A Theory of Men's Help-Seeking from Informal Others for Mental Wellbeing Problems

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Abstract

This thesis develops a theoretical explanation for men's help-seeking from informal others for mental wellbeing problems. Derived from semi-structured interviews with twenty two adult males, a constructivist-interpretivistic grounded theory methodological approach is then used, placing an emphasis on men's own explanations of the phenomenon. The theory suggests that men's decision making is influenced by three main factors: by their assessment of the ability to control functioning, by their beliefs related to perceived risks and benefits, and by the availability of certain skills and knowledge. This theory also identifies a decision-making style marked by a focus on information, both in providing it in disclosure and receiving it as support. From this theory a model is then developed of a five stage process of men's decision-making related to their disclosure of mental wellbeing problems. A key factor in this model is that men's self-assessment of having reached a coping threshold is a strong condition for them deciding to disclose problems to informal others. Overall, the five stage process of decision-making to informal others is described as progressive, meaning that as further decisions to disclose are made, men's focus increasingly shifts towards the benefits of disclosure and, in particular, the benefits of the experiential knowledge of other men.

Glossary of terms

Term	Definition
Attribution	A process through which an individual attempts to understand the behaviours of others as well as our own (DeVito, O'Rourke, & O'Neil, 2000).
Authenticity	A constructivist's criterion for determining the validity of qualitative research and is based on the importance of contextualising (e.g., sensitive to place and situation), (Creswell & Miller, 2000).
Constructivism-interpretivism	"A social scientific perspective that addresses how realities are made; assumes that people, including researchers, construct realities in which they participate" (Charmaz, 2006, p. 187).
Coping	"The thoughts and behaviours used to manage the internal and external demands of situations that are appraised as stressful" (Folkman & Moskowitz, 2004, p. 745).
Coping loss	The reduction, and ongoing reduction, of some capacity to withstand stress.
Coping resiliency	The ability to withstand or recover from stress.
Coping response	A cognitive and/or behavioural effort that someone might employ to alter their response to stress or distress (Tamres, Janicki, & Helgeson, 2002).
Coping crisis	High psychological distress that occurs because of the lost capacity to cope.
Coping threshold	A point at which coping capacity is lost altogether due to elevated and ongoing levels of stress.
Decision-making	The active consideration of salient factors in the act of deciding (Vogel, Wester, Larson, & Wade, 2006).
Deductive approach	A reasoning process that starts with a hypothetical assumption then through the collection and analysis of data the hypothesis is rejected or verified (Whorley & Addis, 2006).
Direct help-seeking	A behaviour – seeking assistance whereby the intent is stated clearly and is understood by the recipient (DeVito et al., 2000).
Discouragers	Non-belief related factors (e.g., skills and knowledge) which reduce courage, confidence, or hope to take action.
Distress	"A broad psychological term that captures negative affective states including depression and anxiety" (Hoy, 2012, p. 205).
Encouragers	Non-belief related factors (e.g., skills and knowledge) which give additional courage, confidence, or hope to take action.

Formal help-seeking	The process of seeking help from trained (qualified) health professionals including counsellors, general practitioners (GPs), psychologists, psychiatrists, and psychiatric nurses for problems related to mental wellbeing.
Help-seeking	The process of actively seeking support or advice from lay persons (e.g., in social or work network) or formally trained professionals (Schonert-Reichl & Muller, 1996).
Help-seeking pathway	The sequence of relevant steps a person takes that "provides the critical link between the onset of a problem and the provision of help, which does not necessarily culminate in an involvement with a health care provider" (Angermeyer, Matschinger, & Riedel-Heller, 1999, p. 202).
Indirect help-seeking	A behaviour – to ask for help without directly mentioning help; communication that hides the speaker's true intentions (DeVito et al., 2000).
Inductive approach	A reasoning process that starts with the detailed collection and analysis of data, and then moves towards more general abstract conceptualisation leading to theory (Bryant & Charmaz, 2007).
Informal help-seeking	The process of seeking help from a lay person in the community including spouses/partners, family members, acquaintances/friends, work colleagues/mates, clergy or kaumātua (a Māori male elder), and volunteer/peers (in volunteer/peer led groups or services) for problems related to mental wellbeing.
Intensive interviewing	A particularly flexible semi-structured style of interviewing that "permits an in-depth exploration of a particular topic with a person who has had the relevant experiences" (Charmaz, 2006, p. 25).
Interpretivism	An epistemology that subscribes to a reality in that it is constructed by humans and, given the diversity of human life, there are plural realities representing this diversity (McLeod, 2001).
Mental wellbeing problem	A relativist term in that the definition is determined by those who are having the experience; broadly and widely defined with no clinical criteria (e.g., Diagnostic Statistical Manual-V) required to meet the definition.
Middle range theory	"Theories that lie between the minor but necessary working hypotheses that evolve in abundance during day-to-day research and the all-inclusive systematic efforts to develop a unified theory that will explain all the observed uniformities of social behaviour, social organisation, and social change" (Merton, 1996, p. 41).
Mutual self-disclosure	The behaviour of one person in a dyad being similar to the behaviour of the other person in terms of their level of disclosure of self (DeVito et al., 2000).
Negative motivation	Based on the behavioural theory principle whereby a person will increase certain behaviours in an attempt to avoid particular painful outcomes.
Positive motivation	Based on the behavioural theory principle whereby a person will increase certain behaviours in an attempt to obtain a beneficial outcome.
Positivism	An epistemology that "subscribes to a unitary scientific method consisting of objective systematic observation and experimentation in an external world" (Charmaz, 2006, p. 188).

Post-structuralism	"Rejection of the search for explanatory structures underlying a social phenomenon" (Burr, 2003, p. 204).
Pragmatism	"An American philosophical tradition that views reality as characterised by indeterminacy and fluidity, and as open to multiple interpretations" (Charmaz, 2006, p. 188).
Problem-solving response	A cognitive-behavioural effort that is aimed at altering the perceived cause of the stress or distress (Tamres et al., 2002).
Reciprocal disclosure	A behaviour – the self-disclosure of one person in a dyad to influence a similar disclosure in the other person.
Reflexivity	"The researcher's scrutiny of his or her research experience, decisions and interpretations in a way that brings the researcher into the process and allows the reader to assess the researcher's interest, position and assumptions influencing inquiry" (Charmaz, 2006, p. 188).
Self-disclosure	A behaviour – the act of revealing something significant about ourselves to another individual or to a group; something that would not normally be known (DeVito et al., 2000).
Self-managing	A response that places importance on independently addressing and/or coping.
Self-stigmatisation	When a person has a negative attitude about themselves as a result of internalising negative ideas held by society (Barney, Griffiths, Christensen, & Jorm, 2006).
Semi-structured interview	"Attempts to understand the complex behaviours of members of society without imposing any prior categorization that may limit the field of inquiry" (Fontana & Frey, 2000, p. 653).
Social-constructionism	"A theoretical perspective that assumes that people create social reality through individual and collective action" (Charmaz, 2006, p. 189).
Socialisation theory	Posits "masculinity as a social role and not an inherited or acquired trait" (Smiler, 2004, p. 18).
Social support	Caring, respecting, sharing information, knowing, believing in, and doing for others (Coffman & Ray, 2001).
Stigmatisation	Negative perceptions held by a group towards a person within the group, resulting in that person not seeking help so as to avoid a negative label and being treated differently (Corrigan, 2004).
Stress	"The non-specific response of the body to any demand for change" (Selye, 1936).
Symbolic interactionism	Posits that people both actively create social environments at the same time as being created by them, therefore placing an important emphasis on human agency (Coyne & Cowley, 2006).
Trustworthiness	A post-positivist criterion for determining the validity of qualitative research based on traditional positivists concerns related to rigour and systematic inquiry (Creswell & Miller, 2000).

Glossary of grounded theory terms

Term	Definition
Abductive reasoning	A method of generating theoretical knowledge requiring a balance between rational/systematic analysis and creative insights (Bryant & Charmaz, 2007).
Analytical questions	A tool of inquiry pertaining to the development of theory (Strauss & Corbin, 1998).
Basic social-psychological process	A category which by contrast to the other categories suggests change and movement over time (Glaser, 1978). The focus is on participant behaviours/actions but is also on the psychological processes and the meaning participants place on those processes (Charmaz, 2006).
Category	Concepts that are compared one against another and appear to pertain to a similar phenomenon; the concepts are then grouped together under a higher and more abstract order called a category (Strauss & Corbin, 1990).
Coding	The process of defining what the data is; not preconceived but defined by what emerges from the data (Charmaz, 2006, p. 186).
Coding paradigm	"Represents a group of theoretically abstract terms which are used to develop categories from the data and to find relations between them" (Bryant & Charmaz, 2007, p. 606).
Constant comparison	A technique of analysis "that generates successively more abstract concepts and theories through inductive processes of comparing data with data, category with category and category to concept" (Bryant & Charmaz, 2007, p. 607).
Constructivist-interpretivist grounded theory	As a grounded theory research approach, more openly accepts that the interpretation of the studied phenomenon is itself a construction (Ponterotto, 2005).
Dimension	"Variations of a property along a range" (Corbin & Strauss, 2008, p. 45).
Focussed coding	Using the most significant or frequent earlier codes to sift through large amounts of data (Charmaz, 2006).
Grounded theory method	"A method of conducting qualitative research that focusses on creating conceptual frameworks, or theories, through inductive analysis of data" (Charmaz, 2006, p. 187).
Initial coding	Involves 'breaking down' the data and then a start to 'putting it back together' in the form of provisional groupings of related theoretical concepts called categories (Charmaz, 2006).
Iterative approach	The simultaneous collection and analysis of data throughout the process of research (Bryant & Charmaz, 2007).
Objectivist grounded theory	A grounded theory approach where "the researcher takes a dispassionate, neutral observer position and remains separate from research participants; the researcher analyses the participants' world as an outside expert with the

	relationships with participants represented as unproblematic" (Charmaz, 2006, p. 188).
Memo writing	An intermediate step in grounded theory between data collection and writing drafts of theory (Charmaz, 2006).
Methodological memos	Written, audio or pictorial memos that capture the application of method (Charmaz, 2006).
Properties	"Characteristics or components of an object, an event or action, which give specificity to and define an object, event and/or action" (Corbin & Strauss, 2008, p. 46). Can also refer to characteristics of a category, the delineation which gives it meaning (Strauss & Corbin, 1998, p. 101). Can be known as subcategory.
Subcategory	"Concepts that pertain to a category, giving it further clarification and specification" (Strauss & Corbin, 1998, p. 101). Also known as properties of a category.
Theoretical coding	Final phase of coding, or specifying, theoretical relations between categories developed in the focussed coding stage (Charmaz, 2006).
Theoretical concept	Individual ideas of low level abstraction that basic units of words, lines, paragraphs segments, and incidents represent conceptually (Corbin & Strauss, 2008).
Theoretical memos	Memos that capture the relationship between theoretical concepts in data.
Theoretical questions	Questions used to "make connections between concepts helping to bring out properties and their dimensions which, in turn, can be used to examine the incidents in the data. They are varied and can be temporal (frequency, duration, rate and timing), spatial (where), technological, informational, cultural or moral in nature" (Strauss & Corbin, 1998, p. 92).
Theoretical sampling	"Sampling whereby the researcher aims to develop properties of categories or theory, rather than to sample randomly selected populations or to sample representative distributions of a particular population" (Charmaz, 2006, p. 189).
Theoretical saturation	"Refers to the point in research process at which gathering more data about a theoretical category reveals no new properties nor yields any further theoretical insights about the emerging grounded theory" (Charmaz, 2006, p. 189).
Theoretical sensitivity	The ability to see relevant data and to reflect upon empirical data material with the help of theoretical terms (Kelle, 2007).

Chapter 1: Overview of Men's Help-Seeking in New Zealand

There is the need to better understand men's help-seeking from informal others in New Zealand. The chapter commences with a brief historical outline of the men's health movement, which sets the context in which this research is conducted. Part 1.2 reviews the status of men's health by way of a comparison between men and women; initially the status of men's physical wellbeing is reviewed before shifting to the more relevant and involved task of reviewing the status of men's mental wellbeing. Part 1.3 then reviews the status of men's help-seeking for problems related to mental wellbeing, focussing on men's uptake of those services that provide mental health assistance – primary health services, counselling services, and secondary mental health services. Other factors such as deprivation, ethnicity and age are also considered. Part 1.4 explores key stakeholders' positions when considering the status of men's help-seeking – the Government, clinicians and health educators, and the men themselves. It is the exploration in this study of the men's positions, in particular, that raises the question of whether the professional pathway is limited in addressing problems related to mental wellbeing. Part 1.5 examines the current status of men's help-seeking from informal others and, importantly, leads into the overall summation of the chapter that a better understanding of the phenomenon is needed.

Throughout this chapter a number of terms will be introduced. At times, the interchangeable use of some terms may pose a challenge to the reader. More pointedly, the interchangeable use of the terms *mental health problem*, *mental health issue*, *mental health disorder*, *mood*, *depression/anxiety*, *distress*, and *stress/stressors* may be confusing. This multiple usage reflects the different definitions by those who have completed research relevant to the general field of men's health. Second, the terms *males*/*females* and *men/women* are also used interchangeably throughout this chapter, and, similar to above, this usage reflects different definitions by those conducting health-related research. The terms *males/females* are generally inclusive gender-based descriptors whereas the terms *men/women* represent only those in the adult range (18 years +).

Finally, some clarification of the researcher's use of terms throughout the thesis is required. The phrase *informal help-seeking* is not meant to imply that help-seeking is of a casual nature but instead, it means the seeking of help from those individuals who have an informal, or lay, standing in the community:

spouses/partners, family members, acquaintances, friends, work colleagues/mates, clergy or kaumātua[1], and volunteer/peer led groups or services. Furthermore, the term *informal others* positions this group of lay persons in contrast to *formal others;* those who are qualified/trained professionals in the health services including general practitioners, nurses, counsellors, psychiatrists, psychiatric nurses, and psychologists. Finally, the term *mental wellbeing problem* was chosen so as to represent a wide range of internal experiences and is relativist in that it is determined by those who are experiencing a problem rather than being clinically determined based on diagnostic criteria, for example, from the *Diagnostic Statistical Manual-V*.

Part 1.1: Men's health in historical context

During the early1990s, the politically orientated men's movement in the United States more strongly emerged with the aim of raising social issues for men (Messner, 1998). The rise of this movement coincided with a parallel rise in concerns about men's health internationally including in the United Kingdom, Europe, and Australia (White, 2006). Consequently, the issue of men's health has gained greater and more focussed attention through the closing years of the 1990s and into the 2000s (Johnson, Huggard, & Goodyear-Smith, 2008; Jones & McCreanor, 2009; Wilkins & Savoye, 2009), with the annual International Men's Health Week event being symbolic of the importance of the focus on men's health (Jones & McCreanor, 2009). An important determinant of progress of the men's health movement in a particular country thus far has been the presence or absence of a national men's health policy (Jones & McCreanor, 2009; McKinlay, 2005). If this is indeed so then, internationally, it would seem that there has been some progress made. Australia, Ireland and Brazil all now have a national men's health policy to strategically address men's health issues (Wilkins & Savoye, 2009).

In New Zealand, the concern about men's health was first raised in the mid-1990s[2] (Jones & McCreanor, 2009). In 2005-06, there were renewed calls to recognise the need to improve men's health (Johnson, Field, & Stephenson, 2006; McKinlay, 2005). For example, McKinlay (2005) concluded in her review, that there were unresolved issues around men's health and suggested that better strategic direction in the form of a

[1] A Māori male elder.

[2] In 1995-96, one of the country's four health funding bodies at the time, the Northern Health, undertook a men's health initiative.

national men's health policy was required for effective change. In response to these calls, the College of Nurses Aotearoa (New Zealand) and Age Concern organised the first Men's Health Week Conference in 2006 (Johnson et al., 2008; Neville, 2008). More importantly, in 2008, the first major central government initiative to address men's health emerged (Jones & McCreanor, 2009). Government proposals included setting up clinics in male-dominated workplaces, a social marketing campaign, fast tracking a national screening programme for bowel cancer, and establishing a health fund to be used for new and innovative approaches to improving men's health (Jones & McCreanor, 2009). Unfortunately, a change of government in the same year, coupled with a global financial crisis, resulted in a review of government expenditure, and significant limitations were placed on these initiatives including little further discussion about a national men's health policy (Jones & McCreanor, 2009). Since 2008, the discussion regarding men's health has been ongoing and in a number of important areas (e.g., national screening test for bowel cancer) remains unresolved.

Part 1.2: The status of men's health

The status of men's physical wellbeing

The main measure of the status of men's general health worldwide has been life expectancy rates. Overall, life expectancy for men has been consistently poor compared to women (United Nations, 2009; World Health Organization [WHO], 2000, 2014). It is no different in New Zealand where men experience a lower life expectancy rate compared to women (Ministry of Health [MOH], 2005; Sandiford, 2009; Statistics New Zealand [Statistics NZ], 2014). In 2012, the life expectancy gap remained at 3.7 years (Statistics NZ, 2014); this despite an improvement in the overall life expectancy of men, and a reduction in the size of the gap in the past 40 years[3] (MOH, 2005; Statistics NZ, 2014). Overall, the life expectancy at birth is 79.3 years for males and 83 years for females (Statistics NZ, 2014). For indigenous Māori men compared to Māori women, the difference in life expectancy is the same (3.7 years); however, overall life expectancy is lower, 72.8 years for Māori males and 76.5 years for Māori females (Statistics NZ, 2014).

The reasons for the gender differences in life expectancy in New Zealand are becoming clearer. It is estimated that half of the difference in life expectancy rates can be accounted for by the combination of heart

[3] From a high of 6.5 years between 1975-77, to 4.3 years between 2002-04, to the rate of 3.7 years in 2010-12 (MOH, 2005; Statistics NZ, 2014).

disease and cancer (Sandiford, 2009). Currently, males, compared to females, have nearly twice the age-standardised death rate for heart disease which, along with heart, stroke and blood vessel disease, defines cardiovascular disease (MOH, 2010, 2011). Likewise, males account for the majority of both new cancer registrations (53.4%) and of cancer related deaths (52.2%), (MOH, 2012). In addition to higher rates of heart disease and cancer amongst males, it is also emerging that males have approximately 1.5 times the age-standardised death rate for diabetes (MOH, 2011). Health behaviours related to alcohol use, smoking and diet offer some explanation to the lower life expectancy rate for males. Males are more likely than females (87% versus 80%) to have had a drink containing alcohol in a 12 month period (MOH, 2008). Similarly, males are less likely than females (64% versus 72%) to eat the daily recommended amount of fruit and vegetables (MOH, 2012). And although there have been no significant sex differences for adult smoking in recent years (MOH, 2008), it has been found that males younger than 35 years of age are more likely to smoke and, at the same time, are less likely to eat the recommended amount of fruit and vegetables (MOH, 2012). More positively, males consistently engage in more physical health activity (at least 30 minutes for five days a week) than women (MOH, 2008, 2012).

In addition, almost a further quarter of the difference in life expectancy rates has been attributed to fatal accidents – including injuries leading to premature death – and suicide (Sandiford, 2009). With respect to accidents, more than half (57%) of road accidents leading to death (or serious injury) is due to high risk driving, victims most often being male (84%) who are under 30 years of age and have consumed alcohol (61%), (Ministry of Transport [MOT], 2012, 2013). Similarly, males consistently account for a very high (up to 88%) proportion of accidental drowning[4] (Water Safety, 2012) in spite of a significant decreasing trend in accidental drowning overall (Connor, Langley, & Cryer, 2007). Moreover, males account for most (72–74%) of the work-related[5] death insurance claims each year (Statistics NZ, 2010). In terms of suicide, of the approximately 500 deaths annually (Beautrais, Collings, Ehrhardt, & Henare, 2005; Coronial Services of NZ, 2013), males are almost three times more likely to commit suicide than females (Coronial Service of NZ, 2013; MOH, 2008).

[4] In 2005, males comprised 78% of the total deaths (120) whereas, in 2012, males comprised 88% of the total deaths (93) by way of land based fishing, non-powered boats, powered boats, sailing, swimming, underwater, or other activities (Water Safety NZ, 2012).

[5] The male dominated industries related to agricultural, plant machine operators and assemblers, and fishery were the leading contributors (Statistics NZ, 2010).

Notwithstanding a general lack of unified political response, the relatively poorer life expectancy rate for men has led to efforts being made to address it. To illustrate, since 2008 the Cancer Society of New Zealand has strategically focussed on improving men's health (Cancer Society, 2009). Most recently, these efforts have resulted in the unveiling of *Get the Tools*, an online programme that focusses on promoting good health practice to men (Cancer Society, 2013). At the regional level, the Canterbury District Health Board (CDHB) has been focussing on men's health. For example, the concerns about men's nutrition (O'Dea, 2011) including input from the CDHB consumer advisory group have resulted in funding being extended to include men in the *Appetite for Life* programme, a programme focussing on healthy eating habits (CDHB, 2014).

The status of men's mental wellbeing

The status of men's mental health in New Zealand is less clear than that of physical health when compared by gender. On the one hand, the higher suicide rate for males than females has been seen as a reflection of men's poor mental health status (McKinlay, Kljakovic, & McBain, 2009; Walker, 2012) with particular concern being expressed about the high male youth suicide rate (Fortune, Seymour, & Lambie, 2005; Hollings, 2008) and the higher than average Māori male suicide rate (Coronial Services of NZ, 2013). On the other hand, when the comparison involves levels of distress and mental health diagnosis (i.e., depression, bipolar disorder and/or anxiety disorder), females have both higher rates of measured distress (8% versus 6%) and higher rates of diagnosed mental health conditions over a lifetime (20% versus 12%), (MOH, 2012). This contrasting picture is not unique to New Zealand; internationally males have higher suicide rates (Brown & MacDonald, 2009; Richardson & Carroll, 2009; Rikter-Svendsen, 2009; Robertson et al., 2009) whereas females have both higher reported levels of distress (Ben-Zur & Michael, 2007; Matud, 2004) and higher diagnostic rates for the common mental health conditions related to depression (Johnson, Oliffe, Kelly, Galdas, & Ogrodniczuk, 2011; Riska & Ettorre, 1999) and anxiety (Kessler, Chiu, Demler, Merikangas, & Walters, 2005; McLean, Asnaanib, Litz, & Hofmann, 2011).

In fact, it has been suggested that the status of male and female mental wellbeing is similar; that the same feelings of sadness and despair that lead males to commit suicide, lead females to be diagnosed with a mental health condition (Hawton, 2000; Moscicki, 1995). This similarity may be more evident when considering suicide rates more closely in New Zealand. If suicide attempts – as opposed to suicide completions – are taken into consideration, the comparison becomes more balanced (Beautrais et al., 2005; MOH, 2010) with females almost twice as likely as males to be admitted to hospital for attempted suicide (Beautrais, 2004).

The reason for this is that females are less likely to die in their attempts than males who are more likely to use more fatal means, such as firearms, carbon monoxide poisoning and hanging (Beautrais, 2006; MOH, 2006). The Ministry of Health (2006) has acknowledged that suicide rates do not necessarily reflect gender differences accurately if these attempts and completions are also taken into consideration.

Similarly, the diagnostic rates may not reflect as much gender difference if the criteria used to determine common mental health disorders are taken into consideration. It has been pointed out that diagnostic criteria are generally more aligned with the way emotional responses to stressors manifest in women compared to men (Eaton et al., 2012; Johnson et al., 2011; Oliffe & Phillips, 2008; Riska & Ettorre, 1999); that women tend to internalise responses while men are more likely to externalise responses (Eaton et al., 2012). For example, men tend to express depression externally through anger, irritability and opposition to others and, in addition, by risk taking, substance abuse and other escaping behaviour (Blair-West & Mellsop, 2001; Brownhill, Wilhelm, Barclay, & Schmied, 2005; Chuick et al., 2009; Cochran & Rabinowitz, 2003; Riska & Ettorre, 1999). The important point to note in this regard is that the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) criteria for depression do not include anger and irritability, nor substance abuse, amongst the required symptomatology (American Psychology Association, 2014) therefore potentially lowering the numbers of men who will be diagnosed (Blair-West & Mellsop, 2001; Cochran & Rabinowitz, 2000; Sanders, 2009).

Consequently, it becomes difficult to make definitive statements about the status of men's mental wellbeing based on gender comparisons. In fact, the New Zealand male and female suicide rates have, at times, been ranked as even amongst selected Organisation for Economic Co-operation and Development (OECD) countries[6] (MOH, 2006). Additionally, if suicide rates are to be considered an accurate reflection of men's mental health status, the improvements in the past 20 years would need to be acknowledged. Currently, the male suicide rate is 28% below the peak rate in 1995, whereas the female suicide rate has remained relatively stable since records began in 1948 (MOH, 2012).

Although the status of men's mental wellbeing by way of gender comparison may be difficult to differentiate clearly, there have nonetheless steps been taken to improve men's mental wellbeing along similar lines to those taken to improve their physical health. For example, in 2005 the Mental Health Foundation of New

[6] In 2004-5, men and women were both ranked 6th in the world for their gender compared to other OECD countries (MOH, 2006).

Zealand (MHF) commenced its original campaign *Out of the Blue/Kia Marama*, with its focus on depression in men (MHF, 2008). This campaign has led to an increasing amount of material about men's depression being available on websites and in brochure format, as well as the coordination of activity based programmes (e.g., *Ride Out of the Blue*) that appeal to men (MHF, 2013). In addition, the Mental Health Foundation and the Cancer Society have jointly initiated innovative community projects, such as the *Get a Life* project, which encourages men to positively engage with their community to improve mental wellbeing (MHF, 2012).

Part 1.3: The status of men's help-seeking for mental wellbeing

There is, however, a clearer distinction when it comes to comparing the difference between help-seeking for men and women in New Zealand. The primary health care service (i.e., General Practitioner) is designed to be the 'first stop' service in the health system for those seeking help for mental wellbeing problems (MOH, 2001). However, males consistently utilise General Practitioner (GP), services at a lower rate compared to females for all health needs (MOH, 2008, 2013). In 2007 and, again, in 2012, males utilised GP services at lower rates (76% and 74%) than females (83% and 83%) over a 12 month period (MOH, 2008, 2013). Specific to mental health, males reported that they will consider seeking help from a GP for depression at a significantly lower rate compared to females (46% versus 74%), (Wyllie, 2009). Similarly, when counselling services are considered, the gender difference remains with men having lower utilisation rates for these services as well. For example, it has been found the total percentage of males seeking counselling from a large Christchurch (New Zealand's second largest city[7]) agency was consistently lower (34% and 37%) than females (66% and 63%) between 1997–2001 and, again, between 2006–2009 (Manthei, 2012).

A seemingly contrasting picture of men's help-seeking for mental wellbeing emerges when considering males' utilisation of the more specialised secondary mental health services (i.e., mental health and addiction services). Rather than having lower utilisation rates of these services, males compared to females tend to have higher use of secondary mental health services. For example, between 2006–2008, the number of males using these services increased at a greater rate than that of females with males representing 52.3% of overall service users (MOH, 2010). This was again the case in 2011, when men represented 54.1% of overall service users (MOH, 2014). Because secondary mental health services are generally utilised by those experiencing more severe symptoms (MOH, 2014), it could be suggested that males are not utilising these specialised

[7] In 2013, Christchurch had a population of 341,369 (Statistics NZ, 2013)

services until they are more distressed. This expectation fits with overseas findings that 90% of people with depression and anxiety-related disorders who access secondary type services, rated as being more distressed (Andrews, Sunderland, & Kemp, 2010). Given men's lower utilisation of both GP and counselling services yet higher utilisation of secondary mental health services, it can be suggested that men in New Zealand tend to wait until symptom and/or distress levels are of greater severity, thereby requiring greater clinical input.

Other factors that influence men's help-seeking: deprivation, age and ethnicity

In New Zealand, the status of men's help-seeking compared to women remains relatively consistent even when other factors related to deprivation[8], age and ethnicity are taken into consideration. For example, regardless of the level of deprivation, males consistently made fewer GP appointments than females (MOH, 2012). Similarly, when age is taken into account, with the exception of the 45-54 age groups where rates were similar, males are less likely to seek GP services (MOH, 2012), with the most significant difference being identified in the 25-44 age range (Dowell et al., 2009). Finally, if ethnicity is taken into consideration, males did not utilise GP services as often as females in all four major ethnic groups (European, Māori, Pacific Island, and Asian), with Pacific Island males having the greatest contrast when compared to female counterparts (MOH, 2012).

