Traditional Masculinity and Counselling: A Study of Traditional Masculine Norms in New Zealand and their Influence on Men's Engagement in Individual Counselling Services.

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Abstract

This thesis explores how traditional norms of masculinity in New Zealand create barriers to counselling engagement for men. Individual semi-structured interviews of 1.5 hours were conducted with five former counselling clients (all male). Interviews were recorded, transcribed and analysed using thematic analysis with a social constructionist underpinning. Five themes emerged: 1) What it Means to be a Man, 2) Responding to Traditional Norms of Masculinity, 3) Barriers to Engagement, 4) Factors that Enhance Engagement and 5) Possibilities for Increasing Men's Engagement in Counselling. Findings show traditional norms of masculinity remain strong in New Zealand and contribute to delayed counselling engagement. Participants suggest: reworking existing marketing campaigns, marketing that aligns with traditional norms, more "casual" counselling interactions, clearer information about counselling, the use of technology, recommendations from "everyday" men, and alternative pathways to counselling. The implications of these changes are discussed as well their importance when applied to counselling practice.

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Chapter One- Introduction

Rationale for this Research

It seems every year in New Zealand we are being reminded through the media that the suicide rate is one of the highest in the developed world and that we need to be doing more (UNICEF, 2017, Manch, 2019). As a New Zealand citizen in the early 2000's, I remember the quite high-profile campaign of "yellow ribbon" in schools, an initiative focusing on youth suicide due to worrying statistics in that age group (15-19 years of age). In more recent times, celebrities Mike King (comedian) and John Kirwan (All Black) have been highlighting mental health issues such as depression, anxiety and suicide with a particular focus on men. In the last couple of years, I have noticed increasing coverage in the media about suicide among men in rural communities and some of the challenges they face. All of these initiatives appear to be getting the public and media to talk more about mental health which is positive. However, sadly the suicide statistics remain high (Office of the Chief Coroner of New Zealand, 2017 ,2019).

A UNICEF report from June 2017 showed New Zealand had the highest youth suicide rate in the developed world (UNICEF, 2017). When it comes to suicide, the rate is nearly always significantly higher in men than women, and this is the case in New Zealand (Office of the Chief Coroner of New Zealand, 2017, 2019). A Coroner's report released in 2017 showed the suicide rate across age groups in New Zealand increased for the third year in a row and remained "stubbornly high" (Office of the Chief Coroner of New Zealand, 2017, p.1). This figure is disproportionately high among men, and provisional figures released in August 2019 suggest that the rate of deaths continue to rise, as does the disproportionally high level of death among men (Office of the Chief Coroner of New Zealand, 2019). These worrying statistics clearly show we are not reaching men in the way we should and that more needs to be done.

Inspiration for this Research

The original inspiration for this research came from my work counselling male clients. A theme emerged across several clients that if they did not align with traditional norms of masculinity in New Zealand they felt "less than" or "not good enough". They felt the need to be strong and felt uneasy expressing vulnerability and sadness. These emotions were viewed as a sign of weakness, a sign something was fundamentally wrong with them as men. There were frequent references to being weak and often confusion as to what to do with their emotions. This ignited a curiosity in me to see if this was a common theme for New Zealand males or simply a function of the clients I was working with. I began doing a preliminary literature search on masculinity in New Zealand to help me understand what traditional norms of masculinity existed in New Zealand culture as well as the history and origin of these norms.

Masculine Identity in New Zealand

In doing the literature search I learned traditional norms of masculinity in New Zealand emerged from the experience of early European settlers in the 19th century (Phillips, 1996). It was an identity built around traditional masculine norms with an emphasis on courage and physical toughness. Those who didn't meet the criteria were mocked (Philips, 1996).

It has been suggested that masculinity in New Zealand is closely tied to our sporting heroes, a national identity, where those who embody it are strong, determined and plain speaking (Bannister, 2005). In particular it is through rugby these ideals are thought to be maintained (Cosgrove & Bruce, 2005). I discovered there were many different terms used in the literature to describe norms of masculinity which I discuss below.

Traditional Norms of Masculinity

Addis et al., (2016) did a comprehensive literature review focusing on social norms, social construction and the psychology of men and masculinity. They discovered that within the literature there are many different terms used to describe masculine norms that are often used interchangeably which causes confusion. They endeavor to define these terms as distinct constructs and explain how they are often used incorrectly in the literature.

In order to make the distinction easier for the reader, during the literature review, I will mostly refer to masculine norms, social norms or traditional masculine norms. In doing this I will be guided by an assumption Addis et al., (2016) formulated about masculine social norms when reviewing the literature "norms are social pressures that shape and constrain men's behavior" (p. 84). In order to understand the influence of these traditional masculine norms on men, I will be analyzing them through a theoretical framework of social constructionism.

Social Constructionism

Social constructionism is a theory of knowledge that claims reality is socially constructed. It examines the development of a jointly constructed understanding of the world and theorises that much of human life exists due to social and interpersonal influences. While genetic factors acknowledged, it chooses to focus on social influences that effect communal and individual living. Reality is thought to be constructed through language and sustained through social processes as well as reflexivity in human beings (Galbin, 2014). There is a large focus on meaning making and it is thought that the content of our consciousness and the way we relate to each other is taught to us by the culture and society in which we live. Knowledge is passed on through social interaction and then either sustained or abandoned, in accordance with normative rules that are culturally and historically situated (Galbin, 2014). In using social constructionist framework I am able to understand masculine norms within their context (New Zealand) and focus on the meaning that is created through these norms of masculinity to understand what their influences are. In addition, masculinity is thought to be socially constructed which I discuss below.

Social Construction of Gender

As a society our conception of gender (what it means to be a man or women), is constantly changing and evolving (Lorber, 1994). What it meant by being a "kiwi bloke" in New Zealand in 1950, for example, is likely quite different to what it means to be male today. This is the result of human interaction and a construction of what it means to be a man moment by moment, from decade to decade and also differs between cultures (Lorber, 1994).

Gendered roles change over time and Lorber (1994) uses the examples of fathers taking care of little children, boys and girls wearing unisex clothes, and women and men now working the same jobs. We also use gender to organise our society, one of the ways being by gender constructing different roles and responsibilities for each. As a result different personalities, feelings and motivations then shape people according to how each gender is treated (Lorber, 1994). In understanding the possible masculine norms in New Zealand and the mechanism by which they may exert pressure on men, I was interested in whether these traditional norms were having an influence men's counseling engagement similar to the pattern I had noticed when working with my counseling clients. In the literature, some studies refer to counseling specifically, but many use the umbrella term of help-seeking which I have also used during this thesis.

The Impact of Traditional Masculine Norms on Help-Seeking

In doing a background literature search on men and help-seeking I found several studies that suggested traditional norms of masculinity can have a negative effect when it comes to service utilization. One study conducted by Oliffe et al. (2010) suggested men view seeking help for depression as weak, access services far less than women and view depression as a feminine disease Oliffe et al. (2010) propose that the lack of utilisation of counselling services by men is thought to be related to how men view themselves as men. This then lends support to the idea that there could by some kind of interaction between traditional masculine norms and help-seeking.

In support of this, another study by Martin (2016) focused on young male clients in counselling. Martin (2016) found the young men fostered a strong silent masculinity that impacted their counselling work. There young men experienced conflict between being consistent with traditional masculine norms (feeling they could not express emotion in counseling) and a counseling norm that says it ok to express emotions. In this way cultural pressure to be consistent with masculine norms put limitations on their expression of feelings during counselling (Martin, 2016). I think you could also reasonably assume this could have a negative effect on counseling engagement.

Research by Vogel et al. (2011) was conducted in the US, yet their norms around masculinity are remarkably similar to New Zealand. In support of the research referenced earlier, they also found men seek help for psychological problems far less than women, even if their level of distress is the same. Masculine gender norms dictate men are expected to be stoic, controlled and self-sufficient: behaviours that are inconsistent with help-seeking. Vogel et al. (2011) proposed that one of the reasons for this might be men holding less favourable views of counselling than women. It is explained that boys likely learn others will not respond positively to them if they show signs of weakness and that they learn this from an early age. The message "boys don't cry" is used as one example (Vogel et al., 2011). Vogel et al. (2011) believe a mediating factor could be self-stigma, which results in men being more likely they to internalise public stigma around help- seeking. They also report that higher levels of public stigma lead to higher levels of self-stigma, which then lead to less favourable views about counseling.

In contrast to the three studies described above, Way et al. (2014) looked at young boys' and adolescents' ability to resist gender norms and what effect that had on their wellbeing. They discovered that young boys had the ability to resist gender norms relatively easily and did so. As the boys grew older, particularly as they moved through to late adolescence, they increasingly conformed to traditional masculine norms. This pattern is attributed to the higher social power that tends to be evident in schools for those who have traditionally masculine qualities.

This is important as Way et al, (2014) report that the ability to resist gender norms has been linked to positive psychological, social and academic adjustment. It was also associated with lower levels of depression, higher self-esteem and higher friendship quality among adolescent boys. Culture is a mediating factor. Those that grew up in cultures such as Latino where emotional expression is expected then valued these qualities more than white males. Another protective factor is having close relationships with parents that are emotionally expressive and vulnerable which make it easier for boys to maintain their resistance long-term (Way et al, 2014).

The Current Study

The current study focuses on traditional norms of masculinity within a New Zealand context and the influence those norms have on counseling engagement for men. It highlights the barriers to counseling engagement they experience as a result of masculine norms as well as the factors that assisted them to engage in counseling. Lastly, the five men in the study provide possibilities for what may encourage other men to engage from the perspective of having been service users themselves.

Thesis Structure

In chapter two, I start by reviewing the literature with a brief history of white settler masculinity

as well as how it shaped norms of masculinity for Maori. I did this to get an idea of the types of

traditional masculine norms in this country as well as their impact in a general sense. It also

allowed me to situate these norms within the context of New Zealand, I focus on traditional

norms of masculinity and how they influence help-seeking for men and lastly, introduce my

research question.

In chapter three, I focus on the qualitative methods within counseling research, explain my

research question formulation, give an explanation of the epistemology and ontology of my

research and give a definition of Social Constructionism which is the underpinning for this

research.

In chapter four, I outline my research setting, demographics of my participants, outline the

ethics process, explain recruitment and procedures, outline the process of data analysis and give

the criteria of trustworthiness as it applies to my research.

In chapter five, I give the findings of this research including the themes that emerged from the

data and give them some context.

In chapter six, I explore the meaning of these findings, highlight strengths and limitations of this

research, give ideas for future directions based on my findings, give conclusions and include

reference and appendices.

Chapter 2 - Literature Review

History of White Settler Masculinity in New Zealand

Introduction

In this chapter, I review a brief history of white settler masculinity in New Zealand, describe the long-term impacts of this masculine norm on Pakeha and Maori and review literature on the effects of traditional norms on help-seeking. Lastly, I introduce my research question.

Traditional Masculine Norms in Colonial New Zealand (1840s)

Phillips (1996) a New Zealand historian, provides a broad chronological history of Pakeha (Maori term for white settler) masculinity in New Zealand. He explains the origins of New Zealand's masculine norms came in the 19th century when British settlers arrived in New Zealand. They brought with them Victorian British ideals common in western societies at the time, where men would toil the land due to their physical attributes, while women tended to work around the home (Phillips, 1996).

Bannister (2005) a postgraduate supervisor in media and arts at The University of Waikato, seems in agreement with Phillips (1996) also focusing on settler masculinities. In his article titled "kiwi blokes" he explains the dominant "iconography" in New Zealand is masculine, and that understanding it requires an examination of our colonial past. Like Phillips (1996), he explains New Zealand was a "settler" society marked by mass migration of mostly British white settlers. In contrast to Bannister (2005), Phillips (1996) believes traditional masculine norms established themselves in New Zealand through the process of immigration, with settlers bringing their culture with them, often from working class backgrounds, masculine norms were shaped by their experiences here, battling the elements as they established infrastructure in this country (Phillips, 1996).

Bannister (2005) believes the emergence of traditional norms of masculinity were the result of settlers' attempts to assert an identity distinct from the indigenous people (Maori) and stamp their identity on the land. They are in agreement when describing the pioneering male of the 1840s. Phillips (1996) defines him as practical, strong, tough and reserved, with a loyalty to his mates and a commitment to provide for his family.

Bannister (2005) draws on the work of prominent New Zealand feminist author, Coney (1990) who describes her father's generation as muscled, tough, and practical who expressed their culture through the outdoors and on the rugby field. Bannister (2005) explains colonial New Zealand identified itself with a tough, rural "pioneering" white masculinity associated with the landscape, pragmatism and physical industry. It was society based on male homosociality, male autonomy and independence from the "feminizing" influences of domestic life. All three authors seem to be in very clear agreement of what described the white male settler of this time period.

In Phillips (1996) view attributes of strength and "toughness" were prioritised in settler societies due to the physicality needed for working in areas such as farming, forestry or building. This then created a surplus of males in the population, often young and unmarried men. Phillips (1996) explains, this provided the perfect conditions for a thriving male culture. While traditional norms of masculinity are nuanced in New Zealand due to the circumstances on which it was colonized, it is interesting to note that other "settler" nations, including Australia and Canada have similar masculine norms (Bannister, 2005). Phillips (1996), Coney (1990) and Bannister (2005), focus on the pioneering male and the traditional norms that surrounded them. In the next section Cooper (2008) focuses on the traditional norms of masculinity that influenced the urban man in colonial society.

The Emergence of "Breadwinner Status" (1850-1880)

Cooper (2008) reviewed the history of settler masculinity in New Zealand and found married men and the concept of "breadwinning" were common in the late 19th century. She explains that in colonial New Zealand "breadwinning" was central to respectable masculinity and sole breadwinning even more so. It was considered so important, it became a symbol of status for married men. Cooper (2008) goes on to say New Zealand developed an unusually strong form of this "breadwinning norm" by the end of the 19th century, influenced by Britain, the United States and Australia (Cooper, 2008).

This filtered through society, one example being the way governmental relief payments were organised. Relief payments were organised in terms of gender and family status, which served to reinforce the "breadwinner" norm. An able bodied man was never given payments for food or rent they were given relief *work*, a practice that preserved men's identity as the provider (Cooper, 2008). As Cooper (2008) explains, on the one hand government support was offered, but on the other hand heavy stigma was attached if it was needed. This was because the "bread winner" status was prided above all else. Lastly, she explains there was a link between men's loss of work and respect which was closely linked to suicide inquests at the time. This was the result of the pressure exerted from the expectation of being a provider, and the loss of identity as a man if one could not provide (Cooper, 2008).

The "breadwinner norm described above is interesting when you combine it with descriptions of the pioneering male referenced at the beginning of this chapter. It seems a fair conclusion that if at first there was a masculine norm that exerted pressure to be strong, rugged and tough, the "breadwinner" norm would have compounded this as now you were expected to be strong, tough and a provider for your family.

Rugby's Emergence as the "National Game" (1882-1905)

As far back as 1882, rugby was being described as the "national game" (Phillips, 1996). The wealthy elite at the time provided monetary backing which aided the success of Rugby in New Zealand, as did the relative lack of equipment that was needed compared to other sports. Rugby started as an elite sport, but quickly expanded into rural areas and through social classes (Phillips, 1996). Phillips (1996) explains it was the 1905 All Black team that toured England and won, that really ignited the curiosity of the New Zealand public. Rugby was also used as a way of promoting immigration to New Zealand (1996).

