

Acknowledgements

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A History of Male Psychological Illness is to be published open access, in line with the Wellcome Trust's recent extended policy for monograph publications. As one of the first to be published in this way (and, to my knowledge, the first at Exeter University), I have been presented with a number of new challenges, in particular those related to the reproduction of images. Sincere thanks go to Jenny McCall at Palgrave Macmillan and Cecy Marden at the Wellcome Trust for guiding me through this process, which is still relatively new to us all. Thanks subsequently go to GlaxoSmithKline, Reckitt Benckiser and the History of Advertising Trust for their permission to reproduce the images contained in the book – and to the Royal College of General Practitioners for the permission to reproduce two tables from the *Journal of the Royal College of General Practitioners* in Chapter 4. I am grateful to Claire Keyte and Sandi Smith

for navigating the open access procedure with me at an institutional level at the University of Exeter. Every effort has been made to trace all copyright holders, but if any have been overlooked inadvertently, the publisher will be pleased to make the necessary arrangements at the earliest opportunity.

Inevitably, through the course of a project on mental illness, I have been privileged to cross the paths of those who have either had direct experience of mental illness or who worked with individuals who have been affected by it. It is hard to do justice to their contributions. Central to much of this book are the oral history testimonies of fifteen retired general practitioners (GPs) who had experience of family medicine between the late 1950s and the 1980s. I am grateful to them for the part they have played in this project and the insights they provided into psychological illness in general practice. They were indeed a pleasure to work with. All were most generous with their time and without this material the project would not have been possible. Susan Hutton meticulously and expertly transcribed the interviews.

During the research that led to this book, I was pleased to present conference papers, participate in workshops and organise public engagement events with a number of people from other disciplines and from organisations outside academia. Special thanks go to Willem Kuyken, Paul Dieppe, Mark Harrison, David Wilkins, Martin Seager, Luke Sullivan and John Barry, all of who have graciously welcomed insights from history. Collectively, and in turn, these encounters have greatly enriched my understanding of gender, mental health and medicine. I remain committed to extending the boundaries of academic research, not only to students in teaching, but by engaging with work in the community and in other fields outside academia. I have consequently had the pleasure of working with numerous organisations in Exeter concerned with mental health. Collaborating with these groups and individuals has been a humbling experience and has prompted me to reflect upon, and in some instances reconsider, aspects of my work. I am grateful in particular to Rob Wynne (Magic Carpet Arts for Health) for his enthusiasm for working with me in collaboration and on public engagement events. MIND Exeter, Be Involved Devon and the Bridge Collective have all offered generous amounts of time and enthusiasm to work on initiatives that developed either directly or indirectly from this project. Julie Harvey and Nigel Reed from the Lived Experience Group at Exeter University's Mood Disorders Centre deserve special mention. Nationally, I am pleased to have fostered firm links with the

organisation Men's Health Forum, which works tirelessly to highlight health issues that affect men.

Arising indirectly from my work on male mental health and this book, I was invited to co-organise a theme on mental health for Exeter University's 'Grand Challenges' – a new and exciting week-long interdisciplinary initiative offered to first-year undergraduates, which allows them to explore real-world challenges and work with experts in the field. Male mental health formed one important aspect of this initiative. As a direct result of this initiative, the University of Exeter signed a university-wide Time to Change Organisational Pledge in December 2014, making a serious commitment to eliminate stigma and discrimination against staff and students with mental health problems. This commitment was testimony to the energy and enthusiasm of the students and staff involved in the Grand Challenges. Sincere thanks must go to James Wooldridge, Mark Blackmore and Libby Peppiatt from Time to Change, and to a host of individuals at the university who made this possible: Janice Kay, Kate Lindsell, Sarah Johnson, Liz Murphy, Mark Sawyer and Kate Hawkins. I am also grateful to Alastair Campbell, Director of Communications and Strategy to former Prime Minister Tony Blair from 2001–2003, for travelling to the university to deliver a plenary lecture on mental illness, drawing on his own personal experience of alcoholism and psychological breakdown.

Finally, it is perhaps ironic that the research questions that underpin this book emerged from an earlier project on neurosis and housewives in 1950s Britain. I was struck by the regularity with which the women who were interviewed for that research expressed concern about the ways in which their husbands and other male relatives had struggled to deal with the pressures of work and family life. Repeatedly, I learned how these men often 'drank too much', or became unwell with mysterious physical and psychosomatic illnesses – and yet found it difficult to express emotion or seek help for their problems. I duly became convinced that there were serious questions we should be asking about male mental health and the common perception that women are more likely to develop psychological illness. Although as women we might argue that there are still many hurdles to overcome until we gain equality *with* men, as this project developed I soon learned that there are also myriad inequalities faced *by* men, largely in the arena of health. While this book was under construction during 2014, an article appeared in the *Guardian* online by the columnist Ally Fogg, entitled 'Britain's male suicide rate is a national tragedy' (20 February 2014). In it, Fogg drew

attention to the fact that suicide figures from the Office for National Statistics showed the greatest gender gulf in suicide since records began (the suicide rate for men being three-and-a-half times that for women). As this book will illustrate, with the exception of a short period during the 1960s when the gender gap narrowed briefly, historically, the rate of suicide in men has been consistently significantly higher than the rate in women. Despite this, as Fogg pointed out, government prevention strategies and policy research programmes have tended to focus on reducing suicide in other specific or minority groups. These groups are, of course, no less deserving of attention; however, as Fogg noted, when it came to male suicide, this 'rather large elephant [has been] left silently brooding in a dark corner of the room'. 'The problem,' he continued, 'has not been what is there, but what is missing.' Reading the article, it struck me that these two sentences alone captured the essence of what is probably the core message of this book: that male emotional pain and distress have largely remained hidden from history. I hope that my attempt to reveal a fragment of this hidden history might be useful for those working not only on the past, but also in the present and the future.

I have lived now for sixteen years in a complicated 'blended family', somewhat outnumbered by men: a husband, two sons, two stepsons and, more recently, we celebrated the arrival of a lively and much-treasured grandson. (I have two stepdaughters and a step-granddaughter to keep me company.) I hope that in the four years it took me to undertake research for this project and write the book, I have learned to understand our menfolk a little better and appreciate more fully some of the challenges they face in our society, simply by being male. It seems entirely fitting therefore, that I dedicate this book, with sincere thanks for putting up with me, to my husband, David.



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List of Abbreviations

AA	Alcoholics Anonymous
BME	Black and minority ethnic (groups)
BNF	British National Formulary
CCA	Camberwell Council on Alcoholism
CMI	Cornell Medical Inventory
DSM	Diagnostic and Statistical Manual of Mental Disorders
GHQ	General Health Questionnaire
GMC	General Medical Council
MAOI	Monoamine oxidase inhibitors
MRC	Medical Research Council
NCMH	National Committee for Mental Hygiene
SSRI	Selective serotonin reuptake inhibitor
TUC	Trades Union Congress
WHO	World Health Organization