In terms of secondary mental health service utilisation, the gender difference consistency remains albeit to a lesser degree. Deprivation rates remain consistent to those of GP services. The rate of utilisation by males was greater regardless of the level of deprivation, with this difference becoming greater as deprivation increased (MOH, 2014). However when age was considered, gender differences in utilisation rates were not as consistent. Males utilised mental health services at a greater rate until the age of 60 at which time the trend reversed (MOH, 2012). In terms of ethnicity, again the gender rates differences were not always as consistent. European, Māori and Pacific Island males had higher utilisation rates than females. In particular, the Māori male rate was significantly higher than the rate for Māori females (4837 versus 3279 per 100,000 population), and more than double the non-Māori female rate (2218 per 100,000 population), (MOH, 2012). However, Asian males had lower utilisation rates for secondary mental health services compared to their female counterparts (MOH, 2010, 2012, 2014).

[8] Deprivation levels relates to low levels of combined income, home ownership, employment, qualifications, family structure, housing, access to transport, and communications (MOH, 2013).

From the above, it could be suggested that even when socio-economic, age and ethnicity factors are taken into account, the help-seeking difference between men and women remains relatively constant in New Zealand. Overall, males consistently utilised GP services less than females, and with the exception of those males over 60 years of age and of Asian background, at the same time utilised secondary mental health services at a greater rate than females. Moreover, this lack of complete predictability fits with international findings that help-seeking as a phenomenon cannot always be solely predicted by gender alone; that gender differences become less consistent as a predictor when other factors such as socio-economic status, age, and ethnicity are also considered (Addis & Mahalik, 2003; Galdas, Cheater, & Marshall, 2005; Lee & Owens, 2002; Mackenzie, Gekoski, & Knox, 2006, Moller-Leimkuhler, 2002).

Part 1.4: The problem of men's help-seeking for mental wellbeing

Thus far, it is being suggested that men, irrespective of their differences, have different help-seeking behaviours in comparison to women when mental wellbeing is the health issue in consideration. Specifically, men tend to utilise the preventative primary health and counselling services at a lower rate but tend to utilise the secondary mental health services at a higher rate, the logical inference being that the lower utilisation of the 'preventative' orientated mental health services leads to an higher utilisation of the more crisis-orientated secondary mental health services. For these reasons it could be argued that men's help-seeking for mental wellbeing in New Zealand is a problem. However, the 'problem' of men's help-seeking may be a relative term for those with a direct interest in men's mental wellbeing. The following section considers men's help-seeking from the perspective of the different stakeholders; namely, the government, clinicians, health promoters and, the main stakeholders, men themselves.

The problem for Government

For Government, the problem of men's help-seeking for reasons related to mental wellbeing would appear to primarily be one of managing financial expenditure. In terms of direct cost, the total percentage of health services that are publicly funded (as opposed to privately funded) in New Zealand is above the average (82.7% versus 72.2%) across other OECD countries (Mental Health Atlas, 2011). In the past decade, publicly tax funded health expenditure has increased from eight percent to 10 percent of the gross domestic product (OECD, 2013) with 10 percent of this amount comprising the mental health budget (Mental Health Atlas,

2011). In dollar terms, during this same period the mental health expenditure for government – similar to that of the overall health expenditure[9] – has effectively doubled (MOH, 2012). It is estimated that approximately 20% of people in New Zealand will have some experience of a mental disorder over any 12 month period (MHF, 2011).

The Government has aimed for a more cost effective approach to mental health care during the past 20 years. In the early 1990s, the secondary mental health services were restricted to assisting the three percent of the population most in need (MOH, 1994, 1998). To assist in this aim, services have been increasingly shifted from hospital-based settings to less expensive community based mental health services. In 1994, the first mental health policy, *Looking Forward*, signalled early intervention and services in the form of community based services as a priority (MOH, 1994). In 1998, the Ministry of Health's *Blueprint for Mental Health* clearly defined the community based mental health services required to meet its strategic aims. In 2001, the *Primary Health Care Strategy* clearly specified early intervention through a more integrative approach between primary health and secondary health services (MOH, 2001). By 2001, primary health care services (i.e., GPs) had become pivotal to not only act as the gateway to specialised mental health services treatment, but, as importantly, as the early source of help for the remaining 17% of the population with mental health disorders (Mental Health Atlas, 2005; MHF, 2011).

By the mid 2000s, it appeared some traction was being made in achieving the goal of early intervention as outlined in the *Primary Health Care Strategy*. For example, it was found the majority of those with mental wellbeing problems were being managed by GPs (Bushnell et al., 2005; Reid, 2005) with increased accessibility to treatment, better integration of physical and mental health care, and a greater capacity for health promotion (Dowell et al., 2009). However, men, as outlined above, remain under-represented in the less expensive, partially privately funded primary health services yet are over-represented in the fully tax payer funded secondary mental health services. Of greater concern to the government is the fact that men are particularly high users of the expensive[10] hospital based inpatient services in the secondary health services (MOH, 2012). Males are greater users of general inpatient services (3938 versus 3495) including the high

[9] Overall, mental health spending increased from $699 million to $1238 million while overall health spending increased from $7457 million to $14,404 million (MOH, 2012).

[10] Inpatient service costs are 16% of total mental health expenditure although these services comprise less than 10% of clients seen (Mental Health Atlas, 2011).

risk forensic inpatient unit[11] (3570 versus 676), (MOH, 2010). Thus, it could be suggested that the problem for Government is the disproportionate burden of financial cost that males are continuing to place on a model that attempts to restrict services to the three percent of the population most in need.

The problem for health promoters and clinicians

For clinicians and health promoters, the problem of men's help-seeking for mental wellbeing does not have the same focus; the problem is how to gain access to the population of men to provide earlier therapeutic intervention so as to improve mental wellbeing. Coinciding with the early intervention strategy has been an additional strategy to target those most at risk of mental health issues. In 2002, *Building on Strengths* – the national mental health promotional strategy – introduced a population-based approach to identify those groups most at risk of health issues (MOH, 2002). From 2006, a key health promotion objective for the Ministry of Health has been to specifically target at risk populations to improve early recognition and help-seeking of people experiencing depression (MOH, 2013; Wyllie, 2009), the most commonly prescribed for mental health issue in New Zealand between 1997–2005 (Exeter, Robinson, & Wheeler, 2009; MOH, 2007). In the same year, the *National Depression Initiative (NDI) Public Health Campaign* was underway in a coordinated manner and featured advertisements, websites, media coverage, and 'freefone' availability (MOH, 2013; Wyllie, 2009).

In 2005, the male population, particularly those men between the ages of 25-44, was identified at risk of depression (Wyllie, Goodman, Akroyd, & Star, 2005). The *NDI* has as one of its key strategies the promotion of better help-seeking by men by focussing on better recognition and, hence, earlier help-seeking (Wyllie et al., 2005). The milestone health initiative encouraging men to seek help for depression was underway, and included, amongst it promotional efforts, a television campaign fronted by a high profile sportsman[12] (Wyllie, 2009). However, in spite of these efforts, the effectiveness of GPs gaining access to men has been limited. A follow-up evaluation of the *NDI* found that despite a memorable campaign[13], men's intention to

[11] Note: Forensic services are coded to forensic teams even though clients may be seen in an inpatient setting (MOH, 2010).

[12] John Kirwan, an ex-All Black rugby player, openly spoke in the media of his experiences with depression/anxiety and his actively seeking help.

[13] There was a 93% recall rate by men that these advertisements were about men's mental health and help-seeking (Wyllie, 2009).

seek formal help from GPs for depression changed minimally (46% versus 48%) and remained low compared to females (46-48% versus 74%), (Wyllie, 2009).

There had, even before these results emerged, been ongoing discussion about the need to better identify what health promotion is effective for men in New Zealand (McKinlay, 2005). One suggestion has been that men need to be more actively involved in both developing (Braun, 2008) and delivering (McKinlay, 2005) the health promotion message. Secondly, it has been put forward that health promotion needs to more directly target men by, for example, going to where men gather in the community (e.g., work place settings), (Johnson et al., 2008; McKinlay, 2005; McKinlay et al., 2009) or, alternatively, by sending invitations to existing male clients to attend health services (Barwell, 2009). In addition, rather than targeting men as a single group, it has been suggested that it would be more effective to target subgroups of men (e.g., middle-aged, transgender, or gay men) in promoting the use of health services (Adams, Dickinson, & Asiasiga, 2013; Barwell, 2009). Findings thus far are promising with the 'warrant of fitness' analogy having been found to have an appeal to men (McKinlay et al., 2009) and men have responded well to direct invitations to complete 'well man checks' (Barwell, 2009).

It has been pointed out that the problem of men's help-seeking for mental wellbeing may not necessarily be due to ineffective help-seeking promotion but, instead, related to the way in which services are delivered by primary health care (Johnson et al., 2008; McKinlay et al., 2009). For example, it has been indentified by primary health care professionals (e.g., nurses, GPs, and allied health professionals) that services are not masculine friendly in terms of the composition of staff and the ambience of the physical environment (McKinlay et al., 2009). Furthermore, it has been noted that access to health professionals, such as GPs, is being restricted by not offering opening hours beyond the typical working hours (Johnson et al., 2008; McKinlay et al., 2009). In addition, the part-charge system for attending GP appointments may be making it more difficult for men on limited incomes to access early intervention through their GP (McKinlay, 2005; McKinlay et al., 2009).

Similarly, it has been noted that access to private health practitioners (e.g., counsellors, psychologists, or psychiatrists) may be difficult particularly given the prohibitive costs[14] and the increasing difficulty in

[14] Private practitioner fees, on average, range between $100–150 per hour (Te Pou, 2009).

obtaining third-party government funding[15] (MHF Discussion Paper, 2012; Te Pou O Te Whakaaro Nui [Te Pou], 2009). For example, Ministry of Health funding for counselling via GP practices does not cover every general practice and has tight criteria to ensure only that those in greatest need receive it (MOH email correspondence, 2011, Dec. 23, as cited in MHF Discussion Paper, 2012). Moreover, criteria to access funding from government agencies such as the Accident Compensation Corporation (ACC)[16] and Work and Income New Zealand (WINZ)[17], (Disley, 2011; Meisner, personal notes from WINZ meeting, April 14, 2014) have been 'tightened-up'. Finally, the availability of funded counselling via the family courts[18] has been significantly reduced because of major reforms (Ministry of Justice [MOJ], 2013).

It should be noted that the difficulty in obtaining third-party funding may be offset to some degree by the increased funding access to private health practitioners through employer support schemes. For example, Employment Assistance Programme (EAP), the largest and fastest growing employee support programme in New Zealand, includes, amongst other services, counselling to more than 1200 private and selected government organisations (EAP, 2013). Given the economic effectiveness of such programmes for employers (Attridge, 2007) it would seem there is potential for further growth of these schemes which, in turn, may increase funding, although it would only be available to those working and whose employer has such a scheme in place. Also, effort by individual organisations and trusts to make services accessible to men may be occurring. For example, the Canterbury Men's Centre (CMC), is a unique health service in that it offers a counselling service specifically for men, at times that are outside of traditional working hours (i.e., Friday nights and Saturdays), and without cost for those under a certain income threshold (CMC, 2013). Unfortunately, efforts like this appear to be the exception with little overall coordination in evidence at a regional or national level.

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[15] In New Zealand, about 34% of people are privately insured but most policies have minimal coverage for mental health (Mental Health Atlas, 2005).

[16] ACC, which has a legislative aim to rehabilitate for mental injury from assault or sexual abuse injuries, provides 16 sessions but access to additional sessions now requires a review (Disley, 2011).

[17] WINZ funds up to a maximum of 30 counselling session to reduce short term 'disability' (e.g., depression and anxiety) so as to assist people to return to work (WINZ, 2013) but has recently indicated reviews are more likely after 10 sessions (Meisner, 2014).

[18] MOJ, via the family courts, previously funded up to six free sessions for relationship/family issues but has recently implemented a mediation approach with counselling only being made available if the judge considers it a necessity (MOJ, 2013).

The problem for men

The problem of men's help-seeking for mental wellbeing is not restricted to the government, health promoters, and clinicians. For men, the problem may be one of overcoming barriers that exist in order to seek help for concerns related to mental wellbeing. Men themselves have identified a number of barriers to accessing GPs – some consistent with those identified by primary health professionals above – including financial costs related both to fees and time lost in waiting rooms (Adams et al., 2013; McKinlay et al., 2009), the lack of access due to restricted operating hours (McKinlay et al., 2009), men's own lack of health knowledge (McKinlay et al., 2009; Wyllie et al., 2005), an orientation of services towards women, children and heterosexuals (Adams et al., 2013; McKinlay et al., 2009), competency issues with specific subgroups of men (i.e., gay/transgender or ethnic), (Adams et al., 2013; Williams et al., 2003), and, finally, a fear of how others will respond to their need to seek help for physical (Williams et al., 2003) or mental health concerns (Adams et al., 2013; Wyllie et al., 2005).

Men's perspectives of help-seeking from primary health services (i.e., general practices) have also been considered, albeit with a focus on men's experience of seeking help for physical wellbeing (Braun, 2008; Noone & Stephens, 2008; Williams et al., 2003), mental wellbeing (Adams et al., 2013; Wyllie et al., 2005) or a combination thereof (McKinlay et al., 2009). The one study that surveyed men (and women) about the reasons for not attending mental health services (Wells, Robin, Bushnell, Jarosz, & Oakley-Browne, 1994) included avoiding lost time in waiting rooms and the lack of access due to restricted operating hours, but placed greater importance on the need to cope alone, followed by the belief that the problem would get better by itself and the belief of family that it was not necessary to seek help.

Men, in explaining poor health behaviour, have made reference to societal pressures related to being male; that is the pressure to portray themselves with a 'macho' image (Williams et al., 2003). Similarly, men (and women) made reference to themes related to identity – including the influence of self-sufficient and stoic beliefs – and how this is embodied in a 'wait n see' or 'she'll be right' attitude towards help-seeking (Braun, 2008). Noone and Stephens (2008), based on listening to men's experiences of help-seeking, suggest that a main societal message that men receive is one of being 'infrequent users' of health care. McKinlay et al. (2009), also based on listening to men's experience of seeking help, point out the contrasting expectations between men themselves, and a system that expects men to "be passive, compliant and submissive in the

process of receiving that treatment" (p. 47). Thus, the overall theme is that men's values of strength and self-sufficiency may not 'fit' all that well with the way the health system currently functions.

This raises the question about how well the medical model fits with the more traditional values of men in New Zealand; for example, the values of those men living rurally, such as farmers, who tend to view themselves as tough and independent (Liepens, 2005). To support the suggestion of greater lack of 'fit', it has been found that rural males are less likely than urban males to seek help from a GP for mental health or emotional related concerns (MOH, 2007) with one out of approximately every two farmers acknowledging not having sought help for concerns related to health and wellbeing (Botha, 2010). In addition, farmers, along with other traditional male occupations (i.e., trades, forestry, and fisheries) tend to have a higher than average suicide rate[19] (Gallagher, Kliem, Beautrais, & Stallones, 2008). Even with improved access to mental health services in larger rural centres[20] for mental wellbeing problems (i.e., depression and anxiety), males have not utilised services well. For example, males comprised only 28% of those who received up to five free counselling sessions available at GP practices in the Canterbury rural centres of Ashburton, Rangiora, and Akaroa (Wynands & Gawith, 2009). In particular, it was found that the older males (i.e., over the age of 50) were the least likely of the adult males to utilise these services (Wynands & Gawith, 2009).

The reasons for services not being user friendly range from pragmatic issues of access (e.g., hours of operation and both direct and indirect costs) to the nature of support upon arrival (e.g., feminised physical environments and the higher rate of female staff) and, as importantly, include how men perceive themselves fitting in with the current model of health delivery. Fears about how well their masculinity will be supported may be especially prevalent for traditional men. What remains unclear is to what degree these beliefs reflect a lack of health knowledge or alternatively, the expectations that men do not seek help from health services for their health concerns.

Part 1.5: Informal help-seeking for mental wellbeing

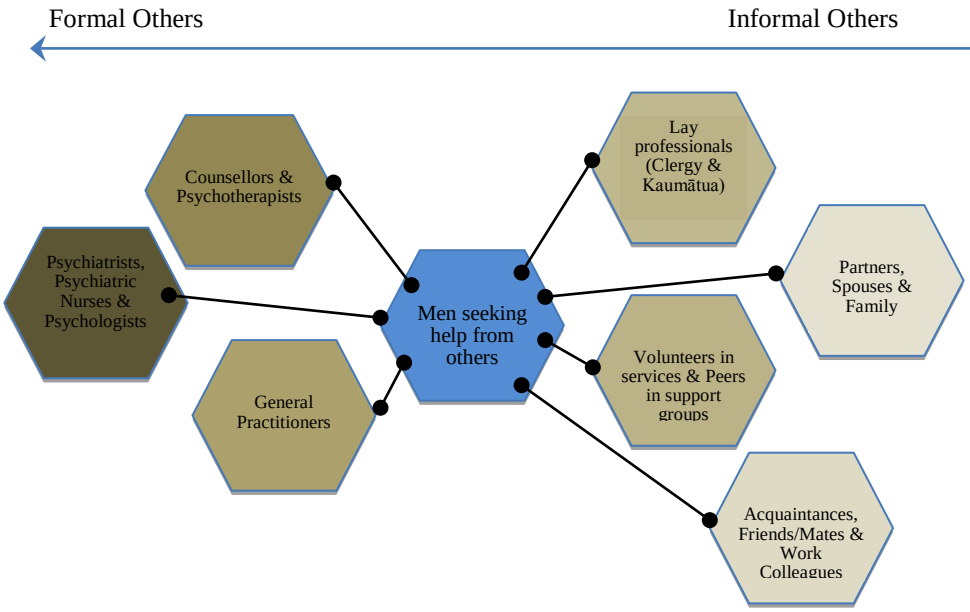
Thus far this overview has not considered the importance of informal others – non-professional people consisting of spouses/partners, family members, friends/acquaintances, work colleagues, clergy/kaumātua,

[19] The majority (90%) of those on farms who commit suicide are male (Tipples et al., 2011, as cited in Walker, 2012).

[20] In New Zealand specialist rural mental health professionals (i.e., consulting psychologists and assessment teams) have been mainly based from hospitals in urban centres (CDHB, 2013).

volunteers/peers in support services – for problems related to mental wellbeing. The importance of informal others as an important factor in the mental health system has slowly but increasingly gained strategic recognition in New Zealand. Prior to 2002, there are only broad references to the importance of 'natural communities' in the process of recovery from mental health illness in strategic documents such as *The Blueprint for Mental Health* (MOH, 1998), and *The Primary Health Care Strategy* (MOH, 2001). However, with the 2002 release of the mental health promotional strategy *Building on Strengths*, informal others in the community were more clearly defined to be family and peers, *and* recognised as being important in the recovery role (MOH, 2002). Subsequently, in 2005, *Te Tāhuhu: Improving Mental Health 2005–2015*, a long term plan for mental health and addiction, also identified the importance of informal others, particularly peers, in both the recovery and ongoing support of those with mental health concerns (MOH, 2005). Finally, the Mental Health Foundation of New Zealand, in 2010, launched the television promotional campaign *Be There and Stay Involved* which primarily focussed on what families can do to support those who are experiencing a diagnosed mental illness (MHF, 2013).

Figure 1: ***Defining Informal and Formal Others***



Coinciding with increasing strategic recognition of the importance of informal others in the recovery process, there has been a specific recognition of the importance of informal others to facilitate men's help-seeking for mental wellbeing (McKinlay, 2005; Wyllie et al., 2005). McKinlay (2005) suggested that GPs provide women patients with information on men's health to give to their partners and family friends. Similarly,

Wyllie et al. (2005) advised that health promotion include informal others – family, partners and friends – as a source of support in the process of seeking formal help. From such recommendations, the role of informal others to facilitate men's help-seeking for concerns related to mental wellbeing was explicitly promoted for the first time within the larger framework of the *NDI* in 2006. The resources for this initiative included a website with an available 'help other' link designed to be easily accessible for those needing guidance in how to assist others (Depression Organisation, 2013).

In addition, other government legislative and strategic frameworks implemented within the last decade may be indirectly promoting the role of informal others, namely employers, in facilitating men's help-seeking for mental wellbeing to health services including the fast growing EAP based counselling services. The Health and Safety in Employment [HSE] Amendment Act 2002 has increased the onus on employers to identify and eliminate potential hazards in work places including the mental health impact of work related stress (Bruton, 2003). Given the work force is composed of approximately 52% men[21], employers seem well placed to proactively identify men who are exhibiting early signs of stress or depression and facilitate support. In further support of employers facilitating help-seeking, the aforementioned *Te Tāhuhu: Improving Mental Health 2005-2015*, has also identified the need for employers to be supportive of those with mental illness (MOH, 2005). That these services can make a difference to men appears supported by the findings overseas that employers can play an important role in identifying men's mental wellbeing problems (Horwitz, 1977b; Saunders, 1996).

The discussion thus far focusses on the role of informal others as an ongoing support or to assist in facilitating men's help-seeking in New Zealand. Either way, the presupposition is that health professionals are primarily *the* way to address mental wellbeing problems. However, there may be alternative ways to address mental wellbeing problems. As a professional counsellor[22] in a community agency for a number of years, it was apparent that there were fewer men than women attending the community counselling service[23]. At the same time, there was also an awareness based on personal experiences that men (and women) also

[21] Source: Statistics NZ, 2006.

[22] Currently, a full member of both the New Zealand Association of Counselling (NZAC), and the Canadian Counselling and Psychotherapy Association (CCPA).

[23] In reviewing the agency records for the years 2008–2013, the help-seeking ratio was found on average to be approximately one male for every two females (36% males).

sought help from informal others – such as family, friends, acquaintances, clergy/kaumātua, work colleagues/mates, volunteers or self-help groups – in the community without seeking professional assistance. On a number of occasions this researcher's experiences – outside the professional capacity – included both receiving and providing help to others experiencing distress or having concerns about mental wellbeing. Through these experiences, an appreciation developed that there were other ways to address mental wellbeing problems aside from seeking formal help.

Broadhurst (2003) believes there has not been enough investigation of the different help-seeking 'pathways' to address mental wellbeing, a belief that may be particularly relevant in New Zealand. A survey found New Zealanders, compared to Australians, made more mention of the role of informal others either as a first 'port of call' (63% versus 43%), and, as importantly, as a choice of who to turn to for concerns related to depression (76% versus 58%), (Wyllie et al., 2005). Similarly, it has been found that men (and women) upon recognising a mental wellbeing problem, usually try to resolve concerns independently utilising available resources including informal others in the community (Manthei, 2006). Finally, it has been found that men's most preferred help-seeking options to address depression were in order of priority from family/partner (76%), followed by the GP (46%) and, finally, friends (38%), (Wyllie, 2009).

Strategically, it appears there has been a slow but increasing recognition of the importance of informal others for those experiencing mental wellbeing problems. Generally, there has been increasing importance placed on peers and family not only in the recovery but also in the maintenance of ongoing wellness. Thus it appears that the role of informal others may be taking on a complementary role to formal help systems. At the same time, there is an increasing awareness of the role that informal others, particularly family/partners, could play in assisting men to receive help more easily. The development of certain legislation (i.e., HSE Amendment Act 2002) may inadvertently increase the employer's role in facilitating help-seeking. The implementation of this 'gatekeeper' strategy to facilitate help-seeking seems to fit with similar approaches overseas; to train individuals to identify, support and facilitate those who are distressed to access appropriate professional help (Scott, Balch, & Flynn, 1985; Stuart, Waalen, & Haelstromm, 2003). Moreover, informal others may play another role, it appears that men may see informal others as a preferable option to professional services; that is, that partners and/or family may be their *main* preference.

Summary

This chapter has set the context for this thesis by identifying in New Zealand there is an increasing focus on the state of men's health compared to women. This is because men's physical health, when life expectancy rates are compared to those of women, is relatively poor; the combination of higher risk behaviours, higher risk work environments, and higher rates of suicidality are thought to be the main contributing factors. Although the state of men's mental wellbeing compared to women may not be as clear, when help-seeking is considered the gender differences become apparent. Men utilise GP and counselling services at a lower rate yet receive more help from secondary mental health services, a pattern that remains fairly consistent even when socio-economic, life-stage and ethnicity factors are also considered. Importantly, this pattern suggests that men do not seek help early enough and, instead, obtain help when their distress and/or the severity of their mental wellbeing problem have increased beyond levels which are manageable. The conclusion drawn here is that men's help-seeking for concerns related to mental wellbeing is problematic.

Despite different objectives, the government, clinicians, and health promoters – even without a national men's health strategy – do appear to have the same aim of improving men's help-seeking response for problems related to mental wellbeing. The advent of early intervention strategies along with population-based funding has drawn much needed attention to men as an 'at risk' population in relation to, for example, depression, the most common mental wellbeing problem in New Zealand. In 2006, the *NDI* became the platform for the first coordinated effort to target men to improve help-seeking to primary health care services, with the aim of promoting an earlier response by improving symptom recognition. However, success has been limited; men's help-seeking as reflected in utilisation rates and surveys has remained virtually unchanged since that time. This limited success suggests that more effective health promotion is required, including a better understanding of the barriers experienced by men as the primary stakeholders in the process of help-seeking.

There has been an increasing recognition of the importance of informal others in the mental health system. Specifically, an increasingly strategic role has been played by family, peers, and employers not only in the recovery process but, more recently, in promoting involvement in the early stages of experiencing mental wellbeing problems. The latter shift of focus is significant, for it is in the early stages that help-seeking comes more to the fore. Specific to men, it has meant an increasing focus on the role of informal others to *facilitate* the process of help-seeking in order to receive formal services. Importantly, there is potential to

further the involvement of informal others in the help-seeking process. Specifically, if, as it has been suggested, men (and women) prefer to be assisted by informal others, there is the potential that seeking help from informal others can be an *alternative* pathway, and, thus, can contribute towards resolving the problem of men's help-seeking for mental wellbeing problems. It is this increasing potential of informal others as an alternative help-seeking pathway for men that has inspired this research. However, prior to stating the way research can contribute, a review of the relevant literature is required to understand the gaps in current knowledge about this phenomenon.

Chapter 2: Literature Review

The purpose of this chapter is to review the literature relevant to the phenomenon of men's help-seeking from informal others for problems related to mental wellbeing. The review of the literature is not straightforward however and involves a review of literature from a number of disciplines, all in their own ways pertinent to the phenomenon. In the first three parts, the literature of the relevant disciplines will be independently reviewed, each part concluding with a critique in the form of a summary. Part 2.1 pertains to the socialisation theory literature as developed in the field of psychology. Thus far, socialisation theory, albeit restricted to formal help-seeking only, offers the most comprehensive understanding of how gender and, in particular, masculine ideology, influences help-seeking for problems related to mental wellbeing. The socialisation theory literature is divided into two parts: early socialisation theory commencing in the 1970s, followed by the constructivists' revival of socialisation theory commencing in the 1990s.

Part 2.2 pertains to the more behaviourally and process orientated help-seeking literature of counselling psychology. Although predominantly counselling related, the review extends to literature related to the process of help-seeking from primary health services (i.e., GPs) and secondary mental health services, and will include relevant public health surveys. Counselling psychology's focus on the help-seeking process for problems related to mental wellbeing tends be generic (i.e., for men and women) however gender differences will be highlighted. While there tends to be a focus on informal help as part of the formal process of help-seeking, informal help-seeking as an alternative pathway in its own right is gaining increasing attention. In concluding this part, current theoretical underpinning relevant to help-seeking will be reviewed with related findings highlighted.

Part 2.3 pertains to the social support literature of social psychology and community psychology where there has been a long-standing tradition of investigating the phenomenon of receiving support from informal others in the form of one-to-one and group settings. The research in these areas has tended to be outcome orientated with a particular focus on the advantages and disadvantages these kinds of help can offer. A number of relevant theories will be considered before reviewing the findings of recent research including those specific to mental wellbeing problems. A small number of studies that have directly investigated the advantages of this type of help to men will be reviewed. Again, relevant public surveys will be included in this review.

In Part 2.4, the final part of the chapter, there will be a shift of focus towards how to enhance knowledge about men's help-seeking from informal others for mental wellbeing problems. In considering this, there will be a broad consideration given to the nature of the research and the two main philosophical paradigms that frame it, namely the positivistic and interpretative frameworks. Consideration will be given to the different qualitative methodologies available to this researcher to complete an investigation of men's informal help-seeking, including that of grounded theory – the methodology for the qualitative data analysis in this thesis. This part will conclude by specifying the purpose, question, aims, and intended outcomes of this research.