As Phillips (1996) explains it was encouraged, and even thought necessary to play rugby as some feared urban life was eroding young men's manhood. Those in white collar professions were also encouraged to get involved as a way of curbing fears that urban life was making them "soft" (Phillips, 1996). Authorities at the time hoped rugby could teach life lessons, demonstrating that through competitiveness and hard work, one could succeed, with Rugby able to teach these values to young men. Values thought to be taught through rugby were teamwork, "toughness" and strength of character (Philips, 1996).

The literature outlined above shows firstly Rugby has been embedded in New Zealand culture for a long time, but also shows how it was linked to national identity given it was used as a tool to promote immigration. I assume New Zealand was not very well known at the time, so if the All Blacks of 1905 went over and beat England it likely created an association between Rugby and New Zealand. Also of note, is the fact it was used to encourage values of strength, toughness and success which tie in with the masculine norms of the pioneering male I expressed earlier. It seems Rugby was used to reinforce those values. The literature I have reviewed so far in this chapter gives an idea of the type of traditional norms that were deemed important for men of that time period. In relating this back to my research, I will now focus on how these traditional norms have impacted men in the years after the early 1900s and how they continue to shape masculine norms today.

The Long-term Impacts of Traditional Masculine Norms

Bannister (2005) explains the "kiwi bloke" (a colloquial term used to describe a man who fits traditional norms of masculinity in this country) has long been represented in local culture, literature, film and popular music. Sportsmen like the All Blacks, war heroes, writers, actors and scientists, all helped shape these traditional norms, yet they have their disadvantages. He explains that psychologically they lead to a fear of standing out, ambivalent attitudes about challenging authority, and a suspicion of superiority known as "tall poppy syndrome" (Bannister, 2005).

Coney (1990) agrees explaining New Zealand's traditional masculine norm raised questions about the masculinity of artists and intellectuals, so writers felt pressure to assert their masculinity through non-literary accomplishments, and in this way the traditional masculine norm was repressive. She adds, expression and sensitivity were seen as signs of femininity which created some of the challenges they faced (Coney, 1990).

Belich (2001) is a New Zealand historian who documents New Zealand's history in a more generally, but does write about some aspects of traditional masculinity. Like Coney (1990), he highlights a certain alienation of poets and intellectuals also saying they had to compensate by outwardly expressing their masculinity. They did this by showing they were as good at practical things as any "kiwi bloke" and made a point of being hard-drinking and hard-partying (Belich, 2001). In their literary pursuits, there was an avoidance of being overly theoretical which Belich (2001) believes helped them avoid the "anti-intellectual" sentiment that existed in New Zealand society. He adds that gangs provided an outlet to "shore up" a threatened sense of masculinity and were male-dominated defining themselves through not being "effeminate".

Belich (2001) gives an example of the psychological pressures traditional norms of masculinity can create. He explains the farmer of the twentieth century was very masculine, yet his predecessor was considered feminine. This was because dairying, orchards, market gardens, poultry and pig farming were a woman's domain in the nineteenth century, yet as those industries became profitable and specialized, men took over. He proposes there may have been a certain tension around 1900, between working as a dairy farmer and the masculine self-image. He hypothesizes, that the link between masculinity and machinery in this industry may have eased the tension, with a justification being, the more sophisticated gear you had in the milking shed, the easier it was to forget that the work you were doing was previously considered "women's work" (Belich, 2001).

 Phillips (1996), also highlights the psychological costs of traditional norms of masculinity, saying that as society became modernized, men still felt the need to express their manhood on the rugby field or behind the wheel. Men were afraid to admit weakness and fear, so suffered in silence, leading to bitterness and contempt and had difficulty expressing emotion which created a type of self-isolation. Phillips (1996) adds, some men had to do activities they did not feel suited to such as playing rugby instead of playing the piano.

As the literature above illustrates, the impact of traditional norms of masculinity on men can be quite limiting, leading to narrow ways of behaving in an attempt to "fit in" to traditional norms of masculinity. I have focused on white settler masculinity up until this point, but it is also important to understand how these norms of masculinity impacted Maori (the indigenous people of New Zealand).

The Impact of White Settler Masculinity on Maori Masculinity

In focusing on Maori masculinity I cite Brendan Hokowhitu (2008), a researcher with an interest in indigenous and Maori masculinities from The University of Waikato in New Zealand. In doing a literature search there seemed to be a much smaller body of work on Maori masculinity, with Hokowhitu (2008) featuring prominently. I have relied more heavily on his work for this reason but also reference Calabro (2016).

Hokowhitu (2008) argues Maori masculine norms morphed with British masculine norms to produce a Maori masculinity accepted as "traditional" , but imagined through "Pakeha eyes". He elaborates further, explaining Maori men assumed masculine qualities that assisted their integration into the dominant western culture. This was thought to be understandable as a political strategy and cultural survival mechanism, as their numbers were vastly decreasing (Hokowhitu, 2008). They kept some Tikanga Maori (Maori culture), but created a hybrid masculinity, that sometimes replicated Pakeha culture and sometimes did not. Maori survival meant having to be complicit with at least some Pakeha systems (Hokowhitu, 2008).

Hokowhitu (2008) explains educational Institutions were developed to indoctrinate Maori into the colonisers' way of life. These institutions had an underlying aim of assimilation, often abolishing many Maori customs in favour of "english gentry" (Hokowhitu, 2008). Sport was an important feature of these schools and used as a way of imparting masculine norms built on courage, self-control and endurance. A large number of Maori became devoted to Rugby with some playing for the All Blacks or New Zealand Maori teams (Hokowhitu, 2008).

The theory put forward by Hokowhitu (2008) is interesting in light of the literature I have cited on white settler masculinity. His rationale for why Maori may have adopted white settler norms makes sense. The other interesting point is it mirrors the masculine norms I referenced earlier, with an emphasis on strength passed down through Rugby, much like what was expressed by Phillips (1996) and is explained in more detail by Calabro (2016) in the next section.

In agreement with Hokowhitu (2008), Calabro (2016) also made the link between Maori masculinity and Rugby, focusing on the construction of Maori masculinity through rugby. To do this she interviewed eighteen men and four women who self-identified as Maori, were involved in Rugby, and whose lives had been influenced by Rugby. As was the case with Pakeha masculinity, the formulation of Maori masculinity had close ties with Rugby. Rugby and Maori masculinity were thought to reinforced each other with Rugby being seen as an expression of the masculine ideal (Calabro, 2016). Calabro (2016) notes this relationship was especially pronounced in the Maori community.

Calabro (2016) argues Rugby was a platform for maintaining an indigenous model of masculinity because Rugby was a place where Maori were allowed to occupy space, a site for achievement and prestige. In agreement with Hokowhitu (2008), she explains Rugby was introduced to Maori as part of cultural policy by the British.

In Calabro's (2016) view Rugby helped assimilate Maori into colonial society but marginalised them and put constraints on their expression of masculinity. They became associated with a "rugby-warrior" trait built on strength. She explains this relationship with rugby encouraged ambivalence, where rugby resonated with Pakeha masculine norms and reaffirmed thoughts colonials had about indigenous people: "war like ferocity", "physical prowess" and "intellectual limits" (Calabro, 2016). Maori being complicit in playing rugby and taking on Pakeha notions of masculinity is thought of as a sort of self-colonisation. An argument is put forward that this created a type of racism with Calabro (2016) explain we see appreciation of Maori players for their physical prowess but don't see the subtle discrimination in the exclusion of Maori from professional occupations, higher education or the health disparities they face (Calabro, 2016).

Calabro (2016) explains rugby wasn't completely at odds with Maori values. It was used as a tool in Maori institutions to teach the youth strength, endurance, dexterity, mental strength, memorisation, cooperation and competition. Physical activities were integrated into social events with tribal and intertribal competitions. Colonial observers trivialised these activities and encouraged Maori to discard them (Calabro, 2016).

Rugby had initially been a tool for passing on traditional Maori values but when urbanisation occurred the preservation of tribal links and traditional values were much harder to maintain. Calabro (2016) explains psychological strain can be put on some Maori men to be "warrior-like" and conform to the traditional Maori norms of masculinity. She also explains there tends to be more pressure on Maori players to have a big, tough body than there is on the Pakeha players. Lastly Calabro (2016) explains, Maori masculinity has an ambiguous relationship with rugby. On the one hand it allows the expression of Maori masculinity, albeit constrained by post-colonial ideals, and on the other hand it restricts a true expression of Maori masculinity due to the strong focus on physicality over all else.

Additional research by Hokowhitu (2004) gives his experience of growing up in New Zealand as Maori, his time as a physical education teacher, and later a professor in Indigenous studies. He explains physicality seemed to be a common definer of masculinity for both Maori and Pakeha youth, but in academia Maori faced more barriers. He said his father, like many of his generation, lived for sports as it was seen as one of the few spheres where Maori could compete with Pakeha on an "even playing field", and gain presteige in the Pakeha world. His personal definition of masculinity was passed down by his father, yet not uncommon among Maori, with importance placed on being: physically tough, staunch and emotionless like that of Maori men they saw on the rugby field (Hokowhitu, 2004).

During his time as a physical education teacher Hokowhitu (2004) noticed many Maori boys at the school would be considered "jocks" in American terms, playing sport at a high level but putting very little effort into academic fields. He noticed teachers would turn a blind eye to this, and that Maori boys achieving highly in sports were greatly admired by their younger counterparts, as well as afforded great status in the school. He explains that in his experience many Maori men are contemptuous of academia and feel masculinity should be displayed through physicality and sports. To go into academia is seen by some as assimilating with Pakeha values and attitudes. Maori who do succeed educationally are sometimes perceived by other Maori as inauthentic and talking in theoretical terms is considered conceited. It is true that not all Maori men subscribe to this and attitudes are increasingly changing, yet the dominant norm of masculinity for Maori is limiting (Hokowhitu, 2004).

It seems Hokowhitu (2004, 2008) and Calabro (2016), agree on many aspects on how Maori masculinity is formed as well as the characteristics associated related to it. They both see assimilation as an important factor and highlight an "adopting" Pakeha masculinity or a masculinity envisioned through "Pakeha eyes". They both see the Maori masculine norm as limiting with a particular emphasis on physicality in a way that is even more pronounced than it is for Pakeha. In light of the adopting of Pakeha norms of masculinity I think it is reasonable to assume they may be influenced by similar norms, possible even more so. Unfortunately no Maori men volunteered for my study, so I can only speculate this might be the case.

In combining the literature on both white settler masculinity and Maori masculinity, it seems the characteristics of both masculine norms are very similar. There is pressure to be strong, physical and stoic, with the physicality aspect more pronounced for Maori masculinity. In establishing a "picture" of the type of traditional masculine norms present in New Zealand society it is important to get an understanding of the influence of these masculine norms on help-seeking as it relates to my research question.

Traditional Masculine Norms and Help-Seeking

After reviewing masculine norms in a New Zealand context it is important to understand how these influence help-seeking/counseling engagement. There is limited literature in a New Zealand context, but there has been extensive research to be drawn on to inform how masculine norms may influence counseling engagement in this country.

Seidler et al. (2016) did a systematic review of the literature to see whether conformity to traditional gender norms deterred men's help-seeking and/or impacted the services men engage. They did this with a particular focus on depression and help-seeking. Seidler et al. searched six electronic databases using the terms masculinity, depression and help-seeking. They then reviewed titles and abstracts and systematically extracted data to examine methodology quality. 1927 citations were identified with 37 meeting inclusion criteria. There was a mixture of qualitative, quantitative and mixed methods research.

After reviewing the literature, Seidler et al. (2016) concluded that conformity to traditional masculine norms has a threefold impact on men's experience of depression. The findings suggested traditional masculine norms impacted 1) symptoms and expression of symptoms, 2) attitudes to, intention, and actual help-seeking behavior, and symptom management (Seidler et al., 2016). Findings reinforced the notion that conformity to traditional masculine norms can increase distress and decrease participants' willingness to seek help. They concluded men will seek help if it's accessible and engaging, preferring a variety of help-seeking pathways and treatments. There seemed to be particular preference for collaborative, short-term or group based treatment (Seidler et al., 2016)

Affleck et al. (2018) conducted research in order to provide an overview of core issues within men's mental health, reviewing much of the literature. They cover a number of risk factors and social determinants of men's mental health, but of particular interest in regards to this thesis was their section on service utilization. They explain that men underutilize mental health services compared to women, and that the most common explanation put forward for this is gender socialisation. The hypothesis being, men are socialized to be stoic and self-reliant, so seeking help contradicts notions of masculinity related to men's identity. This then results in men making the decision not to use health services as it could be seen as "unmanly" or a sign of "weakness" (Affleck et al., 2018).

However, Affleck et al. (2018) believe the explanation is more complex. They conclude social determinants, cultural climate and problems within the health system could be creating barriers. In their view, cultural norms, parenting, education, popular culture and the media all "color" definitions of masculinity. This then influences experiences of vulnerability, emotional distress and mental illness by gender. They acknowledge the link between traditional masculine norms and reluctance to seek help is well established, but expand on this, hypothesizing that these same norms can create a lack of sympathy towards men and may even influence how health professionals approach working with men. Affleck et al. (2018) explain the influence of these masculine norms on professionals could be that they don't enquire as deeply into emotional or psychological suffering with men and unintentionally validate minimising their issues. They conclude that individually men may need to change, but so does societies view as well as the views of health professionals.

The findings of Affleck et al. (2018) confirm Seidler et al. (2016) findings that traditional norms of masculinity reduce help-seeking for men, but then expand on those findings further, saying that issues for men could also be structural within the health system, resulting in less sympathy towards men and less enquiry into their problems. The above two studies show the limitations imposed by traditional norms, while the next study looks more specifically at barriers and solutions.

Lynch et al. (2018) conducted a study with young men in Ireland using focus groups and a qualitative research method. They researched barriers and solutions to young men's help-seeking for mental health problems. Participants ranged from 18 to 24 years of age with 17 participants in total. Two focus groups were organized with 6 participants each and five face-to-face interviews. Data was analysed using thematic analysis and key themes were drawn out.

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In terms of barriers, Lynch et al. (2018) discovered acceptance from peers was key. Participants felt disclosing help-seeking could result in negative reactions, perceived weakness or rejection from their peer group. Participants disclosed that communicating their emotions was challenging and worried that asking for help would ruin their self-image, due to a perceived lack of self-reliance. They also explained they experienced a feeling of abnormality that they could not care for themselves. Participants said cultural environments often reinforced traditional ideals and that when looking for counseling they were unsure how, while others expressed negative connotations around counseling (Lynch et al., 2018).

In focusing on traditional masculine norms Lynch et al. (2018) discovered that seeking help was thought to compromise masculinity through a pressure to be self-reliant and if participants were to seek help, they considered it dependent and weak. An openly gay participant expressed a fear of homophobia saying, that in order to get help he needed to disclose his sexuality, which was difficult in traditionally catholic country where homosexuality was viewed negatively (Lynch at al., 2018).

Lynch et al. (2018) also research solutions to help-seeking expressed by their participants and report themes related to these in their data. Tailored advertising was one of these, with participants hoping advertising tailored towards men would reduce stigma and bring more awareness to what kinds of help were available. Participants explained advertising needed to be delivered in a positive way to engage men, with high profile "tough" guys saying it was "cool". They also said technology could be a useful way of reaching men (Lynch et al, 2018).

