



Correspondence

Dr Zoe Wyatt

Wyatt Potage Consulting, Australia

- Received Date: 15 Oct 2025
- Accepted Date: 23 Oct 2025
- Publication Date: 25 Oct 2025

Copyright

© 2025 Authors. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International license.

Beers, Barbecues & Biochemistry: Exploring Social Neuroscience in Men's Mental Health

Zoe Wyatt

Wyatt Potage Consulting, Australia

Abstract

Men's mental health can be better understood by examining how the brain and body respond to everyday social situations. Drawing on neuroscience and biochemistry, this article explains how low-evaluation settings make talking easier for men and how high-evaluation settings make it harder. Two ideas are central. First, feeling watched or judged pushes the body toward a protective state that narrows attention and makes speech effortful, which lowers the likelihood of open conversation and help-seeking. Second, steady and familiar activity carried out side by side, such as cooking, fixing something or walking, supports physiological regulation and co-regulation, that is, settling within a person and together with another. As regulation improves, thinking broadens and words become more available. Culture and identity shape these responses by setting expectations for how men should speak, listen and carry responsibility. Where roles and routines are familiar and respectful, the social cost of opening up is lower and a step toward help becomes more acceptable. The article describes how settings that are predictable, that share simple tasks and that minimise the feeling of being under a spotlight create calmer ground for talk. By showing how bodily state, shaped by context, alters conversation and the acceptability of seeking help, the article offers clear, usable principles for everyday practice in homes, community spaces and services.

Introduction

Men's mental health remains a public health priority in many countries, with consistently higher suicide mortality and lower help-seeking than is observed among women [1]. Surveillance and international guidance point to approaches that improve the conditions under which men talk, decide and accept support, alongside wider service improvements [2,3]. The question that follows is practical: which features of everyday situations make open conversation more likely for men, and how can those features be used with care in homes, community spaces and services? In Australia and many comparable contexts, that often looks like low-stakes routines built around food and sport: a backyard barbecue, a snag after community sport, or a quiet drink at a local pub, familiar scripts that lower evaluation and lengthen speech.

This article uses a social neuroscience lens to explain how context shapes conversation. Two processes are central. Perceived evaluation increases defensive responding and narrows attention, which shortens speech and limits detail [4]. Regulation and co-regulation (settling within a person and together with another) reduce arousal and support steady engagement [5,6]. Predictable, shared activity provides cues of safety that

help the nervous system return toward balance [7]. As regulation improves, attention broadens and language becomes more available [4]. In practical terms, feeling less watched and more alongside another person lowers the social cost of speaking, which increases the chance that a practical exchange can widen into a more personal one [8]. These same dynamics help explain the usefulness of brief, structured supports once a concern has been voiced; safety planning and short, caring follow-ups reduce near-term risk and maintain connection after first contact [6,9,10].

Culture and identity supply the scripts men use to judge what is acceptable in talk and care. These scripts are learned and reinforced in families, peer groups, workplaces, faith communities and media, and they organise expectations about how to speak, listen and carry responsibility [11-13]. When a setting acknowledges valued roles such as partner, father, friend or worker and uses language that preserves competence, men can raise difficulties without status loss; when the fit is poor, disclosure feels costly and is often postponed [14,15]. Designing interactions to match local role expectations means adjusting pacing, task structure and invitations so they sit comfortably within those identities, while avoiding stereotyping by taking cues from how men describe their responsibilities in that context [12,14,16].

Citation: Wyatt Z. Beers, Barbecues & Biochemistry: Exploring Social Neuroscience in Men's Mental Health. Psychiatry Behav Health. 2025;4(1):1-6.

This paper is explanatory in purpose. It connects familiar interaction patterns to findings from neuroscience and biochemistry, then shows how those findings guide simple choices in everyday settings such as cooking together, completing a task or walking. The argument moves from clear definitions to practical design: what predictability looks like in real time, how shared action steadies attention, and why reducing the spotlight lowers the social cost of speaking. Each concept is translated into cues that can be recognised and reproduced, so routines become reliable entry points for longer, clearer conversation and more acceptable steps toward help.