Part 2.1: Psychology – socialisation theory, masculinity and help-seeking

Part 2.1.1: early socialisation theory

The introductory chapter focussed on determining the status of men's help-seeking in New Zealand primarily by comparing male and female utilisation of health services providing mental health care. However, there is developing consensus that the use of gender comparison is inadequate in explaining men's help-seeking because the analysis typically focusses on frequency of behaviour which reflects differences but does not reveal any psychological explanation for those observed differences (Galdas et al., 2005; Whorley & Addis, 2006). Psychologists' explanations of help-seeking, conversely, focus on the psychological processes and, in turn, offer a more in-depth explanation of men's help-seeking. The phenomenon of men's help-seeking for mental wellbeing has been explained by the ways in which men and women are socialised into distinct gender roles. Underlying masculine ideologies are considered central to help-seeking behaviours; beliefs about masculinity organise and, therefore, are causal of attitudes and behaviours related to help-seeking (Connell, 2005; Smiler, 2004). The theory posits that it is the level of traditional masculinity that is the central predictor of men's help-seeking.

As an explanation, socialisation theory has evolved during the past 30 years (Connell, 2005; Smiler, 2004). Initially, Brannon (1976, as cited in Connell, 2005) posited that 'sex roles' – rather than being solely biologically determined as previously thought – also "derived from sociological law specifying the differentiation of functions in social groups" (p. 22). Specifically, Brannon believed that during the initial 20 years or so of the life span, men and women also defined themselves in opposition to each other, internalising all aspects of the relevant sex roles (Smiler, 2004). He also asserted that certain norms (e.g., strength, aggressiveness, emotional inexpressiveness, success and achievement, emotional stoicism, avoidance of the feminine, independence, and self-reliance) were relevant and ideal for each man (Smiler, 2004). This theory

– referred to as unifying theory – however was challenged for its 'social determinism', the position that men and women were defined socially according to inflexible gender roles (Connell, 2005). The theory was challenged by the feminist and gay movements for this reason and also because of the cultural dominance of the masculine role leading to the subordination of others (i.e., females, gay men, and men of ethnic minority) with resultant social, economic, and political disadvantages (Connell, 2005).

There were significant disadvantages for traditional men too. It was theorised that men who attempted to internalise all aspects of the traditional male sex role were also negatively impacted. As the awareness of potential negative impacts on men started to emerge, so did a revised theory about the socialisation process. Pleck's (1981, as cited in Smiler, 2004) revised theory – called gender strain theory – posited that traditional masculine role norms were idealised rather than obtainable, and for those who attempted to adhere to them fully, an experience of mental strain would occur. O'Neil (1981, as cited in Smiler, 2004) extended this theme of mental strain in what was to become known as the gender conflict theory. He theorised that over-adherence to idealised traditional masculine norms resulted in an internal conflict for men if the associated norms were not upheld (Smiler, 2004). He suggested that men who were unable to uphold these norms would experience a greater 'devaluing, restricting, or felt violation' of themselves as men.

Together, these revised theories by Pleck and O'Neil suggested for the first time that there was a mental health risk for men attempting to fulfil the ideal masculine role (Addis & Mahalik, 2003; O'Neil, 2008; Smiler, 2004). Subsequently, a number of studies have found that higher levels of traditional masculine norms are associated with greater issues related to mental wellbeing (Blazina & Watkins, 1996; Cournoyer & Mahalik, 1995; Fischer & Good, 1997; Good, Dell, & Mintz, 1989; Good & Wood, 1995; Liu & Iwamoto, 2006; Liu, Rochlen, & Mohr, 2005; Mahalik, Locke, Ludlow, et al., 2003; Sharpe & Heppner, 1991; Wong, Pituch, & Rochlen, 2006). Some of these issues include increased alcohol and drug usage (Blazina & Watkins, 1996; Mahalik, Locke, Ludlow, et al., 2003), depression (Good et al., 1989; Good & Wood, 1995), anxiety (Cournoyer & Mahalik, 1995; Wong et al., 2006), inability to express emotion (Fischer & Good, 1997; Levant, 2001), relationship, self-disclosure and intimacy issues (Fischer & Good, 1997; Sharpe & Heppner, 1991), and self-esteem and distress issues (Cournoyer & Mahalik, 1995; Liu & Iwamoto, 2006; Liu et al., 2005).

Importantly, it was also theorised that traditional masculine norms were central in predicting men's help-seeking attitudes (Betz & Fitzgerald, 1993; Good et al., 1989; Good & Wood, 1995; Robertson & Fitzgerald,

1992). Good et al. (1989) believed that because of the ways in which traditional men were socialised (e.g., competitive, self-reliant, and emotionally stoic), there was a greater likelihood that problems related to mental wellbeing would be perceived as incongruent with help-seeking. For example, needing to express emotions (particularly to other men) and/or needing assistance psychologically would be viewed as signs of weakness by others. In support of these assertions, a number of studies have found that men who adhere to traditional norms are more likely to have negative attitudes towards help-seeking (Blazina & Watkins, 1996; Good et al., 1989; Good & Wood, 1995; Leong & Zachar, 1999; Robertson & Fitzgerald, 1992; Wisch, Mahalik, Hayes, & Nutt, 1995). Overall, Good and Wood (1995) summarised the challenge for men when they stated that the adherence to traditional masculinity posed a kind of 'double jeopardy'; not only did adherence to traditional masculine norms result in negative mental health effects, but these same norms then made it difficult to take the step to seek help to overcome the negative mental health effects.

Implications of early socialisation theory

Prior to the development of the socialisation theory explanation, understanding about men's help-seeking was mainly restricted to observed differences between men and women based on frequency of behaviours. Men have been consistently found to seek professional help (e.g., from counsellors and psychologists) for mental wellbeing problems at a lower rate than women (Good et al., 1989; Kessler, Brown, & Bowman, 1981; Oliver, Pearson, Coe, & Gunnell, 2005; Rickwood & Braithwaite, 1994), with the suggested ratio of help-seeking being approximately one man to every two women (Beaudet, 1999, as cited in Oliffe & Phillips, 2008; Good et al., 1989). However, socialisation theory offered for the first time an explanation for these differences by suggesting that the level of traditionalism was an important determinant in whether men sought psychological help or not. In addition, the level of traditional masculinity remains one of the most consistent predictors of men's help-seeking for physical health, substance abuse, or mental health problems (Addis & Mahalik, 2003; Galdas et al., 2005; O'Neil, 2008).

Another norm, the toughness norm (i.e., strength to endure pain and to maintain self-reliance), remains central in the explanation of men's reluctance to help-seek (Johnson et al., 2011; Mahalik, Locke, Ludlow, et al., 2003; Moller-Leimkuhler, 2002; Oliffe & Phillips, 2008; O'Loughlin et al., 2011). Irrespective of whether levels of traditionalism are measured, the fear of weakness is frequently cited as the reason, for example, that men do not seek help for depression (Brownhill et al., 2005; Chuick et al., 2009; Heifner, 1997; Johnson et al., 2011) or disclose emotions (Davies et al., 2000; Riska & Ettorre, 1999). The fear of being

perceived as weak (public stigmatisation), and the perceptions of oneself as weak (self-stigmatisation) continue to be actively investigated (Addis & Mahalik, 2003; Magovcevic & Addis, 2005; Pederson & Vogel, 2007; Vogel, Wade, & Haake, 2006).

A further consequence of these findings has been a greater understanding of how to assist men who subscribe to traditional values to overcome the fear about seeking help for concerns related to mental wellbeing (Addis & Mahalik, 2003; Lee & Owens, 2002). There has, for example, been research into how best to promote health services to these men (Blazina & Marks, 2001; Hammer & Vogel, 2010; McKelley & Rochlen, 2010; Robertson & Fitzgerald, 1992). Traditional men prefer counselling brochures that emphasise a language of 'self-help, technical competence, and achievement orientation' (Robertson & Fitzgerald, 1992) and, conversely, do not respond as well to brochures that emphasise language related to 'expression of feelings' (Robertson & Fitzgerald, 1992), or that make reference to 'individual therapy, psycho-educational workshops, and, especially, men's support groups' (Blazina & Marks, 2001). Thus, the promotion of professional help in a language which is congruent with traditional values has been an important step to helping men overcome their fears related to help-seeking.

Similarly, greater understanding has also led to the potential for improved alignment of health services (e.g., counselling) to suit traditional men's needs (Addis & Mahalik, 2003; Mahalik, Good, & Englar-Carlson, 2003; Ogrodniczuk, 2006; Owen, Wong, & Rodolfa, 2010; Robertson & Fitzgerald, 1992; Rochlen & O'Brien, 2002; Wisch et al., 1995). For example, it has been identified that traditional men prefer alternatives such as classes, workshops, seminars, and videotape (Robertson & Fitzgerald, 1992), executive coaching McKelley & Rochlen, 2010) and online counselling[24] (Rochlen, Land, & Wong, 2004) compared to face-to-face counselling. Moreover, when types of face-to-face counselling are being considered, there is a preference for cognitive styles compared to emotionally based styles (Wisch et al., 1995), and for a more direct style rather than a contextual/emotional style (Rochlen & O'Brien, 2002). Finally, traditional men have identified the relationship or bond with therapists to be more helpful than the style of therapy (Owen et al., 2010). These findings suggest that traditional men can benefit from helping services that are complementary, or accepting, of who they are (Mahalik et al., 2003; Ogrodniczuk, 2006).

[24] In this same study it was found non-traditional men's attitudes towards counselling improved more significantly than traditional men's attitudes when the online counselling option was provided.

Limitations of early help-seeking research based on socialisation theory

The limitations of knowledge generated from this body of research on help-seeking have been acknowledged by many including a number of its proponents (Addis & Mahalik, 2003; Smiler, 2006; Whorley & Addis, 2006). A major criticism of help-seeking research based on early socialisation theory has been the central focus on traditional norms to predict men's behaviours (Addis & Mahalik, 2003; Lee & Owens, 2002; Wenger, 2011; Whorley & Addis, 2006). The level of traditional masculinity has not consistently predicted men's help-seeking behaviour and, as importantly, the lack of exploration beyond the level of traditionalism has meant not being able to explain the lack of predictability (Addis & Mahalik, 2003; Galdas et al., 2005). In other words, although the explanatory focus was an improvement compared to gender comparison research, the help-seeking research based on early socialisation theory was not able to offer a full enough explanation for men's lack of help-seeking.

A specific criticism has been that demographic (i.e., race/ethnicity, gender, and social class) factors have been treated as 'nuisance' factors (Whorley & Addis, 2006). Instead, traditional masculinity was conceptualised as if it was singular and fixed (Addis & Mahalik, 2003); the majority of studies investigated men's help-seeking using participants who were Caucasian, middle-class and university aged (Addis & Mahalik, 2003; Mahalik, Locke, Ludlow, et al., 2003; Whorley & Addis, 2006). A further criticism is the minimal weighting given to structural factors (i.e., political, institution, and social) in men's help-seeking behaviours (Courtenay, 2000b; Oliffe, 2009). For example, Oliffe (2009) points out the lack of studies that consider structural factors in men's help-seeking behaviours over time (e.g., across generations of men). A final criticism is the minimal importance ascribed to the situational context when trying to predict men's help-seeking behaviour, treating men as if the earlier socialisation processes rendered them passive (Hoy, 2012; Whorley & Addis, 2006).

More generally, early socialisation theory has been criticised for its 'deficit' approach to understanding men's help-seeking. It has been argued that traditional men are 'positioned badly' because of the nature of the theory (Carroll, 2004, as cited in Smith, 2007). In other words, because early socialisation theory is premised on a belief that traditional masculine norms are negative and constitute barriers to the help-seeking process, the resulting focus has been to try and correlate the masculine norms only with negative outcomes (Mahalik et al., 2003; Smiler, 2004; Whorley & Addis, 2006). There were virtually no early investigations

that focussed on traditional masculinity norms as facilitators of help-seeking and thereby adaptive in their functioning.

Some of this negative positioning has been challenged from within the field of psychology itself. For example, the idea of men being emotionally 'restricted' has been challenged over time. It was hypothesised that men's inability to express themselves emotionally was due, in part, to 'innate factors', the suggestion being that men were prone to higher rates of alexithymia (i.e., difficulty experiencing, fantasising, thinking about, and expressing one's emotions) which, in turn, made it more likely that negative help-seeking attitudes would form (Fischer & Good, 1997). However, no innate gender differences in men's ability to experience or express emotions have been found (Berger, Levant, McMillan, Kelleher, & Sellers, 2005; Lee & Owens, 2002; Wester, Vogel, Pressly, & Heesacker, 2002; Wong & Rochlen, 2005). Instead, it has been suggested that existing gender differences in expression may instead reflect gender stereotyping (Heesacker et al., 1999), the type of emotion (e.g., anger versus sadness) being expressed (Lee & Owens, 2002), and/or the situation involved (Wong & Rochlen, 2005).

Summary

Early socialisation theory in the field of psychology provided a theoretical starting point for understanding the phenomenon of men's help-seeking for mental wellbeing problems. Based on socialisation theory, psychologists posited that traditional masculine ideologies organised and, therefore, were causal of attitudes and behaviour, including those related to help-seeking. From subsequent investigations it has been found that high levels of traditional masculinity can be predictive of negative attitudes towards help-seeking; a finding that remains of central importance in explanations for men's reluctance to seek help. This knowledge has, in turn, been utilised to better promote and align helping services to traditional men's beliefs. However, help-seeking research based on early socialisation theory has its limitations. The research, given its difficulties in explaining inconsistencies in prediction, only offers a limited understanding of the phenomenon. More pointedly, help-seeking findings based on early socialisation theory do not consider the diversity of masculinity beyond that of traditionalism, nor the relevance of structural and situational context. It could also be argued that early socialisation theory positioned traditional masculinity as inherently problematic; that traditional masculine norms were only hypothesised and tested as barriers to help-seeking. Finally, theory (and subsequent investigations) related to help-seeking considered formal help only, with virtually no consideration given to help-seeking from informal others.

Part 2.1.2: constructionist revitalisation of socialisation theory

The emergence of social constructionist thought in the 1990s had a revitalising influence on socialisation theory (Addis & Mahalik, 2003). It continued to be acknowledged that masculinity was shaped by societal influences (e.g., family, peers, and schools); however these influences took on increased importance with even less emphasis placed on biological factors. Social constructionists posited an increased number of structural (i.e., institutionalised socio-political) influences in the formation of masculinity (Connell, 1995; Courtenay, 1998a, as cited in Courtenay, 2000; Larson & Pleck, 1999). In addition to family (Connell, 1993; Diamond, 2007; Harper, 2004; Kimmel & Messner, 2007), schools (Kimmel & Messner, 2007) and peers (Harris, 1998; Kimmel & Messner, 2007), other influences included government (e.g., health and judicial), (Connell, 1993; Courtenay, 1998a), the workplace (Connell, 1993, 1995; Courtenay, 1998a), media (Clarke, 2009; Courtenay, 1998a; Hodgetts & Rua, 2010) and sport/recreation (Connell, 1995; Curry, 1993; Messner, 1992). Consequently, there has been considerable exploration of how dominant societal beliefs about masculine traits are transmitted through these various socio-political institutions in the form of social discourses (i.e., themes in daily social interaction); for example how organised sport 'engenders' traits such as toughness, competition, pain tolerance, and physical dominance in men (Curry, 1993; Messner, 1992; Pringle, 1999).

Social constructionists, similar to earlier theorists, recognised the strong position of traditional masculinity. However, unlike early theorists they recognised that various, and often competing, structural influences resulted in the 'construction' of varying 'configurations of masculine practice', representing a wider range of norms (Connell, 1995). So, in addition to an increased range of traditional masculinities (e.g., sports, family, and business men), an increased a range of alternative masculinities (e.g., sensitive and gay men) was also identified (Connell, 1995; Kimmel & Messner, 1997; Mahalik et al., 2003; Messner, 1992; Smiler, 2006). For example, Mahalik et al. (2003) theorised the existence of several traditional masculine 'scripts' that men embody including, amongst others, those related to toughness, independence and strength-and-silence.

Social constructionists, unlike their predecessors, believed that masculine identity does not get 'completed' as such, but, instead, remains 'fluid', continuously being defined and redefined throughout the life span (Connell, 2005; Courtenay, 2000; Gutmann, 1996, as cited in Hodgetts & Rua, 2010; Smiler, 2004). Furthermore, they theorised that masculine identity is also fluid in day-to-day situations (Courtenay, 2000; Smiler, 2006).

Important within the idea of day-to-day fluidity was the recognition that one man can inhabit multiple masculine roles (e.g., father, sportsman, and business man) accompanied by an absence or presence of certain masculine norms (e.g., family, toughness, competition, self-reliance, and work focus) depending on the context which in he finds himself (Smiler, 2006). Implicit in this fluidity, was the belief that men actively participated in the process of defining and redefining masculinity in the context of daily interactions with others (Courtenay, 2000). The significance of this latter point was that men no longer were passive recipients in how socialisation influenced help-seeking behaviour. Addis and Cohane (2005) suggest that it is the idea of masculine identity being fluid that, in particular, sets social constructionist theory apart from early socialisation theory where masculinity, once defined, was essentially considered fixed in nature.

Importantly, social constructionists argue that dominant social discourses about masculinity also influence health-related beliefs and behaviours (Courtenay, 1998a, 2000). Courtenay (2000) suggests that because of the strength of this influence, men are "more likely to adopt beliefs and behaviours that increase their risks, and are less likely to engage in behaviours that are linked with health and longevity" (p. 1385). Interestingly, Courtenay (2000) suggests the health system itself promotes poor health-related behaviour by men, for example, by the way it constructs mental health-related concepts (e.g., depression) as primarily a female disease. Not limited to the health system, the social constructionists' position is that dominant social discourses about masculinity (e.g., power relations, physical prowess, self-reliance, competitiveness, and independence) generally serve to negatively undermine men's health-related behaviours including help-seeking for concerns related to mental wellbeing (Addis & Mahalik, 2003; Courtenay, 2000; Lee & Owens 2002).

In support of the revitalised socialisation theory about men's help-seeking, links have been found between the dominant social discourses about masculinity and the negative beliefs men have towards help-seeking (Bengs, Johansson, Danielsson, Lehti, & Hammarstrom, 2008; Clarke, 2009; Johnson et al., 2011; Martin, 2005; Steinfeldt, England, & Speight, 2009; Watson, 2005). For example, males in contact sports – exposed to discourses of toughness and a corresponding acceptance of pain – were more likely to have negative attitudes toward seeking psychological help for distress when compared with non-athletes (Watson, 2005) or when compared to athletes who do not participate in contact sports (Martin, 2005). And those found with the highest levels of traditional masculinity also had the strongest sporting identity and negative attitudes towards help-seeking (Steinfeldt et al., 2009). Similarly, dominant discourses about masculinity (e.g., the

need to be self-reliant) were linked to men's negative attitudes about seeking help for depression (Johnson et al., 2011). More pointedly, the ways in which the media (e.g., newspapers and magazines) portrayed men's depression was specifically found in men's explanations for not seeking help (Bengs et al., 2008; Clarke, 2009).

However, it has also been pointed out that dominant discourses about masculinity are not necessarily prescriptive of negative attitudes towards help-seeking (Johnson et al., 2011; Lee & Owens, 2002; Steinfeldt et al., 2009). Central to this is the role that men's perceptions of the immediate help-seeking context play (Jonhson et al., 2011; Noone & Stephens, 2008; O'Brien, Hart, & Hunt, 2007; O'Brien, Hunt, & Hart, 2005; Smith, Braunack-Mayer, Wittert, & Warin, 2007). It has been found that men potentially negotiate the incongruence between masculine expectations and the need to receive help (Jonhson et al., 2011; Noone & Stephens, 2008; O'Brien et al., 2007). For example, Johnson et al. (2011) found that men experiencing depression did seek help despite the presence of negative attitudes towards help-seeking. Importantly, they found that *both* non-traditional norms (i.e., need for connection) and traditional norms (i.e., needing to take self-responsibility) could be influential in the change of attitude towards help-seeking. Therefore, traditional masculine values previously thought of as barriers, and non-traditional values thought to be less influential can both help men to overcome negative attitudes.

Finally, social constructionists' way of comparing masculinity was not limited to the level of traditionalism alone, and has been extended to differences between men based on ethnicity, age and social class. It has been found that traditional men who have a high ethnic cultural identity (Chan & Hayashi, 2010), are younger in age (Berger et al., 2005) and have lower educational qualifications (Lane & Addis, 2005) are more likely to have negative attitudes towards seeking help for concerns related to mental wellbeing. With respect to age, older men, conversely, are more likely to seek help for concerns related to mental wellbeing (Berger et al., 2005; Mackenzie et al., 2006; Mackenzie, Scott, Mather, & Sareen, 2008), identifying when to negotiate (i.e., be flexible about beliefs) the masculine position about help-seeking and when not to (Noone & Stephens, 2008; O'Brien et al., 2007). For example, in relation to physical health, it has been found that older men negotiated their masculinity so as to be able to seek help (Noone & Stephens, 2008; O'Brien et al., 2007). It was also found that older men did not maintain negative attitudes towards help-seeking if it meant the loss of another important aspect of masculinity such as independence (Smith et al., 2007). Oliffe (2009) found when interviewing older men retrospectively, that health-related behaviours in general interacted with masculine

changes over a lifetime and were mediated by the effects of age, class and culture and the nature of the physical illness.

Socialisation theory has, at times, made reference to the role of informal others in the context of formal help-seeking by traditional men. For example, informal others have been recognised to be important in assisting traditional men in overcoming fears about help-seeking (Lane & Addis, 2005; Mahalik et al., 2003). Lane and Addis (2005) found that traditional men will seek out informal others familiar to them as a source of help but, in doing so, those who were experiencing depression (as opposed to substance abuse) were not as likely to seek help from male friends. Specifically, they found that these men made the assumption that other men were more likely to experience substance abuse (as opposed to depression), and suggested that this assumption made seeking help from other men a threat to their masculinity.

Implications of revitalised socialisation theory

The revitalisation of socialisation theory commencing in the 1990s has offered a more sophisticated theory of masculinity which, in turn, has offered a more sophisticated explanation for men's help-seeking. Masculinity as a concept has moved beyond being based on levels of traditionalism to include, for example, the relevancy of age, ethnicity and socio-economic standing. Also, there has been increasing recognition that explanations for help-seeking need to take men's perceptions into consideration (Addis & Mahalik, 2003; Johnson et al., 2011; Lane & Addis, 2005, Mahalik et al., 2003). For example, Mahalik et al. (2003) identified six potential fears when they asked men to consider seeking help for mental wellbeing problems from health services. In addition, the way men perceive the immediate help-seeking context can be an important mediating factor in the 'conflict' between traditional masculinity norms and a need to seek help (Addis & Cohane, 2005; Courtenay, 2000; Johnson et al., 2011). This in turn, has meant an increasing emphasis on the adaptive aspect of men's attitudes. The increased level of theoretical sophistication may also contribute to a more effective promotion of help-seeking and greater alignment of service delivery for a wider range of men.

The revitalised socialisation theory, although better positioned to understand the inconsistencies and gaps left by early socialisation theory, still has limitations. A significant limitation is that men's help-seeking has not been investigated in any great depth within the social constructionist framework (Whorley & Addis, 2006; Wong & Rochlen, 2005). The theory, thus far, has not been supported by a body of work of any significant size. Moreover, of the research that has been completed, most has been done with a focus on physical rather than mental wellbeing (Galdas et al., 2005). Another limitation has been the continued focus on men's

attitude as *the* predictor in help-seeking behaviour (Wenger, 2011) despite mixed findings whereby men with positive attitudes towards help-seeking have not sought help, and, conversely, those with negative attitudes have (Galdas et al., 2005; Johnson et al., 2011). Smith, Tran, and Thompson (2008) make the point that attitude only accounted for about a third of the variance in traditional men's help-seeking intentions. Finally, and most significant for this project, socialisation theory continues to be applied in the context of formal help-seeking only. There continues to be very limited consideration by socialisation theorists to the phenomenon of informal help-seeking. Although it would seem very plausible that the socialisation theory would also apply to men's help-seeking from informal others as an alternative source of help, there has been minimal theoretical discussion about this.

Summary

The introduction of social constructionist thought into psychology has led to a revision of socialisation theory and, in turn, a re-evaluation of how masculinity influences help-seeking. Masculinity, rather than being predominantly singular, fixed and, arguably, negative in nature, has been increasingly viewed as multiple, fluid and positive. Moreover, it is now acknowledged that the multiple forms of masculinity are continuously changing over time and between situations and that this will, in turn, influence perceptions related to help-seeking. Consequently, men's explanations have become increasingly important in trying to develop a better understanding of how men perceive and process information related to their circumstances. An implication of this more sophisticated explanation of men's help-seeking is a better framework for relevant research to be completed, although, to date, the research has been limited, has focussed predominantly on the influence of attitude within the context of physical health, and has not given much consideration to informal help-seeking.

Part 2.2: Counselling psychology and the process of help-seeking

Counselling psychology is another area of literature relevant to men's help-seeking from informal others for mental wellbeing problems. Counselling psychology has focussed on both behavioural and psychological aspects of help-seeking for mental wellbeing as a process involving stages. The focus of this body of research has mainly been on understanding those factors that inhibit and/or facilitate the process of formal help-seeking. Within this context, the influence of informal others has consistently been identified as an important factor. However, informal help has also been considered as a pathway in its own right for addressing mental wellbeing problems. Irrespective of the pathway, there has been some development of theoretical underpinnings for the process of help-seeking. Moreover, while the process of help-seeking tends to be

viewed generically, applying to both men and women, gender differences are a recognised factor influencing the process.

Models of help-seeking for mental wellbeing problems

There have been a number of models developed that outline help-seeking as a staged process from formal professionals for problems related to mental wellbeing (e.g., Kadushin, 1969; Noyes, 2007; Rickwood, Deane, Wilson, & Ciarrochi, 2005; Saunders, 1993; Vogel, Wester, Larson, & Wade, 2006). There are similarities between these formal help-seeking models. First, the models tend to focus on help-seeking, at its most fundamental, as a process of decision-making. In addition, the staged decision-making process in each of the models commences with recognition of a problem of mental wellbeing and finishes with the decision to contact those providing the formal help (Rickwood et al., 2005). Rickwood et al. (2005), in reviewing the help-seeking literature, suggests the help-seeking process generally consists of four stages: awareness and appraisal of the problem, expression of symptoms and need for support, availability of sources of help, and the willingness to seek out and disclose to sources. Finally, it has been recognised that the stages of the formal help-seeking process are not strictly linear in nature (Broadhurst, 2003) and that individuals, sometimes repeatedly, begin and do not complete the process of help-seeking (Saunders, 1993).

The role of informal other in the formal help-seeking process

These models of formal help-seeking have another important similarity: the process of making decisions related to help-seeking involves an inter-relationship with informal others from within personal networks consisting mainly of a spouse, family, and/or friends (Kadushin, 1969; Pescosolido, Gardner, & Lubell, 1998; Rickwood et al., 2005; Saunders, 1993). Kadushin (1969) found that informal others were influential throughout the process of decision-making, most having spoken with someone from their personal network during each of the four stages. Furthermore, it has been found that in involving informal others in decision-making, the length and complexity of the formal help-seeking process can increase (Pescosolido et al., 1998; Saunders, 1993).

Although, the inter-relationship between the formal help-seeking process and informal others has been identified as a constant, only one model includes input from informal others as an actual stage when making decisions related to seeking formal help. Kadushin's (1969) four stage model, similar to the other models, commences with recognising a problem, however, unlike the other models, identifies ‘consulting’ with others

as the second stage in the process. Kadushin (1966, as cited in Kadushin, 1969) concluded that this stage in the process of formal help-seeking involves – in addition to clergymen, police, and lawyers – consulting with friends and relatives in deciding the type of formal help required (e.g., psychiatric, psychological, or counselling) and is then followed by taking the step to contact the individual health professional chosen.

The influence of informal others in the process of formal help-seeking

A number of findings, including public health sector surveys, have consistently supported the facilitative influence of informal others in the formal help-seeking process (Angermeyer & Matschinger, 1996; Frojd, Martunnen, Pelkonen, von der Pahlen, & Kaltiala-Heino, 2007; Pescosolido et al., 1998; Rickwood, Deane, Wilson, & Ciarrochi, 2007a; Saunders, 1996). The influence of informal others as facilitators of the process has ranged from making the suggestion (Chadda, Agarwal, Singh, & Raheja, 2001; Dew, Dunn, Bromet, & Schulberg, 1988; Kadushin, 1969; Wells et al., 1994) to that of applied pressure (Claassen et al., 2000; Pescosolido et al., 1998). Moreover, it has been pointed out that this influence may not be restricted to a facilitative one; that informal others can also be a complement to formal help (Neighbors & Jackson, 1984; Saunders, 1996; Snowden, 1998), even having an ameliorating effect and thereby reducing the need for formal help (Saunders, 1996; Snape, Perren, Jones, & Rowland, 2003).