Another solution Lynch et al. (2018 identified through their data was integrating mental health into formal education. Participants said if this began in early childhood it may lead to a normalization of professional help-seeking. They also thought a permanent counselor in schools would be important as would semi-formal support. The reason they gave for a preference in semi-formal support was that it was a supportive relationship not based completely on their problems. Further findings from Lynch at al. (2018) suggest community based youth services would be key in creating a culture of help-seeking and mental health literacy, with importance put on community based services "reaching out" to encourage help-seeking. Findings also suggested choice, control, and equal power were considered important. Participants explained they did not wanting to "feel" as if they were "a client". Participants identified mental health was as a "weighted term" with negative connotations preferring "mental fitness" as it linked traditional norms of strength (Lynch et al., 2018).

All of the studies above seem to expand on each other. Seidler et al (2016) gave a comprehensive review of the literature confirming masculine norms create barriers to help-seeking, Affleck et al. (2018) expanded on this with some of the reasons why this might be the case and Lynch et al. (2018) were very specific in their themes as to what the barriers and solutions were.

Lastly, Harding & Fox (2015) focus on specific "enabling factors" that assist men in engaging in help-seeking.

Harding & Fox (2015) focused on "enabling factors" that assist men in seeking help for mental health concerns. They used a qualitative design with nine men being interviewed to identify positive factors they believed assisted their help-seeking decisions. Harding & Fox (2015) identified seven themes through thematic analysis, which they refer to as "enabling factors". The first of these was a precipitating event. In these cases participants explained there was an event which required acute action which lead them to seek counseling. Examples of these events were relationship breakdown, domestic troubles, sexual functioning, or symptoms of a mental health condition becoming so unbearable the men had to seek help (Harding & Fox, 2010).

The second factor was a significant person. This was often a wife, girlfriend or friend that had in some cases been through counseling, so helped inform participant decisions around help-seeking. The third factor was being referred by their General Practitioner with all participants referred by their doctor prior to seeking counseling. Harding & Fox (2010) explain participants experiences of their GP visit differed. Some participants were reassured by the experience, while others found their doctor dismissive and inhibiting. Despite this, all participants indicated their GP was an important doorway to accessing mental health services as they wouldn't have known how to proceed. Participants identified the role of the GP as an important one, where those who felt supported accessed help quickly, yet those who did not feel supported tended to delay engagement (Harding & Fox, 2010).

The fourth factor identified by Harding & Fox (2010) was online resources. All participants said they had accessed online resources while searching for a counselor or psychologist but that it was not of much assistance as they did not know where to start. Online resources were said to be more helpful once counseling had begun and some even said it reinforced their decision to seek counseling.

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Harding & Fox (2010) also explored social norms as another factor, asking participants to consider their closest friends reaction to them seeking a psychologist or counselor. All participants said social norms (or masculine norms in the case of this research) impacted their decision on whether to discuss mental health help-seeking with friends. It was thought going against the norms of the peer group would result in shame and embarrassment, yet if mental health was normalized participants felt more comfortable expressing concerns. Harding & Fox (2010) explain these norms created boundaries around what was acceptable to share. A death of family member might be considered acceptable, but expressing experiences of depression might not be. High profile sportsman coming forward was another factor identified that had influenced participants perception of social norms and helped them to identify and normalize their concerns (Harding & Fox, 2010).

The last two factors identified by Harding & Fox (2010) were about mental illness definition and treatment. Participants explained there was ignorance in both their peer group and amongst themselves as to what defines mental illness. One participant did not realise his issue would be classed a mental illness, another found a diagnosis freeing, and a third found his diagnosis of depression and anxiety troubling, as it did not fit with his construction of masculinity. Participants explained they were expected to be "tough" and "strong" from an early age and that media tended to portray the extremes of mental illness which gave them inaccurate beliefs around what mental illness means (Harding & Fox, 2010).

All of the studies discussed above suggest traditional norms of masculinity are limiting and result in either not engaging or delaying engaging in help-seeking. There seemed to be references to needing to be strong and self-sufficient, consistent with the literature provided on white settler masculinity in this thesis. The last two studies provide valuable insight into possible solutions or ways of navigating the "barriers" created by traditional norms of masculinity. The literature on help-seeking shows masculine norms detailed in these studies are consistent with norms of masculinity in New Zealand which means they can provide valuable support and insight into this current study.

Research Question

What influence do traditional norms of masculinity in New Zealand have on men's counseling engagement? How can counseling services be made more accessible for men from the perspective of former service users?

In the next chapter I will outline the methodology used to assist me in answering the question above.

Chapter 3 – Methodology

Introduction

In this chapter, I explain why qualitative research is appropriate for this study, give a definition of qualitative research, explain how my research question was formulated and give definitions of ontology, epistemology and social constructionism as they apply to this research.

Counselling and Qualitative Research

The use of qualitative research is common in the discipline of counselling due to the relational nature in which counsellors work with their clients. Balkin & Kleist (2017) explains this is partly due to the unique training and philosophical views of wellness, mental health and wellbeing counsellors have. In illustrating this point they cite a definition: "Counselling is a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education and career goals" (Kaplan, Tarvydas, & Gladding, 2014, p. 366). They explain no other profession defines itself through the working relationship of the above global constructs (Balkin & Kleist, 2017).

Qualitative research methods tend to be more applicable in areas such as counselling as concepts that are relational tend to be harder to measure empirically. The nature of my research question meant qualitative research was the best fit for the information I was seeking. As Dallos (2004) explains, interviews are generally used to explore the meaning of an experience. This fitted well for my research question given I was wanting to understand what masculinity meant to my participants and how it impacted *them* in regards to counseling engagement.

Qualitative Research

Braun & Clarke (2013) define qualitative research in its most basic definition, as using words as data that are collected and analysed in various ways. This is in contrast to quantitative research which uses numbers as data and analyses them using statistical techniques. They explain the term 'qualitative' refers to the techniques used in data collection and analysis, as well as the framework that is used, also known as the paradigm.

They reference Kuhn (1962) in defining a paradigm as "beliefs, assumptions, values and practices shared by the research community" (Braun & Clarke 2013, p. 3). It is not assumed there is only one correct reality, there are instead multiple realities and these are closely linked to the context in which they occur. They explain that in their view qualitative research is not just about data and techniques, it's about the application of those techniques within a qualitative framework. The aim of qualitative research is to understand meaning within a context (traditional norms of masculinity in New Zealand for the current study.)

Qualitative research methods are able to generate detailed descriptions from each participant. Reflexivity on the part of the researcher is valued, and results tend to be theory generating rather than "tested" like they might be in quantitative research (Braun & Clarke, 2013). Reflexivity refers to the critical reflection undertaken by the researcher during the research process, on their role as the researcher, and on one's relation to knowledge. Reflexive research "acknowledges the role of the researcher in the production of knowledge and their reflections on their own positioning in how they may have shaped the collection and analysis of their data" (Braun & Clarke, 2013, p. 335).

Research Question formulation

As discussed in my introduction, my research question came about through noticing a pattern while working with my clients. They seemed to have a perception of being weak if they felt they did not fit traditional norms of masculinity. I was curious to see if this impacted their counselling engagement.

In the current study I wanted to understand if what I had heard from my counseling clients was true for other men that had been through counseling (my participants), if so, how it may have impacted them (in terms of counselling engagement), and how we could improve services (in their opinion) to make counseling engagement easier for men in the future.

Epistemology

Epistemology is the manner in which knowledge is generated and provides the philosophical underpinning of qualitative research. There are two common schools of thought in this area when it comes to how we acquire knowledge. One is *positivism* the belief that knowledge is generated from what can be observed and measured, for example, empirical data that can be assigned a value. The other is *constructivism* the belief that knowledge is generated by individual perception/construction of reality. Constructivists would say knowledge is generated through construction of meaning from interactions with others and occurs primarily within cultural contexts (Belkin & Kleist, 2017). Applying a constructivist framework made sense given I am focused on individuals perception of reality and clients thoughts around masculinity. Also masculinity is a concept that can be thought of as a social construct as was discussed in my introduction chapter (Lorber, 1994). In conducting semi-structured interviews I was able to gain rich data on lived experience in a way a questionnaire likely would have limited. A questionnaire would have given me less freedom to see what emerged from the data which was ultimately what I was trying to find out.

Ontology

Ontology is the philosophical study of being, and describes what *can* be known (Berryman,

2019). A basic ontological question would be: *What is reality?* One theory which seeks to

answer this question is social constructionism and it fitted well with my research question as will

be discussed.

Social Constructionism

As I explained in my introduction chapter, social constructionism is a theory of knowledge that

claims reality is socially constructed. It examines the development of a jointly constructed

understanding of the world and theorises that much of human life exists due to social and

interpersonal influences. While it does acknowledge genetic factors, it chooses to focus on social

influences that effect communal and individual living. Reality is thought to be constructed

through language and sustained through social processes as well as reflexivity in human beings.

There is a large focus on meaning making and it is thought that the content of our consciousness

and the way we relate to each other is taught to us by the culture and society in which we live.

Knowledge is passed on through social interaction and then either sustained or abandoned, in

accordance with normative rules that are culturally and historically situated (Galbin, 2014).

Galbin (2014) states that because the genetic make-up of each race and region is different, we

can't say that there is a universal human nature. He views knowledge as subjective and explains

there can be no true objectivity because all scientific methods require one set of subjective

humans to rate another set of subjective humans. Given different societies in the world were built

on different needs, values or interests, social constructionists believe this produces a unique

version of reality from the particular social and cultural context from which it came. This means that as society and culture changes, so do many of the social constructions within that culture. These can be unique to each different culture or be subsets within a culture (Galbin, 2014). As previously discussed, social constructionism supports the idea that what we know and how we view the world is tied to the social world in which we live. This aspect was useful for my research because I wanted to understand if there was something specific to *New Zealand* masculinity that created an outcome of low engagement in counselling for men. The information I sought was very much context dependent, (both within New Zealand culture and within the discipline of counselling) something that constructionism as a theory seeks to address (Braun & Clarke, 2013).

Braun & Clarke (2013) explain constructionism supports the idea that the way we make sense of the world is dependent on particular discourses, or systems of meaning, and traditional masculine norms fit this description. There is no one knowledge but a set of knowledges, much like there are different forms of masculinity or individual views of what masculinity means to each person (Braun & Clarke, 2013).

As discussed, qualitative research methods were appropriate for this research as it is a useful method for getting detailed descriptions from participants, and in understanding shared meaning of masculine norms. A social constructionist framework was appropriate because it allowed me to explore shared meaning around masculine norms in way that was contextual, in this case within New Zealand culture and additionally, social constructionism fitted with the theory on the way traditional norms of masculinity as said to be defined (Lorber, 1994).

Chapter 4- Method

Introduction

In this chapter I outline the methods used for my research. I focus on the research setting,

participant demographics, the ethics process, data collection, data analysis, and trustworthiness.

Research Setting

The research setting was a counseling centre in New Zealand. I will not give further details about

the centre as it may compromise my participant's anonymity. Research was conducted in one of

their counselling rooms after informed consent was given by the Service Manager. (see

Appendix 1).

Participants

There were 5 participants in total who participated voluntarily after giving their informed

consent (see Ethics section). All participants were males over the age of 18, consistent with the

client population eligible to use the counseling centre's services. Ages ranged from 29-70 with a

mean age of 48. All were NZ European apart from one participant was born overseas but had

lived in New Zealand since his early teens.

Ethics

I made an application to the Human Ethics Committee at The University of Canterbury which

they reviewed and approved (See Appendix 5a). The title of my thesis and research question

changed during the course of this research, so what appears on the forms is different to the title

of this thesis. This is a reflection of where I started in formulating my research study.

At the time of the application I only had verbal permission from the counseling centre. The

Human Ethics Committee requested I got this in writing which I did. Apart from aspects of the

application where more clarification was needed and later approved, all suggestions by the committee were taken on board, amended and as a result approval was given (see Appendix 5b).

Research was conducted in accordance with The New Zealand Association of Counsellors guidelines for conducting counselling research (NZAC, 2020). I will outline these guidelines in relation to my own research below.

Value of Research

As I outlined in my introduction due to the high suicide rates we have among men in this country it is important to focus on how we can engage men better in counseling. I believe this research will not only inform other counselors in the field but also myself given I work with men in counseling on a daily basis. I believe this research will go some way to informing the counseling community going forward. The benefits of the research to the counseling community far outweigh any risks given interviews had no more risk than normal conversation and support was available at the counseling centre for if any clients had become distressed and they could stop the interview at any time so the risk was well managed.

Informed Consent

Participants volunteered for the study after giving their informed consent (see Appendix 2). The information sheet and consent forms clearly outlined what was involved in participating including the risks involved. It explained the support available to mitigate this risk, and that they were able to withdraw at any time without penalty, and that they would remain anonymous in the final report. They also had the chance to review the final transcript and approve it or request that any information be removed on review.   All participants were previous clients of the counseling centre and had completed counselling prior to interviews taking place. This was important for

two reasons, first I didn't want to jeopardise or impact in any way the existing relationship

clients had with the counseling centre, something a dual relationship may have had the potential

to do. The second reason was I thought it would be unethical to interview clients who were likely

in an emotionally vulnerable place given they had sought out counselling services. In addition,

none of the participants were previous clients of the researcher. This was important as this likely

could have biased the results and would be unethical given the boundaries of a counselling

relationship. It was explained to participants they had the right to withdrawal at any time, could

decline answering any questions they did not feel comfortable with, and that there would be

provision made for a counsellor at the centre (not the researcher) to provide counselling if

anything troubling were to arise through the interview.

Confidentiality

Participants were referred to as simply "participant" with a number in this report to protect their

identity. In addition all data was kept on a password protected computer and consent forms were

stored separately to raw data. The name of the counseling centre was not included in this report

as this also could have compromised participants' anonymity. Transcripts and digital recordings

were also unnamed to protect participant identity. Instead they were referred to as participant 1-5

as they are in this report. Digital recordings of interviews were kept on a password protected

computer.

Conflict of Interest

To avoid conflict of interest the researcher did not include any clients from his own caseload as

this could have compromised the counseling relationship. In addition, it was essential that

participants had finished their counseling prior to participating so it didn't compromise the

relationship they had with the counseling centre.

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Respect for Diversity

As part of the ethics process Maori consultation was sought to review my research design and ensure it provided equal opportunity for Maori to participate. Should they choose to participate, consultation ensured this was done in a culturally sensitive way. In preparation for this research I also reviewed literature on Maori masculinities were also reviewed in the literature review and had support available form of a cultural supervisor should I need it, as well as an expert in the field of Maori health and wellbeing at the University of Canterbury (see Maori Consultation).

Maori Consultation

Maori are the indigenous people of New Zealand and there are certain obligations and guiding principles under The Treaty of Waitangi that inform practices within the health care system. The three principles are *partnership, participation and protection* (Ministry of Health, 2020). As part of the ethics process, Maori consultation was sought given a proportion of clients that used the counseling centre were Maori and may choose to volunteer for the research. Consultation was sought to ensure the study was being conducted in an ethical and culturally sensitive way for Maori. An example of one way Maori health can be conceptualized is the health model "Te Whare Tapa Wha" or the "four pillars" (Rochford, 2004). The model stipulates that to be healthy, one has to be well in all four areas, the mind, the body, family and spirituality. In addition, there are certain customs such as prayer and the offering of food that foster a welcoming environment and encourage engagement. Lastly, given Maori are marginalised in the health care system due to social structures, it was important to ensure the recruitment process was inclusive.