Identity, culture and men's social behaviour

How masculine identities are learned, ranked and practiced

Men's identities are built through social learning, group membership and everyday practice [17]. From childhood, boys observe and imitate valued models and are differentially rewarded or sanctioned for displays of toughness, emotional control and achievement [18]. These expectations are not only taught explicitly by parents and teachers; they are also absorbed implicitly through observation of older males, popular media and sport, becoming part of a practical "feel for the game" that guides conduct without constant deliberation [19-21]. Over time, these lessons settle into taken-for-granted habits of posture, speech and preference that mark out what counts as appropriate behaviour for "someone like me" [22].

Identity is also group-based [21]. People derive meaning from the social categories they belong to and tend to adopt and defend in-group norms, especially in public or status-relevant contexts [21,23]. Masculinity functions as one such category. In male peer groups, reputational stakes are salient, and men are often evaluated by other men for how well they embody local standards [24,25]. This homosocial arena helps to explain why some expectations persist even when they are privately costly: approval and status flow to those who conform, while rule-breakers risk ridicule or exclusion [26].

Scholars describe the hierarchical organisation of these expectations as hegemonic masculinity [27]. At any time and place, one pattern of manhood is culturally idealised and positioned as the most legitimate, while other masculinities are positioned below it as complicit, subordinate or marginal [27]. The hegemonic pattern is not fixed across societies or eras. It shifts with institutions, economies and media [27]. A related account stresses that manhood is precarious [28]. Unlike womanhood, which is often treated as a stable social status, manhood is framed as a status that must be earned and can be lost, especially through perceived softness or failure to protect and provide [28]. Because the status can feel tenuous, men may engage in identity repair when they sense that their masculinity is under question, for example by displaying toughness, competitiveness or risk-taking in front of male peers [13,29].

Culture specifies which masculine performances are rewarded. In honour cultures, common in parts of the American South and in other herding histories, reputations for strength and readiness to retaliate are valued, and affronts require response to maintain status [30]. In occupational cultures such as the construction trades, masculine standing is organised around competence under pressure, stamina and reliability to the crew; banter and stoicism act as informal tests of fit [31]. In sporting cultures, ideals of sacrifice, pain tolerance and team loyalty are central, which shapes how men talk and act in and around teams [32].

In faith communities, scriptural and congregational models of fatherhood and leadership set boundaries for acceptable emotional expression and care, with considerable variation across denominations and local leadership [33-35]. In urban gay peer cultures, masculinity is often negotiated in ways that relax some traditional rules and value authenticity, while new standards of presentation, competence or control can emerge in their place [36-38]. Across settings, the same individual may adjust language, display and stance because each context rewards a different mix of traits [37].

Families and schools establish early templates, but peers and media do much of the day-to-day policing [27]. Boys and men learn quickly which displays earn laughter, attention or admiration [38,39]. Television, film, gaming and social platforms then amplify certain plots of manhood and suppress others [40]. Repetition matters: recurrent images of stoic heroes, competent fixers or invulnerable leaders become reference points that shape what feels natural to say and do [27,32]. Identity is not only what one is but also what one does [13,29]. Everyday identity work includes choosing clothes and tools, managing posture and voice, selecting topics of talk, and performing care in ways that do not invite loss of standing [41]. Men often signal reliability through task focus and humour, or by helping without naming it as care [38,39]. Because these practices are public, they are sensitive to the audience [27]. A man may speak one way in a work crew, another in a faith group, and another with old friends, not out of inauthenticity but because each arena carries different expectations and sanctions [27,42].

Masculine identities are not only restrictive; they can also organise purpose and solidarity [43]. When scripts emphasise provision, responsibility and loyalty, they can sustain perseverance and mutual aid [27,42]. The same norms that sometimes police boundaries can mobilise support when care is framed as part of the role [27]. In sport, coaching cultures that valorise team duty can legitimately include rest and recovery as "good teamwork," which authorises care without status loss [32]. In faith settings, congregational models of fatherhood and leadership can frame mutual support as faithful responsibility, similarly permitting care while maintaining standing [33-35]. Inclusive masculinity research also shows that in some peer contexts, authenticity and prosocial responsibility are recognised as masculine competencies, further widening room for supportive practices [36,37]. Cultural change often works by redirecting these valued ideals toward healthier practices rather than rejecting them outright [27,32]. In practice, hosting a barbecue or bringing a six-pack (or zero-alcohol option) lets care be offered as competence and reliability, not overt counselling.