The influence of informal others is not always facilitative (or complementary). Informal others can also have an inhibitory influence in the formal help-seeking process (Angermeyer & Matschinger, 1996; Birkel & Reppucci, 1983; Saunders, 1996; Wells et al., 1994; Williams & Healy, 2001). It has been found that informal others will advise against seeking formal help when a mental wellbeing problem is common (e.g., depression) and believed to be attributed to life stress (Ginsberg & Brown, 1982, as cited in Saunders, 1996; Wells et al., 1994). Conversely, it has been found that informal others – particularly family – can be reluctant to support formal help-seeking if the problem is attributed to mental illness (Saunders, 1996). Put another way, it is not uncommon for individuals wanting input from informal others when making a decision to seek formal help for a mental wellbeing problem to be viewed negatively for considering this help (Corrigan, 2004; Wells et al., 1994; Williams & Healy, 2001).

As mentioned above, the counselling psychology research does not always consider gender differences when investigating factors that influence the formal help-seeking process. However, those studies that have considered gender differences have found that men, upon becoming aware of a mental wellbeing problem (i.e., depression and/or anxiety), prefer to address it independently (Chuick et al., 2009; Johnson, 1988; Jorm

et al., 2006; Wyllie, 2009) and tend to seek formal help only if this is not effective (Chuick et al., 2009). However, it is the influence of informal others that is the most commonly identified reason in taking the actual step to seek formal help (Chuick et al., 2009; Cusack, Deane, Wilson, & Ciarrochi, 2004; Denner, 2000; Hoy, 2012; Saunders, 1996). For example, Cusack et al. (2004) found 96% of men reported that informal others influenced the decision to attend health services, and that 37% of men would not have considered this help otherwise. Finally, in comparing men and women, there is evidence that men are still less likely to consult with informal others in the process of formal help-seeking (Rickwood & Braithwaite, 1994; Saunders, 1996), are less likely to acknowledge the help (Saunders, 1996), and are more likely to restrict their source of informal help primarily to a spouse (Chuick et al., 2009; Cusack et al., 2004; Denner, 2000; Saunders, 1996).

The influence of other factors in the process of formal help-seeking

In addition to the influence of informal others, counselling psychology research has identified other factors influencing the process of formal help-seeking. The other factors identified include the following: level of distress (Deane & Chamberlain, 1994; Rickwood & Braithwaite, 1994), level of symptom recognition (Moller-Leimkuhler, 2002; Rickwood & Braithwaite, 1994; Wilson & Deane, 2001), level of social/emotional competence including to the ability to express (Brody, 1999, as cited in Lee & Owens, 2002; Ciarrochi & Deane, 2001; Ciarrochi, Deane, Wilson, & Rickwood, 2002; Ciarrochi, Wilson, Deane & Rickwood, 2003; Rickwood et al., 2005; Wilson & Deane, 2001), past experience of seeking help/therapy (Boldero & Fallon, 1995; Carlton & Deane, 2000; Cusack, Deane, Wilson, & Ciarrochi, 2006; Deane, Skogstad, & Williams, 1999; Deane & Todd, 1996; Deane, Wilson & Ciarrochi, 2001; Rickwood & Braithwaite, 1994), perceived level of social support (Ciarrochi et al., 2002, 2003), familiarity and trust of others (Boldero & Fallon, 1995; Rickwood & Braithwaite, 1994; Rickwood et al., 2005), presence of suicidal thoughts (Carlton & Deane, 2000; Ciarrochi & Deane, 2001; Deane et al., 1999, 2001; Wilson, Deane & Ciarrochi, 2003), level of desire to conceal personal information (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995; Wallace & Constantine, 2005), levels of autonomy (Deane et al., 1999), and level of comfort in sharing distressing information (Vogel & Wester, 2003).

Kushner and Sher's (1989) anticipatory model of help-seeking has conceptualised these factors as either approach factors – those that increase the likelihood that one will seek help – or avoidance factors, those that decrease the likelihood that an individual will seek help. Overall, the tendency is for avoidance factors to

outweigh the importance of approach factors in the formal help-seeking process (Hinson & Swanson, 1993; Kelly & Achter, 1995; Vogel & Wester, 2003). To add more complexity, these avoidance factors – independently or together – can also negatively influence attitudes which, in turn, can lower intentions towards help-seeking (Deane et al., 1999; Kelly & Achter, 1995; Vogel & Wester, 2003; Wilson & Deane, 2000). Vogel and Wester (2003) assert that amongst these approach-avoidance factors, comfort in disclosing distressing information is an important, if not the most important, predictor of help-seeking intention.

There are differences in how gender influences and interacts with these factors in the help-seeking process. Overall, there is a greater likelihood for females to have higher help-seeking intentions than males (Deane & Chamberlain, 1994; Deane & Todd, 1996; Solberg, Ritsma, Davis, Tata, & Jolly, 1994; Vogel & Wester, 2003). In considering avoidance factors, men are more likely to conceal personal information (Wallace & Constantine, 2005), have lower levels of emotional competence (Rickwood, 2001, as cited in Rickwood et al., 2005; Rickwood et al., 2005), lack skills of emotional expression (Brody, 1999, as cited in Lee & Owens), have lower levels of symptom recognition (Moller-Leimkuhler, 2002), experience lower levels of distress (Rickwood & Braithwaite, 1994), and have a lower willingness to disclose (Rickwood & Braithwaite, 1994). Conversely, in considering approach factors, men are more likely to have a positive attitude of pride (i.e., in the strength required) and a belief in legitimacy (i.e., depression as normal), (Alvidrez, Snowden, & Kaiser, 2008).

There is other research that is non-comparative and focusses solely on men (e.g., Cusack et al., 2006; Deane et al., 1999; Oliffe, Ogrodniczuk, Bottoroff, Johnson, & Hoyak, 2010b; Rochlen et al., 2010). Amongst this research, approach factors found have included the following: positive prior help-seeking experience (Cusack et al., 2006; Deane et al., 1999), an attitude of courage (Oliffe et al., 2010b), a need for connectivity (Oliffe et al., 2010b), and an attitude of distress as normal or as a medical condition (Rochlen et al., 2010). In contrast, avoidance factors for men include high levels of autonomy (Deane et al., 1999), suicide ideation (Deane et al., 1999), negative prior experiences of help-seeking/therapy (Deane et al., 1999) and a negative attitude (Deane et al., 1999; Smith et al., 2008). Despite an increasing number of factors being identified, it has been pointed out that negative attitudes remain a consistent, if not the strongest factor influencing men's intentions towards help-seeking (Deane et al., 1999; Skogstad, Deane, & Spicer, 2006; Smith et al., 2008).

However, the relationships between gender and these other factors are not always well understood. The help-seeking response to similar levels of distress is not always consistent when comparing gender. On the one

hand, it has been found that men are less likely to seek help when experiencing comparable levels of distress (Judd et al., 2006; Lee & Owens, 2002; Moller-Leimkuhler, 2002; Tamres, Janicki, & Helgeson, 2002), yet it has also been found that there is no difference in their help-seeking response (Rickwood & Braithwaite, 1994). Similarly, in comparing men it has been found those who perceive high levels of distress are more likely to seek help (Brownhill et al., 2005; Smith, Braunack-Mayer, Witter, & Waring, 2008) yet, at other times, the level of distress has made no difference in intent to seek help (Blake, 2008).

It has been suggested that these inconsistencies may, in part, be due to complex issues related to measuring distress (Lee & Owens, 2002), including men's tendency to suppress (Moller-Leimkuhler, 2002) and/or under-report distress (Tamres et al., 2002). It has been further suggested that yet other factors, such as coping capacity, may be an important mediating factor for men when experiencing distress and considering help for mental wellbeing problems (Chuick et al., 2009; Hoy, 2012; Judd et al., 2006). Judd et al. (2006) found that men are more likely to seek help when experiencing both high distress and lower levels of strength/stoicism.

Informal others as an alternative pathway of help for a mental wellbeing problem

More pertinent to this research, the role of informal others is not restricted to the formal help-seeking process only and can also represent an alternative 'pathway' for addressing mental wellbeing problems (Angermeyer Matschinger, & Riedel-Heller, 1999; Hinson & Swanson, 1993; Jorm et al., 2000; Manthei, 2006; Neighbors & Jackson, 1984; Oliver et al., 2005). As pointed out in the introductory chapter, some research suggest that men and women in New Zealand prefer informal rather than formal help for mental wellbeing problems (Manthei, 2006; Wyllie et al., 2005; Wyllie, 2009). Moreover, this general preference is also being acknowledged internationally (Angermeyer et al., 1999; Highet, Hickie, & Davenport, 2002; Hinson & Swanson, 1993; Oliver, Reed, Katz, & Haugh, 1999; Oliver et al., 2005; Rickwood et al., 2005). When gender comparisons are made, there are findings that although men have preferences to seek help from informal others (Cusack et al., 2004; Mahalik & Rochlen, 2006; Oliver et al., 2005) it is consistently at a lower rate compared to women (Neighbors & Jackson, 1984; Tamres et al., 2002).

There is also mounting support that other factors beyond gender can independently influence the choice of the help-seeking pathway for a mental wellbeing problem. It has been found that age is a factor that can independently influence the choice. Adolescents (aged 12–17) and young adults (aged 18–24 years) consistently prefer to seek informal help – mainly from family and peers – for mental wellbeing problems (Boldero & Fallon, 1995; Jorm & Wright, 2007; Oliver et al., 1999; Rickwood, 1995; Rickwood &

Braithwaite, 1994; Rickwood, Cavanagh, Curtis, & Sakrouge, 2004; Rickwood et al., 2005; Saunders, Resnick, Hoberman, & Blum, 1994; Schonert-Reichl & Muller, 1996; Wright et al., 2005). Moreover, when age and gender are considered together, males in these younger age groups are, again, less likely than females to seek help from informal others (Oliver et al., 1999, 2005; Rickwood & Braithwaite, 1994; Rickwood et al., 2005; Schonert-Reichl & Muller, 1996).

In addition, ethnicity can independently influence the choice of the help-seeking pathway. Ethnic minorities living in European based countries tend to have a preference to seek help from informal others (Chang & Subramanian, 2008; Christensen, 1987; Kim & Omizu, 2003; Kwok, 2000; Neighbors & Jackson, 1984; Oliver et al., 1999; Raunic & Xenos, 2008; Yeh & Wang, 2000). Moreover, the greater the level of adherence to traditional cultural beliefs, the more emphasis there is on seeking help from informal others and, in particular, from family (Chang & Subramaniam, 2008; Liu & Iwamoto, 2006; Ting & Hwang, 2009). When ethnicity and gender are considered together, men, again, are less likely to seek out informal others than women (Neighbors & Jackson, 1984; Young, 1988, as cited in Chang & Subramanian, 2008).

Other factors beyond age and ethnicity can also influence the choice of the help-seeking pathway. The nature of the mental wellbeing problem – the type of problem, the perceived level of distress, and the perceived cause of the problem – can together or independently influence the pathway chosen. With respect to the type of problem, the informal pathway is more likely to be chosen as a first step for addressing depression (as opposed to schizophrenia or psychosis), (Angermeyer et al., 1999; Wright et al., 2005), anger (Vilhjalmsson & Gudmundsdottir, 2014), and when the perceived level of distress is considered to be at mid-to-low levels (Hinson & Swanson, 1993; McLennan, 1991; Rickwood & Braithwaite, 1994; Walters, Buszewicz, Weich, & King, 2008). Finally, the attributed cause for the mental wellbeing problems can also influence the help-seeking pathway with those attributing cause to 'controllable' social factors more likely to seek informal help than those attributing cause to 'uncontrollable' factors such as biology (Angermeyer et al., 1999).

However, these factors and the interplay between them are not well understood; the predictability of help-seeking pathways is not always consistent. Irrespective of gender, the distress levels (including distress related to suicidal thoughts) do not consistently predict the pathway chosen. On the one hand, those individuals experiencing high distress have been found to be less likely to seek informal help (Baldero & Fallon, 1995; Barnes, Ikeda, & Kresnow, 2001; McLennan, 1991; Wilson & Deane, 2010) yet, for others experiencing high distress levels, it has been found that individuals seek out informal others both to facilitate

formal help and as a separate source of help (Biddle, Gunnell, Sharp, & Donovan, 2004; Rickwood & Braithwaite, 1994). Overall, the findings in this body of research are limited thus far.

Theoretical underpinnings to the process of help-seeking for mental wellbeing problems

It can be seen from the above that the focus in counselling psychology research has been primarily on understanding those factors that inhibit and/or facilitate the process of help-seeking for mental wellbeing. As a consequence of this focus, the counselling psychology literature tends to be more descriptive of the process as opposed to explanatory. However, counselling psychology is not devoid of theoretical underpinnings. The theoretical frameworks, both similar in nature, that tend to underlie the models above are Pescosolido's (1992) social organization strategy framework and Ajzen's (1991) theory of planned behaviour. Pescosolido's (1992) framework is based on psychological and economic theory, and attempts to explain and therefore predict help-seeking behaviour. The theory posits that decision-making related to help-seeking is rational in nature and involves notions of "utility maximization, purposive action, and bounded rationalism" (Pescosolido, 1992, p. 1046). In other words, when making decisions individuals do an assessment whereby there is a 'rational weighing-up' of the costs and benefits derived from the action of help-seeking. However, Pescosolido, unlike earlier rational theorists, also places importance on the social context in which decision-making about the action of help-seeking occurs. The following statement by Pescosolido (1992) captures the significance of the social context as it relates to individuals making help-seeking decisions:

> Social interaction is the basis of social life, and social networks provide the mechanism through which individuals learn about, come to understand, and attempt to handle difficulties. This approach shifts the focus from individual 'choice' to socially constructed patterns of decisions, including consultation with others. (p. 1096)

Ajzen's (1991) theory of planned behaviour is similar in that it also attempts to explain and therefore predict the behaviour of help-seeking. Ajzen, too, suggests there is a rational evaluation of costs and benefits as an outcome, involving consideration of both internal ('subjective norms' and 'attitude) and external variables ('perceived behavioural control'). More specifically, he believed the decision to act to help-seek depends on perceptions of how well the act will be met with approval by others ('subjective norms'), how well the act fits with beliefs and values ('attitude'), and how easy it is to implement ('perceived controllability'). Although there is a conceptual shift away from the focussing only on attitude, Ajzen believed that attitude

remained a critical factor in influencing the intention of help-seeking. Vogel and Wester (2003) support this broader focus on intentions, arguing it gives rise to a

> Better approximation of behavioural likelihood, as they are theoretically made up of not only one's attitudes toward the act in question, but also their perceived normative expectations toward the act as well as their motivation to comply with those expectations. (p. 355)

Although Pescosolido (1992) and Ajzen (1991) provide theoretical underpinnings to the help-seeking process, the theoretical frameworks themselves are broad based and attempt to explain the general phenomenon of help-seeking without necessarily taking into account the substantive area of mental wellbeing. In response to this limitation, Rickwood et al. (2005) developed a theoretical conceptualisation of the help-seeking process specific to mental wellbeing, placing a stronger emphasis on the individual psychological factors that facilitate/inhibit the help-seeking process. This process of help-seeking for mental wellbeing was conceptualised to involve the following steps; awareness and appraisal of problems, expression of symptoms and the need for support, availability of sources of help, and the willingness to seek out and disclose to sources. Rickwood et al. with their background in researching adolescents and young adults, in conceptualising their model also made explicit its relevance to *both* the informal and formal help-seeking pathways; and in doing so, for the first time, a theoretical conceptualisation of the process of help-seeking for a mental wellbeing problem included informal others. They state "help-seeking is the process of actively seeking out and utilising social relationships, either formal or informal, to help with personal problems" (p. 8).

In support of a theoretical 'overlap' between formal and informal help-seeking, it has been found the same factors can act to facilitate/inhibit help-seeking regardless of the type of pathway chosen (Atkinson, Lowe, & Matthews, 1995; Ciarrochi & Deane, 2001; Rickwood et al., 2004, 2005). Overlapping avoidance factors identified include the presence of suicidal ideation (Wilson & Deane, 2010) and low levels of emotional competency (Ciarrochi & Deane, 2001), whereas approach factors identified include higher levels of distress symptom recognition (Rickwood & Braithwaite, 1994), emotional competence (Ciarrochi & Deane, 2001), familiarity and trust (Boldero & Fallon, 1995; Rickwood et al., 2005), willingness to disclose about mental health (Rickwood & Braithwaite, 1994), and the availability of a social support (Rickwood & Braithwaite, 1994).

Merging socialisation theory and the process of help-seeking

Despite efforts to theoretically underpin the process of help-seeking for problems of mental wellbeing, in the above theoretical frameworks and help-seeking models, the consideration of the process of help-seeking as a gendered phenomenon remain limited. It has only been recently that the process of help-seeking has been considered as a separate gendered phenomenon as a consequence in which a type of merging with the aforementioned theory of masculine socialisation from the field of counselling psychology has occurred. Noyes (2007) investigated men's help-seeking from formal others for concerns related to mental wellbeing, the outcome being a five stage process of formal help (participant's background, decision-making, initial contact, attending therapy, and reactions to being a man in therapy). Consistent with other socialisation theorists, Noyes found men's beliefs were influential in making decisions related to help-seeking; that throughout the staged process men experienced an "inner conflict where participants vacillated between needing/wanting to attend formal help and a reluctance to attend" (p. iv). In addition, and similar to other models of help-seeking for mental wellbeing, Noyes found informal others were a major contributing factor in men's decisions to attend counselling. Interestingly, he suggested that formal help-seeking was not necessarily men's preferred pathway of addressing concerns, a suggestion which fits with an earlier finding that traditional men experiencing depression are most likely to discuss this with informal others, wait for symptoms to dissipate, or to do exercise or an activity to distract themselves (Mahalik & Rochlen, 2006).

The literature also reflects that socialisation theorists interested in men's help-seeking are now starting to examine a number of factors – beyond that of attitude – that can inhibit or facilitate the process of help-seeking of traditional men (e.g., Smith, Tran, & Thompson, 2008). Thus far, as would be expected, most focus has been on those factors that inhibit the process. Inhibitory factors for traditional men include the level of comfort in self-disclosing (Pederson & Vogel, 2007), the level of self-stigmatisation (Blake, 2008; Pederson & Vogel, 2007), the level of distress (Blake, 2008), outcome expectations (Blake, 2008; Schaub & Williams, 2007), and prior experience of receiving help (Owen et al., 2010). Moreover, the investigations are becoming increasingly complex. For example, Pederson and Vogel (2007) found that because traditional men are more likely to both self-stigmatise and not be willing to self-disclose, they are more likely to have negative attitudes, and in turn, are likely to be less intent to seek help.

Implications of counselling psychology research

There have been positive implications for men as a result of counselling psychology's adoption of a process approach to understanding help-seeking for mental wellbeing. First, rather than starting from a deficit position of 'men do not seek help' the starting presupposition is that men (and women) do seek help for mental health problems. Moreover, in considering what factors facilitate/inhibit the process, the focus has included a greater range of factors and has not been restricted to the level of traditional masculinity. In considering this range, the influential impact, for example, of informal others on men's help-seeking, has been clearly established. Secondly, counselling psychology, supported by the findings in public health surveys, has also identified informal others as an alternative pathway for receiving help for mental wellbeing problems, with the choice of pathway influenced not only by gender but also independently based on age, adherence to traditional ethnicity, and the nature of the problem. Finally, counselling psychology, albeit slowly, is increasingly focussing on providing a theoretical underlay – whether broad based (i.e., Ajzen, 1991; Pescosolido, 1992) or specific to mental wellbeing (e.g., Rickwood) – when trying to understand the help-seeking process for mental wellbeing. So, too, are theoretical conceptualisations of the process of help-seeking shifting the focus away from attitudes as a predictor of help-seeking towards broader intention, and thereby potentially improving the predictability of men's help-seeking in the process.

The corresponding limitation in counselling psychology's investigation of help-seeking is that the influence of informal help for men (and women) has been predominantly considered in the context of formal help-seeking. And although there has been acknowledgment of informal others as an alternative (or complementary) source of help, there are no known studies that specifically investigate help-seeking from informal others for mental wellbeing problems. Put differently, although counselling psychology acknowledges the informal pathway, it is not usually given serious consideration as an effective option for addressing mental wellbeing problems and is instead limited to facilitating the next step in the process of gaining that effective help. Another significant limitation of the counselling psychology research has been the description of the process rather than the provision of a theoretical explanation of it, and when theoretical underpinnings do exist, they are not necessarily developed with the substantive area of mental wellbeing in mind. Finally, gender differences are not always considered when investigating those factors that influence the process of help-seeking, and when they are considered may not be explained in any great depth. Only recently has there been an investigation of the process of help-seeking as a male gendered process.

Summary

During the past 20 years, counselling psychology research has focussed on help-seeking as a process involving stages and decision-making. The effect of this growing body of research on men is that, unlike the discipline of psychology, it inadvertently positions men more positively, the presupposition being that men do actually seek help for problems related to mental wellbeing. Significantly, by examining help-seeking as a staged process, this investigation has, unlike that of psychology been able to move beyond a focus on attitude as the predictor of help-seeking to view attitude as one amongst a number of factors – including relationships with informal others – that influence the process. In addition, by extending the range of factors that influences the process of help-seeking, there is a further presupposition that facilitative factors are as important as inhibitory factors in men's help-seeking. Most important of all is the recognition that informal others are not restricted to merely having an influencing role in the context of formal help-seeking. Rather they can be an alternative, if not preferable source of help, for men in their own right. However, there has thus far, been no known investigation of the process of seeking out informal others as the source of help for problems related to mental wellbeing let alone a gendered consideration of that process.

Part 2.3: Social psychology and community psychology – social support as a form of help

In the above section, it is recognised that the role of informal others is not restricted to a facilitative (or complementary) role in the formal help-seeking process and that it can be a preference in itself. In the fields of social psychology and community psychology, there has been a distinct focus on the role of informal others – in the form of support – as *the* source of help for a variety of concerns including mental wellbeing. Moreover, there have been strong theoretical underpinnings in trying to better understand the phenomenon of social support. In contrast to the previous section, in this section there will first be a review of the theoretical underpinnings including those relevant to mental wellbeing, followed by a review of the research that has examined social support for mental wellbeing.

Theoretical underpinnings social psychology and community psychology

The theoretical underpinnings from social psychology are significant. *Social support* as conceptualised by Sarason, Levine, Basham, and Sarason (1983) is the "availability of people on whom we can rely, people who let us know that they care about, value, and love us" (p. 127). It is suggested that social support is generally desirable, those experiencing it not only having higher self-esteem and a more 'optimistic view of

life' (Sarason et al., 1983) but also providing greater resilience to stressors and other adversity (including mental health problems), (Gottlieb, 1981, as cited in Campbell, 2012). Sarason, Sarason, and Shearin (1986) refined the concept of social support and suggested intimacy (affection, interest, and empathy) was the key determinant and reflected the centrality of secure attachments. Campbell (2012) conceptualises social support to be multiple support types, namely informational support (advice, guidance, and feedback), emotional support (esteem, attachment, and reassurances), and instrumental support (material, goods, and services).

Community psychology has a lengthy history of investigating the benefits of 'natural communities' and tends to place more emphasis on the mutual exchange of support between peers. Mutual peer support can vary in nature (e.g., on-line, telephone, and in-person) but most often it is found in the form of self-help groups (Brown, Tang, & Hollman, 2014; Katz & Bender, 1976). Foa and Foa (1974) propose there are six 'resources' that can be exchanged between peers including love, status, information, money, goods, and services. Of the six proposed resources available, they suggest that three resources – love, status, and information – can be regularly exchanged in the context of peer led self-help groups. Levine and Perkins (1987, as cited in Levine, 1988) suggested that mental wellbeing benefits in peer group settings could include the following: a sense of community; an opportunity for confession, catharsis, and mutual criticism; learning effective coping; and developing a network of social relationships. More recently, Brown et al. (2014) added emotional support, experiential information, humour, and social exchanges outside meetings to the list of potential mental wellbeing benefits that can be obtained from participating in these groups.

Findings of research related to informal others as the source of help

Studies have supported the general benefits from receiving support from others include the following: enhanced connectedness and social support (Forchuk, Martin, Chan, & Jensen, 2005; Simmons, 1992, as cited in Campbell, 2012; Lieberman & Videlka-Sherman, 1996); acceptance, empathy and respect (Campbell & Leaver, 2003; Clay, 2005, as cited in Campbell, 2012); empowerment (Campbell & Leaver, 2003), enriched spirituality (Campbell, 2012, cite a number of studies); and concrete practical coping advice (Levy, 1976). Of these factors, it has been suggested that social support may be the primary benefit (Campbell, 2012; Humphreys, Mankowski, Moos, & Finney, 1999; Levy, 2000, as cited in Burke, Maton, Mankowski, & Anderson, 2010). Moreover, it has been demonstrated that social support in a group setting may provide even greater benefits than one-to-one support (Maton, 1988, as cited in Levine, 1988).

Specific to mental wellbeing problems there have been studies that investigated and found social support can be beneficial. For example, it has been found that support from family and friends can assist recovery of depression (Griffiths, Crisp, Barney, & Reid, 2011; Nasser & Overholser, 2005; Vollmann et al., 2010). Griffiths et al. (2011) found the advantages of this support, in order of importance, were; emotional support, background knowledge about person or circumstances, personal attributes, and 'offloading' distress. In addition, it has been found that social support can 'buffer' stress thereby aiding recovery from depression (George, Blazer, Hughes, & Fowler, 1989, as cited in Campbell, 2012; Zuroff & Blatt, 2002). In the context of group settings, an exchange of strategies can foster hope and be effective in recovery of more serious mental health problems (Clay, 2005, as cited in Campbell, 2012; Mead & Hilton, 2003) and the exchange of experiential knowledge and social support together can be particularly beneficial in this type of recovery (Brown, Shepherd, Merkle, Wituk, & Meissen, 2008; Humphreys, 2004).

Receiving social support has, however, been found to have some disadvantages. The main disadvantage of receiving social support has been consistently found to be a stigmatising response (Corrigan, 2004; Crisp, Gelder, Rix, Meltzer, & Rowlands, 2000; Griffiths et al., 2006, 2011). In an American survey, 20% of the respondents believed that others experiencing depression should 'pull themselves together' (Crisp et al., 2000) whereas in an Australian based study, 53% of respondents in a community sample considered depression to be a sign of personal weakness (Griffiths et al., 2006). Griffiths et al. (2011) found the disadvantages of receiving support from family and friends, again in the order of importance, were as follows: receiving a stigmatised response; inappropriate support; lacking knowledge, training and expertise; adverse impact on others; and an adverse effect on the relationship.

With respect to gender, it has been found that men experiencing mental wellbeing problems tend to have fewer social supports and are less likely to be 'coupled' (Forchuk et al., 2009). However, there has been minimal investigation into the advantages and disadvantages for men as a result of receiving social support for mental wellbeing. Griffiths et al. (2011) simply suggest that there may be different gender advantages and disadvantages from having received social support. With respect to groups, there have been a few studies that have found benefits for men from having sought mutual peer support in groups (Burke et al., 2010; Reddin & Sonn, 2003). Burke et al. (2010) found men experienced a lowering of symptoms related to depression and attributed this to receiving an enhanced level of social support and participating in a group that reflected masculine values.

Overall, the studies related to social support, irrespective of whether they focus on one-to-one or group settings, have been 'outcome' orientated, focussed on investigating the *actual* advantages/disadvantages subsequent to having received the social support rather than *perceived* advantages/disadvantages prior to seeking that support. A study by Vollmann et al. (2010) is a known exception to this pattern. Their investigation of the anticipation of 'helpfulness' for those considering social support for depression found that emotional support was the most anticipated outcome, followed by practical support and then informational support. In terms of gender, there are no known studies that consider how men perceive the potential advantages/disadvantages that social support may offer for problems related to mental wellbeing.