In not being an expert in the area myself, I made it clear I would seek the support of a cultural supervisor and also experts in the field (Annabel Ahuriri-Driscoll Lecturer in Maori health and

wellbeing, reviewed my application prior to submission). The aim of consultation was to ensure inclusivity, to foster engagement in a culturally appropriate way and to get guidance around whether aspects of my study were unintentionally disadvantaging Maori in a way I hadn't recognised. I met the requirements of the application through explaining the measures I would take. I explained I would seek the help of a cultural supervisor I was working with as part of my counseling training and the support of Annabel Ahuriri-Driscoll at The University of Canterbury. I explained participants had the freedom to decide how they would answer the questions, meaning they could leave out anything they felt uncomfortable answering (if they felt a question was culturally sensitive). I referred to the research I had reviewed by Brendan Hokiwhitu (see literature review) and outlined the importance of interpreting Maori masculinity through a Maori "lens". I also explained I would ask the client whether they wanted to share their Mihi (an introduction outlining ones heritage) or a karakia (prayer) before starting the interview. These traditional customs foster engagement, so it was important to be respectful and provide the option of sharing these if they participant wished to. I also outlined aspects of my cultural knowledge that may be helpful in guiding me to work in a sensitive way, such as cultural workshops within work and university settings, Treaty of Waitangi workshops and a Maori language course. My application was approved and no amendments were needed (see Appendix 3).

Institutional Requirements

As a student conducting research at The University of Canterbury I come under the guidance of The UC Human Ethics Committee and this application was approved (see Appendix 5a). I am also guided by the NZAC Code of Ethics (2020). I carried out my research in accordance with all these requirements.

Acknowledgment

I have given acknowledgement to everyone that assisted me throughout my studies, including the researchers who have informed my work within this thesis.

Reporting Fairly and Accurately

I will report my findings, research process and conclusions with fairness and accuracy. I gave participants the opportunity to check transcripts for accuracy and those that chose to do so did not request any changes. I checked my thinking (around my research process) with my supervisors, clinical supervisor, counseling colleagues and fellow students.

Data Collection

Recruitment

An advert was placed on the counseling centre's notice board asking for participants to e-mail me if they would like to participate, provided they had completed their counselling (see Appendix 4). One participant got in contact and participated in the study. There was then a period of one month with no responses. At that time there was a meeting between researcher and supervisors and it was realised that the method of recruitment could be more effective. Instead, it was decided the center's texting system could be used. Counsellors at the centre put forward names of clients who had finished counselling and may be interested in participating in my research. I contacted these clients via our texting system (a system on the computer that would text clients mobile phones) and invite them to participate if they wished. An amendment was made with the Human Ethics Committee and approved (see Appendix 5b).

Initially, seven potential participants were contacted with one responding and taking part in the study. The same seven were approached a week later with no response. A month later another

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four clients were contacted using the amended method with no response. The following month, ten were approached with no response. There was then a two month gap and then seventeen invites were sent with no response.

In between times, the UC Human Ethics Committee was consulted for another amendment (see Appendix 5c). This was to allow an e-mail to be sent to agencies outside of the centre I was working with to trial recruiting participants could be sought in that manner. This was ineffective with agencies responding but no clients willing to participate (see Appendix 6).

Again, it was realised the recruitment process was ineffective and this was reviewed again with the assistance of my supervisors. It was decided to make the text message much shorter, adjust how it was worded and add the option to simply text back YES or NO depending on if they would like further information (see appendix 7). All 40 clients that had been approached over the time of recruitment were approached again (excluding those who had participated). Three men responded YES, with two taking part after having read the information sheet and signing the consent form. The third person was ineligible to participate. During the arrangement of the appointment it was realised he neglected to explain he was still in couples counselling at another agency, so engagement with him ceased at this point. He was thanked for his interest and the reason for him being ineligible was explained.

Lastly, colleagues at the counseling centre were asked again for names of those who had finished counselling but might be willing to participate. Five names were put forward and approached with one responding and taking part in the study. At this point, all five interviews were completed and I decided I had sufficiently detailed data to progress with my research given the limitations of a 90 point thesis.

Recruitment after Initial Approach

If a participant replied indicating they wanted to take part in the study they were e-mailed an information sheet and consent form to read. It was explained that if, after reading both ,they were happy to participate, they were to sign the consent form and return it to the counseling centre or scan and e-mail it back and bring the hard copy on the day of the interview.

A time was booked when a room was available that suited both parties. In addition, the participant was asked if they preferred a petrol voucher or grocery voucher as a thank you for participating (this offer of a voucher was also included in the initial approach, the advert and on the information sheet).

Procedure

Semi-structured Interviews

Semi-structured Interviews of between one hour and one hour forty minutes were conducted with all five participants. A Sony IC digital voice recorder was used to record each interview.

Participants took part in a semi- structured interview guided by some previously formulated questions (see Appendix 8). These interviews were recorded on a voice recorder and later transcribed. The reason a semi-structured interview was chosen was because I wanted to understand the lived experience of these men and an interview was the most effective method in which to do this (Braun & Clarke, 2013). It was decided it would be a semi-structured rather than structured interview as this would limit bias and create more opportunity for clients to explain their experience from their point of view (Braun & Clarke, 2013).

The inspiration for the study, as expressed earlier, was through "field work" counselling male clients that indicated they felt "weak" in having to participate in counselling or felt less of a man.

I wondered if this was the pressure exerted by an overarching norm of masculinity in New Zealand, to be strong at all costs. This then dictated what questions I would ask as I had some key aspects I wanted to understand: Was there a traditional norm of masculinity in New Zealand? What was it? Did the clients feel they were impacted by it and if so how? How did they find engaging in the counselling process and what would have helped them engage more easily? And how could we improve counselling engagement for men (from the client's perspective)?

The information I received in consecutive interviews guided the formulation of questions I might asked in the interviews that followed. In addition, each interview was listened to once it was completed and this helped guide the formulation of further possible questions (see Appendix 8).

As stated in Braun and Clarke (2013), interviews are suited to experience-type research questions but also useful in exploring perception and constructed meaning. This fitted within my constructionist framework and gave me the opportunity to understand the participant's experience of how masculine norms affected them. It gave me the opportunity to explore the meaning they gave to their experience. I also wanted *their* definition in their *own words* because I wanted to see if my participant's views matched the information I was seeking in my research question. If I didn't get data from the participant's perspective, I would have been making assumptions from my own point of view without testing it against individual realities. This was affirmed by Braun and Clarke (2013) when explaining the purpose of doing interviews. They explain the goal of an interview in qualitative research is to get the participant to talk about *their* experiences and perspectives using *their* language and concepts while also capturing diversity among participant responses. My purpose was to interpret patterns within the data, if I had chosen a structured interview it would not have allowed space for such detailed responses. The

depth of the data is also important in qualitative research as it is level of detail in participant's experience that adds to the credibility of the study (Braun & Clarke, 2013).

Interviews were scheduled up to 1.5 hours and supplementary questions were asked by the researcher if needed. The interviews were recorded on a digital voice recorder and the participants were given a petrol or grocery voucher at the conclusion of the interview. One participant declined and insisted he was happy to do the interview without a voucher. It was explained to all participants that they would be contacted once the transcription was completed, e-mailed a copy of the interview transcript, and given the chance to clarify or add to what they had said.

Transcription

At the completion of the first two interviews, a transcriber was contacted. They were given a consent form to sign before commencing transcription (see Appendix 9). Once the final interviews were completed the transcriber was again contacted to commence transcription.

Once the transcription was returned, it was sent to participants to be reviewed so they could confirm what they had said, elaborate further if needed or request to have information taken out if they wished. They also had the option to withdrawal their data from the study at this point.

Data Analysis

Interpretive Thematic Analysis

Thematic Analysis is a qualitative research method for identifying, analysing and reporting on themes and patterns within a data set (Braun & Clarke, 2006). This method was chosen as it is able to look for patterns and meaning through language which aligned with the data I collected being in interview form. In addition, thematic analysis is considered a quite flexible approach so

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could be used within a social constructionist framework, this was important given the close tie between social constructionism and the way gender is formed/organised (Lorber, 1994). Thematic analysis can be approached in such a way that it is fully qualitative and is able to take account of the contextual nature of meaning which as I have said previously allowed me to analyse the data within the context of New Zealand masculinity (Braun & Clarke, 2008).

I followed Braun and Clarke's (2006) step-by-step guide which includes 6 phases outlined below. Each heading is taken from Braun and Clarke (2006) but I've explained what I did under each heading as it relates to my current research.

Phase 1: Familiarising oneself with the data

In approaching my analysis as a beginner qualitative researcher, I used Braun & Clarke (2006) as a guide, watched videos and read textbooks on thematic analysis to give myself an idea of what was required. The first step was to immerse myself in the data. This happened as part of the data collection process. I listened back to each interview after completion and made notes on points of interest. Despite using a transcriber, I ended up doing much of the transcription myself. The positive was it required me to listen to each interview very closely, several times, so by the time it came to the analysis I was familiar with the data already. I also aimed to get as close to verbatim as possible which required me to listen for every word.

Phase 2: Coding

The next stage was creating initial codes. I did this by breaking down my research question into key, very broad concepts in the first instance that my questions were designed to ask about. I then went through the transcribed text with a different coloured highlighter for each code and highlighted phrases I saw as fitting into those codes. This was aided by the fact that my questions

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were focused on areas in alignment with my research question. Answers to each code were also scattered throughout the transcript. Even when answering an unrelated question, participants might talk about a topic related to another aspect of my research question, so that was something to look out for. During the coding, I jotted down in my journal areas I thought may be of interest that helped form even more potential codes. At that point, I went back through with "sticky notes" shaped like arrows of different colours that corresponded to my highlighter colours. I could then point out the section of text I thought was relevant, highlight it, and have an arrow pointing to it on which I could write my code on. I did this several times on each transcript also looking for data that didn't match either my assumptions or the research literature, data that might contradict. I created 32 codes initially and on the second "sweep" 65. I knew many of these codes would likely overlap and this was just a first step.

Phase 3: Interpreting data to develop themes:

I took all 65 codes and mapped them under some loose categories that seemed to fit each code (see Appendix 10). I printed out my categorised list and looked for codes that overlapped. I noticed some were very similar and this meant I could then group them together. It was through this process I developed themes and subthemes. Essentially, I grouped together codes that were on a similar topic. Once categorized, I started to think about what overarching themes might be, whether the codes worked well together, and whether there were additional themes or subthemes.

Phase 4 & 5: Reviewing themes/ Defining themes

In reviewing my themes, I again considered my research question and how well the themes and excerpts I had for each theme captured what I wanted to know.

Phase 6: Writing The Report

Phase 6 in Braun & Clarke (2006) was simply writing the report.

Trustworthiness

As cited in Connelly (2016), trustworthiness refers to the degree of confidence in data, interpretation and methods used to ensure the quality of a study. She goes on to say there is much debate about what constitutes trustworthiness but that criteria by Lincoln and Guba (1985, as cited in Connelly, 2016) are accepted by many qualitative researchers. The criteria they outlined were *credibility, dependability, confirmability and transferability.* They later added *authenticity* (Guba & Lincoln, 1994 as cited in Connelly, 2016).

Credibility

This is confidence in the truth of the study or findings typically using standard procedures that have been used in other studies of a similar nature (Connelly, 2016). These include: *prolonged engagement with participants, peer-debriefing, member checking and reflective journaling. Iterative questioning* (returning to the data to examine it several times) as well as *negative case analysis* (exploring alternate explanations) is also important (Connelly, 2016). I will explain the above concepts below as they apply to my own research.

Prolonged Engagement with Participants

Interviews lasted up to 1.5 hours (although it varied slightly depending on each participant).

Dependability

Dependability is the degree of stability of the data over time (Connelly, 2016). To achieve this I was in regular contact with my supervisors, experienced in qualitative research so could guide me through the process.

Peer Debriefing

I was in regular contact with my supervisors who are experienced in the area of qualitative research and guided me through the process alerting me to aspects I needed to be mindful of. I also spoke to colleagues at the counseling centre about my research, fellow students that were using qualitative methods, and my clinical supervisor in my work as a counselor.

Analytic Memos

Over the course of the entire research process I would note emerging ideas I was having on my research topic and these altered as I progressed through each stage. Knowledge gathered in one stage would build on the next set of knowledge, and inform my decisions or ignite new curiosities going forward. After the literature review, I was better informed and this filtered into the rest of the study. My thoughts were influenced after each participant interview as it was yet another participant perspective that built on the last, often with different content or a different interpretation that provoked thought. In the process of listening back to interviews and transcribing, thought processes developed further as I was influenced by immersing myself heavily in the data, and during the analysis phase. I made daily memos of thoughts, wonderings and documented my progress during this period. I watched videos on how to conduct qualitative research well and read textbooks on the topic to better inform me. At every stage I would make memos and these "wonderings" or enquiries about the research process were often shared with my supervisors.

Reflective Journaling

A reflective journal was used during the entirety of the research process. In it I would write everything from: ideas that pertained to the research process, how I felt particular interviews went and what my initial thoughts were. I wrote an outline of the experiences I had prior to

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conducting this research that I thought may "colour" my interpretations. I also documented insights during coding and data analysis as well as thoughts about what might go in the discussion. I often wrote more generally about how I was feeling during the research process due to some frustrations along the way.

I kept a reflective journal during the recruitment and data collection process as well as outlined my own experience of masculinity growing up as a way of limiting bias in the interview questions. This meant I became more aware of my own assumptions and biases on my research topic.

Confirmability

Confirmability is the degree findings are consistent and could be repeated (Connelly, 2016). To achieve this I used a technique called member checking.

Member Checking

As I outlined in the method section of this report, during the initial stages of recruitment it was outlined on the information sheet that as part of this research participants would do their interview, but also be sent a copy of the typed transcript to check for errors, clarify anything they thought had been misinterpreted and have the opportunity to withdrawal their data or ask for certain aspects of the data be excluded. This ensured the accuracy of the data sought but also respected client's intellectual property.

Iterative Questioning and Negative Case Analysis

I returned to the data several times during the course of the data gathering phase. I listened back to each interview after completion; I transcribed the data where it had not been done well and corrected aspects that were misheard or left out. This required a whole new level of immersion as

I had to listen for every word to ensure accuracy and had to go through the entire transcript for every participant. I then read through the data again as I first created codes, looked for themes and looked for data that did not match what I was looking for.

Transferability

Transferability is the extent findings are applicable to people in other settings. To achieve this transparency about how analysis was conducted and rich detailed information about those studied is important (Connelly, 2016). I believe I have adequately met this criteria in being detailed about participants studied (as much as possible while preserving anonymity) and being transparent about the methodology and methods used while analyzing data. In my view the findings are especially applicable in the counseling field but could potentially be applied to any area of health where males are the client group.

Authenticity

Authenticity is the extent to which researchers fairly and completely convey participants lives, as well as show a range of different realities (Connelly, 2016). I believe I met this criteria through selecting appropriate participants in my study sample for the question I was asking and providing rich, detailed descriptions.

Chapter 5 - Findings

Introduction

In this chapter I remind the reader of my research question, give the titles of the five themes and subthemes that emerged from the data and lastly give the themes and subthemes with supporting data.

