, D. M. (2021). COVID-19 and MENTal health: Addressing men’s mental health needs in the digital world. *American Journal of Men’s Health*, 15(4), 1–4. <https://doi.org/10.1177/15579883211030021>
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107–115. <https://doi.org/10.1111/j.1365-2648.2007.04569.x>
- Fiori, K. L., & Denckla, C. A. (2012). Social support and mental health in middle-aged men and women: a multidimensional approach. *Journal of Aging and Health*, 24(3), 407–438. <https://doi.org/10.1177/0898264311425087>
- Gallasso, V., Pons, V., Profeta, P., Becher, M., Brouard, S., & Foucault, M. (2020). Gender differences in COVID-19 attitudes and behavior: Panel evidence from eight countries. *Proceedings of the National Academy of Sciences of the United States of America*, 117(44), 27285–27291. <https://doi.org/10.1073/pnas.2012520117>
- Gonals-Pons, P., & Gangl, M. (2021). Marriage and masculinity: Male-breadwinner culture, unemployment, and separation risk in 29 countries. *American Sociological Review*, 86(3), 465–502. <https://doi.org/10.1177/00031224211012442>
- Greenglass, E., Chiacchia, D., & Fiskensbaum, L. (2021). Investigating COVID-19 stress and coping: Substance use and behavioural disengagement. *International Journal of Psychology/Journal International de Psychologie*, 57(3), 325–335. <https://doi.org/10.1002/ijop.12820>
- Groth, N., Schnyder, N., Kaess, M., Markovic, A., Rietschel, L., Moser, S., Michel, C., Schultze-Lutter, F., & Schmidt, S. J. (2019). Coping as a mediator between locus of control, competence beliefs, and mental health: A systematic review and structural equation modelling meta-analysis. *Behaviour Research and Therapy*, 121, 103442. <https://doi.org/10.1016/j.brat.2019.103442>
- Gurvich, C., Thomas, N., Thomas, E. H., Hudaib, A. R., Sood, L., Fabiatis, K., Sutton, K., Isaacs, A., Arunogiri, S., Sharp, G., & Kulkarni, J. (2021). Coping styles and mental health in response to societal changes during the COVID-19 pandemic. *The International Journal of Social Psychiatry*, 67(5), 540–549. <https://doi.org/10.1177/0020764020961790>
- Jenkins, E. K., McAuliffe, C., Hirani, S., Richardson, C., Thomson, K. C., McGuinness, L., Morris, J., Kousoulis, A., & Gadermann, A. (2021). A portrait of the early and differential mental health impacts of the COVID-19 pandemic in Canada: Findings from the first wave of a nationally representative cross-sectional survey. *Preventive Medicine*, 145, 106333. <https://doi.org/10.1016/j.ypmed.2021.106333>
- Jordan, J., McKenna, H., Keeney, S., Cutcliffe, J., Stevenson, C., Slater, P., & McGowan, I. (2012). Providing meaningful care: Learning from the experiences of suicidal young men. *Qualitative Health Research*, 22(9), 1207–1219. <https://doi.org/10.1177/1049731512468888>
- Kämpfen, F., Kohler, I. V., Ciancio, A., Bruine de Bruin, W., Maurer, J., & Kohler, H. P. (2020). Predictors of mental health during the Covid-19 pandemic in the US: Role of economic concerns, health worries and social distancing. *PLOS ONE*, 15(11), Article e0241895. <https://doi.org/10.1371/journal.pone.0241895>
- Kar, N., Kar, B., & Kar, S. (2021). Stress and coping during COVID-19 pandemic: Result of an online survey. *Psychiatry Research*, 295, 113598. <https://doi.org/10.1016/j.psychres.2020.113598>
- Kawohl, W., & Nordt, C. (2020). COVID-19, unemployment, and suicide. *The Lancet Psychiatry*, 7(5), 389–390. [https://doi.org/10.1016/S2215-0366\(20\)30141-3](https://doi.org/10.1016/S2215-0366(20)30141-3)
- Kleinheksel, A. J., Rockich-Winston, N., Tawfik, H., & Wyatt, T. R. (2020). Demystifying content analysis. *American Journal of Pharmaceutical Education*, 84(1), Article 7113. <https://doi.org/10.5688/ajpe7113>
- Kroenke, K., Spitzer, R. L., Williams, J. B., & Löwe, B. (2009). An Ultra-Brief Screening Scale for anxiety and depression: The PHQ-4. *Psychosomatics*, 50(6), 613–621. <https://doi.org/10.1093/psyc/50.6.613>
- Levant, R. F., & Wimer, D. J. (2014). The relationship between conformity to masculine norms and men’s health behaviors: Testing a multiple mediator model. *International Journal of Men’s Health*, 13(1), 22–41. <https://doi.org/10.3149/jmh.1301.22>