Implication of the focus on support from informal others

Research conducted in the fields of social and community psychology, similar to that of counselling psychology, presuppose that men (and women) seek out informal others for mental wellbeing problems thereby better positioning men in relation to help-seeking. However, in these fields, unlike counselling psychology, the focus tends to be on outcomes with minimal consideration given to the process leading to making the decision to seek this help. Moreover, in contrast to socialisation theorists, there is very little explanation of men's help-seeking behaviours. More positively, the focus by community and social psychology on informal others as the source of help moves it beyond the context of formal help for the first time. As a consequence a new set of factors have arisen that may be relevant when trying to better understand why men might seek informal help. These include personal attributes (attitudes, skills, and knowledge) and levels of familiarity that informal others have. The theoretical development in these fields is also available to underpin and thereby strengthen that explanation. On the other hand, by focussing more on the actual outcome rather than anticipated outcomes, minimal explanation has been offered thus far of the process of decision-making leading up to the moment of taking the step to seek social support for mental wellbeing.

Summary

Overall, social and community psychology has an established history of investigating informal others as a source of help including help for problems related to mental wellbeing. In more recent years, the central focus of investigations has been the identification of actual outcomes of having received that help. In investigating help in this way, a new set of factors have been identified that potentially can help to explain men's help-seeking from informal others. These new factors are centred but not necessarily limited to personal attributes (attitudes, skills, and knowledge) of those whose help is being sought. However, those

factors that influence the effectiveness of this help may not be the same factors involved in the decision-making leading up to receiving the help. This may be particularly so given that there has been minimal investigation of men's perceptions of this type of help. In considering gendered perspective and shifting the focus slightly to the anticipated outcome of receiving informal help, future research would be well-positioned to offer an explanation of men's decision-making in relation to seeking out informal others. Until then the reasons for men deciding to seek out informal others as a form of help can only be surmised.

Part 2.4: Choosing a research paradigm for further investigation – a qualitative approach

It is accepted that there are two competing paradigms available for those wanting to increase knowledge; the positivistic and the interpretivistic paradigms. To understand the difference, it becomes important to consider both the ontological (position on knowledge) and epistemological (relationship between the knower and what is to be known) position of the two paradigms (McLeod, 2001). The positivistic paradigm's ontological position is that a 'real' world already exists and the focus is to actively find, or discover, knowledge that already exists in the form of truth (McLeod, 2001). Taking a deductive approach, the researcher starts with a hypothetical assumption about what that reality is and then focusses on rejecting or verifying that hypothesis (Whorley & Addis, 2006). Epistemologically, because the focus for the researcher – as the 'would be knower' – is to retain objectivity in the process, there is much emphasis on the validity of the methods used to measure, or quantify, the truth (McLeod, 2001). In the context of social phenomena, quantitative research has traditionally focussed on the event under investigation more than the individual (or his/her context) because the aim is to have minimal interference with the event under investigation (McLeod, 2001; Whorley & Addis, 2006).

In contrast, the interpretivists' ontological position about reality is that it is constructed by humans and, given the diversity of human life, there are plural realities representing this diversity (McLeod, 2001). If the real world is a construction by humans, the epistemological position of the 'would-be knower' becomes one of interpretation. The knowledge gained would therefore be relative to the researcher rather than being absolute; and the 'would-be knower's' interpretation of reality would be just one of many interpretations of the multiple realities in existence (McLeod, 2001). It has been suggested the qualitative research methodology derived from the interpretivists' position is complex because the paradigm draws from a number of research traditions (McLeod, 2003). Moreover, the argumentative presentation style of qualitative research has resulted in an even greater display of that diversity within each research tradition (Hart, 1998). When defined

in contrast to positivistic approaches, the interpretivists' approach is inductive in nature with no hypothetical assumptions about reality and, consequently, no testing of those assumptions implied (Whorley & Addis, 2006).

The existence of contrasting paradigms has not always been as evident as it has become in recent years. Kuhn's 1962 book *The Structure of Scientific Revolutions* was redefining in the development of science. Prior to its publication, positivism and science had become largely indistinguishable (Bryant & Charmaz, 2007). It was not until Kuhn's assertion that scientists viewed the world through a prevailing set of beliefs, like a filter, that the relationship between positivism and science started to become differentiated (Bryant & Charmaz, 2007). Kuhn's major criticism was that the positivistic paradigm was restricting the development of knowledge by not accepting other paradigms with different sets of interrelated underpinning beliefs about science (Bryant & Charmaz, 2007). Kuhn's critiques of positivism ultimately led to an acceptance of different paradigms within the scientific community and, in turn, to an acceptance of methodological changes in scientific research (Bryant & Charmaz, 2007).

Selecting qualitative research: a need for balance

One of the main disciplines for the study of help-seeking as a gendered phenomenon thus far has been psychology, as discussed above (Addis & Mahalik, 2003; Smiler, 2004; Whorley & Addis, 2006). Within the discipline of psychology, men's help-seeking research has been dominated by positivism and quantitative methodologies (Ponterotto, 2005) which has resulted in an emphasis on methods of correlation (Smiler, 2004). This emphasis has restricted the types of questions that have been asked of relationships between theoretical ideas thereby leaving its value, also as discussed above, to be predominantly predictive rather than explanatory (Whorley & Addis, 2006). Moreover, the explanatory power of the findings has been further reduced – as reflected by the inconsistencies and gaps in findings – because of minimal consideration being given to other factors outside of gender, factors such as age, ethnicity and socio-economic standing (Whorley & Addis, 2006).

This critique, combined with the rise of post-structuralism and the greater acceptance of the interpretive framework, has resulted in a shift towards a more interpretivistic position in psychology (Addis & Mahalik, 2003; Courtenay, 2000; Ponterotto, 2005; Smiler, 2004). There has been an increasing acknowledgement of the need for more qualitative research to gain a better understanding of the phenomenon of men's help-seeking (Whorley & Addis, 2006). Moreover, this acceptance has meant an increasing focus on the

interpretations, or 'constructions', of those experiencing the phenomenon (e.g., Johnson et al., 2011; Noone & Stephens, 2008). With the increasing focus on qualitative research, there has also been a greater range of disciplines for psychology to draw from in furthering the understanding of men's help-seeking (Addis & Cohane, 2005). These include the aforementioned counselling psychology, social psychology and community psychology, and, in addition, developmental psychology, sociology, feminism, and history (Addis & Cohane, 2005; Smiler, 2004). The result of this increasingly inter-disciplinary approach has been a merging of knowledge and improving theorising about men's help-seeking for problems related to mental wellbeing (e.g., Addis & Mahalik, 2003; Noyes, 2007; Smith, Tran, & Thompson, 2008).

Despite the shift, there remain significant limitations to the current investigations into men's help-seeking for problems related to mental wellbeing. The main limitation, from the point of view of this project, has been that the investigation of the phenomenon has been limited to that of help-seeking from formal others. There has been very minimal research that attempts to explain men's help-seeking from informal others; its relevance, for the most part, has been limited to being a 'failed step' in the process of formal help-seeking. Given the paucity of theoretical understanding of men's help-seeking from informal others, the best approach may be to treat the phenomenon as an unexplored substantive area and to investigate it without theoretical preconceptions. In other words, to start with a hypothesis – particularly with a hypothesis based on theoretical findings from men's formal help-seeking – might, as Dey (1999) suggests, allow for a 'familiar and comfortable starting point' but it may not necessarily be the best way. Conversely, a qualitative approach without preconceptions would likely be better positioned to investigate the nature of men's experiences of help-seeking from informal others and, most importantly, whatever explanations may lie behind it.

Qualitative research methods: discourse analysis, phenomenology, and grounded theory

The question remains as to which qualitative method is best suited to do this. All qualitative methods have three components: data gathering, interpretation, and writing (Strauss & Corbin, 1990). The interpretative focus requires researcher input and a subjective position throughout the three components (McLeod, 2001). Given that different disciplines in qualitative research have had different intellectual traditions, there is a different subjectivity in each approach whereby each has a different focus on phenomena or experiences of a person or subject (McLeod, 2001). Consequently, there are different qualitative methods that have evolved including, amongst others, ethnography, grounded theory, discourse analysis, phenomenology, and narrative approaches.

Starks and Brown-Trinidad (2007) suggest that three approaches are most commonly used in health research: discourse analysis, phenomenology, and grounded theory. The difference between them is that discourse analysis focusses on how peoples' reality is constructed through the use of language, whereas phenomenology and grounded theory focus on the meanings through which people construct their realities (McLeod, 2001). They can all be relevant to the study of men's informal help-seeking for concerns related to mental wellbeing. For example, research that focusses on men's language could determine what men actively consider when making the decision to help-seek from informal others including conflict between meanings of masculinity and that of the context of help-seeking. However, if discourse analysis was to be applied to men's informal help-seeking research at this time, it would do so without an already established theoretical foundation. It seems that a stronger starting point for the investigation into this relatively unknown phenomenon would be to take a broader investigation into potential theoretical explanations. In this way, any future studies using the discourse analysis method would have a theoretical base as a reference point.

Phenomenology, on the other hand, has a focus on the meaning that a person gives to a phenomenon; a reality through the 'embodied' experience of the person (Starks & Brown-Trinidad, 2007). Research based on this method has the intention to represent as closely as possible the experience of the researcher having been there themselves and having come to similar conclusions (Starks & Brown-Trinidad, 2007). Phenomenological research may be highly descriptive in nature or, alternatively, may be what is referred to as a 'lower level' interpretation in the form of themes (Strauss & Corbin, 1990). To have an in-depth description of men's experiences and, or, potential themes related to men's seeking of informal help could also be useful. In particular, this thematic knowledge could be useful for those in the field who have a limited time (e.g., practitioners) to try to understand clients' experiences of this nature (McLeod, 2001). However, even with thematic understanding, there would still be a lack of explanation for the reasons, ultimately, that men sought help from informal others. In other words, there would still be a lack of general theoretical explanation for the basic sociological and/or psychological process of men's seeking of informal help.

Grounded theory, similar to phenomenology, has a focus on the meaning a person gives to a phenomenon (Starks & Brown-Trinidad, 2007). However, when using grounded theory, the meaning for a phenomenon is negotiated and understood through interactions with others in social processes (Starks & Brown-Trinidad, 2007). Furthermore, because grounded theory has a goal of a theoretical outcome, its focus on the explanation of a person's experience with a phenomenon places even more emphasis on the interpretive

aspects of that phenomenon (Strauss & Corbin, 1990). The goal, at its most basic, is 'to arrive' at an explanation of the phenomenon; because the explanation is derived from the participant data rather than vice versa, the explanation is said to be 'grounded' in data (Glaser & Strauss, 1967).

Selecting grounded theory

Of the three approaches, grounded theory was believed to be the most appropriate for this research project. There are several reasons for this. First, there is a current lack of any theoretical explanation of the seeking of informal help by men for mental wellbeing problems. It is appropriate to start from the outset by slowly building relevant theoretical knowledge about men's help-seeking from informal others. To begin building knowledge with a hypothesis generated from extant research on formal help-seeking theory would, as intimated above, risk making possibly an erroneous assumption about the phenomenon of men's seeking of informal help. Grounded theory, in contrast, fundamentally posits that new knowledge as theory is better generated starting from the collection and analysis of raw data (Heath & Cowley, 2004). It is precisely because grounded theory derives directly from raw data that it avoids the risk of making unwarranted theoretical assumptions (Glaser & Strauss, 1967).

Secondly, the type of theory that grounded theory develops is relevant to the nature of the phenomenon under investigation; that is to focus on help-seeking not as a general phenomena, but as one that is gendered and restricted to informal others. As a theoretical outcome, grounded theory is considered a middle range theory, otherwise known as substantive theory. Merton (1996), a strong advocate for developing middle range theories, described them as

> Theories that lie between the minor but necessary working hypothesis that evolve [sic] in abundance during day-to-day research and the all-inclusive systematic efforts to develop a unified theory that will explain all the observed uniformities of social behaviour, social organisation, and social change. (p. 41)

Merton (2002) believed that middle range theories also offered value in that they were abstract, yet still close enough to observable data to be incorporated into a theoretical idea that could be empirically tested. Merton (2002) advocated for middle range theory use because, on the one hand, he believed formal 'grand' over-arching theories about human behaviour were "removed from explaining particular groupings of human behaviour, organisation and change" (p. 386). But, at the same time, he was equally concerned that too much

focus on ‘orderly detailed descriptions’ of the immediate context would render explanation beyond that context as meaningless.

Finally, the relevance of grounded theory to particular groups of people makes it more directly applicable to current issues in the field. As Strauss and Corbin (1990) point out, a theory that has been generated from men’s own explanations and is, thus, based on evidence, has the effect of also being immediately applied to ‘problems’. From the preceding sections, the problem has been outlined as the optimisation of men’s mental wellbeing in order that they may lead lives that are as fulfilling as possible. Whether in the context of formal help-seeking or not, a better understanding of men’s informal help-seeking would offer men and those who wish to assist them (e.g., family, clinicians, health promoters, and government) a more informed way of doing so. This being said, there is sometimes confusion about whether grounded theory generates substantive (i.e., middle range) or formal theory, the latter being applicable to a wide range of groups and concerns across situational contexts (Strauss & Corbin, 1998). Lempert (2007) believes there is confusion because it is actually possible to take a substantive theory generated by grounded theory to a higher level of abstraction thereby making it applicable to different groups and across different contexts as well. Lempert suggests that clear guidance on the actual process of doing this would help, in part, to rectify the confusion.

Summary: the problem of men’s help-seeking for mental wellbeing for researchers

The review of literature related to men’s help-seeking from informal others for mental wellbeing problems is not a straightforward process given the different disciplines involved. The discipline of psychology, with its underlying focus on socialisation theory, has improved the understanding of men’s help-seeking for mental wellbeing problems in that the clearer delineation of typical traits related to traditional masculinity has increased the predictability about men’s help-seeking for mental wellbeing. However, significant predictive inconsistencies and equally significant gaps of understanding have revealed that explanations are both inaccurate and incomplete (Addis & Mahalik, 2003; Galdas et al., 2005). The relatively recent constructionist-interpretivist revitalisation of masculine theory has increased the explanatory potential of men’s help-seeking. The recognition that multiple forms of masculinity are continuously changing over time and between situations, and that this, in turn, can influence men’s perceptions of help-seeking has given greater weight to simply asking men directly to explain gaps and inconsistencies. Despite the changes, the research to support the theoretical explanation has been limited, has remained primarily focussed on attitudes, and has given very limited consideration to informal others.

Counselling psychology's focus on help-seeking as a process positions men more positively, and, as importantly, extends consideration to non-attitudinal factors that facilitate or inhibit the process including the role of informal others. However, the explanations offered are not necessarily gendered, and when offered are not necessarily to any great depth theoretically. Further, the underlying presumption still remains that informal others are there predominantly to assist in the process of obtaining formal help. The disciplines of sociology and community psychology, on the other hand, do place a greater focus on the importance of informal others as a source of help in its own right. However, in focussing on informal others as a source of help in its own right, there has been a tendency not to investigate gender differences, and moreover, to only investigate the actual outcome from having sought help as opposed investigating anticipated outcomes leading up to taking action to seek the help.

Overall, from the above literature review, it is clear that understandings about the phenomenon of men's help-seeking from informal others for mental wellbeing problems are lacking and still remain open to discovery. It is imperative to develop a theoretical explanation about the phenomenon – similar to that of formal help-seeking – that includes, or even prioritises, men's perspectives. In addition, a theoretical understanding of men's help-seeking from informal others could be used as a platform for direct action by those in the field who have a vested interest in improving men's mental wellbeing. It is in the context of completing this literature review that the following research aims and questions have been developed.

Research purpose, question, aims and intended outcomes

The purpose of this research is to develop a theory of men's help-seeking from informal others for problems related to mental wellbeing.

Research question:

> What are men's explanations of help-seeking from informal others for problems related to mental wellbeing?

Research aims:

1. To describe the self-identified problems of mental wellbeing.

2. To describe the type of help that men seek from informal others.

3. To understand the experiences of men who seek help from informal others for self-identified problems related to mental wellbeing.

4. To develop a grounded theory to explain the process of men's seeking of help from informal others.

The expected outcome of this research is to generate knowledge leading to a substantive theory of men's help-seeking from informal others for problems related to mental wellbeing based on men's explanations. There is no expectation to generate more abstract theoretical explanations of the broader phenomenon of help-seeking. It is possible that the research findings may later contribute to the formal theory of help-seeking; however it was not within the scope of this research. Further, the expectation of this research was to generate a theoretical explanation of the phenomenon so as to provide – in the spirit of grounded theory – guidance to policy makers, clinicians, health educators, families/friends and, of course, men themselves as they endeavour to live as fulfilling lives as possible.

Research proposal and ethical approval

A research proposal was submitted and approved by the University of Canterbury in September 2010. In December 2010, ethical approval was granted both by the Ministry of Health's Regional Ethics Committee (Appendix A) and the University of Canterbury's Health Ethics Committee (Appendix B). Progress reports were provided to (and approved by) the Ministry of Health on an annual basis. Progress reports were also provided to (and approved by) the University of Canterbury's Post Graduate Office on a six monthly basis. The research was part funded by the New Zealand Cancer Society's *Movember Fund* (Appendix C). The Cancer Society did not request, nor did they receive any provisional finding reports for review prior to receiving the final summary of findings.

Chapter 3: Grounded Theory Methodology

The purpose of this chapter, consisting of four parts, is to describe the methodology chosen for developing a theory of men's help-seeking from informal others for mental wellbeing. Part 3.1 will commence with a detailed description of the grounded theory method as per its founders' Glaser and Strauss but then explain how general critique of the methods of its founders have led to more recent constructivist-interpretivist versions of grounded theory. Central to this part is a description of Charmaz's constructivist-interpretivist grounded theory method, the approach chosen for this research project and exploration of the importance of three grounded theory concepts which, irrespective of the grounded theory method chosen, are important in its application.

In Part 3.2, the method of data collection will be explained. The choice of the semi-structured interview as the preferred data collection tool when applying the grounded theory method will be explained. So too will specific challenges related its application and how some of the shortcomings can be best managed through the use of a specific semi-structured interview called intensive interviewing. This will be followed by a description of the participant criteria, the procedure for participant recruitment criteria, and the rationale for the choice of recruitment localities. The final part of this section will outline the nature of participant risk, the use of the consent process to make those risks explicit, and the mitigating of those risks.

In Part 3.3, the three phases that make up the process of data analysis known as coding in grounded theory will be described. The importance of analytical tools, in particular constant comparison and analytical questions, will also be highlighted. This will be followed by an explanation of 'memoing', important for capturing and adding explanatory power to the process of coding, before completing this part by raising some of the main challenges of data analysis.

In the final part of the chapter, Part 3.4, the means for determining the credibility of this thesis will be established. There will be both a description and rationale provided for having made the decision to include two complementary sets of criteria. This part will also consider the ways for the reader to determine how well these criteria have been met.

Part 3.1: Defining grounded theory methodology

Glaser and Strauss, the founders of grounded theory, wrote *The Discovery of Grounded Theory* in 1967. This book, similar to Kuhn's book, was in response to the dominance of positivism and, in particular, to the number of 'grand theories' in existence at that time (Bryant & Charmaz, 2007). At its most basic, Glaser and Strauss (1967) viewed grounded theory both as a theoretical outcome, as discussed in the previous chapter, and as a unique qualitative methodological process of research. As a methodological process, Glaser and Strauss's grounded theory approach offered a different way of generating theoretical knowledge. Instead of a deductive process commencing with a theoretical hypothesis, they utilised an inductive process, a process that starts with the detailed collection and analysis of data, progresses towards abstract conceptualisation and, finally, develops into an integrated theory (Bryant & Charmaz, 2007; Dey, 1999).

What makes grounded theory methodology particularly unique, and a bit confusing at the same time, is the nature of the interaction between researcher and data. Rather than a sequential process of collecting data followed by analysis, grounded theory is iterative in that the collecting and analysing of data occurs simultaneously throughout the process of research (Bryant & Charmaz, 2007). The iterative approach is critical because it is from the simultaneous (and systematic) collection and analysis of data that the research becomes more focussed, resulting in increasingly abstract and integrated theoretical knowledge (Glaser & Strauss, 1967, as cited in Bryant & Charmaz, 2007). The retention of the analytical focus on the data during this process is of key importance in that it promotes the theory emerging from the data rather than the researcher, and hence, indicates why the name of grounded theory is given (Bryant & Charmaz, 2007).

In addition to the confusion the inductive-iterative approach can create for those not familiar with grounded theory method, there is also a misconception that its systematic nature renders it routine and rigid without much innovative interpretation (Suddaby, 2006). However, rather than being routine and rigid in nature, grounded theory as a method is fundamentally abductive. In other words, the researcher – setting aside pre-existing assumptions about the phenomenon under investigation – starts with the collection of data, discovers surprising things in that data, and then tries to link these discoveries in new ways to gain an explanation for the phenomenon (Bryant & Charmaz, 2007). Importantly, there is great importance placed on the creative insights that lead to the discoveries in the data and, in addition, on the new ways these insights can be related theoretically (Bryant & Charmaz, 2007; Reichertz, 2007). Thus, the grounded theory method of generating

theoretical knowledge, whilst systematic, also requires a balance between rationality and creativity (Bryant & Charmaz, 2007).

The philosophical foundations of grounded theory: pragmatism and symbolic interactionism

The grounded theory of Glaser and Strauss has its philosophical roots in the traditions of both pragmatism and symbolic interactionism (Dey, 1999). The central tenet of pragmatism is that knowledge is based on "consequences rather than antecedents"; that is, knowledge arises "from the consequences of practical actions by researchers rather than being derived from a philosophical position using a-priori logic" (Star, 2007, p. 86). To simplify even further, researchers, rather than aiming to verify (or reject) a hypothesis about knowledge derived from existing understanding, aim to generate knowledge by direct exposure to the data itself. Star (2007) puts it rather metaphorically when he suggests it is akin "to exposing oneself to the elements to see what happens" (p. 86). The advantage of generating knowledge in this way is that it can have immediate practical application in the setting from which it derived (Bryant & Charmaz, 2007). There is a well-cited example of how Glaser and Strauss's own experiences of each losing a parent influenced their early writing about caring for the dying; writings that later positively influenced how families were interacted with in nursing settings (Bryant & Charmaz, 2007).

The other main influence on grounded theory has been symbolic interactionism which itself has its foundations in pragmatism. At its most fundamental, symbolic interactionism posits that people "make meaning about themselves, society and reality though interaction with others" (Charmaz, 2006, p. 189). Blumer (1969, as cited in Coyne & Cowley, 2006), the founder of symbolic interactionism, emphasised the importance of language in this interactive process when he stated "a person's response to an event is determined by their understanding and interpretation of the meaning of the event and the ability to communicate this meaning using language" (p. 501). For Blumer then, a person's language can highlight defining influences to this response which, in turn, can offer direction for where to look for explanations of actions that people take (Blumer, 1954). This direction is important as it can lead to the discovery of conditions required for the social phenomenon under investigation to occur (Charmaz, 2006).

In terms of methodology, Blumer's method of inquiry also had a direct influence on the grounded theory method in that he identified important features related to an individual's 'case' and then compared these features with other 'cases' to identify significant features and patterned relationships between them (Blumer, 1956, as cited in Heath & Cowley, 2004). Heath and Cowley (2004) go as far as to suggest the main parallel

between symbolic interactionism and grounded theory is the way the ongoing process of comparison leads to new ways of linking theoretical concepts relationally.

Glaser and Strauss: differing perspectives on grounded theory methodology

At the most fundamental level there was agreement between Glaser and Strauss about the importance of the inductive process in generating theoretical knowledge (Heath & Cowley, 2004). There was also agreement that the researcher, as a social being, has values that will influence the research process (Heath & Cowley, 2004). Consequently, both Glaser and Strauss accepted the need for the researcher to be 'sensitive' about the interpretation of those whose social worlds they were investigating (Heath & Cowley, 2004). Despite these shared beliefs, a tension still existed between Glaser and Strauss regarding the role of the researcher in the grounded theory method (Bryant & Charmaz, 2007; Heath & Cowley, 2004).

Glaser, with his origins in quantitative methodologies, believed researcher influence should be minimal in the process of generating theory (Heath & Cowley, 2004). He believed the influence of existing researcher knowledge should be restricted particularly during the early stages of theory development (Heath & Cowley, 2004). Glaser's view was that theory was strengthened the more directly it emerged from the data, and that constant researcher interaction with data would in itself allow for that emergence to occur (Bryant & Charmaz, 2007). Thus, Glaser ultimately believed that the researcher's role in the process of generating knowledge was restricted to 'serving' the inductive process rather than leading it (Heath & Cowley, 2004). It is from Glaser's commitment to restricting the researcher role and, thus, retaining the 'purity' of the inductive process, that the title 'classic' grounded theory derived (Bryant & Charmaz, 2007).

Strauss, on the other hand, with his origins in qualitative methods, placed greater emphasis on the researcher's interpretive role throughout the process of generating theory (Heath & Cowley, 2004). Rather than waiting for theoretical knowledge to emerge from the data, Strauss proposed that the researcher more actively interpret the data, placing a greater emphasis on the researcher's own emerging theoretical ideas about the data (Heath & Cowley, 2004). Strauss believed the researcher should have greater leeway in the use and interchange of deduction throughout the otherwise inductive research process; this allowed for early theoretical ideas to be generated and, as importantly, to be rejected if their importance failed to materialise (Heath & Cowley, 2004). He also believed the researcher's existing theoretical knowledge – and theoretical knowledge of others based in literature – could be useful early in the process to stimulate theoretical ideas (Heath & Cowley, 2004). Strauss, though, still believed that the influence of the researcher (and literature)

was not without limits. He believed that too many preconceived theoretical ideas risked 'forcing the data' to fit these ideas, thereby weakening the strength of the emergent theory (Strauss & Corbin, 1990).

Glaser and Strauss: emerging differences in the framework for analysis

Ultimately, it was the difficulty Glaser and Strauss had in reconciling the role of the researcher that led to two distinct methodological processes for developing theory (Kelle, 2007). Although they agreed it was the constant researcher interaction with data that would lead to an abstract and integrated theory, the similarity ceased there (McLeod, 2001). Glaser, unlike Strauss, promoted a range of possible ways for developing the data into a theory (Dey, 1999). He proposed, based on his wide knowledge of sociological theories, that multiple paradigmatic frameworks be available to the researcher for analysis and theoretical development (Dey, 1999). Glaser believed the decision concerning which paradigmatic framework to apply, similar to the theory itself, emerged through the ongoing interaction and comparison of data (Heath & Cowley, 2004). For Glaser, the availability of a number of coding paradigms, particularly in the later stages of theory development, meant having the flexibility to adapt the required theoretical paradigm to the particular data that was emerging (Dey, 1999).

Strauss, on the other hand, believed the researcher benefitted from a more structured approach when developing data into theory. Strauss maintained the grounded theory method should focus on the use of a single set of theoretical terms for guiding the process of analysis and developing data into a theory (Star, 2007). Strauss concluded a single paradigm model would bring precision and control to the analytical process, and ultimately lead to a stronger and even more integrated theory (Strauss & Corbin, 1990). This was, he believed, because there was an additional analytical focus on specifying the precise conditions which could better predict the phenomenon under investigation (Strauss & Corbin, 1990). Strauss maintained it was important to apply this model from the earliest stage of theory development.

Glaser and Strauss criticised each others methodological approach for developing theory. In particular, they focussed on each other's paradigmatic model utilised in analysis leading to theory (Bryant & Charmaz, 2007; Charmaz, 2000; Glaser, 1992; Heath & Cowley, 2004; Kelle, 2007). Glaser's main criticism of Strauss's single paradigm model was that, in spite of its incorporation of a range of sociological theories, it remained prescriptive and, thus, risked forcing the data into preconceived ideas about the emerging theory (Charmaz, 2000; Glaser, 1992; Kelle, 2007). Specifically, Glaser believed it was the additional structure and control by the researcher during analysis, including the use of selected preconceived questions, which made it more

prescriptive (Charmaz, 2000). Although Strauss later adapted his ideas and moved away from the ideal of only utilising a single paradigmatic framework for analysis, this criticism has remained (Kelle, 2007). In contrast, Strauss's main criticism of Glaser's family of paradigm model was that it required an experienced researcher with an extensive knowledge of sociological theory to be able to apply it; that those with a limited understanding of existing theories (i.e., novice or inexperienced researchers) would find it difficult to manage (Strauss & Corbin, 1990). Moreover, the lack of clear methodological rules and corresponding examples contributed to this potential for the researcher to be overwhelmed by the data, particularly, again, for those who lacked an in-depth understanding of existing sociological theory (Kelle, 2007).