Themes and Subthemes

Theme 1: What it Means to be a Man

Subtheme 1: The Provider

Subtheme 2: The Masks We Wear

Subtheme 3: What my Father Taught Me

Theme 2: Responding to Traditional Norms of Masculinity

Subtheme 1: Fitting in and Going Along

Subtheme 2: Suppressing

Subtheme 3: Resisting

Theme 3: Barriers to Engagement

Subtheme 1: Pressure to be Self-Sufficient

Subtheme 2: Pressure to be Strong

Subtheme 3: Feelings of Shame

Subtheme 4: The Unknowns of Counselling

Theme 4: Factors that Enhance Engagement

Subtheme 1: Price point

Subtheme 2: Letting Pride Go

Subtheme 3: A "Casual Counselling Environment

Subtheme 4: Encouragement from Others

Theme 5: Possibilities for Increasing Men's Engagement in Counselling

Subtheme 1: Reworking Existing Marketing Campaigns

Subtheme 2: Marketing that Aligns with Masculine Norms

Subtheme 3: Utilising Technology

Subtheme 4: Recommendations from "everyday men"

Subtheme 5: Alternative Pathways to Counselling

 Research Question

What influence do traditional norms of masculinity in New Zealand have on men's counseling

engagement? How can counseling services be made more accessible for men from the

perspective of former service users?

Theme 1: What it Means to be a Man

Theme 1 focuses on how participants define themselves as men, how society defines masculinity, and what they learnt from their fathers.

Subtheme 1: The Provider

The topic of masculinity was approached in the very first question: *What does being a man mean to you and how would you define it?*

Participants 3 and 5 put importance on being able to provide.

Participant 3:...Just taking necessary responsibility in society, um helping those in need and um yea being a good I guess role model and stuff like that yeah", "it's honourable old school sort of thinker like that",”I don't know um strong, capable, independent. Yeah it's the only thing I can think of at the moment"

Participant 5: I mean one word that comes to mind...being a leader....but then....women are leaders too....being a protector...setting examples. Boundaries. That's about all I can think of at this stage"

Subtheme 2: The Masks We Wear

In subtheme 2 participants describe New Zealand societies masculine norm and its impact.

Participant 1: "I'm typical in some ways, so the only emotion I've learnt that is ok for men to show is anger in New Zealand" "I can't cry...It's like I've switched it off to work in some really tough industries" [meat works] " The original definition was the concrete eater, harden up but nurturing at the same time"" we've been confused along the way" "we put these masks on"" I can fall back into that fake masculinity if I want"

Participant 2: "that whole male role model isn't real" "two blokes go to the pub slap each other

on the back and then it's all fixed"

Subtheme 3: What my Father Taught Me

Subtheme 3 focuses on what participants learnt from their fathers about masculinity.

Participant 4: "[his father] definitely a bit of a tough guy, probably only see him cry a handful

of times"

Participant 2: "like my Dad was old school you know. Kids were seen and not heard, he was the

dominant figure"[his father] "you know you didn't talk about your feelings, you just got

on with it and you know you're always at the pub"

Participant 1: "I thought being a man when I was a kid was being like my Dad....into fishing,

hunting, drinking" "[his father] He was a stubborn New Zealand male. I'll deny it and

it'll go away"

Participant 5's experiences of growing up were less traditional despite him being the oldest of
the participants interviewed:

Participant 5: "[his father] he wasn't a macho man sort of person he did sport and things but he

did, you know, he did things like cleaning the house and helping mum and stuff like that"

"my father could cook...he'd sometimes clean the house or my mother went out to work

sometimes and she did most of the cooking of course. So I learnt all sorts of things when I

was a child and not just all the male things but I would learn the female things too, which

was, put me in good stead now that I live on my own"

Theme 2: Responding to Traditional Masculine Norms

Theme 2 focuses on how these men responded to the traditional norms of masculinity in New Zealand.

Subtheme 1: Fitting in and Going Along

Participant 1 and 2 felt pressure to "fit in" with traditional norms of masculinity.

Participant 1: " I didn't feel I fitted in so I still tried to do things, you know, I played rugby" " I did the things I thought a man should do" " still hold my beliefs but just play the game to get through""My beliefs exclude me from a lot of masculine groups or conversations that I just know I won't be accepted. So I'm down the end of nurturing and to me a gentler...way of being" "I reject a lot of what's around that is called masculinity"

Participant 2: I wasn't talking, I wasn't dealing with any issues because blokes don't have issues (laughter) and then it all went to custard""but yea guys don't ask for help, they're always tough, they're always the hero, they're always the provider, they're always you know, you don't have issues"" none of my mates understood it, it's oh you're being soft don't be an idiot"

Subtheme 2: Suppressing

Subtheme 2 focuses on suppression as a strategy for responding to masculine norms.

Participant 2: " I've struggled with mental health over the years and a lot of that has been because I've suppressed a whole lot of garbage that has happened to me"" When I was growing up you didn't even talk about it. You just bottled it up""

Participant 4: "Yeah you didn't cry...shit no....so you definitely had a front for the world and, you know, my brother was like that"

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Participant 5: "I would have carried on me normal usual way. Fix everything myself"""Oh I think it's maybe that old stoic sort of attitude that men have got in general....just grin and get on with it"

Subtheme 3: Resisting

Subtheme 3 focuses on resistance towards traditional norms of masculinity.

Participant 1: "I prefer my own company and not to fake it"""I started to reject the tribalism of New Zealand sports"""all my journey is leading me to have a different view. So the man that I think people should aspire to isn't necessarily even, you know, ten percent of men that are out there"""Once my dad died...and before he died I started to challenge everything about him"

Participant 2: "...guess I'm just totally stubborn I've never really been one to fall for peer pressure"

Participant 3: "um, yeah the more I see it [dominant masculinity] the more I tend to go the opposite way"

Participant 4: "I'm a bit of a nonconformist"""I've just always done my own thing"

Theme 3: Barriers to Engagement

Theme 3 focuses on barriers to engagement, the way traditional norms influenced these men's behavior while considering counseling.

Subtheme 1: Pressure to be Self-Sufficient

Participants 3 and 5 felt pressure to be self-sufficient at first trying to sort issues out themselves.

Participant 3: "Because I mean it aligns with what my thoughts about counselling were, you know I shouldn't need help"" I should sort it out myself and just toughen up" " So it was and I put it off for, you know, probably a couple of years, coming in here, but I didn't know I needed to and I kept thinking I can sort it myself, you know".

Participant 5: "I thought I shouldn't need counselling, I should be able to sort myself out".

Subtheme 2: Pressure to be Strong

Participants 1 and 2 felt a pressure to be strong and were reluctant to show their vulnerability.

Participant 1: "When mum died so I was 18 I was offered counselling and I couldn't go there" "I just didn't want to be vulnerable"

Participant 2: "I don't know I struggled to admit I needed help"

Subtheme 3: Feelings of Shame

Feelings of shame made engaging challenging for participants 1 and 2.

Participant 1:" I suppose it's failure the thought that I'm a failure or that there's shame attached with whatever my issues were" " I think it's, there's fears" " it'll bring up stuff, shameful things"

Participant 2: [counseling] "oh I struggled with it even though I was open to it" "I drove past a couple of times" "I guess I did feel a bit....less of a person for not being able to get through it"

Subtheme 4: The Unknowns of Counselling

A barrier for some men is not knowing what to expect from counselling.

Participant 5:"I was a wee bit sceptical that it wouldn't work at first because I thought.....how do I know when I'm cured or how do they know that I'm cured?"

Participant 2: "and not knowing what to expect. I had no idea. Guys, how many guys do you know who've been to a counsellor....that openly admit it and can tell you what it's like? It just doesn't happen" "but to be honest I didn't know where to start".

Theme 4: Factors that Enhance Engagement

Theme 4 focuses on the factors that encouraged these men to engage in counseling.

Subtheme 1: Price Point

Price point influenced engagement for participants 3 and 5:

Participant 3: "In all honesty it didn't really affect my decision...because long story short my main reasoning was money because I couldn't really afford anything"

Participant 5: Yes....Yes....another influence was the cost as well but I was prepared to pay, when I found out, they told me how much per session I thought well that's not too bad. Not hundreds of dollars per session"

Subtheme 2: Letting Pride Go

A turning point for these two participants was letting their pride go and accepting they couldn't do it on their own.

Participant 2"I had a breakdown at home one day......burst into tears....that's when I went ok enough's enough, I can't do this by myself"

Participant 3:"Other people aren't having these issues and.....But I eventually just sort of dropped my pride"

Subtheme 3: A "Casual" Counselling Environment

Participant 3 and 5 found the "casual" nature of the counselling environment beneficial, helping them to stay engaged in the process.

Participant 3: " I mean you guys all seem pretty like casual and relaxed and I think that helps. It's not like real cold [interactions]. "easily relatable yea"

Participant 5: [counsellors dressing down] oh yes, yes, just ordinary men" "One thing that impressed me was the dog.....oh just the fact there was a dog here and it was a quiet dog, he wasn't pushy or bloody anything. He was just part of the scene"

Subtheme 4: Encouragement from Others

Participant 5 was influenced by the people around him and this helped him engage in counseling.

Participant 5: [friend recommendation] "He was in the Vietnam war and he was saying he had four years of counselling..... and it really made a big difference to him"" I wouldn't have come along if it hadn't been that influence of the people around me"

Theme 5: Possibilities for Increasing Men's Engagement in Counselling

Theme 5 focuses on possibilities these participants had for improving counseling for other men (from the perspective of former service users).

Subtheme 1: Reworking Existing Marketing Campaigns

Participants 2, 5 and 3 found current marketing campaigns did not quite meet their needs.

Participant 2: "and it's not necessarily the John Kirwans and all that. That's been great to really give exposure but just Joe blows.""well if he's got issues and he's an All Black well then my issues are pretty small aren't they? Because all I do is play local rugby"

Participant 4:"but we're such a tall poppy place that we just look at people like that and go oh

yea good for them. "Maybe that's what it is because we are not all All Blacks"

Participant 3 focused on another marketing campaign with the phrase "it's ok to not be ok"

Participant 3:" I've seen the marketing and it makes it....I know although good intentions but the

marketing that I've seen...something like it's ok to not be ok or something along those

lines of that and it still made me feel like...you're saying I'm not ok?...like there's

something wrong with me and you know, no one wants to think there is something wrong

with them"

Subtheme 2: Marketing that Aligns with Masculine Norms

These participants saw linking marketing to traditional norms of masculinity as beneficial.

Participant 4: "It will come down to a marketing thing.....It will come down to some sort of

marketing catch phrase or something like that, the right thing is going to appeal""you're

going to give yourself a mental tune-up, you know""I think you need to sell it to them

under the guise of, you know, if you want to be strong go to the gym and work your

muscles out. If you want to be mentally strong you need to do this"

Participant two gives some rationale to potential usefulness of linking marketing to traditional norms of masculinity.

Participant 2: "If you were into fitness you wouldn't ignore a broken arm and go back on the

field. It's....as soon as you start looking at it in a more practical sense, it makes sense.

Why wouldn't you got get help?"

Subtheme 3: Utilising Technology

Participants 1 and 4 see technology as a way of enhancing engagement.

Participant 1: "you've got to look at where men are looking, so they're looking in the

media""and also there's a generational thing. That's why I said to you media. So if you

can get success stories connecting with young guys onto Facebook or a Facebook page

you might be able to see how much interest can success stories generate there"

Participant 4: I think technology would play a part" " I think even with technology as in video

conferencing or video calling or something along those lines""because it means they're

not going to be worried that they've been seen driving in....they're not going to be

worried that somebody might know..."

Subtheme 4: Recommendations from "everyday men"

Participants 1 and 4 see "everyday men" as being influential in getting men to engage with
counseling services.

Participant 1:"I think when other men talk about it, it's something that they've used and it's

worked for them. Then that's a recommendation as a thing that might flip somebody to

try it. So it's about the men that do use it saying it's ok""I think success stories, it's all

about I relate to this person"

Participant 4: "but I think yeah it's your everyday guy as well, it's the bloody electrician that

went through a tough patch you know? It's maybe the apprentice that was having some

issues and was able to get through them and carry on and get his apprenticeship. You

know it's kind of lower level stuff, that's the reality to it"

Subtheme 5: Alternative Pathways to Counselling

Participants 1 and 2 highlight the importance of alternative pathways to counseling with an emphasis on less formal counseling, having both experienced Peer Support themselves.

Participant 2: " Well, things that are a bit more casual and support group orientated I think would be magic...because then if you realise you need a bit more you already have one foot into the process" " It's still counselling it's just a different form of counselling. But it's one I think men can relate to better...."

Participant 1:" [peer support] we've all lived it so there's our connection...we're not qualified therapists, we're not this, we're not that. So therefore there is an equality there and not a power imbalance"

The findings above revealed some interesting and potentially very useful data. The findings will be elaborated on in the next chapter.

Chapter 6 – Discussion

Introduction

In this chapter I review the findings and explain what they mean in relation to my research question, outline the strengths and limitations of this research, explain its contribution to the field of counseling research, suggest future directions for research and give conclusions. References and Appendices are contained at the end of this chapter.

Discussion

In reviewing findings, it is clear that for these men, traditional norms of masculinity in New Zealand are still strongly influential in how they define themselves as men, despite the origins of these masculine norms dating back to the early 19th century (Phillips, 1996, Bannister, 2005, Cooper, 2008). There was pressure to be a provider, to put on a staunch "mask" for the world and what their fathers taught them about masculinity was consistent with traditional masculine norms (Phillips, 1996, Bannister, 2005, Coney, 1990). There seemed to be some tension between how they wanted to act as men and how they felt they were supposed to act, and for one participant this was reinforced by his friends. They dealt with this tension by fitting in and going along, suppressing and resisting the influence of these masculine norms.

Findings suggest, masculine norms did influence counseling engagement in a detrimental way creating barriers to engagement and this is consistent with the research on help-seeking (Seidler et al, 2016, Affleck et al, 2018). The other finding consistent with previous research was that counseling engagement was often delayed due to a pressure to be self-reliant, strong, avoid feelings shame and vulnerability and through the unknowns of counseling (Lynch et al, 2018).

Despite these barriers, certain factors assisted these men to engage, with price point, encouragement from others, letting pride go and a "casual" counseling environment all enhancing counseling engagement. Lastly, in reflecting on their own experience possibilities emerged for how counseling engagement could be increased for other men. Possibilities were: reworking existing marketing campaigns, marketing in a way that aligns with masculine norms, utilizing technology, getting recommendations from "everyday men" and using alternative pathways to counseling.

Theme 1: *What it Means to be a Man*, established that participants definitions of masculinity were consistent with traditional norms of masculinity (Phillips, 1996, Coney 1990, Bannister, 2005). This was an interesting finding, I wondered if this might be the case, but also thought in today's society traditional norms of masculinity may not have come through quite as strongly as they did. This shows that much like the literature suggests, New Zealand has a very strong and enduring version of this traditional norm of masculinity (Bannister, 2005). This was reinforced in subtheme 3: *What My Father Taught Me* where their impressions of their fathers were also consistent with traditional norms of masculinity. The exception was *Participant 5* where his father was less traditional and he learnt to do a number of different tasks not just those considered traditionally masculine. On reflection, I wondered if having a less traditional father may have served to "buffer" the strength with which one identified with traditional norms of masculinity, but in subtheme 1: *The Provider Participant 5's* excerpt showed this was not the case. He still outlined traditional norms of masculinity with an emphasis on being a protector, a leader and setting examples. This was the same for *Participant 3* with words like: honourable, strong, independent.