Intersectional positions and population patterns

Identity is also intersectional. Class, race, ethnicity and sexuality shape which masculine options feel available and legitimate [43-45]. Population research in Australia maps a cluster of expectations around self-sufficiency, toughness and control, linking stronger endorsement to poorer mental-health indicators and riskier behaviours [15]. What counts as "doing manhood well" varies with classed environments. In working-class construction settings, social standing accrues to manual proficiency, sustained effort, and reliability to one's crew, while ribbing and restrained self-presentation serve as everyday benchmarks of belonging [31,43]. Professional settings tend to prize self-management and competitive achievement, encouraging men to emphasise autonomy and performance [27,32]. These contrasts reflect how institutions organise

multiple masculinities, privileging different traits and displays in different contexts [27,45].

Racialisation adds another layer. Racialised men often face closer scrutiny and stronger stereotyping, which narrows the range of performances that feel safe and raises the social stakes of missteps [32]. The same behaviour can be read differently depending on who performs it and in what setting, reinforcing unequal risks and rewards [27,44,45]. Taken together, these layered positions help to explain why there is no single “men’s culture,” but many masculinities with different costs and rewards [15,45].

Across these strands, a consistent picture emerges. Men’s social behaviour reflects learned rules, ranked models of manhood and the situational work required to maintain standing [27,32]. Social learning builds early habits [18]. Group processes align conduct with in-group norms [31,46]. Cultural hierarchies define what is ideal, and precariousness keeps men alert to evaluation [27,28,31]. Settings such as work, sport, family, faith and peer networks then supply concrete tests and rewards [31-33,35]. Intersectional positions alter the menu of legitimate options [44,45]. Together, these forces help explain why the same man may act differently across contexts, and why identity remains visible as practice rather than abstract belief. Local scripts also determine which routines feel acceptable to begin with, so the same design features work best when they are matched to the roles men value in that setting [15,27].

How the brain and body shape conversation

Helpful conversation is easier to build when the brain and body sit within a workable physiological range. In that range, attention can shift, words come without strain, and cortical systems used for planning and social judgment remain engaged [4,47]. The range is shaped by fast, automatic responses that prepare a person either to connect or to protect [4]. When perceived evaluation increases, threat responses rise and language tends to shorten; when safety cues are present, engagement deepens and turn-taking smooths out [48,49]. These shifts are rapid and sensitive to context, including what hands are doing, how predictable the sequence feels, and whether the interaction carries a sense of being judged [49,50]. In men’s everyday settings such as kitchens, sheds, worksites and team environments, three ingredients are especially relevant and modifiable.

First, the autonomic set point

The autonomic nervous system continually nudges the body toward mobilisation or toward calm social engagement [51]. Vagal pathways are central to this balance. When cardio-vagal influence is adequate, heart rate varies naturally with the breath, facial muscles relax, and vocal prosody tends to be warmer and more variable [7]. These signals ease turn-taking because they reduce the other person’s need to scan for threat, which makes speaking and shifting perspective feel easier [47]. When vagal influence drops, monitoring increases variable [7]. People scan the environment, keep answers short, and default to practical talk that requires less self-exposure variable [7]. These changes reflect state, not willpower, and they follow cues in the setting. Small adjustments that lower vigilance, such as a predictable sequence, side-by-side positioning, or a simple shared task, help keep vagal engagement online and conversation more workable [7,47,49].

Second, rhythmic action and shared timing

Light, repetitive movements such as chopping, sweeping,

packing tools, or walking at a common pace provide a simple rhythm for the nervous system to track [52]. Barbecue tasks are an archetype: flip, season, plate, carry; simple rhythms that reduce monitoring load and create brief synchrony. Coordinating attention and movement with another person produces brief episodes of behavioural synchrony that support affiliation and cooperation [50,53,54]. The mechanism is straightforward. Rhythm simplifies prediction [52]. When the next step is easy to anticipate, fewer resources are spent on monitoring and more are available for listening and choosing words [55]. Even spontaneous gait matching during a walk illustrates how synchrony emerges and helps coordination without effort [55]. In male-dominated spaces where doing things side by side is common, building in small, shared rhythms can widen the window for reflective talk [55,56].