In addition to Glaser and Strauss's critiques of each other's version of the grounded theory method, there have been other more generalised criticisms of grounded theory methodology (Charmaz, 2000; Kelle, 2007). The main criticism of Glaser and Strauss as researchers is they both retained an objectivist position and, as such, placed too much emphasis on the existence of an external reality that could be 'discovered' (Charmaz, 2000). In other words, because their analytical focus was predominantly on basic social processes involving participant behaviour/action and interactions, the importance of participants' own experience and the meaning they place on it was minimised (Charmaz, 2000). Simply stated, the original inductive grounded research process of its founders placed more emphasis on the researcher's interpretation of the data than on the interpretation by its participants. In this respect, it has been suggested that Glaser and Strauss both engaged in a type of 'silent authorship' in respect of the influence they had in the interpretation of the data they gathered (Charmaz, 2000).

Constructivist-interpretivist grounded theory: a third grounded theory approach

The constructivist-interpretivist version of grounded theory methodology is a third version that extends beyond that of either Glaser or Strauss (Bryant & Charmaz, 2007). The constructivist-interpretivist approach to grounded theory differs from the approach of its founders in that there is an open acceptance of the researchers' interpretative influence in the process of generating theoretical knowledge (Ponterotto, 2005). Because of the open acceptance of researcher influence, it has become important that individual researchers state their 'location' in the process of research so that it is unambiguous (Clarke & Friese, 2007). Even more importantly, the constructivist-interpretivist version of grounded theory places a strong emphasis on the importance of participant interpretation in the development of abstract and integrated theory (Charmaz, 2006, Ponterotto, 2005). Rather than the researcher constructing theory in a way that constitutes silent authoring, it

is the combined ‘reciprocal and subjective’ relationship between the researcher and the participant that constructs theoretical knowledge (Clarke & Friese, 2007; Ponterotto, 2005). In other words, it is from the researcher and participant ‘talking’ about the phenomenon in a designated and purposeful way, that new knowledge emerges during the research process (Charmaz, 2006).

Importantly, the constructivist-interpretivist version of grounded theory aligns with the emphasis of the current post-structuralist paradigm, for example, on social pluralism, thereby recognising and acknowledging the multiple perspectives of participants (Ponterotto, 2005). This focus on multiplicity has, in turn, manifested itself in the increasing emphasis on the ethnic, cultural, gender, social and political perspectives of participants during the generation of new knowledge about a phenomenon (Ponterotto, 2005). As a result of the acknowledgement of multiplicity, theory generated utilising a constructivist-interpretivist version of grounded theory is tentatively stated as ‘a slice of data’ as opposed to representing ‘universal truths’ (Bryant & Charmaz, 2007). This tentatively stated position has, in turn, more adequately addressed the issue of ‘exceptions’ in grounded theory; that is when data has no fit anywhere in the emerging theory (Clarke & Friese, 2007). Rather than these exceptions being classified as ‘negative cases' as in early grounded theory, all knowledge has been increasingly viewed as situational or perspectival (Clarke & Friese, 2007).

Finally, the constructivist-interpretivist version of grounded theory places emphasis on the importance of context in the development of theoretical knowledge (Ponterotto, 2005). Glaser and Strauss, by focussing on individuals (and their behaviours/actions) placed emphasis on the micro context, whereas the constructivist-interpretive approach, in addition to this, also considers the macro context and the socio-political structural influences that affected these same actions (Kelle, 2007). This is important because, as discussed in the previous chapter, the phenomenon under investigation may be significantly influenced by these factors. To fail to acknowledge the potential influence of the macro context may ultimately restrict the understanding of the phenomenon.

Choosing Charmaz’s constructivist-interpretivist approach

Charmaz (2000, 2006), a leading constructivist-interpretivist researcher, has sought to enhance grounded theory by developing it further into the interpretivistic framework. For Charmaz (2006), the emphasis during analysis is not only on participant behaviours/actions and the basic social processes they represent; it is equally on the psychological processes and the meaning participants place on behaviours/actions within those processes. In understanding this meaning, Charmaz (2006) suggests the participant and researcher

interactions are much more influential (and dynamic) than Glaser, and even Strauss, had envisioned. She believes the resulting theory emerging from grounded theory, like other constructivist-interpretivists, is a 'joint construction' by both the researcher and the participant. Finally, Charmaz (2000) does place importance on the structural context during the analysis, not just by connecting actions to context but, again, by understanding the interaction in such a way that meaning is derived from that context.

It is Charmaz's (2006) position about the use of pre-derived coding paradigms that also sets her approach apart from the founders of grounded theory. Although aligned with Strauss in the need to develop an analytical framework from which to build theory, the coding model Charmaz uses for analysis is much less prescriptive. Charmaz suggests using a 'guidelines' approach to analysis rather than it being 'prescribed and packaged'. Despite the potential for ambiguity, she maintains the basic structure for developing grounded theory remains consistent, and, similar to earlier grounded theory methodology, involves a standard progression through the inductive process based on a set of principles and practices.

Key grounded theory concepts

Part of the consistency of grounded theory methodology for Charmaz (2006), then, is the application of key grounded theory methodological concepts irrespective of what version is being considered. The constructivist-interpretivist grounded theory methodology, as per the earlier versions of grounded theory, places importance on the concepts of theoretical sensitivity, theoretical sampling, and theoretical saturation.

Theoretical sensitivity

There is a general acceptance that researchers will have some level of preconception about knowledge (Charmaz, 2006; Ponterotto, 2005; Strauss & Corbin, 1998). Moreover, these preconceptions – derived from discipline, professional and personal experiences – will 'sensitise' the researcher to similarly related theoretical ideas in the data (Charmaz, 2006). The use of this 'a-priori' knowledge to sensitise the researcher to what is emerging in the data, however, is considered important in the development of well-constructed grounded theory (Strauss & Corbin, 1998). This is because it is from an awareness of theoretical possibilities that theoretical concepts (see below) can be identified in data and, in turn, developed into theory (Strauss & Corbin, 1998). Sensitivity to theoretical possibility can also derive from other sources including literature and the data itself (Charmaz, 2006; Strauss & Corbin, 1998). Lempert (2007) supports use of the former suggesting that a researcher needs to understand existing theoretical knowledge in order to truly 'participate

in conversations' about that knowledge. Finally, theoretical ideas that derive from participant data early in the process will sensitise the researcher to theoretical possibilities in later data (Charmaz, 2006; Strauss & Corbin, 1998); even participant data that is overly generalised, and otherwise unusable, can be useful to sensitise to similar more usable concepts emerging in later data (Morse, 2007).

Irrespective of the different ways in which theoretical sensitivity can occur, its application can be ambiguous, if not paradoxical (Bryant & Charmaz, 2007). This is because at the same time as there is an expectation that a researcher's existing theoretical knowledge actively assists theoretical development, there is an equal expectation that new theoretical knowledge 'emerges' from the data (Bryant & Charmaz, 2007). Consequently, theoretical sensitivity requires a balancing of the two expectations. On the one hand, too much sensitivity to preconceived theoretical ideas may lead to a researcher 'forcing' the data into fitting those preconceived ideas (Dey, 1999). Rather than leading to a new understanding of the phenomenon under investigation, this could, instead, only lead to a verification of those pre-existing ideas (Glaser & Strauss, 1967). On the other hand, not enough emphasis, or alternatively an intention to prevent a sensitivity to pre-existing theoretical knowledge, risks missing the importance of particular data altogether (Chalmers, 1999, as cited in Kelle, 2007).

Glaser and Strauss (1967) suggest theoretical sensitivity is best achieved by the researcher holding pre-existing theoretical possibilities in 'abeyance', only to be used if they 'fit' the data. They suggest this allows the researcher to remain open to new theoretical possibilities emerging during the research process yet, at the same time, also allows for active 'matching' of pre-existing theoretical possibilities with what is emerging from the data (Glaser & Strauss, 1967). In this respect, the use of critical reflexivity – the idea that a researcher is able to identify and be aware of these pre-existing ideas – is considered to be important in the process of analysis (Corbin & Strauss, 2008). For constructivist-interpretivists, the use of critical reflexivity is even more important given the need to have transparency of the researcher 'position' in the process of developing theory.

Theoretical sampling

The application of theoretical sampling is also considered an important aspect of well-constructed grounded theory (Glaser & Strauss, 1967). The analysis of data is driven by the data collected from participants and, as importantly, also drives the selection of participants for further data collection (Glaser & Strauss, 1967). Early in the research process the selection of participants is mostly about 'looking for' participant

experiences that provide examples of the phenomenon of interest (Morse, 2007). However, as research progresses, developing the emerging theoretical ideas require the selection of participants to meet that purpose (Holton, 2007; Morse, 2007). Near the end of the research process, the purpose for selecting participants changes again; the aim is now to increasingly test the robustness of the theoretical ideas and how they are fitting into an integrated theory (Holton, 2007; Morse, 2007). Importantly, because the development of theoretical knowledge is not necessarily linear during the research process, the use of sampling to develop theoretical knowledge needs to be flexible (Morse, 2007).

A key factor in utilising theoretical sampling is to select participants based on their experiences rather than only focusing on how representative they are of the population (i.e., social demographics), (Charmaz, 2006; Morse, 2007). This is because it is from participant experiences that a range of theoretical ideas can emerge which ultimately serve to increase the strength and robustness of the theoretical explanation for the phenomenon under investigation (Glaser & Strauss, 1967). The sample size, then, only becomes important in that it must be large enough to fully develop a full range of theoretical ideas (Morse, 2007). The use of sampling throughout the analytical process also plays another important function. Its constant use assists to keep the theory 'grounded' in the participant data, avoiding a theory that is based on pre-existing researcher ideas (Bryant & Charmaz, 2007). This is because the researcher, in making the ongoing decisions about sampling, is constantly interacting with the participant data, and, importantly, is in keeping with what theoretical ideas are emerging from that data (Dey, 1999).

Theoretical saturation

Theoretical saturation is a third important concept in grounded theory methodology. Theoretical saturation signals the end of the research process because, in essence, no further data can be found to develop theoretical knowledge (Glaser & Strauss, 1967). As Stern (2007) explains it, theoretical saturation occurs when the researcher, in collecting participant data, 'hears a repetition of ideas and nothing new'. It is important that saturation is of the theoretical explanation of the phenomenon, as sometimes narrative themes (i.e., describing the experiences of a person experiencing the phenomenon) can be mistakenly presented as theoretical explanation (Charmaz, 2006). It is acknowledged that there is a narrative aspect of grounded theory, however, if grounded theory as an outcome was limited to narrative themes, only low numbers of participants would be required to generate those themes (Glaser & Strauss, 1967; McLeod, 2001). Instead, it is more important to develop theory based on checking theoretical assumptions that derive from analysis, and

then to continue checking until no additional theoretical possibilities emerge from the data (Glaser & Strauss, 1967). Returning to sampling, it is because of this need to continue checking until theoretical saturation occurs that it is not possible to be specific about the number of participants required for research beforehand (Stern, 2007). Stern (2007) also makes the points that in saturating the data, it is not necessary to collect large amounts of it because only enough is required to represent (or confirm) the theoretical ideas.

Summary

In less than 50 years, the nature of scientific research involving the investigation of complex human phenomena has changed with an increasing use and importance of interpretivistic approaches. Grounded theory method, developed in 1967 by Glaser and Strauss, has, with its inductive method of generating theory, both reflected and promoted this shifting of emphasis into the interpretative paradigm. Early grounded theory methodology emphasised the behaviour, or actions, of the participants when identifying basic social processes. As early grounded theory evolved, Strauss, in contrast to Glaser, allowed for greater leeway of researcher interpretation while at the same time providing a more structured approach to analysis. Since the 1990s, post-structuralism broadly, and social constructionism in particular, have progressed grounded theory further into the interpretive framework.

Charmaz (2000, 2006), a symbolic interactionist researcher in origin, is one of those leading grounded theory into the constructivist-interpretivist framework. This 'third' version of grounded theory methodology has retained an analytical focus on participants' actions representing basic social process but, at the same time, has increased the emphasis on the psychological aspects of the process by focussing, in particular, on the subjective meaning of the participant. Charmaz, similar to Strauss, has openly acknowledged researcher interpretation in the process of developing theory, but, unlike Strauss, has taken a more flexible 'guidelines' approach towards methodologies. Despite the risk of ambiguity this poses, the grounded theory approach is well suited to develop a substantive theory of men's informal help-seeking for problems of mental wellbeing, a psycho-social phenomenon which currently has minimal theoretical explanation. Importantly, this constructivist-interpretivistic version of grounded theory, like other versions of grounded theory methodology, requires the consistent application of key grounded theory concepts through the process of inductive research.

Part 3.2: Data collection, management, and storage

Participant interviews

The tools for collecting participant data are varied but, at its most basic, are orientated towards either the first-hand or second-hand experience of the participant (Charmaz, 2006). Data collection tools that access first-hand experiences include interviews, surveys, ethnographical observation, questionnaires and focus groups, whereas the tools that access second-hand experiences include, for example, journals and documents (Charmaz, 2006). Although either approach can be utilised in grounded theory, interviews are particularly useful as they allow first-hand access to a participant's world – a world consisting of views, feelings, intentions and actions, as well as their interpretations – in a way that can be detailed, focussed, and full (Charmaz, 2006).

The first-hand interview varies in its structure and can range on a continuum from being fully structured in the form of predetermined questions (i.e., survey or questionnaire) at one end, to being completely unstructured and asking spontaneous questions at the other (Charmaz, 2006). In the middle of the range are semi-structured interviews, interviews that tend to utilise a combination of pre-selected and non pre-selected questions (Charmaz, 2006). Importantly, it is the research purpose which determines how structured an interview should be when collecting participant data (Fontana & Frey, 2000). Fontana and Frey (2000) explain how the selection of the interview is based on how open the inquiry is into new knowledge:

> The former [structured interviews] aims at precise data of a codable nature in order to explain behaviour within pre-established categories, whereas the latter [semi-structured interviews] attempts to understand the complex behaviours of members of society without imposing any prior categorization that may limit the field of inquiry. (p. 653)

Given that the intent of this grounded theory project is to generate new knowledge in the form of a substantive theory, the semi-structured interview is well-placed to support this purpose.

In addition, the flexibility of the semi-structured interview makes it particularly useful considering the inductive-iterative nature of grounded theory methodology (Charmaz, 2006). Early in the research process, semi-structured interviews allow the researcher to invite participant explanation of experience through their use of mainly open questions yet, at the same time, they still allow, when required, the use of closed questions to clarify any particular participant statements about that experience (Charmaz, 2006). Similarly, as

the research process is nearing its completion, the semi-structured interview allows for increasing researcher control in asking closed questions to refine and check the robustness of the emergent theory, but yet, again, still allows the use of open questions to explore whether theoretical saturation has occurred (Charmaz, 2006).

The flexibility of the semi-structured interview is also useful in other ways. It allows for the exploration of sensitive (or illicit) subject matters in a way where the researcher can decide how and when to ask questions (Charmaz, 2006; Strauss & Corbin, 1998). Semi-structured interviews can be used, for instance, if the subject relates to life disruption or stigmatised behaviour, or if the subject raises issues related to masculinity (Fontana & Frey, 2000). At these times questions can be asked in a tentative and exploratory manner (Charmaz, 1991b, as cited in Charmaz, 2006) or in an indirect 'prodding' way (Strauss & Corbin, 1998). Strauss and Corbin (1998) suggest the use of indirect questions which, in addition to being less threatening, allows the participant to answer in a flexible way potentially adding depth to data collected. They provide an example of the ongoing prodding of youths when exploring their illicit use of drugs.

Interview challenges: generating theoretically related data

Despite the suitability of semi-structured interviewing to the aims of developing a grounded theory, there remain challenges with this first-hand tool for gathering participant data. Researchers, particularly novice researchers, can mistake good but limited data as adequate for theory development (Charmaz, 2006). This mistake occurs, for instance, if the researcher starts to use interviews too soon to look to reproduce theoretical ideals from literature or from earlier interviews (Charmaz, 2006). Rather than looking to reproduce earlier theoretical ideas it is important for the participant to have the choice of what to reveal, thereby allowing relevant (or new) theoretical ideas to emerge naturally. Charmaz (2006) suggests that another way of limiting data during interviewing is by inadvertently eliciting and accepting participants' descriptions of experiences thereby creating, a discussed above, an outcome that is more thematic than explanatory in nature.

Charmaz (2006) also points out that accessing a participant's world is not necessarily guaranteed; other factors can limit the willingness of participants to reveal all aspects of their experience. More specifically, Charmaz states that interpersonal dynamics can exist between the researcher and the participant with relative differences of power (e.g., based on age, gender, socio-economic status and race) acted out during the interview, and by distrusting the interviewer (and the institution supporting the research) and how the findings will be used. Schwalbe and Wolkimir (2002, as cited in Charmaz, 2006) suggest further that the one-

to-one interview can in itself be a particular challenge to male participants as it can be "threatening and a risk to public persona in that it renders the control of the interaction ambiguous while, at the same time, fosters self-disclosure" (p. 27). Charmaz adds that, if feeling threatened, male participants can resort to generalisation in the form of meta discourse, or, alternatively, may "ensure they are viewed in certain masculine terms" (p. 28).

The quality of the collected data can also be potentially compromised due to other challenges related to time (Charmaz, 2006). A participant's memory of events may vary due to the length of time that has passed since the event; the longer the duration between the experiencing of an event and retrospective telling of it, the more potential there is for inaccurate reinterpreting to occur (Charmaz, 2006). In addition, time can often be assumed in the recall of an event in that participants may recount an event comprising a brief time period or, alternatively, an ongoing event of long duration, without providing accurate, if any, references to time (Charmaz, 2006). The challenge that time may pose to the interview can be exacerbated further by participants recalling events and presenting their experiences in a non-linear way (Charmaz, 2006).

As a final note, for constructivist-interpretivists, a lack of neutrality on the part of the interviewer and the resultant influence on the data collected is accepted. Charmaz (2006) maintains that, even if questions were to be presented as neutral, it does not mean the interview is neutral as the nature of the questions will reflect the conditions of the time and location. To illustrate, it would be expected that societal change of attitudes about mental wellbeing problems would elicit a much different response from men today compared to the 1950s. Constructivist-interpretivists also acknowledge, and accept, that participants' interpretation of the meaning of a phenomenon can be ongoing with reinterpretation of events changing retrospectively (Charmaz, 2006). Thus, data collected during an interview are said to represent a 'snap shot' of the participant's understanding of the experiences at the time (Charmaz, 2006). It also means that as skilled as an interviewer may be, data gathered in a participant interview does not actually 'reproduce' prior realities but, instead, is an interpretation of that reality (Silverman, 2000, as cited in Charmaz, 2006).

Intensive interviewing: a flexible conversation about the data

Charmaz (2006) promotes a particularly flexible form of semi-structured interviewing called intensive interviewing which can range from 'loosely guided' exploration to semi-structured, focussed questions. She believes this style of interviewing is akin to a 'directed conversation' and allows for in-depth exploration of participant experiences of a phenomenon based on researcher intuition. Importantly, its flexibility allows for

the clarification on participant experiences in a way that promotes reflection of the experiences thereby promoting explanation rather than description. Charmaz also suggests that even on a one-to-one basis, the intensive interview can be particularly respectful to participants as it allows the interviewer flexibility to attend to participant responses, so as to understand and validate the participant experience, yet still allows the participant choice of what to reveal, and importantly, to respond to any misrepresentations of experience.

Charmaz (2006) makes the point that although respect and understanding of the participant's explanation of experience is important, the researcher may not necessarily be in agreement with that explanation. The flexibility of this interview style allows the researcher the control to actively explore the participant's explanation of the phenomenon. For instance, if what is being observed by the researcher is different to what is being said (or exhibited emotionally) by the participant, the difference can be explored with the explanation actively negotiated or, alternatively, recorded as a difference. Moreover, this control to negotiate is not limited to the researcher as the participant can be supported to actively explore his/her experience and, if required, to question the researcher's interpretation of his/her experiences also. In fact, Charmaz views the overall collection of participant data – both during the interview and post interview – as an ongoing tacit process of negotiated meaning between the researcher and participant.

For the reasons outlined above, it was decided this style of interviewing was best suited to develop a theory of men's informal help-seeking. It was also decided there would be two post-interview opportunities for the purpose of clarifying the data and inviting further response. Firstly, upon reviewing the interview transcript, written questions would be devised for each participant[25]. Secondly, a written narrative summary of the participant's experience – including participant language, and contextual and temporal factors – would be provided within one month of the interview for the same purpose. Moreover, to try and balance any existing potential power differences during and post interview, participants were provided with a detailed information sheet prior to the interview (Appendix D), encouraged within parameters to choose the location of interview, and given options about how to receive and respond (i.e., email, in person, or by phone) to the post-interview questions and summaries. The intention in taking these combined steps was to, as much as possible, enhance participant control over his/her experience and, as Charmaz (2006) suggests, increase the potential for completing the participant's experience on a 'good note'.

[25] Participants were offered the transcript for this purpose.

Participant recruitment

Recruitment criteria

In order to obtain the widest range of participant experiences related to men's help-seeking from informal others for the problems of mental wellbeing it was decided the inclusion criteria for participant eligibility would be as broad as possible. As such, the criteria were as follows:

- males of 18 years of age or over,
- living in the Canterbury region of New Zealand,
- having self-identified a concern of mental wellbeing where informal help was sought from others,
- be able to reflect upon a past experience of having a problem related to mental wellbeing, and
- be consistent with the need to have a range of participant perspectives and experiences.

To assist in monitoring the diversity of participants recruited, each participant completed a background questionnaire (Appendix E). The questionnaire elicited information about age, ethnic identity, income levels, education status, marital status, family composition and living circumstances at the time of the help-seeking experience. In addition, the age of the participant at the time of interviewing was collected.

Also, with the intent of recruiting a wide range of participant experiences, the exclusion criteria for participation were the least restrictive possible. The exclusion criteria were as follows:

- having a primary purpose of seeking therapeutic assistance for past or current problems related to mental wellbeing, and
- not being able to reflect or articulate on past experiences of seeking informal help.

In addition, it was decided that potential recruits who had a current (or previous) *DSM* related mental health diagnosis were not to be excluded from participating in the research unless other criteria for participation could not be met.

Recruitment localities

The choice of localities for the recruitment of participants was an important consideration. To avoid recruiting participants who also had formal help-seeking experience, it was decided that recruitment would occur from health or social services which did not have the primary purpose of providing assistance to those

with mental wellbeing problems. Consequently, more generalist health and social services were identified as localities for recruitment. The main services identified were Pegasus Health Charitable Limited (Pegasus Health), Canterbury Men's Centre (CMC), and the Rural Canterbury Primary Health Organisation (RCPHO). Pegasus Health, the main locality identified for participant recruitment, provides professional support services, via a membership, to primary health professionals (Pegasus Health, 2010). At the time of recruitment Pegasus Health was the largest organisation of its kind in the Canterbury area, supporting 95 GP practices[26] and delivering care to over 366,000 patients, including 21,100 Māori, 18,300 Asian, and 7,700 Pacific Islanders (Pegasus Health). Pegasus Health agreed to support the placement of recruitment posters in the waiting room area of these general medical practices.

The Canterbury Men's Centre (CMC) provides information about a range of social and health services to men in the Canterbury area. CMC also refers men to appropriate health services including to those services that have a primary aim to assist people with problems related to mental wellbeing. At the time of recruitment, CMC did not provide health services directly to men[27]. CMC agreed to allow for study recruitment information to be included in the monthly e-newsletter which is disseminated to health professionals and other individuals with an interest in men's health. At the time of recruitment, CMC had a contact list of approximately 400 people. CMC also agreed to place a recruitment poster in the public area of their community based office which was located in a building complex alongside a number of other social and health organisations.

The third primary locality identified for recruitment, the Rural Canterbury Primary Health Organisation (RCPHO), has the primary purpose of supporting effective access to primary health services for the rural based population of Canterbury (RCPHO, 2010). At the time of recruitment, the RCPHO was supporting 15 rurally based general medical practices and delivering care to 69,962 enrolled rural patients, including 56,410 New Zealand Europeans, 3763 Māori, 796 Pacific Islanders, and 8993 others not identified (RCPHO, 2010). In addition to the three main localities, further 'back-up' localities were identified for potential recruitment of participants on an as required basis. These back up localities for recruitment, as per grounded theory application of theoretical sampling, provided researcher flexibility when selecting participants based on

[26] There were 91 city and 4 rurally based general practices.

[27] In 2012, CMC started a counselling service for men. No participants were recruited who were receiving these counselling services.

experiences related to help-seeking. The additional localities included men's support groups (CMC, Mankind Project, Promise Keepers, and Mensline), community agencies (Men's Sheds, Father and Child Trust), a specialised men's medical practice (Menz Medical) and a professional men's networking group (CMC).

The recruitment poster (Appendix F) was the same for each locality. Given the necessity to collect and analyse data simultaneously, the intent was to 'drip feed' the posters into the main localities so as to control the pace of recruitment (and coinciding analysis). It was hoped this would avoid the prospect of participants, should there be a good initial response rate, waiting, and potentially losing interest, while analysis occurred. It was also decided there would be recognition of participants' time and input into the study. Each participant who completed the interview would receive a $25 gift voucher to compensate for their time given. The recruitment poster, however, did not notify potential participants of this compensation. Instead, if, upon having read the recruitment poster, there was participant interest, then a more detailed information sheet containing the information about compensation was made available. The lack of notification on the poster itself was to avoid monetary inducement as the primary reason for participating.

Participant risk: emotions, expectations and confidentiality

The potential risks to those participating in this research project were identified. The main risk identified was that interviews could trigger in participants a negative emotional response causing distress. Another lesser risk identified was the possibility that participants may expect the interview process to be therapeutic in nature. To inform and reduce the potential for both these risks occurring, they were clearly specified in the information sheet (Appendix D) received at the time of recruitment. In addition, an informed consent form (Appendix G) was signed by each participant, the signature an acknowledgement of having understood the potential risks of participating in the research project.

Other information provided during the informed consent process included participant rights (and researcher requirements) and emphasised the following

- the voluntary nature of the participation and the right for withdrawal at any stage during the interview and the follow-up contact

- the right to gain clarification of the aims of the study for the purpose of deciding to continue participating[28]
- the confidential nature of the study including the use of non-identifiable data in any reports published
- the requirement that the research be approved by ethics committees.

The information provided about rights was consistent with both the Code of Health and Disability Consumers' Rights 1996 (as per the Health and Disability Commissioner Act 1994) and the Health Information Privacy Code 1994 (as per the Privacy Act 1993).

The storage of participant data was supported by technology. Digital recordings of interviews were made and then retained by uploading them onto the researcher's personal computer (accessible with password only). Copies of the recordings were stored on the University of Canterbury's electronic storage facility *Sky Drive*[29]. All interviews were professionally transcribed, the recordings sent (and received) electronically to the transcribing service through *You Send It*, an internet based service for sending large files (no recordings were stored on *You Send It*). All personal identifiers were removed during data transcribing and analysis; the names of all people (and organisations) were abbreviated in a way that did not represent the first letter of their name and participant numbers were allocated. Finally, the transcripts and completed analyses were retained electronically on the researcher's personal computer (copies of the transcripts and analyses were stored on *Sky Drive*). All original hard copies (i.e., the participant contact list, completed consent forms, and the completed socio-demographic questionnaires) were stored in a secured filing cabinet.

Summary

There were a number of considerations made with respect to data collection. Given that the aim of this research project was to investigate men's experiences related to help-seeking, the interview, a tool that captures the first-hand experience of those having such an experience, was selected. Moreover, given the inductive-iterative nature of grounded theory methodology and the requirement for flexibility throughout the research process, the semi-structured interview was considered most applicable. Given, too, the potentially

[28] For this purpose the participants retained the information sheet provided including the researcher's contact telephone number.

[29] The profile was set on 'invisible' and there was no file sharing through this account.

sensitive nature of the subject of men's help-seeking for problems related to mental wellbeing, the particularly flexible type of semi-structured interview called intensive interviewing was chosen. It was thought that the flexibility of this style could best promote joint researcher and participant control of interpretation during the interview and, in addition, during post-interview contact as well. To support the empowerment of participants, full and detailed information was provided prior to the interview and, in addition, was available to participants throughout the interview and post-interview.

To promote the collection of good quality theoretical data, the criteria for the selection of participants was as inclusive as possible to allow the widest range of men's experiences of help-seeking from informal others. To help ensure a range of participant experiences, the diversity of men recruited for the research was monitored by collecting basic social demographic information. Another way to promote the quality of data was to recruit participants regionally through non-specialised health and/or social services in a way that was consistent (i.e., 'drip fed') with the iterative process of grounded theory. A final way to promote the quality of data was to avoid mention of compensation for participant time on the recruitment poster. In addition to considering the ways data quality could be compromised, equal consideration was given to the experiences of participants. The emotional risks of participating in the study were identified and made explicit to participants through the informed consent process; a process that emphasised a number of rights consistent with current ethical and regulatory frameworks including the need to protect participant privacy while transferring, storing, or presenting participant information as data.