Subtheme 2: *The Masks We Wear* provided examples of the constraining nature of traditional norms of masculinity with traditional norms seen as "fake", limiting in terms of what emotions were acceptable and a feeling of "confusion". There also seemed to be a dismissing of problems within this subtheme: "slap each other on the back and it's all fixed". The fact they put a "mask on" seems no surprise when comparing this finding to the literature from Lynch et al (2018). Those participants talked about a fear of perceived weakness and a potential to ruin their self-imagine through not being seen as self-reliant. It could be that the "masks we wear" are a self-preserving strategy to avoid being seen as weak. This is unfortunate if it causes men to suffer in silence as Phillips (1996) suggested.

In terms of counseling engagement, it is no wonder men underutilize counseling services based on theme 1. The message they receive from traditional norms seems to be: deny your problems, appear strong and capable, conceal your true feelings/identity and subscribe to a narrow range of emotions. These normative "rules" are completely at odds with counseling which is likely something closer to the opposite: share your problems, accept help (rather than be strong), express yourself and express all your feelings (Martin, 2016). That message is then likely either reinforced by ones father, or at least ingrained from a very young age through role modeling as evidenced by subtheme 3:*What My Father Taught Me.* Participants fathers tended to display traditional norms of masculinity.

Theme 2: *Responding to Traditional Masculine Norms* gives some insight into the influence of traditional norms in daily life. Subtheme 1: *Fitting in and Going Along* reveals conflict between participants' true feelings and pressure to subscribe to traditional norms. There is pressure to do what they think is in fitting with traditional norms, play rugby, not show they have issues, act in ways they believe will be accepted with unfortunate consequences. *Participant 1* felt a sense of

not fitting in, while *Participant 2* felt misunderstood. Research by Seidler et al. (2016) indicated confirming to these norms can have quite detrimental effects, exacerbating symptoms of mental distress.

Subtheme 2: *Suppressing* seems to be the result of attempting to fit in and go along. In feeling they needed to fit into traditional norms they didn't share what was really going on, and instead bottled things up, put on a front and kept moving forward even if they were struggling. This leads me into my next subtheme as I wonder if there was a sense in these participants that something never quite "sat right" for them and they eventually decided to be authentic to themselves and their own beliefs.

Subtheme 3 is *Resisting* I found particularly interesting. In this theme there was a preference for being a non-conformist, staying authentic, a stubbornness and wanting to "go the opposite way". I noticed this resistance was present in every client I interviewed, all of whom were former counseling clients. I wonder if resisting was a component that helped these men to eventually seek counseling. It is interesting that it was present in every client, and I wonder if this could be a quality that could be developed, research by Way et al (2014) discussed in my introduction certainly indicated there are a lot of positive benefits to resisting traditional norms. I also wonder if this quality existed in these men as a function of who they were or whether it might develop on the path to accepting counseling engagement as an option. It may be that resistance increases the closer a client gets to wanting to engage.

Theme 3 Barriers to Engagement in a sense looked at the tension between wanting to access counseling services and wanting to follow traditional norms of masculinity. Subtheme 1: *Pressure to be Self-Sufficient* provides an example of the message traditional norms of

masculinity send to men and how that can then effect their thinking when it comes to engaging. There were delays in counseling, feelings help "shouldn't be needed, and a sense they should be able to fix problems themselves and "toughen up".

Subtheme 2: *Pressure to be Strong* provides a similar theme that could lead to delays in counseling. Participants in this theme did not want to express they needed help and did not want their vulnerability to show. The ability to show vulnerability tends to be an aspect of counseling, so if feelings of vulnerability are difficult to deal with I wonder if this would impact the effectiveness of counselling (Martin, 2016).

Subtheme 3 *Feelings of Shame* resulted in feeling "less of a person" for not coping and a sense of failure. This seems to tie in with subtheme 1: *Self-Sufficiency.* In not being able to be self-sufficient they potentially felt like a failure or "less of a person" and this may have even produced feelings of vulnerability expressed in subtheme 2. I see these subthemes as related to each other in a way that, when working together could make it very difficult to engage in counseling. It easy to see how any one of these subthemes could prevent a man from engaging in counseling. If their influence was combined, I imagine the effect would be magnified or could create a cycle of shame and vulnerability with a belief they "shouldn't" need help. That would certainly be a "potent" mix of factors that would make it difficult to engage.

The final subtheme *The Unknowns of Counselling* showed there was skepticism as to whether counselling would work, confusion about where to start looking and apprehension around what to expect. If you then add this to the barriers already mentioned, that results in: a man telling himself he doesn't need help, feeling shame that he might need help, and a reluctance to get help because he does not want to feel vulnerable. Then if he does finally decide to seek help he is

unsure where to look and unsure of the process. Individually these barriers are likely to be powerful, collectively they are likely to be a potent mix of factors that potentially discourage men from engaging before they even start looking. Findings from Lynch et al. (2018) also suggested that men can be unsure on how to start the process of finding a counselor.

It is clear that the impact of traditional norms of masculinity has a powerful effect on their identity, the influence of which creates difficult barriers to counseling engagement that likely stop men engaging or delay engagement, as was the case for these participants. However, despite this all participants managed to engage in counseling and in interviews told me they were much better for having done so. My focus then turned to what helped these men engage in counseling the focus of Theme 4: Factors that Enhance Engagement. Harding & Fox (2010) identified the importance of being helped in understanding the counseling process from their participants that found their GP visit helpful in linking them to a counselor.

In Theme 4 the subtheme 1: *Price Point* emerged. Cost was a factor for some participants and because the counseling was low-cost they felt it was accessible and utilized it. The second subtheme was *Letting Pride Go.* A turning point that encouraged counseling for these men was a realization they could not cope on their own, with *Participant 2* having a breakdown that was a catalyst for change while *Participant 3* felt in comparison to others, he seemed to be the only one struggling and had to "drop his pride" to engage. It seems there needs to be some sort of realization that happens that assists engagement, in the case of *Participant 2* it was a breakdown. This is consistent with previous findings that an event that requires "acute" action can result in counseling engagement (Harding & Fox, 2010) .

Subtheme 4 was *A "Casual" Counselling Environment.* It was appreciated that the environment

for counseling was a relaxed one as this seemed to put the men at ease. Contributing to this

environment was: counselors not being overdressed, a dog being at the centre, and interactions

with counselors being comfortable and relatable. This was a pleasing finding as firstly, it is

reinforcing for the centre but it also might suggest that anything too "medical" tends to

discourage men from engaging. Findings from Lynch et al. (2018) suggested semi-formal

support was preferred and findings by Seidler et al. (2018) discovered men prefer a collaborative

way of working. This is possible because it is seen as less "medical" with the practitioner not

seen as the "expert". Subtheme 4 *Encouragement from Others* suggests support from people who

have either been through counseling themselves, or are encouraging of the process may lead to a

higher chance of engagement and this was also identified by Harding & Fox (2010).

Theme 5: Possibilities for Increasing Men's Engagement in Counselling captures possibilities for

engaging men in counseling from the perspective of service users. Subtheme 1: *Reworking*

Increasing Marketing Campaigns was an especially interesting finding given I had taken for

granted that existing campaigns, especially the one with All Black John Kirwan had been

received positively, yet responses within this theme did not entirely confirm my sentiment.

Participants offered an interesting viewpoint that I had not thought about when viewing the

advertisements myself. John Kirwan's high status to them was a double edged sword, great for

exposure, but also given he is an All Black he was seen as quite removed from everyday life.

Participant 2 thought it could send a message that a minmises a man's problems because they

could think well of course he has issues given the pressures of his high status, my problems must

be quite small. *Participant 4* felt similar saying "we are not all All Blacks" and given our "tall-

poppy" status he could be seen as not very relatable to some extent. It may be that campaigns

like this are fantastic for exposure and generating conversations in the public on mental health, but it sounds like for this men the impact of the campaigns could be limited. *Participant 3* focused on another marketing that has the phrase "it's ok to not be ok". He explained that while he knew it had good intentions, it gave him the impression it was saying he isn't ok. Again, I have seen these adverts and never made this association but on reflection I can understand how he may get that impression. This shows the delicate balance that is needed when marketing mental health to men. I wonder if the feelings expressed by *Participant 3* are related to findings by Lynch et al. (2018), that participants didn't want to "feel" like a client.

Subtheme 2 *Marketing that Aligns with Masculine Norms* is related to subtheme 1 and offers a suggestion. it was thought linking advertising to ideas of strength much like you might rationalize going to the gym could be helpful. It was thought this may appeal to men more and provided a practical way of looking at mental health that might be more easily relatable. A suggestion was made to use the term "mental tune-up". This is an almost identical finding to Lynch et al, (2018) where participants explained they felt mental health was a "weighted term" and they preferred the term "mental fitness" as it aligned with traditional norms of strength.

Subtheme 3 *Utilising Technology* focused on the use of technology for two different reasons. One was to get exposure for the help that is available, particularly success stories that might benefit young men and the other was the use of video conferencing as a way of preserving confidentiality as it could be done remotely where men would not feel worried they might be seen going to counseling.

Subtheme 4: *Recommendations from "everyday men"* there was a large focus on men who were "relatable" when influencing men's decisions to engage in counseling. This makes sense in light

of subtheme 1 where participants felt having high profile people in advertising campaigns only helped to an extent, it seems men want to see people like themselves giving recommendations as this seemed to hold greater "weight" in terms of convincing them seeking help was ok. This is somewhat consistent with another finding by Lynch et al. (2018) that impressions of a peer group are important. I wonder if an "everyday" man much more closely resembles a peer and that then makes the recommendation more reinforcing.

Lastly, subtheme 5 *Alternative Pathways to Counselling* focused on less formal avenues that provided a level of counseling but allowed men to be introduced to the idea of engagement in a more gradual way. This came from the perspective of men that had been in peer support groups and found it beneficial because there was a sense of equality and it was also seen as a "gateway" of sorts where if more formal counseling was needed you had "one foot in the door". This again makes sense with an earlier subtheme of the "casual" counseling environment that helped men engage. It seems no surprise then that this less formal environment was well received and it appears there is something in being relatable and less "medical" that really seems to resonate with men and provide a level of comfort. This is also consistent with findings from Seidler et al. (2016) that found men prefer a variety of pathways to counseling as well as group based counseling and to findings from Lynch et al (2018).

The findings in this research are remarkably similar to findings within my literature review which shows promise in terms of increasing engagement with agreement between men across the findings as to what might be useful in helping them engage. Findings also suggest that conformity to traditional norms of masculinity can have detrimental effects on a mans wellbeing, but also his ability to utilize counseling services. It shows the effects of masculine norms in New

Zealand are consistent with results from overseas research with the current study providing findings within a New Zealand context that could potentially be used to help assist engagement.

I believe changing attitudes around counselling in New Zealand will be linked to changing attitudes on what it means to be a man in this country, particularly around issues of vulnerability and strength. Participant's suggestion of linking counselling marketing with strength is smart. This is may be an avenue for more well suited marketing especially given our traditional norms of masculinity are steeped in that ideal (Phillips, 1996, Coney, 1990, Bannister, 2005). Engagement in counselling for men may be challenging to promote especially given participants thoughts on current marketing campaigns. It seems the key aspects in getting men to engage more in counseling are marketing that "fits", less formal interactions, more knowledge in the public eye about counseling and recommendations from friends or relatable "everyday" men, even if that is in advertisements or promoted through social media.

Implications for the Counselling Profession

Firstly this research may provide a level of understanding as to why some men underutilise counselling and opens the door for further research. It shows some men can be impacted by traditional masculine norms and this can interfere with counselling engagement through exacerbating feelings of vulnerability. In particular they seemed to get "tripped up" by the idea that they must sort things themselves and this seemed to be part of their reason for the delaying counseling, along with a pressure to be self-sufficient. Advertising can improved to where it involves more "everyday" men, utilizes technology to reach young men and trials advertising with aspects that align with masculine norms and ideas of strength when it comes to help-seeking.

Secondly, I think tailoring services to be a little less formal for men could be useful. These seemed to be two key phrases that readily came up: casual and relatable. The last thing these men seem to want is to be "analysed". If we are more casual in our interactions as counsellors (but no less professional) this may allow men to retain a sense of dignity and masculine pride that makes accepting help a little bit easier to justify in their own psyche. It also may help keep them engaged once they get there. This seems important due to the "tug of war" these men seemed to go through between their personal definitions of masculinity and traditional norms of masculinity. Anything we can do as counselling professionals to ease this struggle, many of which were suggested in this thesis, may go a long way to improving counselling engagement for men. Given the high rates of suicide among men in this country that is an area we can all aspire to do better.

Thirdly, an obvious issue expressed by these men was a lack of knowledge on what to expect from counselling. It seems we need to do a better job of explaining what counselling is, what it involves and in what ways it can be helpful. If a man is already feeling uneasy about using counselling services I imagine not knowing what to expect only increases this uneasiness. This seems a relatively simple "fix" that could be easily implemented. Increase information in the public eye that clearly explains what counselling involves and how to engage in the process. I understand there is information out there but it either didn't reach these men or wasn't displayed in a digestible enough way that these men could easily understand it.

Strengths and Limitations

Strengths

There are several aspects of this research that can be considered strengths. The first is informing counselling practice in general. Many of the ideas put forward can be implemented or trialed,

ideas that have potential to enhance engagement. It also informs my own practice and highlights aspects I can be more mindful of. I think some of what is included could potentially be used in any area of health to engage men.

The second is the naturalistic setting in which the research idea was conceived and conducted. This means suggestions put forward are likely more easily transferable than if the research was done in a more "artificial" environment. In keeping with this theme the fact the participants were all former clients who had been through the counselling process from start to finish makes them a very valuable group. It means their responses have authenticity in that they understand what it feels like to consider counselling, find a counsellor, engage in counselling and experience the benefits. They are coming from a place of knowledge in their responses through their collective experience.

The third is the depth of the information that was gathered; a strength of qualitative research. Semi-structured interviews were flexible, which allowed themes to emerge in an organic way. In focusing in depth with just five participants, I was able to get detailed data in relation to my research topic. This allowed a lot of room to discover what was there in a way a more structured approach wouldn't have allowed. This was another element that added to the authenticity of the data and the breadth of suggestions for improvement was much greater than they may have been with more structured or quantitative approaches.

The fourth strength is the research topic was conceived through dealing with an independent group of clients. I noticed a pattern from over 40 hours counselling different clients, none of which participated in this research. This was due to ethical reasons but it seems to add weight to the importance of the research question. The fact I could recruit a group of men separate to those

I had counselled and find the same pattern I had thought I was seeing is interesting. It may be that there are other variables at play but I think it does add an extra level of credibility to the data.

Finally I think the interview questions formulated provided enough information to adequately answer the research question in all areas which was ultimately the goal of this research.

Limitations

The strength of this research is also a limitation. In interviewing only five participants it means the results cannot be generalised, a larger sample size and possibly statistical analyses would be needed to do this. The advantage is more detailed information was gathered but this is at the expense of generalisability.

Secondly, data analysis is heavily influenced by the researcher's ideas and interpretations, because it is the researcher who actively chooses what aspects to code and what themes to focus on. As outlined in the method, there are ways of enhancing trustworthiness but it still does not seem as robust as quantitative research where external variables are more tightly controlled for. For this reason causality can't be confirmed. It could be there is something unique about the Centre that influenced the type of participants who participated. There may be something in the way I do my counselling or areas I'm biased in that influenced the phenomenon I was seeing, although findings from previous studies as outlined in the discussion suggest this probably isn't the case. I know from the interviews that all participants had a worthwhile experience of counselling when they were clients at the counseling centre. I wonder if this made them more inclined to participate in a study like mine. It would be interesting to see if the same results emerged in the population more generally, or what opinions of men who didn't have such

favourable counselling experiences were. These variables are controlled through transparency and reflexive journaling among the other measures taken but this isn't as rigorous as a quantitative experiment, so fewer conclusions can be drawn.