Third, the chemistry that tracks threat and affiliation

Hormonal signals shift with context. Cortisol and noradrenaline typically rise in social-evaluative or performance settings and help deliver speed and focus, but they narrow bandwidth for reflection and extended language [48]. Conditions that feel orderly and non-adversarial allow these levels to recede toward baseline [57,58]. At the same time, supportive social contact can engage oxytocin systems and reward circuits, which is one reason cooperative tasks feel quietly satisfying and people are more willing to continue the interaction [57,58]. The absolute biochemical shifts are small, yet the subjective effect is noticeable: conversation feels less like work, pauses lengthen, and it becomes easier to say difficult things without losing the thread [57,58].

How these ingredients work together

In ordinary men’s settings the three ingredients combine predictably. A steady sequence and a modest shared task support vagal engagement, reduce environmental monitoring, introduce moments of synchrony, and tilt chemistry toward affiliation [7,51,52]. When roles are clear and movements are lightly coordinated, there are fewer surprises to manage and more capacity for listening and word-finding. [55,56]. Practically, pauses lengthen, eye contact feels less costly, and it is easier to describe what is going on without losing track of the point [51]. This is one reason a three-role barbecue station; one cooking, one plating, one ferrying food, often yields longer, calmer talk than a face-to-face sit-down. Laboratory work shows that even brief, supportive co-presence can dampen neural responses to threat, a bridge from everyday co-activity to more confident speech in kitchens, sheds and worksites [49].

Help-seeking behaviour: from social cost to workable action

Help-seeking starts with a social reading. Before symptoms are named, men often ask a quieter question: what will this say about me here [22]. When the anticipated answer is “weak” or “unreliable,” disclosure shrinks and delay becomes likely [59]. This appraisal is not only external. Self-stigma makes the act of seeking help feel like a personal failure, which lowers positive attitudes toward care and reduces intention to use it, even when symptoms are significant [60,61].

Once the social price feels payable, progress is easier if the path is simple. Across youth and adult samples, movement into help tends to follow a small sequence: recognising a problem, deciding to act, choosing a source, and taking the first step [62]. Each step is more likely when the setting preserves competence and reciprocity [62]. Side-by-side activity with a predictable order lowers evaluation and gives a natural moment

to turn practical talk into a brief check-in [62]. A host might ask while tending the grill, ‘How has sleep been this week?’ or ‘What’s been the hardest part of work lately?’: a single, time-bound question that keeps identity costs low. A single, specific invitation works better than a broad inquiry because it asks for less identity risk and less verbal effort [62].

Short, structured supports are effective because they convert that moment into action and keep momentum [9]. A safety plan offers a concrete script for the next twenty-four hours, which reduces near-term risk and gives the first decision immediate effect [9]. Caring contacts after the first step are small in workload but large in impact; they maintain connection, reduce drop-off and are associated with lower self-harm and suicide outcomes across multiple trials and service contexts [10,63]. These tools work best when framed to fit identity. Presenting an appointment, a call or a check-in as a way to steady work, family or team responsibilities aligns help with roles men value, which reduces the sense of status loss and increases follow-through [22,59,61].

In practice, the sequence is modest. Lower evaluation, so speaking is possible. Make one clear, role-congruent ask. Translate the opening into a near-term step, then keep a light thread of contact. None of these moves require specialised language. They rely on timing, respect and a design that makes the next action easy to take.

Applying the design in everyday settings

This section translates the earlier account into simple patterns that can be used in real settings. Each example is built from three features that work together. Predictable order means a short sequence with a beginning, middle and end, so everyone knows what happens next. Shared action means light, coordinated tasks that keep hands occupied and attention aligned. Reduced spotlight means a side-by-side stance and language that avoids putting anyone on show. Used together, these features make it easier to talk, to listen and to take a small next step toward help, while preserving dignity and role competence. The patterns below apply the prior mechanisms to routine activities men already do, so they are easy to use without special language or training.