Part 3.3: Data analysis during the three phases

At its most basic, qualitative coding in grounded theory is a process whereby the researcher interacts with participant data on a continuous basis and begins to make meaning of it (Charmaz, 2006). It involves "naming segments of data with labels that simultaneously categorize, summarize and account for each piece of data" (Charmaz, 2006, p. 43). In grounded theory, coding analysis is particularly important as it shapes and provides the analytical frame from which theory develops (Charmaz, 2006). In other words, the outcomes from coding analysis become the important 'link' between the data and the resulting theory. And it is through coding that the major threads in grounded theory – generalisable theoretical statements and analysis of participants' actions and interpretations – are brought together in a new way (Charmaz, 2006). Within the constructivist framework, the added emphasis on understanding the participants' interpretations

also means the researcher "digging into data to both interpret a participant's tacit meanings and to also challenge [sic] assumptions about a phenomenon" (Charmaz, 2006, p. 47).

There are three phases in Charmaz's (2006) coding process: the initial coding phase, the focussed coding phase, and the theoretical coding phase. The initial coding phase involves 'breaking down' the data and then 'fitting it back together' in provisional groupings of similar theoretical concepts called categories. The second phase, focussed coding, involves the identification and developing of the most relevant of the provisional categories, and then specifying the relationships between them and the conditions upon which they occur. Together, these first two phases involve establishing the fit and relevancy of the categories, important to the development of well-constructed grounded theory. Finally, the theoretical coding phase involves further specifying and also checking the relationships between categories with the intention of fully integrating all the categories into a single, unified, central category, otherwise known as a unified theory.

Phase 1: initial coding phase

The process of defining categories begins with data being 'broken down' into basic units consisting of words, lines, paragraphs, and segments (Corbin & Strauss, 2008). These basic units become the basic 'building blocks' for future theory (Corbin & Strauss, 2008). However, at the same time as this breaking down of data occurs, there is questioning about what individual ideas each basic unit represents conceptually (Corbin & Strauss, 2008). Generally, these individual concepts are considered of low level abstraction but because concepts can vary in terms of level of abstraction, similar lower level individual concepts can be grouped into a higher level concept known as a category (Corbin & Strauss, 2008). As higher level abstractions, categories stand for groups of objects, actions or events that share some major common properties; a property being the characteristics, or attributes, of an object, action or event (Corbin & Strauss, 2008).

The primary aim during the initial coding phase is to make active decisions regarding which lower level individual concepts will be grouped together to form higher order categories. During this phase, the purpose is to generate as many provisional categories as possible while still remaining open about their importance, and the potential for other additional categories to emerge (Strauss & Corbin, 1998). Strauss and Corbin (1998) believe that retaining this openness promotes an active questioning of commonly held assumptions about the phenomena under investigation rather than accepting, at face value, those assumptions. They suggest the answers from the questioning of commonly held assumptions, in turn, promote new ways of seeing and, therefore, new provisional classifications of categories and subcategories.

The procedure of initial coding

The procedure of the initial coding consists of word-by-word, line-by-line, paragraph-by-paragraph, and segment-by-segment analysis, and involves incident-to-incident or event-to-event comparison (Charmaz, 2006). To elaborate, the use of 'line-by-line' analysis begins with the comparison of data *within* a participant narrative but then extends to comparison *between* participant narratives known as data-to-data comparison (Charmaz, 2006). Charmaz (2006) emphasises that although the analysis of an entire participant narrative may identify individual concepts, it is the use of comparison during analysis that identifies a range of new conceptual ideas and information. Charmaz also emphasises that the use of comparison promotes maximum variation for theoretical concepts to emerge.

Charmaz (2006) also emphasises the importance of asking from whose point of view the coding analysis is occurring, with the understanding that the focus should be on the participants' view rather than the researcher's. However, rather than this implying a passive acceptance of the participant view, she states the researcher is still required to seek and question hidden assumptions by participants and their use of language. Charmaz states it is the line-by-line analysis of interview data that allows for exposure of what participants clearly say and, conversely, what they struggle with. Although Charmaz believes doing initial line-by-line analysis at speed can stimulate thinking and new ideas, she also believes the researcher should be 'induced to wrestle' with each participant's interpretive frame of reference with any preconceived beliefs of the researcher needing to 'earn' their way into the theoretical categories. Charmaz actively encourages this because the task is to remain open to theoretical ideas at the same time as questioning taken-for-granted assumptions of the participant.

There can be a number of ways to provisionally categorise the data during this initial phase. In-vivo codes (i.e., using participant language that captures a nuance of meaning) may be used during coding. Charmaz (2006) identifies three kinds of in-vivo codes that can be useful: 1) terms that everyone knows, 2) innovative terms that capture meaning and experience, and 3) insider short-hand terms that reflect an organisational or cultural perspective. At the same time as being cautionary about the use of in-vivo codes representing an agreed-upon meaning, she points out they can 'flag' the potential for dense meaning leading to even better understanding of implicit meanings and actions. Charmaz also recommends using action-orientated gerunds, the 'ing' form of verbs while doing initial coding. She believes this approach preserves the fluidity of the individuals experience, provides a sense of sequence to the participant narrative thereby promoting the

emergence of the phenomenon as a temporal process (i.e., basic sociological-psychological process) and helps to avoid static presuppositions about emerging categories.

Kelle (2007) suggests considering other ways to categorise without being restricted to in-vivo categories. He points to Herbert's use of theoretical concepts that have 'low empirical content' (i.e., concepts that cannot be proved false in a hypothetical-deductive manner) as a means of provisionally categorising data. He explains how, for example, concepts such as 'identity', 'status', 'roles', and 'values' all have low empirical content. Importantly, he suggests that by coding categories in this way, the prior knowledge of the researcher can be presented in a managed fashion, thereby avoiding the forcing of data and, instead, serving to sensitise the researcher to the possibility of similar (or opposite) concepts emerging later. Kelle also points out that emerging 'common sense' noun categories – such as work, family, and home – can also act heuristically in the process of analytical coding.

The outcome of the initial coding phase is that data has started to be 'put back together'. Specifically, similar groupings of lower level theoretical concepts are grouped together into categories, with the differences between the categories noted for future reference. At the end of this phase of coding, these provisional categories still remain incomplete but will serve to sensitise the researcher to related theoretical ideas emerging in future data gathering. Importantly, there is a movement towards fulfilling fit and relevance of a number of identified theoretical concepts in the process of establishing the provisional categories (Charmaz, 2006), while at the same time 'disconfirming' other theoretical concepts (Creswell & Miller, 2000).

Phase 2: focussed coding

An important aim of the focussed coding phase is to check the adequacy of the provisional categories that emerged during the initial coding phase (Charmaz, 2006). The adequacy of categories, however, is more than just a subjective following-up of those believed to be the most fit and relevant; they must continue to be supported by what emerges from new data (Charmaz, 2006). In other words, fit and relevance of each category must be supported by the emergence of theoretical concepts similar in nature to those in the existing categories. In addition to determining category adequacy, there is the additional aim to make the most salient category more complete; that is to build and refine the theoretical concepts making up the categories. In different words, as further data is gathered, the aim is to not only identify the categories supported by similar emerging participant data but, at the same time, to continue building and refining the theoretical concepts that categories consist of.

However, the aim during the focussed coding phase extends beyond checking for adequacy, building and refining the most salient categories. There is also the aim of remaining open to the data; to identify new unexpected theoretical concepts leading to new categories (Charmaz, 2006). It is, in turn, the new categories emerging from the data, that set up a pattern of further checking for adequacy (and building and refining) until all categories relevant to the phenomenon are identified (Charmaz, 2006). The potential of new categories emerging is strengthened by the ongoing interaction with and by remaining close to the participant data (Charmaz, 2006). Charmaz (2006) points out that openness can manifest itself in the form of 'aha moments' whereby something seemingly insignificant in earlier data analysis opens up the potential for a new category; the key being that these new insights stimulate thinking about the data rather than insight itself becoming new data.

A final important aim of the focussed coding phase is to start to make visible the complex relationships between the established categories. In other words, there should be a specifying of those categories that hold more explanatory power, with the lesser categories becoming known as subcategories (or properties), (Charmaz, 2006). Charmaz (2006) states it is essential to clearly specify relationships because it allows the identifying of the conditions in which categories are operative and the conditions in which they change. In other words, the properties that make up a category are not static but rather can vary dimensionally along a range depending on the conditions (Corbin & Strauss, 2008). Dey (1999) indicates that the dimensions of a property can be reflected in a variety of ways including space (e.g., height, width or depth), time (e.g., days, months or years) or, alternatively, they can be measured by using a numerical scale (e.g., the number of pupils in a classroom) or as a general description (e.g., high/low, long/short or strong/weak). Charmaz (2006) states it is the clear specifying of complex relationships and dimensions that ultimately determines the 'denseness' of theory and its ability to fully explain the phenomenon under investigation.

The procedure of focussed coding

As a procedure, the focussed coding phase requires the researcher to be increasingly proactive (Charmaz, 2006). The first task, checking the adequacy of categories, involves an active following-up and selection of those provisional categories which make the most analytical sense and indicate the best potential for fit and relevance (Charmaz, 2006). This involves coding across participant narratives, comparing actions and interpretations of similar incidents and events. The comparison will confirm when participant data fits and, at the same time, promote the emergence of properties and their dimensions of individual concepts (Charmaz,

2006). It is also during this data-to-data comparison that further categories emerge, complete with new gaps of understanding (Corbin & Strauss, 2008). The other main task involves specifying the complex links between the established categories by actively comparing and questioning the links between them (Charmaz, 2006). It is from taking these actions that relationships between categories to properties (and dimensions) are understood. Moreover, once the categories become 'focussed' and their links specified, then the condition upon which they occur is identified. These relationships in turn, can be checked (and refined) against further new data. Thus, during the focussed coding process the researcher is in a pattern of proactively confirming and developing salient categories while specifying the theoretical relations between them (Charmaz, 2006).

The outcome of the focussed coding phase is further progress of 'putting back together' the data. Although there are a number of different aims and associated tasks during this phase, the primary aim is the integration of theoretical concepts (Charmaz, 2006). In other words, a main outcome of the focussed coding phase is the active integrating of provisional categories into those categories that have the best fit and relevance, and which represent a greater amount of participant data. Importantly, it is the specifying of the categories relationally (i.e., between categories and to properties) that determines the nature of the integration (Charmaz, 2006). As Charmaz (2006) states, it is from the specifying of relations that the phenomenon under investigation becomes more visible, thereby increasing the explanatory nature of the theory including the conditions in which the phenomenon occurs. However, at the end of this phase, explanatory power remains limited. There are still gaps of understanding about categories (and properties) but also relationally between categories, categories and properties and between properties. Also, exceptions in participant data may remain unexplained as does the predictability of conditions.

Phase 3: theoretical coding

Theoretical coding has been described as being similar to focussed coding in that the primary aim is also the integration of categories into a substantive theory (Charmaz, 2006). However, this phase of coding analysis is completed at a more abstract level and with an additional aim of determining a central 'core' category to which all categories relate (Strauss & Corbin, 1990). Importantly, the central core category needs to relate to others categories temporally as a basic psychological-social process (Charmaz, 2006). Other aims are to continue developing the categories and properties, to specify the complex set of relations between them including the conditions upon which they occur (Charmaz, 2006). The final aim of this phase is the testing and confirming of the robustness of the emergent unified theory (Charmaz, 2006).

The procedure of theoretical coding

The theoretical coding phase involves a series of steps that, in practice, are occurring interchangeably (Strauss & Corbin, 1990). These steps include explicating the core category, or 'story line', relating subsidiary categories around the core category, further relating categories to the dimensional level, validating those relationships against the data and, finally, filling categories that require further refinement (Strauss & Corbin, 1990). The outcome of theoretical coding should be the telling of an analytical story that has coherence (Charmaz, 2006), or more simply put, an 'in-depth richness' (Corbin & Strauss, 2008). Charmaz (2006) indicates the researcher should be able to clarify general context and specify conditions when a particular phenomenon is present, outline the conditions of change and its consequences, and understand temporal and structural ordering, resulting in an explanation of process. She also points out there should be a greater integration of data which previously had appeared to be without fit or relevance.

Analytical techniques in coding

Implicit in the above description of the phases of coding is the use of two analytical tools important in developing a grounded theory, the analytical techniques of 'constant comparison' and 'analytical questions'.

Constant comparison

In grounded theory, the main analytical technique used is comparison (Charmaz, 2006; Dey, 2007; Strauss & Corbin, 1998). It is from the ongoing and systematic use of comparison that participant data is taken through the process of being broken down, coded into theoretical categories and then integrated into a single substantive theory (Strauss & Corbin, 1998). Most importantly, this systematic use of comparison promotes and maintains an ongoing interaction between the researcher and the participant data and, thus, ensures theoretical abstractions are supported by data (Charmaz, 2006; Strauss & Corbin, 1998). The use of comparison, however, is not restricted to participant data only (Strauss & Corbin, 1998). To promote the emergence of categories and properties (and dimensions) that are not already evident, the participant data can be compared to non-participant 'data' including literature and professional experiences (Strauss & Corbin, 1998). For example, by contrasting the emergent participant categories to both similar and dissimilar categories in literature or experience, new questions are created which then can be brought back to categories under analysis (Strauss & Corbin, 1998). Strauss and Corbin (1998) emphasise the key to using comparison in this way is not to use the literature/experiences as data, but rather to stimulate observations/questions about

the data. Thus, the ways of utilising comparison includes within data, data-to-data, data-to-literature, or data-to-experience.

Analytical questions

The other important analytical technique involves the systematic use of questions. Overall, the key is for the questions to retain an analytical focus and to assist in generating theoretical explanation. The questions that aid theoretical explanation are varied and include sensitising questions, guiding questions, theoretical questions, and practical/structural questions (Strauss & Corbin, 1998). First, sensitising questions are used during coding in order to test the usefulness of concepts to understand data (Charmaz, 2006; Strauss & Corbin, 1998), that is, the use of questions of rationale (e.g., 'what', 'who', and 'where' questions). These questions focus on participant meaning and actions/process and are a means to sensitise the researcher to look at the remaining data (Charmaz, 2006). To elaborate, basic questions such as 'what is going on?' or 'who is involved?' can be useful. Although these questions are predominantly used in the initial coding phase, they can also be effective in the subsequent phases when there is uncertainty or confusion about the data during analysis, and there is a need to think in new and different ways (Strauss & Corbin, 1998).

The second types of questions are guiding in nature; questions – either open or closed – that act to guide the participant in the collection of data (Strauss & Corbin, 1998). Guiding questions are utilised throughout the interview to clarify participant statements (Strauss & Corbin, 1998). An example of a guiding question might be 'could you tell me more about…?' Importantly, the use of these questions supports rather than forces the emergence of data (Strauss & Corbin, 1998). Charmaz (2006) points out that although the overall priority of these questions is to support the data to emerge, their use does not preclude taking control of a participant interview by way of revisiting, changing direction or requesting more information about relevant events, albeit in a non-threatening and non-interrogating manner, for example, 'If it's alright, I'm just going to return to what you were saying about…' The nature of guiding questions changes from interview to interview as the theory evolves (Strauss & Corbin, 1998).

The third type of question, theoretical questions, are varied in type and intended usage, and can include 'how', 'why', 'what', 'how', 'when', 'if', 'who' and 'where' questions. Primarily they are used to make connections between theoretical concepts (e.g., 'how did this compare…?'*)* and to bring out properties and their dimensions (e.g., 'why do you think…?'), (Strauss & Corbin, 1998). Theoretical questions are also utilised to see the concepts in the context of a process (e.g., 'what happened next?') and to determine the

causes and conditions of the event or action (e.g., 'what were your considerations before…?'), (Charmaz, 2006). Finally, theoretical questions can also be spatial (e.g., 'where did you find yourself…?'), informational (e.g., 'who was aware of…?'), structural/cultural (e.g., 'how do societal beliefs…?'), and technological (e.g., 'what device did…?') in nature (Strauss & Corbin, 1998).

The fourth type of questions, practical questions, are utilised by the researcher to make decisions about the research itself, for example, those related to sampling during the research process (Strauss & Corbin, 1998). In the middle phase, questions related to sampling might involve asking whether theoretical concepts need to be more fully investigated. In the final phase, the practical questions related to sampling might involve asking whether theoretical concepts have been verified, exceptions have been explained or gaps in understanding in the emergent theory have been filled. It is the practical questions that determine the direction in which the research needs to go.

Coding challenges

Coding can be challenging to do in practice. One challenge arises from the fact that properties of categories may or may not be mutually exclusive to a single category and therefore can be coded into multiple categories at the same time (Kelle, 2007). Strauss and Corbin (1998) demonstrate how this can occur by explaining how a paper clip, an object, can be coded into three different categories at one time. A paperclip, as traditionally coded, can be for holding pieces of paper together. However, it can also be coded as a weapon as it has the property of sharp edges. Alternatively, it may also be coded as a paper weight as it has the property of having some weight. Thus, the mistake is restricting a theoretical concept to representing a single property rather than, if applicable, as a property of one or more other categories.

Another challenge, as mentioned above, is to not 'jump' levels of theoretical abstraction away from participant experience to those based on the researcher's own academic or professional experience (Charmaz, 2006). As Strauss and Corbin (1998) so aptly describe it, the challenge is "using the experience without putting experience in the data" (p. 46). In addition to the use of constant comparison, Charmaz (2006) suggests researchers need to be careful about applying the language of intentions, motivations and strategies unless it is supported by the data. She points to the importance of asking whose point of view the coding is reflecting, and applying the use of both in-vivo codes and reflexive practice (i.e., a reflective journal) in preventing researcher abstraction from occurring. Strauss and Corbin (1998) also suggest that to avoid

'misinterpretations' of data, the researcher should tell the participants the outcome of the data collected and get feedback.

A related challenge during analysis is discerning theoretical description from theoretical explanation (Kelle, 2007). For example, during the initial coding phase there can be a tendency to take the broken down data consisting of a phrase, sentence or paragraph, and then translate that into a 'précis' of it (Strauss, 1987). The risk of continuing analysis in this way is that the coding outcome becomes descriptive in nature rather than conceptual (Kelle, 2007). Kelle (2007) suggests that learning to make the distinction between theoretical knowledge and theoretical concepts is important, the latter of which supports emergence and is critically necessary if inductive approaches are to replace the use of the deductive concept of hypothesis testing. Similar to when collecting data, the use of analytical questions during the process of analysis also promotes theoretical explanation rather than thematic description (Strauss & Corbin, 1998). Technological support in the form of software is available for this purpose, however the support of its use is mixed; those against argue that it shortcuts the analytical process and risks creating superficial analysis and/or forcing the analysis into single paradigm framework (Coffey, Holbrook, & Atkinson, 1996, as cited in Charmaz, 2006).

Another challenge, particularly for novice researchers, is that large amounts of data can be overwhelming during analysis due to the lack of understanding about existing theoretical concepts and the non-linear nature of analysis (Strauss & Corbin, 1998). To regain control over the data, Strauss and Corbin (1998) recommend the use of the literature, whereby the researcher can look for similarities or differences in theoretical concepts within the literature with those emerging from the data. Lempert (2007) suggests that the literature can also be utilised to identify theoretical parameters and/or gaps, thus allowing for new insights about the data. Charmaz (2006) recommends the use of the 'quick and dirty' method, a technique involving the writing of a draft theory utilising literature, along with other experiences, which promote the linking of categories into a type of storyline.

Memos – capturing and adding to the analysis

The use of memos is another important aspect to well-constructed grounded theory. Lempert (2007) describes memos as "the narrative records of a theorist's analytical conversation with him/herself about research data" (p. 247). Memos, though, are not theoretical knowledge per se but represent the analytical process through which the knowledge has developed (Lempert, 2007). Importantly, through the memo writing process the researcher analytically interprets data and discovers new understanding in social patterns

(Lempert, 2007). In different words, “memo writing is the distillation process through which the researcher transforms the data into theory” (Lempert, 2007, p. 245). It is through the systematic use of memos that the process of developing knowledge is captured and, in addition, becomes more visible, thereby increasing the explanatory nature of the theory.

Memo writing at times can be ‘messy’ and incomplete, reflecting the non-linear research process which in turn reflects the lives of others they interpret, as well as the interactions between the researcher and the participants (Lempert, 2007). The memos in the early phase of the data analysis in particular can be ‘messy’, as they are speculative and may lack cohesion and connection to each other (Lempert, 2007). The capturing of the process of analysis as non-linear, however, is positive because it indirectly acknowledges the position of the researcher; and the situational limitations of the researcher, rather than implying universal knowledge (Richardson, 1998, as cited in Lempert, 2007). Lempert (2007, as cited in Lempert, 2007) discusses the ‘give and take’ aspect of the natural negotiation between the researcher and the participant and how the memo process also reflects the intertwined knowledge. For example, in using direct quotes in written memos shows the reader that the data supporting the analysis is from the participant’s perspective (Lempert, 2007). Memos can supersede each other as the theory and the process for theory evolves (Charmaz, 2006).

Memos can serve different purposes and take a number of forms during the coding process (Charmaz, 2006; Strauss & Corbin, 1998). In terms of purpose, theoretical memos are used to capture the evolving theoretical understanding throughout the phases (e.g., make explicit an emerging concept and the similarities to other concepts) whereas method memos can make explicit the researcher process for evolving theory (e.g., describe the decision process for checking and developing categories). Lempert (2007) points out that memos about memos can be important. In addition to preventing memo fatigue he suggests these memos allow for greater questioning by the researcher of what one knows, how knowledge is acquired and the degree of certainty about it.

There are variations in the way memos can be used (Charmaz, 2006). Written memos, which can be inserted into the data transcripts during analysis, are a common form of memos. Audio memos can be useful, for example, to record ‘aha moments’; that is when analytical insight occurs about the data but the data is not immediately accessible. Similarly, written notes can be utilised, for example, immediately after an interview to capture observations made during the interview. Finally, diagrams can allow for easier visual

understanding including, for example, to specify complex relationships between categories and their properties (Lempert, 2007), or alternatively, to integrate memos (Charmaz, 2006).

Presenting grounded theory as a written outcome

Suddaby (2006) suggests the following about the presentation of grounded theory in writing:

> In pure form, grounded theory research would be presented as a jumble of literature consultation, data collection, and analysis conducted in ongoing iterations that produce many relatively fuzzy categories that, over time, reduce to fewer, clearer conceptual structures. (p. 637)

However, he also suggests that presenting grounded theory in this pure form would be neither efficient nor comprehensible to the majority of researchers. Instead he points to the norm that has evolved, that grounded theory is presented in the same way as quantitative research findings; that is theory, data collection, data analysis, and results are presented as distinct and in temporal sequence (Suddaby, 2006). Moreover, the analysis itself, although iterative, is most often presented in a written argumentative style based on the sociological tradition of temporal sequence of the analysis (Hart, 1998). The resulting impression when reading grounded theory in this traditional sequential form may, unfortunately, be that of methodological 'slurring' (Suddaby, 2006).

For ease of understanding, this thesis has been structured in a way that represents the traditional logical-sequential way of presenting qualitative research. First, the chapters have been temporally ordered in the following way: an introductory chapter, a literature review chapter, a methodology chapter, a findings chapter, and a discussion chapter. Most pointedly, this has meant presenting the methodological and findings chapters in a traditional way rather than in its true iterative way. Secondly, the development of theory has been presented as if it occurred in a linear way involving three phases rather than the 'messy' non-linear reality of development. In addition, when data (or memos) are used to support the description of theory development, an effort has been made to align the data and the phase. In other words, data examples have been selected from early interviews to demonstrate theory development in the early phase, and conversely, examples have been selected from final interviews to demonstrate the final phase of theory development.

Summary

Central to grounded theory method is the analytical process of coding consisting of three phases of; initial coding, focussed coding and theoretical coding. The aim of coding participant data is to systematically break

it down – including the assumptions that coincide with it – and then systematically put it back together in a new way leading to an integrated and unified theory. Critical to meeting the aim of coding in each phase is the constant use of the analytical techniques of constant comparison and questions. During the initial phase, their combined use allows for data to be broken down into theoretical concepts, examined and then put together with other theoretical concepts in new ways – called categories. During the focussed coding phase, their continued use promotes the identification and development of those categories that are fit and relevant and in the process integrates the lesser categories. During the final phase, their use assists in the refining and testing of categories as they are further integrated into a single category representing a basic social-psychological process. The use of analytical techniques, however, coincides with the application of key concepts of theoretical sensitivity, theoretical sampling and theoretical saturation.

However, the coding of data, similar to the collection of data, is not necessarily straightforward, having its challenges in actual practice. These challenges include the following: 1) coding theoretical concepts accurately into single and/or multiple categories, 2) theoretical abstracting based on data, 3) analysing in a theoretical rather than descriptive thematic manner, and 4) managing the analysis without being overwhelmed by the number of theoretical concepts in the data. The challenges during coding can be minimised by the constant use of comparison and analytical questions, and, in addition, by utilising other techniques including the use of gerunds, in-vivo/low empirical content coding, reflexivity, and writing drafts of the theory. Moreover, the use of memos to capture the theoretical/methodological process also adds to the strength of the analysis by making the process, and its theoretical explanations, explicit. Finally, while not entirely pure to the inductive process, the seemingly established norm of presenting findings in the temporal sequence of positivistic tradition can give increased sense order to the analytical process.

Part 3.4: Establishing trustworthiness and authenticity

Establishing the plausibility of a researcher's claims about the findings is an essential part of the research process. Currently, there are different criteria available to determine the plausibility of qualitative research (Creswell & Miller, 2000).

The criterion of trustworthiness

One established criterion for qualitative research is that of trustworthiness (Creswell & Miller, 2000; Lincoln & Guba, 1985). The underlying assumption related to the criterion of trustworthiness is that good research

consists of rigorous and systematic forms of inquiry (Creswell & Miller, 2000). The most widely used criteria to meet the standard for trustworthiness are credibility, transferability, dependability, and confirmability as established by Lincoln and Guba (1985). Lincoln and Guba (1986) define the criteria of trustworthiness as follows:

- **credibility**: refers to the believability of the findings and assumes
    1) a prolonged engagement with participants to assess both sources of distortion and saliencies,
    2) an in-depth pursuit of those elements found to be especially salient through prolonged engagement,
    3) triangulation, or the checking of data across sources – participants, theories, methods (i.e., interview), and, at times, different investigators,
    4) peer debriefing, and exposing oneself to a neutral professional peer to 'keep the inquirer honest',
    5) the active search for 'negative' instances, then developing insights and adjusting until no data of this kind remains, and
    6) member checking, the continuous process of informal testing of information by eliciting responses of participants to both the researcher's interpretation of data and the interpretation offered by other respondents/sources.
- **transferability**: refers to the degree of 'thickness' of the research findings that allows for them to be transferred and applied to other contexts/groups for the further development of knowledge about the phenomenon.
- **dependability**: refers to whether there is a consistency of findings over time as the phenomenon is studied by others.
- **confirmability**: refers to neutrality of the data so that the research subjectivities do not interfere with it being confirmed by others.

To assist those external to the research (i.e., readers) in determining the plausibility of the researcher claims, an audit trail can be provided as evidence of the research process; that is, clear documentation of all research decisions and activities relating to both the process and the outcome of the research (Creswell & Miller,

2000). In other words, the researcher outlines the basic analytical process so that if another researcher were to follow these processes, similar conclusions would be arrived at.

The criticism about the criterion of trustworthiness is that despite being established in the post-positivistic era, the issues it attempts to address are of importance to the tradition of positivism (Creswell & Miller, 2000; Lincoln & Guba, 1986). Lincoln and Guba (1986) argue the criterion of trustworthiness is parallel to the positivistic criterion of truthfulness – consisting of internal validity, external validity, objectivity and reliability – utilised in quantitative research. Consequently, Lincoln and Guba argue the criterion of trustworthiness, with its emphasis of importance placed on rigour and systematic inquiry, is not as well suited to the constructivist paradigm and values which are "pluralistic (i.e., multiple values), interpretative, open-ended (i.e., non-causally orientated), and contextual" (p. 19) in nature.

The criterion of authenticity

In response to criticism, Lincoln and Guba (1986) developed an additional criterion of authenticity consisting of the five criteria of fairness, ontological authenticity, educative authenticity, catalytic authenticity, and tactical authenticity. The underlying assumption related to the criterion of authenticity is more constructionist; that good research consists of forms of inquiry that are 'contextualising'; that it takes into account multiple social perspectives in the process of completing research (Creswell & Miller, 2000).