Lastly, while intentional, results are only somewhat transferable given they are focused in a New Zealand context. The choice to do this gathered the data that was sought but the cost was the data collected is very specific to New Zealand.

Further Research

I think there are several options for further research. One would be to repeat the study with a much larger sample size and see if the themes were comparable. The other would be to recruit men from the general population at random and see if they have similar thoughts around masculine norms and help seeking. It also may be interesting to address my research question qualitatively and quantitatively as this would give a richness of data but also allow for results to be generalisable and external variables to be controlled. Lastly, this research could be conducted in other "settler" societies to see if results are comparable and could include men from other countries and cultures to see if similar conclusions are made. It would be interesting to see results in a country did not have such a close tie to traditional norms of masculinity.

I also think two areas I touched on in my research may be interesting to explore further. The first would be researching whether parenting style is a mitigating factor in how strongly a man identifies with traditional gendered roles. It didn't appear that way with one of my participants but obviously a much greater sample size is needed.

The other would be looking at the subtheme *resistance* I identified, more closely. It would be interesting to see if these men had a quality that ultimately helped them engage in counselling. A

determination to stick to their own beliefs and a desire to be more closely aligned with their personal definitions of masculinity, not society, it may be this has some sort of buffering effect in dealing with traditional norms of masculinity.

I think this research opens many other avenues for further research and I believe men's health is an area where there needs to be a larger body of research undertaken.

Conclusions

It is clear that for these five participants traditional norms of masculinity in New Zealand do exist, and expectations of what it means to be man were consistent with prior literature on the topic (Phillips, 1996, Belich, 2001, Bannister, 2005). All participants were impacted in some way by traditional norms of masculinity and some delayed seeking counselling as a result. They all showed *resistance* in their character. They recognised traditional norms of masculinity but eventually disregarded them and attended counselling anyway. Many attributed this to preferring to align with their own beliefs.

There was a reasonable difference between personal definitions of what they thought it meant to be a man and what they thought society expected. However, the themes were similar and both put an emphasis on self-sufficiency, an emphasis ultimately at odds with seeking help.

Lastly, they all offered valuable insights and suggestions into how we might help other men engage in counselling services with the benefit of having been service users themselves. It is important to add they all described counselling as a positive experience they would recommend to others.

On the basis of the conclusions drawn in this research it may be possible to increase engagement in counselling with the male population of New Zealand. To do this would require a change in

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societal attitudes towards counselling, recommendations from "everyday men" who are seen as relatable to propel this change and an increase in more "casual" counselling environments that feel more accessible. It has also opened up an important area of study that can be further researched in improving counselling outcomes for men.

I hope this thesis has made a worthwhile contribution to counselling research but also to individual practitioners, especially if they work primarily with men. It may even provide insight in other areas of health and wellbeing that require a masculine focus. I hope in the future men can look at counselling and view it much like going to the doctor or physiotherapist and get valuable support in their time of need.

References

Addis, M. E., Reigeluth, C. S., & Schwab, J. R. (2016). Social norms, social construction, and the psychology of men and masculinity. (pp. 81-104). Washington;US;DC;: American Psychological Association

Affleck, W., Carmichael, V., & Whitley, R. (2018). Men's mental health: Social determinants and implications for services. *Canadian Journal of Psychiatry. Revue Canadienne De Psychiatrie, 63*(9), 581.

Bannister, M. (2005). Kiwi blokes: Recontextualising Pakeha masculinities in a global setting. Genders Online, 42

Balkin, R. S., & Kleist, D. M. (2017). *Counseling research: A practitioner-scholar approach.* Alexandria, VA: American Counseling Association.

Belich, J. (2001). *Paradise reforged: A history of the new zealanders from the 1880s to the year 2000*. Auckland, N.Z: Allen Lane.

Berryman, D. R. (2019). Ontology, epistemology, methodology, and methods: Information for librarian researchers. *Medical Reference Services Quarterly, 38*(3), 271-279.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi:10.1191/1478088706qp063oa

Braun, V., & Clarke, Victoria (2013). *Successful qualitative research: A practical guide for beginners*. London: SAGE.

Burr, V. (2015). *Social constructionism* (Third ed.)

Calabrò, D. G. (2016). Once were warriors, now are rugby players? control and agency in the

    historical trajectory of the māori formulations of masculinity in rugby. *The Asia Pacific*

    Journal of Anthropology: Emergent Masculinities in the Pacific, 17(3-4), 231-249

Clarke, V., & Braun, V. (2018). Using thematic analysis in counselling and psychotherapy

    research: A critical reflection. *Counselling and Psychotherapy Research, 18*(2), 107-110.

    doi:10.1002/capr.12165

Cooper, A. (2008). Poor Men in the Land of Promises. *Australian Historical Studies*, *39*(2),

    245–261.

Connell, R. (2005). *masculinities* (2nd ed.). Cambridge: Polity

Coney, S. (1990). *Out of the frying pan: Inflammatory writings 1972-89*. Auckland, N.Z:

    Penguin.

Connelly, L. M. (2016). Trustworthiness in qualitative research. *Medsurg Nursing : Official*

    Journal of the Academy of Medical-Surgical Nurses, 25(6), 435.

Cosgrove, A., & Bruce, T. (2005). "the way new zealanders would like to see themselves":

    Reading white masculinity via media coverage of the death of sir peter blake. *Sociology*

    of Sport Journal, 22(3), 336-355.

Dallos, R. (2005). *Research methods in psychotherapy and counselling* Open University Press.

    (Chapter 9). Page 177.

GALBIN, A. (2014). An introduction to social constructionism. *Social Research Reports, 26*, 82.

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. (pp. 105-117) In Denzin, N. K., & Lincoln, Y. S. *The SAGE handbook of qualitative research*. Thousand Oaks: Sage Publications.

Harding, C., & Fox, C. (2015). It's not about "freudian couches and personality changing drugs": An investigation into men's mental health help-seeking enablers. *American Journal of Men's Health, 9*(6), 451.

Hokowhitu, B. (2004). Tacking Māori masculinity : A colonial genealogy of savagery and sport. *Contemporary Pacific, 16*(2), 259-284.

Hokowhitu, B. (2008). The death of koro paka: "traditional" māori patriarchy. *The Contemporary Pacific, 20*(1), 115-141.

Kaplan, D. M., Tarvydas, V. M., & Gladding, S. T. (2014). 20/20: A vision for the future of counseling: The new consensus definition of counseling. *Journal of Counseling & Development, 92*, 366-372.

Kuhn, T. S. (1962). *The structure of scientific revolutions*. Chicago: University of Chicago Press.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, Calif: Sage Publications.

Lorber, J. (1994). *Paradoxes of gender*. New Haven: Yale University Press.

Lynch, L., Long, M., & Moorhead, A. (2018). Young men, help-seeking, and mental health services: Exploring barriers and solutions. *American Journal of Men's Health, 12*(1), 138-149

Manch, T (2019, August 27th) Health authorities urged to target growing male suicide.

    https://www.stuff.co.nz/national/health/115303751/health-authorities-urged-to-target-

    growing-male-suicide

Martin, S. (2016). 'How can you be strong all the time?' discourses of stoicism in the first

    counselling session of young male clients. *Counselling and Psychotherapy Research,*

    16(2).

Ministry of Health (2020) retrieved from:

https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-

    oranga/strengthening-he-korowai-oranga/treaty-waitangi-principles

Oliffe, J. L., Kelly, M. T., Johnson, J. L., Bottorff, J. L., Gray, R. E., Ogrodniczuk, J. S., &

    Galdas, P. M. (2010). Masculinities and college men's depression: Recursive

    relationships. *Health Sociology Review, 19*(4), 465-477.

Ortlipp, M. (2008). Keeping and using reflective journals in the qualitative research process.

    Qualitative Report, 13(4), 695-705.

 Office of the Chief Coroner of New Zealand (2017) Retrieved from:

https://coronialservices.justice.govt.nz/assets/Documents/Publications/suicide-statistics-media-

    release-20170828.pdf and

    https://coronialservices.justice.govt.nz/assets/Documents/Publications/2016-17-annual-

    provisional-suicide-figures-20170828.pdf

Office of the Chief Coroner of New Zealand (2019) Retrieved from:

https://coronialservices.justice.govt.nz/assets/Documents/Publications/Provisional-Figures-
August-2019.pdf

Phillips, J. (1996). *A man's country?: The image of the pakeha male, a history* (Rev. ed.).
Auckland, N.Z: Penguin Books.

Rochford, T. (2004). Whare tapa wha: A mäori model of a unified theory of health. *The Journal of Primary Prevention, 25*(1), 41-57.

River, J. (2018). Diverse and dynamic interactions: A model of suicidal men's help seeking as it relates to health services. *American Journal of Men's Health, 12*(1), 150

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*(Sep 2016), 106-118.

UNICEF Office of Research (2017). 'Building the Future: Children and the

Sustainable Development Goals in Rich Countries',

Innocenti Report Card

14, UNICEF Office of Research – Innocenti, Florence

Vogel, D. L., Heimerdinger-Edwards, S. R., Hammer, J. H., & Hubbard, A. (2011). "boys don't cry": Examination of the links between endorsement of masculine norms, self-stigma, and help-seeking attitudes for men from diverse backgrounds. *Journal of Counseling Psychology, 58*(3), 368. doi:10.1037/a0023688

Way, N., Cressen, J., Bodian, S., Preston, J., Nelson, J., & Hughes, D. (2014). 'It might be nice to be a girl Then you wouldn't have to be emotionless': Boys' resistance to norms of masculinity during adolescence. *Psychology Of Men & Masculinity*, *15*(3), 241-252. doi:10.1037/a0037262

Websites

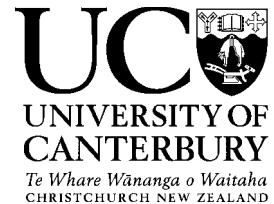**New Zealand Association of Counsellors (2020) Website:** https://www.nzac.org.nz/

Office of the Chief Coroner of New Zealand Website (containing 2017 & 2019 reports and statistics): https://coronialservices.justice.govt.nz/about/chief-coroner-and-coroners/

Appendices

Appendix 1- Information Sheet and Consent Forms for Counselling Centre

_____

UC
UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

Department of Health Sciences
Email: shanee.barraclough@canterbury.ac.nz

Masculine Discourses in the Counselling Room: A study of masculine discourses in New Zealand and their impact on the access and engagement in individual counselling services.

Consent Form for ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮

☐ I have been given a full explanation of this research and have had the opportunity to ask questions.

☐ I understand what is required of our organisation if we allow access to our premises and our client population.

☐ As an organisation we are happy to provide support to any clients that may become distressed during the course of the interview.

☐ I understand that participation is voluntary and the organisation has the right to withdraw the consent of any information provided by participants, withdraw the use of the premises or deny access to the client population at any time without penalty. Withdrawal of involvement will also include the withdrawal of any information collected should this remain practically achievable.

☐ I understand that any information or opinions provided by participants will be kept confidential to the researcher, research supervisors and those employed to transcribe the data and that any published or reported results will not identify the participants or ▮▮▮▮▮▮▮▮▮▮▮▮▮▮. I understand that a thesis is a public document and will be available through the UC Library.

☐ I understand that participant data will be kept confidential. All data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years.

☐ I understand the risks associated with taking part for our client population and how they will be

managed.

☐ I understand that I can contact the researcher Tim Robinson ███████████ or supervisors Dr Shanee Barraclough: shanee.barraclough@canterbury.ac.nz for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)

☐ I would like a summary of the results of this research.

☐ By signing below, I agree to the use of our premises and allow access to our client population.

Name:_____ Signed:_____ Date:_____

Email address *(for report of findings, if applicable)*:

_____

Masculine Discourses in the Counselling Room: A study of masculine discourses in New Zealand and their impact on access and engagement in individual counselling services.

Information Sheet for ███████████████████████

My name is Tim Robinson and I am in the process of completing a Masters in Counselling at The University of Canterbury. I am conducting research to understand the strategies men use that assist them in engaging with counselling services and whether they considered there were any barriers to overcome or stigmas associated with men seeking counselling in New Zealand. I hope that in the process of doing this research I will learn what helped my participants to engage in counselling and how we can adjust counselling services to better suit men, to make engaging in counselling services more accessible or attractive.

If the organisation chooses to be involved in this research, participation will be through providing the premises on which interviews will take place and allowing access to ███████████████████ client population for recruitment purposes. The organisation will also be willing to provide support to participants should they experience any distress as a result of the interview.

 Clients who choose to take part in the research will participate in a semi-structured interview that will be recorded on voice recorder and later transcribed (typed) so the data can be analysed to look for common themes among participants. The interview will last anywhere between one and 1.5 hours and will be conducted in a private room at ██████████████████. Participants will be asked about their views on masculinity, how they think New Zealand society views masculinity and whether their own or societies views created any barriers to accessing counseling services. In addition, they will be asked what supported them to overcome those barriers and access counseling.

As a follow-up to the interview, participants will be contacted via e-mail and invited to review the transcript so they can ensure my impression of what they have told me is correct. If they decide an

aspect of the interview has been missed or feel they need to add some details, they will be given the opportunity to do so.

There is a risk that the interview process may bring up some negative feelings or cause distress for some clients, yet no greater risk than they may experience in normal conversation. In the event of this happening ████████████████████ would need to be available to provide support.

Involvement in the study is voluntary and the organisation has the right to withdraw at any stage without penalty. The organisation may ask for any raw data to be returned or destroyed at any point. If the organisation chooses to withdraw, I will remove information relating to the organisation and any participants involved. However, once analysis of raw data starts on the first of November 2019, it will become increasingly difficult to remove the influence of your data on the results.

The results of the project may be published, but you can be assured of the complete confidentiality of data gathered in this research: The identity of the organisation will not be made public without your prior consent. To ensure anonymity and confidentiality, the data will only be accessible to myself, my supervisors and my transcriber who will be required to sign a confidentiality agreement. All data will be stored on a password protected computer and will be destroyed after a period of five years. The organisation and its clients will not be identifiable by the data and any information given during the interview will not be shared with anyone outside the research team. Please note that once completed a thesis is a public document and will be available through the UC Library.

Please indicate to the researcher on the consent form if you would like to receive a copy of the summary of results of the project.

The project is being carried out as a requirement of The Masters of Counselling by Tim Robinson under the supervision of Dr Shanee Baraclough who can be contacted at shanee.barraclough@canterbury.ac.nz . They will be pleased to discuss any concerns you may have about participation in the project.

This project has been reviewed and approved by the University of Canterbury Human Ethics Committee, and participants should address any complaints to The Chair, Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If the ████████████████ is happy to be involved in the research, please complete the consent form and return it to Tim.

Thank you for your consideration

Tim Robinson

Appendix 2-Participant Information Sheet and Consent Forms
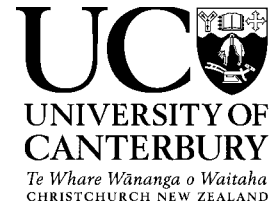
Department Health Sciences
Email: shanee.barraclough@canterbury.ac.nz

Masculine Discourses in the Counselling Room: A study of masculine discourses in New Zealand and their impact on access and engagement in individual counselling services.