- Livingston, J. D., Youssef, G. J., StGeorge, J., Wynter, K., Dowse, E., Francis, L. M., Di Manno, L., Teague, S., Demmer, D., Collins, S., Wilford, E., Leach, L., Melvin, G. A., & Macdonald, J. A. (2021). Paternal coping and psychopathology during the perinatal period: A mixed studies systematic review and meta-analysis. *Clinical Psychology Review*, 86, 102028. <https://doi.org/10.1016/j.cpr.2021.102028>
- Lomas, T., Cartwright, T., Edginton, T., & Ridge, D. (2016). New ways of being a man: “Positive” hegemonic masculinity in meditation-based communities of practice. *Men and Masculinities*, 19(3), 289–310. <https://doi.org/10.1177/1097184X15578531>
- Mahalik, J. R., Bianca, M. D., & Harris, M. P. (2021). Men’s attitudes toward mask-wearing during COVID-19: Understanding the complexities of mask-wearing. *Journal of Health Psychology*, 27, 1187–1204. <https://doi.org/10.1177/1359105321990793>
- Martin, L. A., Neighbors, H. W., & Griffith, D. M. (2013). The experience of symptoms of depression in men vs women: Analysis of the National Comorbidity Survey Replication. *JAMA Psychiatry*, 70(10), 1100–1106. <https://doi.org/10.1093/psyc/70.10.1100>
- McKenzie, S. K., Collings, S., Jenkin, G., & River, J. (2018). Masculinity, social connectedness, and mental health: Men’s diverse patterns of practice. *American Journal of Men’s Health*, 12(5), 1247–1261. <https://doi.org/10.1177/1557988318772732>
- Mishra, J., Samanta, P., Panigrahi, A., Dash, K., Behera, M. R., & Das, R. (2021). Mental health status, coping strategies during Covid-19 pandemic among undergraduate students of healthcare profession. *International Journal of Mental Health and Addiction*. Online publication ahead of print, 1–13. <https://doi.org/10.1007/s11469-021-00611-1>

- Moreland, A., Herlihy, C., Tynan, M. A., Sunshine, G., McCord, R. F., Hilton, C., Poovey, J., Werner, A. K., Jones, C. D., Fulmer, E. B., Gundlapalli, A. V., Strosnider, H., Potvien, A., Garcia, M. C., Honeycutt, S., Baldwin, G., CDC Public Health Law Program; CDC COVID-19 Response Team, Mitigation Policy Analysis Unit. (2020). Timing of state and territorial COVID-19 stay-at-home orders and changes in population movement—United States, March 1–May 31, 2020. *Morbidity and Mortality Weekly Report*, *69*(35), 1198.
- Nolen-Hoeksema, S., & Aldao, A. (2011). Gender and age differences in emotion regulation strategies and their relationship to depressive symptoms. *Personality and Individual Differences*, *51*(6), 704–708. <https://doi.org/10.1016/j.paid.2011.06.012>
- Ogrodniczuk, J. S., Rice, S. M., Kealy, D., Seidler, Z. E., Delara, M., & Oliffe, J. L. (2021). Psychosocial impact of the COVID-19 pandemic: A cross-sectional study of online help-seeking Canadian men. *Postgraduate Medicine*, *133*(7), 750–759. <https://doi.org/10.1080/00325481.2021.1873027>
- Ogrodniczuk, J., Oliffe, J., & Beharry, J. (2018). HeadsUpGuys: Canadian online resource for men with depression. *Canadian Family Physician*, *64*(2), 93–94.
- Ogueji, I. A., Okoloba, M. M., & Demoko Ceccaldi, B. M. (2021). Coping strategies of individuals in the United Kingdom during the COVID-19 pandemic. *Current Psychology*. Advance online publication, 1–3. <https://doi.org/10.1007/s12144-020-01318-7>
- Oliffe, J. L., Broom, A., Pops, M., Jenkins, E. K., Rice, S. M., Ferlatte, O., & Rossnagel, E. (2019). Unpacking social isolation in men's suicidality. *Qualitative Health Research*, *29*(3), 315–327.
- Oliffe, J. L., Han, C. S., Ogrodniczuk, J. S., Phillips, J. C., & Roy, P. (2011). Suicide from the perspectives of older men who experience depression: A gender analysis. *American Journal of Men's Health*, *5*(5), 444–454. <https://doi.org/10.1177/1557988311408410>
- Oliffe, J. L., Kelly, M. T., Gonzalez Montaner, G., Seidler, Z. E., Ogrodniczuk, J. S., & Rice, S. M. (2022). Masculinity and mental illness in and after men's intimate partner relationships. *Qualitative Research in Health*, *2*, 100039. <https://doi.org/10.1016/j.ssmqr.2022.100039>
- Pandya, A., & Lodha, P. (2021). Social connectedness, excessive screen time during COVID-19 and mental health: A review of current evidence. *Frontiers in Human Dynamics*, *45*, Article 684137. <https://doi.org/10.3389/fhumd.2021.684137>
- Pfefferbaum, B., & North, C. S. (2020). Mental health and the Covid-19 pandemic. *New England Journal of Medicine*, *383*(6), 510–512.