Shared kitchen, 12–15 minutes

Set a short sequence with clear roles, such as preparing and plating a simple dish or tending a barbecue. Hands are lightly occupied and attention is shared, which lowers monitoring load and keeps engagement workable. Begin with practical talk about the task. After three to five minutes, invite one specific, time-bound check-in, for example, “What has been the hardest part of this week?” or “How has sleep been since Monday?” Listen for a minute or two without moving to solutions. If concern surfaces, close with one next step for the next 24 hours, such as sending a message together, or agreeing on a brief check-in the following day. The predictable sequence and side-by-side stance reduce perceived evaluation, supporting longer speech and smoother turn-taking [7,50].

Shed or worksite pack-down, about 10 minutes

Use an existing routine to anchor the interaction. Where crews finish with a quick barbecue at the yard or jobsite, keep the order consistent and avoid turning the meal into a performance moment. Allocate small, coordinated tasks so people work in parallel. Keep the pace steady and avoid spotlight moments such as stopping the whole activity to “have a talk.” When movement has settled, invite one concrete update on work, home, or sleep.

If a problem is named, translate it into a near-term action that fits the role at hand, for example arranging a GP appointment “to be steadier at work this week,” or texting a trusted person before tomorrow’s shift. Coordination and low spotlight make it easier to shift from practical exchange to reflective talk, and a role-congruent frame lowers the identity cost of acting [50,59].

Short walk, 8–12 minute

Choose a familiar route and a comfortable pace. Walking naturally reduces face-to-face appraisal and supplies gentle rhythmic timing. Open with neutral ground, then make a single, specific invitation such as, “How have mornings been feeling this month?” If risk is present, pair the calmer moment with a safety step, for example adding one item to a safety plan or agreeing on brief caring contact later that day. End by naming the next small action and when it will occur. Even brief, supportive co-presence can dampen neural responses to threat, which helps the invitation land and increases the chance of an acceptable step toward care [9,49,64].

Team huddle at shift change, 5 minutes

Keep the order consistent. One person outlines the plan, two people assign small roles, and one person closes with a quick check on workload and sleep. Invite a single concern to be parked for a one-to-one conversation after the first hour of the shift. This preserves competence, protects status and creates a clear corridor to follow up in private. The steady sequence and visible roles reduce uncertainty, while the scheduled one-to-one provides protected time for more personal talk if needed [7,62].

Community sport pack-up, 10 minutes

Packing equipment after training or working the sausage sizzle provides predictable tasks and light coordination. Use the routine to ask one specific question about the week ahead and listen briefly. If support is indicated, offer to make a call together from the car park, share a service link by text, or set a check-in before the next session. Repeating the same pattern each week makes the setting reliably low in evaluation and increases the likelihood that concerns surface earlier rather than later [50,63].

Small tweaks that make a difference

In all contexts, a few environmental cues help. Keep lighting and noise comfortable, avoid abrupt interruptions, and keep hands lightly occupied. Ask one question, not many. Reflect back the gist in plain language, then ask whether thoughts or simple company are wanted. Close with one actionable step and a time it will happen. These small design moves convert a workable physiological window into earlier entry, fuller disclosure, and a concrete next step toward care. [9,47,50,63].

Conclusion

This article has traced a simple line from social rules to bodily state to conversation and help-seeking. Identity and culture set expectations for how men should speak, listen and carry responsibility, and those expectations shape whether talk begins at all. Everyday context then influences physiology. Predictable order, shared action (for example, a barbecue station, a quick sizzle after sport, or a quiet drink in a familiar setting) and reduced spotlight support regulation and co-regulation, which makes longer speech and careful listening more likely. When an opening exists, small and concrete next steps carry momentum into care, especially when framed as consistent with valued roles.

The practical message is straightforward. Build low-evaluation settings on purpose. Keep the order clear, share modest tasks,

and invite one specific check-in. Use language that preserves competence and dignity. When concern is named, translate it into one action within twenty-four hours and agree on a brief follow-up. These design moves are teachable and repeatable across homes, community spaces and services.