Information Sheet for Participants

My name is Tim Robinson and I am in the process of completing a Masters in Counselling at The University of Canterbury. I am conducting research to understand the strategies men use that assist them in engaging with counselling services and whether they considered there were any barriers to overcome or stigmas associated with men seeking counselling in New Zealand. I hope that in the process of doing this research I will learn what helped my participants to engage in counselling and how we can adjust counselling services to better suit men, to make engaging in counselling services more accessible or attractive.

If you choose to take part in this study, your involvement will be through participation in a semi-structured interview that will be recorded on voice recorder and later transcribed (typed) so the data can be analysed to look for common themes among participants. The interview will last anywhere between one and 1.5 hours and will be conducted in a private room at ████████████████████████.
In the interview you will be asked about your views on masculinity, how you think New Zealand society views masculinity and whether your own or the views of society created any barriers to accessing counselling services. In addition, you will be asked what supported you to engage in and access counselling.

As a follow-up to this interview, you will be contacted via e-mail and invited to review your interview transcript for accuracy. If you decide an aspect of the interview has been missed or you feel you need

Tim Robinson

to add some details, you will be given the opportunity to do so. Please send this back to me within 2 weeks of it being received.

There is a risk that the interview may bring up some negative feelings or cause distress in some way, yet no greater risk than you may experience in normal conversation. A counsellor at ██████████ ████████ will be available to provide support in the event of this happening.

Participation is voluntary and you have the right to withdraw at any stage without penalty. You can ask for the audio recorder to be turned off at anytime and decline to answer any questions you don't feel comfortable with. You may ask for your raw data to be returned to you or destroyed at any point. If you withdraw, I will remove information relating to you. However, once analysis of raw data starts on the first of November 2018, it will become increasingly difficult to remove the influence of your data on the results.

The results of the project may be published, but you may be assured of the complete confidentiality of data gathered in this research. To ensure anonymity and confidentiality, the data will only be accessible to myself, my supervisors and my transcriber who will be required to sign a confidentiality agreement. All data will be stored on a password protected computer. Consent forms will be stored separately in a locked filing cabinet and you will be given a code number in place of your name when it comes to analyzing the data. Any data will be destroyed after a period of five years. You will not be identifiable by your data and any information given during the interview will not be shared with The ████████████████████ but they will receive a summary of results which you are also welcome to have a copy of. A thesis is a public document and will be available through the UC Library.

Please indicate to the researcher on the consent form if you would like to receive a copy of the summary of results of the project.

The project is being carried out as a requirement of The Masters of Counselling by Tim Robinson under the supervision of Dr Shanee Barraclough who can be contacted at shanee.barraclough@canterbury.ac.nz . They will be pleased to discuss any concerns you may have about participation in the project.

This project has been reviewed and approved by the University of Canterbury Human Ethics Committee, and participants should address any complaints to The Chair, Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If you agree to participate in the study, you are asked to complete the consent form and return to the main office at ████████████████████.

Thank you for your consideration

Tim Robinson

Tim Robinson

Department of Health Sciences
Email:
shanee.barraclough@canterbury.ac.nz

Masculine Discourses in the Counselling Room: A study of masculine discourses in New Zealand and their impact on the access and engagement in individual counselling services.

Consent Form for Participants

☐ I have been given a full explanation of this research and have had the opportunity to ask questions.

☐ I understand what is required of me if I agree to take part in the research.

☐ I understand that participation is voluntary and I may withdraw at any time without penalty. Withdrawal of participation will also include the withdrawal of any information I have provided should this remain practically achievable.

☐ I understand that any information or opinions I provide will be kept confidential to the researcher, research supervisors and those employed to transcribe the data; and that any published or reported results will not identify the participants or ███████████████████. I understand that a thesis is a public document and will be available through the UC Library.

☐ I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years.

☐ I understand the risks associated with taking part and how they will be managed.

☐ I consent to this interview being recorded for later transcription and analysis by the researcher.

☐ I understand that I can contact the researcher Tim Robinson ██████████████ or supervisors Dr Shanee Barraclough: shanee.barraclough@canterbury.ac.nz for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)

☐ I would like a summary of the results of the project.

☐ By signing below, I agree to participate in this research project.

Name:_____ Signed:_____ Date:_____

Email address *(for report of findings, if applicable)*:_____

Please return this consent form to the front desk at ███████████████████.

Tim Robinson

Ngāi Tahu Consultation and Engagement Group

Tuesday 7 August 2018

Tēnā koe Tim Robinson

RE: Masculine Discourses in the Counselling Room: A study of masculine discourses in new Zealand and their impact on the access and engagement in of the individual counselling services.

This letter is on behalf of the Ngāi Tahu Consultation and Engagement Group (NTCEG). I have considered your proposal and acknowledge it is a worthwhile and interesting project and you are clear about how you ought to take participants' (cultural) needs into account if and when applicable.

Given the scope of your project, no issues have been identified and further consultation with Māori is not required.

Thank you for engaging with the Māori consultation process. This will strengthen your research proposal, support the University's Strategy for Māori Development, and increase the likelihood of success with external engagement. It will also increase the likelihood that the outcomes of your research will be of benefit to Māori communities. We wish you all the best with your current project and look forward to hearing about future research plans.

The Ngāi Tahu Consultation and Engagement Group would appreciate a summary of your findings on completion of the current project. Please feel free to contact me if you have any questions.

Ngā mihi whakawhetai ki a koe

Henrietta Latimer (on behalf of the NTCEG)

Kaiarāhi Maori Research
Research & Innovation | Te Rōpū Rangahau
University of Canterbury | Te Whare Wānanga o Waitaha
Phone +64 3 369 0143, Private Bag 4800, Christchurch | Ōtautahi

Tim Robinson

henrietta.latimer@canterbury.ac.nz
http://www.research.canterbury.ac.nz

Tim Robinson

ARE YOU INTERESTED IN PARTICIPATING IN SOME RESEARCH?
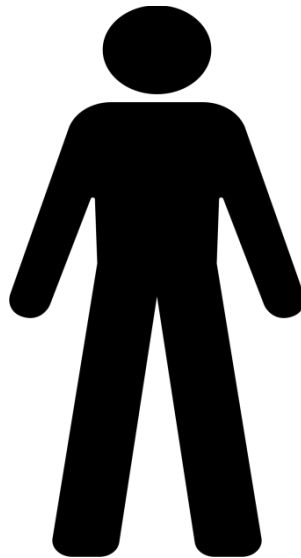
I am conducting some research as part of a Master of Counselling at The University of Canterbury and need your help. I want to understand what supported you to engage in counselling and how you overcame any barriers to seeking counselling. **You need to have finished your counselling** at ██████████████████

I will be doing semi-structured interviews of between one and one and a half hours. The interview will be recorded but any information provided will remain confidential. A $20 petrol or supermarket voucher will be gifted to you as a thank you for participating.

If interested please contact Tim Robinson: ████████████████ for more information or ask at the front desk. ***Please note only the first five participants to volunteer will be accepted**.

Appendix 5: Human Ethics Committee Approval and Amendments

5a.

HUMAN ETHICS COMMITTEE

Secretary, Rebecca Robinson
Telephone: +64 03 369 4588, Extn 94588
Email: human-ethics@canterbury.ac.nz

Ref: HEC 2018/71

27 August 2018

Tim Robinson
School Of Health Sciences
UNIVERSITY OF CANTERBURY

Dear Tim

The Human Ethics Committee advises that your research proposal "Masculine Discourses in the Counselling Room: A Study of Masculine Discourses in New Zealand and Their Impact on Access and Engagement in Individual Counselling Services" has been considered and approved.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 16th August 2018.

Best wishes for your project.

Yours sincerely

pp. *R. Robinson*

Professor Jane Maidment
Chair
University of Canterbury Human Ethics Committee

Tim Robinson

5b- Amendment 1 Approval

UC UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

HUMAN ETHICS COMMITTEE

Secretary, Rebecca Robinson
Telephone: +64 03 369 4588, Extn 94588
Email: human-ethics@canterbury.ac.nz

Ref: HEC 2018/71 Amendment 1

11 March 2019

Tim Robinson
School Of Health Sciences
UNIVERSITY OF CANTERBURY

Dear Tim

Thank you for your request for an amendment to your research proposal "Masculine Discourses in the Counselling Room: A Study of Masculine Discourses in New Zealand and Their Impact on Access and Engagement in Individual Counselling Services" as outlined in your email dated 28th February 2019.

I am pleased to advise that this request has been considered and approved by the Human Ethics Committee.

Yours sincerely

Dr Dean Sutherland
Chair, Human Ethics Committee

5c- Amendment 2

HUMAN ETHICS COMMITTEE

Secretary, Rebecca Robinson
Telephone: +64 03 369 4588, Extn 94588
Email: human-ethics@canterbury.ac.nz

Ref: HEC 2018/71 Amendment 1

15 July 2019

Tim Robinson
School Of Health Sciences
UNIVERSITY OF CANTERBURY

Dear Tim

Thank you for your request for an amendment to your research proposal "Masculine Discourses in the Counselling Room: A Study of Masculine Discourses in New Zealand and Their Impact on Access and Engagement in Individual Counselling Services" as outlined in your email dated 3rd July 2019.

I am pleased to advise that this request has been considered and approved by the Human Ethics Committee.

Yours sincerely

Dr Dean Sutherland
Chair, Human Ethics Committee

Tim Robinson

Appendix 6- E-mail to Outside Agencies for Recruitment

Hi, my name is Tim Robinson. I am conducting research as part of my Master of Counselling degree at The University of Canterbury and am seeking further male participants for my study.

My research is looking at masculine discourses in New Zealand, seeking to understand what supports males to engage in counselling but also how they overcame any barriers to seeking counselling if there were any. In addition, I want to know what clients themselves think would make services more accessible to other males in the future. Clients need to have finished their counselling at the particular organisation they engaged with to be eligible to participate. My research has been approved by the University of Canterbury Human Ethics Committee.

I will be doing semi-structured interviews of between one and one and a half hours. The interview will be recorded but any information provided will remain confidential. A $20 petrol voucher will be gifted as a thank you for participating.

I have attached the Information sheet and consent form which give further information on what the study involves and can be given to potential participants to read through prior to deciding if they wish to participate.

If you or interested participants have any further questions about the research please contact me on:

Thanks for your assistance.

Tim

Tim Robinson

Appendix 7- Text Message Invite to Clients

Hello, a Counsellor at ▮▮▮▮ is conducting some research through the University of Canterbury and still in need of more participants. Interviews of 1.5 hours will be conducted and a $20 petrol or grocery voucher will be gifted as a thank you for your time. The topic is men, counselling engagement and barriers to counselling. If interested please text YES or NO or email Tim Robinson for further information ▮▮▮▮▮▮▮▮▮▮▮▮

Appendix 8- Provisional Question (prior to interviews taking place) and Additional Questions Added After Each Interview

Masters Research Questions (provisional) 11.10.18

What does being a man mean to you? How would you define it?

How do you think New Zealand society defines masculinity? Has that definition impacted you?

Is there tension between how you view yourself as a man and societies definition of masculinity?

Does engaging in counselling go against your view of masculinity?

Did yours or societies view of masculinity create any barriers to engaging in counselling?

How did you overcome those barriers?

What do you think would assist men to better engage with counselling services?

Extra Questions Thesis 8.8.19 (not all were asked just prompts/possibilities)

Where do you think our cultural norms come from?

What is the role of the father in our society?

What impact has our definition of masculinity had on you?

Why was it hard to accept you can't deal with something yourself?

What would help one accept they need help?

What would make counselling more approachable for men?

What was the counselling experience like? Did your views of counselling change through the experience?

What was your view of counselling prior to coming?

Is there enough information in the public eye about counselling for men?

Are there negative connotations for men going to counselling?

What's helped change societies views if at all?

Do you think New Zealand has a unique view of masculinity?

Tim Robinson

Extra Questions Thesis- 11.8.19 (not all were asked just prompts/possibilities)

Do you think we have an outdated view of masculinity in New Zealand?

How do you think other countries view masculinity?

Is our current view of masculinity limiting at all?

What was your father like?

What sort of role models are there for guys? Who were yours and why?

How would you describe your father as a man?

If more services were available for men would that help?

How did you know it was time to seek counselling? What was the catalyst?

What would you tell another guy who was hesitant to seek counselling?

Does Christchurch/Canterbury have it's own unique version of masculinity?

Do you struggle with showing vulnerability?

What was your experience of counselling?

Does it help having male focused services? Do we need more?

What will change society's views of masculinity? Do they need changing?

How did you formulate who you are as a man?

Does it help if more "everyday" men come forward?

What would be a more appealing introduction to counselling?

If men were to utilise counselling services more, what might the impact be?

Appendix 9- Transcriber Confidentiality Agreement

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CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

TRANSCRIPTION CONFIDENTIALITY AGREEMENT

Thank you for your participation in the research project Masculine Discourses in the Counselling Room: A study of masculine discourses in New Zealand and their impact on the access and engagement in of individual counselling services. Protecting the confidentiality of the research participants is essential and you are therefore asked to sign the following confidentiality agreement.

I, _____, agree to maintain full confidentiality in regards to any and all verbal information and audio recordings received from the research team for the above project. Furthermore, I agree:

1. To hold in strictest confidence the identification of any individual and the content of any discussion that may be revealed during transcription

2. To not make copies of any audio files or computerised files of the transcribed interviews, unless specifically approved to do so by the Researcher Tim Robinson.

3. To store all audio files and materials in a password protected computer or safe, secure location as long as they are in my possession.

4. To return all materials to Tim Robinson in a complete and timely manner at the completion of transcription

5. To delete all electronic files containing study-related documents or audio files from my computer hard drive and any back-up devices on completion of transcription.

I am aware that I can be held legally responsible for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audio files and/or files to which I will have access.

Name (printed) _____

Signature _____

Date _____

Tim Robinson

Appendix 10- Categorised Codes Table

Category A: Hegemonic Masculinity	Societal Experiences	Counselling engagement (32 codes) (65 Total.	
Masculine Discourse	Father link	Relatable stories	unknowns
Suppression	opposing views	everyday men	neg impression
Weak	changing views	casual	view of couns
Masks	societal views	*marketing*	
Conformity	Utilisation impact		
		Recommendations (other men)	
	Societies Impact **(neg)**	Male centric services	
	Contradicted stereotype		
Go along to get along Finding a new way		Where to start/point of entry (google)	
Toxic masc (women)	Societal pressures		
male industries		link with strength (adverts)	
Pride as provider	*Adult ceremonyp4*	*stigma (prevents)*	
Bullying cultureP1&2			
Sort self as positive(look up)	**Society unhealthy**	(not) feeling ready	
Drinking culture	Society vs reality	target medium (facebook	
Commercial aspect	Altered view fatherhood		
different young gen		**curiosity (self)read/gog**	
Travel exp P4			
Masc Discourse FeelingsP4 Bro	Contradictory role models	success stories p1	
Father diconect	Earthquake (diversity)		
Destructive role model (e.g.alch)	*Isolation*	**shame**	
	Rock bottom	Price	
Family role models (matriarch, shared)			
		No Tension	
		Delayed engagement (several)	

Tim Robinson

Change percep (society it's ok to ask help & view of couns) ok

Normalise it

Marketing mismatch Jk AB You're not

Open to process

*Defining Moment

Couns Good Exp helpful.

Service avalb-men centre

Male Couns certain issues

Recomm male and female

View of couns neg

Tim Robinson