- Pietrabissa, G., & Simpson, S. G. (2020). Psychological consequences of social isolation during COVID-19 outbreak. *Frontiers in Psychology*, *11*, Article 2201.
- Racine, N., McArthur, B. A., Cooke, J. E., Eirich, R., Zhu, J., & Madigan, S. (2021). Global Prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19: A meta-analysis. *JAMA Pediatrics*, *175*(11), 1142–1150. <https://doi.org/10.1001/jamapediatrics.2021.2482>
- Rice, S. M., Fallon, B. J., Aucote, H. M., & Möller-Leimkühler, A. M. (2013). Development and preliminary validation of the male depression risk scale: Furthering the assessment of depression in men. *Journal of Affective Disorders*, *151*(3), 950–958.
- Richardson, C., Robb, K. A., McManus, S., & O'Connor, R. C. (2022). Psychosocial factors that distinguish between men and women who have suicidal thoughts and attempt suicide: Findings from a national probability sample of adults. *Psychological Medicine*. Advance online publication, 1–9. <https://doi.org/10.1017/S0033291721005195>
- Ross, V., Caton, N., Gullestrup, J., & Kølves, K. (2019). Understanding the barriers and pathways to male help-seeking and help-offering: A mixed methods study of the impact of the Mates in Construction Program. *International Journal of Environmental Research and Public Health*, *16*(16), 2979.
- Scourfield, J., & Evans, R. (2015). Why might men be more at risk of suicide after a relationship breakdown? Sociological insights. *American Journal of Men's Health*, *9*(5), 380–384.
- Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., & Dhillon, H. M. (2016). The role of masculinity in men's help-seeking for depression: A systematic review. *Clinical Psychology Review*, *49*, 106–118. <https://doi.org/10.1016/j.cpr.2016.09.002>
- Seidler, Z. E., Wilson, M. J., Oliffe, J. L., Kealy, D., Toogood, N., Ogrodniczuk, J. S., & Rice, S. M. (2021). “Eventually, I Admitted, ‘I Cannot Do This Alone’”: Exploring Experiences of Suicidality and Help-Seeking Drivers Among Australian Men. *Frontiers in Sociology*, *6*, 727069. <https://doi.org/10.3389/fsoc.2021.727069>
- Seidler, Z. E., Wilson, M. J., Rice, S. M., Kealy, D., Oliffe, J. L., & Ogrodniczuk, J. S. (2020). Virtual connection, real support? A study of loneliness, time on social media and psychological distress among men. *The International Journal of Social Psychiatry*, *68*(2), 288–293. <https://doi.org/10.1177/0020764020983836>
- Spendelov, J. S. (2015). Men's self-reported coping strategies for depression: A systematic review of qualitative studies. *Psychology of Men & Masculinities*, *16*(4), 439–447. <https://doi.org/10.1037/a0038626>
- Spendelov, J. S., & Seidler, Z. E. (2020). Men's self-initiated coping strategies across medical, psychological, and psychosocial issues: A systematic review. *Psychology of Men & Masculinities*, *21*(1), 106–123. <https://doi.org/10.1037/men0000216>
- Walther, A., Grub, J., Tsar, S., Ehlert, U., Heald, A., Perrin, R., & Eggenberger, L. (2021, August 19). Status loss due to COVID-19, traditional masculinity, and the prediction of suicidal ideation and recent suicide attempts. *PsyArXiv*. <https://doi.org/10.31234/osf.io/h3qy6>
- Wang, X., Li, Y., & Fan, H. (2019). The associations between screen time-based sedentary behavior and depression: A systematic review and meta-analysis. *BMC Public Health*, *19*(1), 1–9.



- Wardell, J. D., Kempe, T., Rapinda, K. K., Single, A., Bilevicius, E., Frohlich, J. R., Hendershot, C. S., & Keough, M. T. (2020). Drinking to cope during COVID-19 pandemic: The role of external and internal factors in coping motive pathways to alcohol use, solitary drinking, and alcohol problems. *Alcoholism, Clinical and Experimental Research*, *44*(10), 2073–2083. <https://doi.org/10.1111/acer.14425>
- Wester, S. R., Christianson, H. F., Vogel, D. L., & Wei, M. (2007). Gender role conflict and psychological distress: The role of social support. *Psychology of Men & Masculinities*, *8*(4), 215–224. <https://doi.org/10.1037/1524-9220.8.4.215>
- Whittle, E. L., Fogarty, A. S., Tugendrajch, S., Player, M. J., Christensen, H., Wilhelm, K., Hadzi-Pavlovic, D., & Proudfoot, J. (2015). Men, depression, and coping: Are we on the right path? *Psychology of Men & Masculinities*, *16*(4), 426–438. <https://doi.org/10.1037/a0039024>
- World Health Organization. (2020). *WHO timeline—COVID-19*. <https://www.who.int/news-room/detail/27-04-2020-who-timeline—covid-19>