The conceptual message is equally direct. Men's help-seeking is not only about insight or motivation; it is also about the cost of speaking under real social rules and real bodily states. By pairing identity-aware framing with features that support regulation, ordinary interactions can become reliable starting points for earlier entry, fuller disclosure and more acceptable care.

References

- Seager M. From stereotypes to archetypes: An evolutionary perspective on male help-seeking and suicide. In: *The Palgrave Handbook of Male Psychology and Mental Health*. Springer; 2019:227–248.
- World Health Organization. Suicide—Fact sheet. March 25, 2025. Accessed October 2025. <https://www.who.int/news-room/fact-sheets/detail/suicide>
- Australian Bureau of Statistics. Causes of death, Australia—latest release (revised 2021–2023 tables). 2025. <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>
- LeDoux JE, Pine DS. Using neuroscience to help understand fear and anxiety: A two-system framework. *Am J Psychiatry*. 2016;173(11):1083–1093.
- Gerbarg P, Brown R, Streeter C, Katzman M, Vermani M. Breath practices for survivor and caregiver stress, depression, and post-traumatic stress disorder: Connection, co-regulation, compassion. *OBM Integrative and Complementary Medicine*. 2019;4(3):1–31.
- Roberts NA, Villarreal LD, Bursleson MH. Socioemotional self and co-regulation in functional seizures: Comparing high and low posttraumatic stress. *Front Psychiatry*. 2023;14:1135590.
- Porges SW, Onderko K. Safe and Sound: A Polyvagal Approach for Connection, Change, and Healing. Sounds True; 2025.
- Stafford L, Kuiper K. Social exchange theories: Calculating the rewards and costs of personal relationships. In: *Engaging Theories in Interpersonal Communication*. Routledge; 2021:379–390.
- Stanley B, Brown GK. Safety planning intervention: A brief intervention to mitigate suicide risk. *Cogn Behav Pract*. 2012;19(2):256–264. <https://doi.org/10.1016/j.cbpra.2011.01.001>
- Milner A, Spittal MJ, Kapur N, Witt K, Pirkis J, Carter G. Mechanisms of brief contact interventions in clinical populations: A systematic review. *BMC Psychiatry*. 2016;16:194. <https://doi.org/10.1186/s12888-016-0896-4>
- Harris IM. *Messages Men Hear: Constructing Masculinities*. Taylor & Francis; 2004.
- Allen BJ. *Difference Matters: Communicating Social Identity*. Waveland Press; 2023.
- Sikweyiya Y, Mahlangu P, Jewkes R, et al. “We do not like talking about our problems”: Socialization and idealized masculinity as drivers of help-seeking avoidance among college men in South Africa. *BMC Public Health*. 2025;25(1):1–11.
- Wahto RS, Swift JK. Labels, gender-role conflict, stigma, and attitudes toward seeking psychological help in men. *Am J Mens Health*. 2016;10(3):181–191. <https://doi.org/10.1177/1557988314561491>
- The Men's Project, Flood M. *The Man Box: A Study on Being a Young Man in Australia*. Jesuit Social Services; 2018.
- Booth NR, McDermott RC, Cheng HL, Borgogna NC. Masculine gender role stress and self-stigma of seeking help: The moderating roles of self-compassion and self-coldness. *J Couns Psychol*. 2019;66(6):755–767.
- Carter MJ. Gender socialization and identity theory. *Soc Sci*. 2014;3(2):242–263.
- Bandura A. *Social Learning Theory*. Prentice Hall; 1977.
- Bourdieu P. *Outline of a Theory of Practice*. Cambridge University Press; 1977.
- Wong YJ, Ho MHR, Wang SY, Miller ISK. Meta-analyses of the relationship between conformity to masculine norms and mental health-related outcomes. *J Couns Psychol*. 2017;64(1):80–93. <https://doi.org/10.1037/cou0000176>
- Seidler ZE, Dawes AJ, Rice SM, Oliffe JL, Dhillon HM. The role of masculinity in men's help-seeking for depression: A systematic review. *Clin Psychol Rev*. 2016;49:106–118. <https://doi.org/10.1016/j.cpr.2016.09.002>
- Addis ME. *Invisible Men: Men's Inner Lives and the Consequences of Silence*. Macmillan+ ORM; 2025.
- Tajfel H, Turner JC. The social identity theory of intergroup behaviour. In: Worchel S, Austin WG, eds. *Psychology of Intergroup Relations*. Nelson-Hall; 1986:7–24.
- Rose SDL. *The Mental Impact of Changing Societal Norms on Masculinity Constructs: A Psychological Exploration* [master's thesis]. Liverpool John Moores University; 2024.
- Kimmel MS. *Misframing Men: The Politics of Contemporary Masculinities*. Rutgers University Press; 2010.
- Gelfand M. *Rule Makers, Rule Breakers: Tight and Loose Cultures and the Secret Signals That Direct Our Lives*. Scribner; 2019.
- Connell RW, Messerschmidt JW. Hegemonic masculinity: Rethinking the concept. *Gen Soc*. 2005;19(6):829–859. <https://doi.org/10.1177/0891243205278639>
- Vandello JA, Bosson JK. Hard won and easily lost: A review and synthesis of theory and research on precarious manhood. *Psychol Men Masculinity*. 2013;14(2):101–113. <https://doi.org/10.1037/a0029826>
- Valsecchi G, Iacoviello V, Berent J, Borinca I, Falomir-Pichastor JM. Men's gender norms and gender-hierarchy-legitimizing ideologies: The effect of priming traditional masculinity versus a feminization of men's norms. *Gen Issues*. 2023;40(2):145–167.
- Nisbett RE, Cohen D. *Culture of Honor: The Psychology of Violence in the South*. Westview Press; 1996.
- Pini B, Mayes R, McDonald P. When following the rules is bad for wellbeing: The effects of gendered institutions in construction. *Gen Work Organ*. 2021;28(6):2253–2268. <https://doi.org/10.1111/gwao.12703>
- Messner MA. *Power at Play: Sports and the Problem of Masculinity*. Beacon Press; 1992.
- Thorne 2021. [Insufficient information—please provide full reference details for completion.]
- Ewald A, Riggs DW, Due C. Fathering identities and men's engagement with flexible working arrangements. *J Fam Stud*. 2024;1–18.
- Peters C, Steyn M, Savage M. Reframing masculinity and fatherhood: Narratives on faith-based fathering. *HTS Teol Stud/Theol Stud*. 2022;78(1):a6899.
- Anderson E. *Inclusive Masculinity: The Changing Nature of Masculinities*. Routledge; 2009.
- Anderson E. Inclusive masculinity theory: Overview, reflection and refinement. *J Gen Stud*. 2016;25(4):1–15.
- Clarke V, Turner K. “I don't want to be seen as a screaming queen”: Masculine identity in gay men. *J Gen Stud*. 2017;26(5):561–576. <https://doi.org/10.1080/09589236.2016.1152956>
- Hofmann J, Platt T, Lau C, Torres-Marín J. Gender differences in humor-related traits, humor appreciation, production, comprehension, (neural) responses, use, and correlates: A systematic review. *Curr Psychol*. 2023;42(19):16451–16464.
- Condis M. *Gaming Masculinity: Trolls, Fake Geeks, and the Gendered Battle for Online Culture*. University of Iowa Press; 2018.

41. McDowell J. Masculinity and non-traditional occupations: Men's talk in women's work. *Gend Work Organ*. 2015;22(3):273–291.
42. Kimmel MS. Masculinity as homophobia: Fear, shame, and silence in the construction of gender identity. In: Brod H, Kaufman M, eds. *Theorizing Masculinities*. Sage; 1994:119–141.
43. Gater R. Amalgamated masculinities: The masculine identity of contemporary marginalised working-class young men. *Sociology*. 2024;58(2):312–329.
44. Crenshaw K. Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Rev*. 1991;43(6):1241–1299.
45. Connell RW. *Masculinities*. Polity; 1995.
46. Tajfel H, Turner JC. An integrative theory of intergroup conflict. In: Austin WG, Worchel S, eds. *The Social Psychology of Intergroup Relations*. Brooks/Cole; 1979:33–47.
47. Porges SW. *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation*. W. W. Norton; 2011.
48. Dickerson SS, Kemeny ME. Acute stressors and cortisol responses: A theoretical integration and synthesis of laboratory research. *Psychol Bull*. 2004;130(3):355–391. <https://doi.org/10.1037/0033-2909.130.3.355>
49. Coan JA, Schaefer HS, Davidson RJ. Lending a hand: Social regulation of the neural response to threat. *Psychol Sci*. 2006;17(12):1032–1039. <https://doi.org/10.1111/j.1467-9280.2006.01832.x>
50. Feldman R. Bio-behavioral synchrony: A model for integrating biological and microsocial behavioral processes in the study of parent–infant relationships. *Curr Dir Psychol Sci*. 2012;21(3):169–174. <https://doi.org/10.1177/0963721412436816>
51. Porges SW, Carter CS. Polyvagal theory and the social engagement system. In: *Complementary and Integrative Treatments in Psychiatric Practice*. 2017:221–[details incomplete].
52. Barbera E. Regulation through rhythm: A literature review on dance/movement therapy approaches to facilitating nervous system regulation. 2024. [Publication source missing—please provide details.]
53. Hove MJ, Risen JL. It is all in the timing: Interpersonal synchrony increases affiliation. *Psychol Sci*. 2009;20(1):1–5. <https://doi.org/10.1111/j.1467-9280.2008.02253.x>
54. Wiltermuth SS, Heath C. Synchrony and cooperation. *Psychol Sci*. 2009;20(1):1–5. <https://doi.org/10.1111/j.1467-9280.2008.02253.x>
55. Miles LK, Nind LK, Macrae CN. The rhythm of rapport: Interpersonal synchrony and social perception. *J Exp Soc Psychol*. 2010;46(3):585–592. <https://doi.org/10.1016/j.jesp.2010.02.002>
56. Rolston JS. *Mining Coal and Undermining Gender: Rhythms of Work and Family in the American West*. Rutgers University Press; 2014.
57. Heinrichs M, Baumgartner T, Kirschbaum C, Ehler U. Social support and oxytocin interact to suppress cortisol and subjective responses to psychosocial stress. *Biol Psychiatry*. 2003;54(12):1389–1398. [https://doi.org/10.1016/S0006-3223\(03\)00465-7](https://doi.org/10.1016/S0006-3223(03)00465-7)
58. Taylor SE, Klein LC, Lewis BP, Gruenewald TL, Gurung RAR, Updegraff JA. Biobehavioral responses to stress in females: Tend-and-befriend, not fight-or-flight. *Psychol Rev*. 2000;107(3):411–429. <https://doi.org/10.1037/0033-295X.107.3.411>
59. Addis ME, Mahalik JR. Men, masculinity, and the contexts of help seeking. *Am Psychol*. 2003;58(1):5–14. <https://doi.org/10.1037/0003-066X.58.1.5>
60. Vogel DL, Wade NG, Haake S. Measuring self-stigma associated with seeking psychological help. *J Couns Psychol*. 2006;53(3):325–337. <https://doi.org/10.1037/0022-0167.53.3.325>
61. Vogel DL, Wade NG, Hackler AH. Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes. *J Couns Psychol*. 2007;54(1):40–50. <https://doi.org/10.1037/0022-0167.54.1.40>
62. Rickwood D, Deane FP, Wilson CJ, Ciarrochi J. Young people's help-seeking for mental health problems. *Aust e-J Adv Ment Health*. 2005;4(3):218–251. <https://doi.org/10.5172/jamh.4.3.218>
63. Milner AJ, Carter G, Pirkis J, Robinson J, Spittal MJ. Letters, green cards, telephone calls and postcards: Systematic and meta-analytic review of brief contact interventions for reducing self-harm, suicide attempts and suicide. *Br J Psychiatry*. 2015;206(3):184–190. <https://doi.org/10.1192/bjp.bp.114.147819>
64. Brockis J. *The Natural Advantage: How More Time Outside Reduces Stress, Improves Health and Boosts Social Connection*. Major Street Publishing; 2024.