- **fairness:** refers to the inclusion or balancing, in research, of the multiple perspectives of those with stakeholder interests (i.e., participant, researcher, professional, government) in the phenomenon under investigation. It also refers to a process of negotiation between stakeholders in the forms of continuous collaboration, whereby participants are fully informed and have equal standing to that of the researcher. Importantly, stakeholders should have experienced empowerment at the conclusion of the research process.
- **educative authenticity**: refers to whether stakeholders have the opportunity to be educated about each other's perspectives to develop more sophisticated understanding of the phenomenon. Included in this is the responsibility of the researcher, as a stakeholder, to educate others by way, for example, of oral narratives.
- **ontological authenticity**: refers to a recognised appreciation, if not positive changes, by stakeholders from having participated in the research.

- **catalytic authenticity and tactical authenticity**: together refer to whether the new understanding derived from research results in stakeholders taking action and, as importantly, whether there are measures in place to determine the effectiveness of that action. In other words, research findings should stimulate stakeholder action which, in turn, should be evaluated to determine the effect of that action.

To assist those external to the research to determine the plausibility of researcher claims within the constructionist framework, there needs to be 'thick and rich' description, with research findings being presented in a deep, dense, and as detailed manner as possible (Creswell & Miller, 2000). Creswell and Miller (2000) suggest the criteria, when fulfilled, leave the reader with "the feeling that they have experienced, or could experience, the events being described in a study" (p. 129). Urquhart (2007), similar to the idea of an audit trail, suggests providing readers with a 'chain of evidence'; that is research findings that are supported with illustration from data (e.g., participant quotes) and also from other information/records (e.g., theoretical memos) demonstrating the application of method leading to findings.

For this research project, both trustworthiness and authenticity have been selected as the measure for determining the plausibility of researcher claims. The belief is that the two sets of criteria are complementary, and, when fulfilled, will strengthen the credibility of the researcher claims of a well-constructed theory. More pointedly, trustworthiness – with underlying focus on rigorous and systematic inquiry – coincides with the grounded theory requirement of constant and systematic application of key concepts and analytical techniques, whereas, authenticity – with its underlying focus of inquiry that is contextualising – coincides with the requirement of including a wide range of experiences related to the phenomenon under investigation. Creswell and Miller (2000) support the complementary aspects of specifying procedures from different qualitative paradigmatic frameworks rather than selecting between them.

Given the criteria are to be applied in the academic context (as opposed to the professional context) not all of the available criteria for these two sets of criteria have been selected. Specifically, fulfilling the criteria of catalytic and tactical authenticity were considered beyond the scope of this PhD project, which is limited to developing a substantive theory of men's help-seeking from informal others for mental wellbeing problems. As a consequence, it was decided there would be no dissemination of research findings for the purpose of taking action to address problems (and evaluating those actions) related to men's help-seeking. In addition, other modifications have been made for the purposes of this PhD project. The gathering of data was limited

to primary stakeholders, that is those men who have had the direct experience of help-seeking from informal others for problems related to mental wellbeing. Other stakeholders were included during the research process but in a way that was limited to providing a response to how the emerging theoretical ideas aligned with their own experiences of men when help-seeking from informal others.

Summary

The constructivist-interpretivist grounded theory approach of Charmaz (2000, 2006) has been selected to develop this mid-range theory about men's help-seeking from informal others for problems related to mental wellbeing. Charmaz's particular approach to data collection and analysis, like her predecessors', seeks to understand the basic human social processes based on understanding participant actions. However, unlike her predecessors, there is also strong emphasis on understanding the process based on the meanings participants place on those actions. This approach requires a more active involvement by the researcher but, at the same time, it is through this active involvement that new theoretical understanding is arrived at. In short, the constructivist-interpretivist grounded theory approach of Charmaz is a valuable approach given the little theoretical understanding currently available about the phenomenon of men's help-seeking from informal others for problems related to mental wellbeing.

Charmaz's (2006) 'guidelines' approach to both data collection and analysis places importance on flexibility which, in turn, lessens the risk of the theory being shaped by the methodology. When applied well, it should promote the emergence of theoretical concepts from broad sociological and/or psychological theories. However, its lack of definite structure for collecting and, in particular, coding data can also pose a significant challenge, if not risk, to developing theory, especially for those with limited experience. Ultimately, there was acceptance of this risk because of the importance placed on the need of data to emerge without being forced, the reassurance that the iterative process of grounded theory tends to be non-linear and 'messy' in nature, and the constants of process and technique that remain when applying grounded theory irrespective of the grounded methodology chosen. Finally, to determine plausibility of the researcher findings, two complementary sets of criteria – trustworthiness and authenticity – were selected, both of which include a means (i.e., 'audit trail' and 'thick and rich description') to assist those external to the research to determine whether these criteria have been fulfilled.

Chapter 4: Research Findings

In this chapter, the findings from the investigation of the phenomena of men's help-seeking from informal others for problems of mental wellbeing will be presented. Part 4.1 will commence with a description of the research design including how data related to 'macro context' and 'power' were treated. Next, there will be a review and a summary of how the aims of the research progressed. To complete this part there will be a description of the process of collecting data, followed by an explanation of how related challenges, both expected and unexpected, were met. Part 4.2 will form the heart of this chapter, if not the thesis. There will be the presentation of the theoretical findings based on the application of the grounded theory method. The findings will be presented in three phases, supported by participant data and theoretical memos. Instead of presenting all supporting data and theoretical memos, which would be unnecessarily cumbersome for the reader, the selection will be representational. The presentation will, nonetheless, be comprehensive and detailed. In the final part, Part 4.3, the credibility of the research findings will be considered. This includes putting forward evidence for the reader to determine whether the complementary criteria of trustworthiness and authenticity have been fulfilled in the process of developing this grounded theory.

Part 4.1: Research design: descriptive information

The research design chosen for this project was a constructivist-interpretivist grounded theory methodology. This methodological approach allowed for the traditional grounded theory emphasis on behaviour/actions yet, at the same time, placed an emphasis on the participants' interpretive meaning of the phenomenon. The design chosen still had the hallmarks, if not tensions, of both its original founders. On the one hand, the design aligns with Strauss's more explicit acceptance of the use of literature and hypothesising to identify, test and, ultimately, verify (or not) emergent theoretical ideas. However, in the Glaserian spirit, this verificationist approach was held as much in abeyance as possible to avoid unnecessarily forcing the data during data analysis. In practical terms, this meant waiting for data to emerge naturally in each participant interview, only asking theoretically relevant questions for verification at the end of the participant interviews if such data had not arisen. Also in the Glaserian spirit, the use of paradigms to structure the analytic process was not restricted to a single paradigm model and, instead, involved the more flexible 'guidelines' approach. Thus, there was an attempt to be inclusive of both the objectivist approach of traditional grounded theory

(i.e., Glaser and Strauss) and the more recent constructivist grounded theory approach (i.e., Charmaz). It is the researcher's position that these two approaches in grounded theory methodology are not mutually exclusive but instead complementary given the respective focus on actions/behaviours and psychology/meaning.

Other decisions were made about which design elements to exclude. Clarke and Friese (2007) place an emphasis on the 'macro contextual' factors in grounded theoretical research design. They propose that the macro context be considered as a separate unit of analysis. In contrast to this recommendation, the macro context was not included as an independent unit of analysis, nor, however, were these factors excluded. This neutral position was based on the researcher position that the inclusion of these factors should be determined by the importance that the participants place on them. Also, not included in the research design, was the critical constructionists' emphasis on 'power relations' within social contexts and its influences on lived experiences of participants (e.g., Gibson, 2007). Hegemonic practice and its impact on men's help-seeking is an important area of research and it has been given significant attention (e.g., Connell, 1995). Although there was no independent analysis of power relations included in this research design, it, similar to the above, was included if it emerged in participants' explanations of informal help-seeking.

Meeting the research aims

In chapter one, the review of the status of men's help-seeking for mental wellbeing problems led to identifying the need to research the phenomenon of men's informal help-seeking for mental wellbeing problems. In making this decision, there were a number of aims to be met in completing the research. The main aim of this research was to develop a theory which explained the phenomenon. The theoretical outcome was centred on the conceptualisation of a five stage process of decision-making related to the self-disclosure of a mental wellbeing problem. Another aim was to describe the nature of the problems that men self-identified in the process of seeking help. It is theorised that men define the problem of mental wellbeing as the loss of control of functioning related to cognitions, affect, and behaviours. An additional aim of the research was to describe men's help-seeking from informal others. The description of men's help-seeking that emerged from this research can best be described as a managed style of help-seeking; that men tend to consciously manage the perceived risks of disclosing to informal others. The final aim of the study was to understand the experiences of men's help-seeking. Overall, men explained a need to self-manage their problems – that is to address and cope with these problems without disclosing to others – and also explained

that upon recognising the lost capacity to self-manage the problem, it was important to take the step and self-disclose to others. The overall explanation men gave of their experience of self-disclosing was one of progression whereby further self-disclosures were based on increasing expectations of understanding, emotional support, and the development of skill and/or knowledge related to self-managing problems related to mental wellbeing.

Data collection: the recruitment and interviewing of participants

During the recruitment process, there were 41 enquiries made about participating in this research project. During the first two phases, 31 enquiries were received from a number of sources: recruitment posters (19), CMC e-newsletter (2), CMC professional's group (2), CMC men's peer group (1), 'word of mouth' via other professional or personal networks (5), or unknown (2). Of the enquiries received during these two phases, 15 led to participation in the research. During the final phase, the participants were identified from the 'as required' localities: CMC network meeting (4), Pegasus Health Network (1), personal networks (1), other professional networks (3), and from a poster remaining in a GP practice (1). Of the 10 men who were identified as potential participants in this way, seven participated in the final phase of research. For those who did not participate in the project (19), the following reasons were identified: requested verbal or written information only (12), did not meet criteria (4), or withdrew before interviewing due to personal reasons (3).

In developing the theory, a total of 22 participant interviews were recorded with a total interviewing time of approximately 24 hours (1427 minutes). In this research project, rather than the use of pre-determined questions, a single open question was asked to start all interviews. The duration of each interview ranged from 37 to 109 minutes, the average duration of interview being 65 minutes. The interviews were completed at the following locations: at participants' homes (10), a private room at a local counselling agency (7), participant's place of employment (3) and the researcher's home (2)[30]. Due to a technical difficulty with the recording device, one participant was interviewed twice.

All post-interview contact was made approximately one month after the participant interview. Each participant was provided with a list of follow-up questions and a written two to three page narrative summary of their explanation of the experience. The post-interview contacts were conducted in the following ways: by

[30] There were no interviews held at the University of Canterbury as proposed due to earthquake related closures.

telephone (1), in person (3), by email (12), or a combination of in person and email (3). One participant was not offered options of how to feedback due to a concern about his mental wellbeing status at the time of the interview[31]. The duration of the telephone call was approximately 30 minutes whereas the duration of in-person contact was approximately one hour. There were three participants who were unavailable post-interview.

There was a diversity of participants representing a range of ages, ethnicities, living arrangements, relationship status, education backgrounds, and income levels. The following table summarises the socio-demographic information related to participants (the number of participants indicated in the parenthesis).

Table 1: ***Participant Socio-Demographic Information***

Age at the time of interview	18–24 [1] 25–34 [1] 35–44 [4]	45–54 [8] 55–64 [7] 65–74 [1]
Age at the time of help-seeking	18–24 [6] 25–34 [4] 35–44 [6]	45–54 [5] 55–64 [1] 65–74+ [0]
Ethnic group identified with	NZ European [13] NZ Māori [3] NZ European & Māori [1] NZ European & Asian [1]	NZ European & Pasifika [1] New Zealander [1] European [1] Asian [1]
Living arrangements at the time of help-seeking	Living with partner/spouse [15] Living on own [3]	Living with parents [3] Living with friends/flat mates [1]
Where living at the time of help-seeking	Urban [19]	Rural [3]
Relationship status at the time of help-seeking	Married/common law [16] Single [4]	Separated [2]
Education status at the time of help-seeking	High school [4] Some post high school training [3] Post high school certificate/diploma [5]	University degree [5] Post-graduate qualification [5]

[31] After consultation with supervisor it was decided to meet this participant in-person.

Annual income at the time of help-seeking	< $14,000 [4] $14,001 – $48,000 [11]	$48,001 – $70,000 [5] > $70,000 [2]

In addition to the information provided in the socio-demographic questionnaire, some participants volunteered additional information about sexual orientation (i.e., heterosexual or homosexual). Two of the participants described themselves as either homosexual or having had homosexual experiences.

Meeting the challenges of recruitment and interviewing

Due to unforeseen circumstances[32] the recruitment process was altered. Rather than 'drip-feeding' the recruitment posters as originally proposed, all posters (a total of 87) were disseminated to the identified Pegasus Health GP localities prior to the first interview[33]. In addition, the electronic version of the poster was placed in the CMC e-newsletter at this same time. Overall, the recruitment process took longer than the expected 24 months due to a slow response rate. The response rate did have some influence on sampling methods. During phase one, recruitment selection was based, as planned, on convenience sampling; that is participants who met criteria and were available for interviewing. However, during the second phase of coding, the challenge of identifying participants with specified help-seeking experiences meant the continued use of convenience sampling. During the final phase, the challenge, similar to the second phase, became one of identifying participants with specified experiences to build-up the density of the emergent theory. As a consequence it was decided, instead, to recruit participants based on having a high level of life experience, the belief being these participants would be more likely to have had relevant experiences required to build-up the theory.

As outlined in chapter three, given the potentially threatening nature of the topic, a number of steps were taken to promote the collection of quality data. These steps included the provision of an information sheet, choice of venue for interviews, the use of semi-structured interviews, and the provision of post-interview questions and a narrative summary. Nonetheless there were challenges related to establishing rapport and

[32] On February 22, 2011, a civil emergency was declared after a major earthquake measuring 6.3 on the Richter Scale occurred within 10 kilometres of the Christchurch city centre. Source: GeoNet.

[33] Posters were initially drip fed to 30 GP practices before February 18, 2011. Due to the earthquake four days later, these localities were revisited within 10 weeks to ensure posters were still there. At the same time as revisiting, other posters were disseminated to the remaining GP practices.

trust when interviewing men about their experiences. Early in phase one, a participant who had indicated being anxious at the start of the interview, suggested afterwards that greater personal self-disclosure by the researcher would have been beneficial. This suggestion was subsequently implemented; the result being greater researcher disclosure about both personal and professional[34] interests in conducting the research. Believed to a be a reflection of rapport and trust, it was observed during interviews how participants frequently disclosed their experiences in a 'circular' manner; that is, returning to parts of their narrative in a way that was increasingly revealing and/or self-correcting.

Also unexpected was the tendency by participants to want to focus more on their experience of having a mental wellbeing problem rather than the help-seeking aspect of that experience. To assist participants to retain the focus on help-seeking, they were made aware at the start of the interview of this propensity to stray off topic, and giving the 'heads up' the researcher would refocus the interview as required. Moreover, although participants did, at times, move beyond their experience and make generalised comments about the phenomenon, it was not as frequent as anticipated and was sometimes useful as 'shadow' data; data that sensitises the researcher to the possible relevance of certain theoretical concepts later while collecting data (see Appendix H for examples of meeting these challenges).

Part 4.2: Findings from coding analysis

Part 4.2.1: Initial coding phase

The data collection and analysis during the initial coding phase – participants #1 through to #5 – were approached with the aim to retain an open range of enquiry about men's help-seeking experiences from informal others and to develop as many provisional categories as possible. During analysis, theoretical concepts which appeared to be similar were provisionally coded under a common category name. In addition, both the researcher and participant meaning was reflected in the naming of the codes, the latter in the form of in-vivo codes. The outcome of this initial coding phase was the identification of a broad range of provisional theoretical concepts. In total 12 provisional categories were identified as per the table below (the in-vivo codes are in parenthesis).

[34] Researcher is a professional counsellor with full membership status of the New Zealand Association of Counsellors and the Canadian Counselling and Psychotherapy Association.

Table 2: ***Provisional Categories of the Initial Coding Phase***

Category	Provisional category name
1	Identifying a problem of mental wellbeing (*struggling, tears & darkness*)
2	Attributing a cause to the problem (*it's me, it's relationships, work, & children*)
3	Responding to the identified problem of mental wellbeing (*avoiding, escaping, & sorting it*)
4	Triggers to seeking help (*breaking down, crying, & receiving ultimatums*)
5	Expectations from seeking help (*uncertain, assurances, & rescues*)
6	Inter-personal encouragers to seeking help (*familiarity, accessibility, safety, & experienced others*)
7	Intra-personal encouragers to seek help (*prior experiences*)
8	Inter-personal inhibitors to seeking help (*lack of accessibility, being dismissed, & getting on with it*)
9	Intra-personal inhibitors to seeking help (*messed up, not knowing how, & doing it myself*)
10	Types of help-seeking (*happenstance, roundabout, & mixed with formal*)
11	Characteristics of informal others (*older, wiser, & having been there*)
12	Contextual influences on seeking help (*age, situation, & history*).

An example of a provisional category: 'triggers to seeking help'

The following is an example of one of the emerging provisional categories, the category of 'triggers to seeking help'. The following participant excerpts are explanations of what 'triggered' the decision to seek help from informal others for a problem of mental wellbeing. The similarity amongst the participants is the event that precipitated seeking help was representational of a type of emotional crisis with participants using words such 'breakdown', 'mess', and 'sobbing'.

Participant #1

> *When I discovered that* ***she had been seeing someone else****; that* ***turned things around on its head quite a lot*** *really for me. My impression of that time was that I* ***couldn't even hang the washing out or go and do the shopping****.*

Participant #2

*Yeah, having **a partner that I was in conflict with**, it just didn't seem to be – um, you know, life was pretty hard really. And I just said, "I just can't do it anymore"**, and broke down into tears**.*

Participant #3

***My partner had moved out** for a couple of weeks and I was having difficulty with that. I was having a real **breakdown** at that point. I have a feeling that I was **on my way to finish things**.*

Participant #4

*Yeah, doing it for a few years and **struggling on financially**, with a **wife that wasn't happy** with me, and **children** that kept turning up unexpectedly so you know…. I'd just park the bike up on the farm, put the sidekick down, lie over the handlebars and **start sobbing**.*

Participant #5

*S [wife] basically had **given me a series of ultimatums**. She'd just keep kicking me out, she'd say, "I don't want to have anything to do with this stuff [drugs]". Yeah, **I was a mess**. I was a complete and utter – I mean I was just **bawling my eyes** out, and I don't do that as a rule, you know.*

The following theoretical memo (audio) captured the moment where the researcher provisionally identifies the category of triggering moments:

I notice that I didn't have a lot of information on the moment that men actually decide to seek help or do something proactive… I call them triggering moments.

The concept of help-seeking for problems related to mental wellbeing

At the end of the initial coding phase, it emerged that participants were not necessarily using expected terms such as 'depression', 'anxiety', and 'help-seeking' when explaining their experiences. Conversely, some participants were making the point that these concepts were not part of their thinking at the time of having the experience. Instead participants were using terms such as 'stress', 'distress', and 'feel better'. The use of these latter terms is captured well in this participant excerpt from early in phase one:

Participant #2

*Like I **wasn't defining myself as being in depression**. I knew **I was distressed**. And I knew I wasn't sleeping well, and I knew it was starting to leak through into my work. I **wouldn't have used the language of help-seeking**, it was, "Oh, I feel like crap and **I wanna feel better**".*

As a consequence, the researcher's sensitivity developed to alternative ways that participants might be conceptualising mental wellbeing problems and, as well, their responses to that problem. The increased sensitivity to new theoretical ideas is captured in the following theoretical memo that was made at the time of interviewing the above participant:

*Memo – Participant #2 identifying with being distressed rather than depressed…. The use of language 'starting to leak through into my work' as if trying to contain the effects of the distress/stress. He is also making a point of distinguishing his actions from that of help-seeking. Not sure why he has done so? **See if others do the same.***

Part 4.2.2: Focussed coding phase

As the research continued into the second coding phase, the aims of the analysis changed. A central aim of the focussed coding analysis – participant interviews #6 through to #15 – was to actively select the most salient of the provisional categories identified in the initial coding phase, and then build the properties of these categories. This included the specifying of their dimensions utilising frequency (e.g., 'low frequency') or general descriptors (e.g., 'strong focus', or 'high anticipation'). However, the need to identify and develop the most salient of the categories was balanced with the need to be open to additional categories emerging. The other important aim of the second phase was to start integrating theory; that is to identify the central category and how, in representing the basic psychological-behavioural process, it related to the other main categories.

The emergence of the central category of self-disclosure

During the focussed coding phase, participants' use of language such as 'told', 'opened-up', and 'informed' reflected the emergence of the central category of self-disclosure. It emerged that participants, rather than seeking-help from informal others for the problem of mental wellbeing were actually self-disclosing the problem, a concept which does not necessarily imply a need for others to take any action. In addition, it emerged more clearly that by self-disclosing the problem, that this action, in and of itself, was important in addressing ('feeling better') the problem. The importance of self-disclosure to address the problem is captured in this excerpt from a participant interview early in the focussed coding phase, and by the theoretical memo that was written at the time:

Participant #7

> *Yeah, I mean **opening** up to my friends, I had to decide that I am going to be open and **disclose** because I know that's best for me…. So, **I told M** [main friend] and **I told some of my other friends**, you know, "I'm feeling a bit down at the moment and" – ah, it was just good to tell them and **I felt better about it** – just get it off the chest, you know, and just say, "Oh look I'm having these issues".*
>
> *Memo – this seems to be important passage. Participant #7 explains the **decision to disclose to others** his experiences. It fits with his comments **about telling others not so much to receive help but to 'feel better'**, like a release of stress. Similar to Participant #2 wanting to 'feel better'.*

Thus, early in the focussed coding phase, the concept of self-disclosure had emerged as the central concept. Although the importance of self-disclosure had become known, it still remained unclear how, in representing the basic psychological-behavioural process, it related to the other main categories emerging from this phase. In addition, the condition in which it occurred remained unclear.

The emergence of the main categories

During the focussed coding phase, the overall number of categories, not including the central category of self-disclosure, reduced from 12 to seven, the seven categories thereby representing a greater amount of data. In addition, the names of categories changed to better reflect the increasing amount of data and the new ways in which data was being put together theoretically. To illustrate, at the conclusion of the second phase of analysis the new category of 'a risk management style of disclosure' was named. Also during this phase, the properties of each of the seven categories were identified. Each category had up to four properties, each property represented on dimensions of frequency ('low-to-high') or general descriptors ('low-to-strong'). The seven categories, their properties and dimensions that emerged are represented in the following diagram:

Table 3: ***Seven Main Categories and Properties of Phase Two***

Category	Properties and dimensions
Identifying a problem of mental wellbeing	1) High frequency of self-identifying a problem 2) Moderate frequency of others identifying a problem 3) High frequency of attributing a cause to the problem.
Beliefs and non-disclosure of the problem	1) Strong belief of needing to protect self from loss 2) Moderate–strong belief of needing to protect others from distress 3) Strong belief of wanting to self-manage the problem.
Non-belief related discouragers to disclosure	1) Low level of understanding about mental health/emotions 2) Low level of skill in expressing personal problems 3) Low level of access to trusted others.
Triggering moment and deciding to disclose	1) Strong internal trigger of reaching a coping threshold 2) Strong motivation of avoiding loss 3) Moderate external trigger related to others 4) Moderate motivation of wanting to understand the experience.
Non-belief related encouragers to disclosure	1) Moderate level of understanding mental health/emotions 2) Moderate level of skill in expressing personal problems 3) Moderate level of established access to trusted others.

A risk management style of disclosure	1) Low–high level of needing to manage personal information 2) Moderate–high level of needing to manage the intention of disclosure 3) Moderate–high level of needing to assess risk of disclosing 4) Low–high level of needing to have a mutual disclosure.
Repeated and multiple disclosures	1) High motivation of wanting to understand the problem 2) Moderate–high expectation of sorting the problem 3) High preference for selecting experienced others.

The properties and dimensions of the seven categories are presented below in a detailed way. Data – in the form of participant interview excerpts – which best represent the properties have been selected (see Appendix I for all phase two data). For each category and the corresponding properties, there is also a complementary in-vivo name in parenthesis to aid ease of understanding.

Category 1: identifying a problem of mental wellbeing ('something's not right')

During the focussed coding phase, it emerged how participants identified a mental wellbeing problem. Specifically, it came to the fore that participants became alerted to the possibility of a mental wellbeing problem through experiential changes related to thoughts, feelings, or behaviours. It also emerged that participants, in defining the problem, frequently attributed the cause of these changes to issues and related stress, as well as a change in the ability to cope. Excerpts from a range of participant interviews capture the emergence of this category, its properties and dimensions.

Property 1.1: high frequency of self-identifying a problem ('can't even hang the washing out')

It emerged participants were first alerted to a potential problem of mental wellbeing when noticing changes in their everyday living. This could be a change of general functioning (e.g., 'overall not going well'), but most frequently it was related to specific changes of functioning related to behaviour, thought, or emotion. The following participant noticed a change in the frequency of emotion (volatility) he was experiencing in his primary relationship (i.e., partner):

Participant #8

> *Yeah, I started to notice stress and when I got stressed then… I sort of realised it was becoming, well both [wife and I] really, because we sort of* ***became volatile*** *at similar times*

Another participant noticed different changes related to his behaviour and, in particular, how he was isolating himself from his friends socially:

Participant #7

> *I found myself **isolating myself from my friends**. I recognised that it was going on; they'd say, "Oh, do you want to come over for a jam or something", and I'm, you know, tired from work, or can't be bothered, or starting work tomorrow early or something.*

Property 1.2: moderate frequency of others identifying a problem ('you've got a problem')

However, it also became apparent that participants did not always identify these changes by themselves. Informal others (i.e., partners, parents, and friends) also identified changes in behaviour, thoughts, and feelings, and, in turn, informed participants of these changes. The following participant explains how his wife, noticing his lack of socialising, thought he had a problem related to mental wellbeing:

Participant #6

> *She thought my world was **shrinking socially**…she had the idea that it was dysthymia [depression] that was causing it and I was in denial.*

Property 1.3: high frequency of attributing a cause to the problem ('putting it down to')

During this phase it also came out that participants frequently attributed a cause to the changes in experience. Participants attributed the cause to stressful issues existing at the time including, amongst others, issues related to relationships, work/career, parenting, family, health, sexuality, and finances. Participants frequently attributed the problem to primary relationship issues. This participant explains how he noticed his withdrawal of communication with his wife as a problem, and how he attributed this behaviour to an unhappy marriage:

Participant #4

> *I'd **barely speak to her for weeks and weeks,** you know, apart from the stuff that you had to speak you know. I knew that wasn't right. **The real problem** was – I thought it was just because I didn't want to be married, you know.*

The change was also frequently attributed to work issues. This participant attributed the changes of experience to being stressed by his work:

Participant #12

> *[I] put it down to **feeling stressed at the job**, not having any feeling, like, "Why am I doing this job? I don't feel satisfied, I'm not getting satisfaction, I don't feel drive to get this done".*

Importantly, it came to the fore that a number of participants believed that, in addition to issues, the change of experience was somehow related to their ability to respond to the issues and related stress. In other words,

participants also attributed the problem to a reduced ability to cope. This participant was aware of a change in coping from his increased 'struggle' while at work:

Participant #15

> *I found I was **struggling at work**. I **couldn't concentrate** on my pill rounds or anything like that…yeah, and it was a sign too I **wasn't sleeping** at night.*

Thus, the first category of identifying a problem of mental wellbeing involved participants self-identifying cognitive, emotional, and/or behavioural changes; changes that participants attributed to a range of stressful issues including a reduced ability to cope. It also emerged that others identified and informed participants of the existence of a problem based on changes of their experiences with them. It remained unclear, however, the relationship between participants self-identifying the problem and others identifying the problem.

Category 2: beliefs and the non-disclosure of the problem ('fitting in')

During the focussed coding phase, it emerged that participants frequently made a decision to not disclose the changes of experiences to informal others. The explanation of non-disclosure by participants focussed on the need to protect themselves and others from the perceived risks of others knowing about these experiences. In addition, participants also focussed on the need to self-manage the identified problem and the reasons believed to be the cause of it. Excerpts from participant interviews #9 and #10 best captures the emergence of this category, its three properties, and the related dimensions.

Property 2.1: strong belief of needing to protect self from loss ('fear of losses')

It unfolded that many participants strongly believed there would be consequences from disclosing to others the changes in experience and what they believed to be the cause of those changes. Specifically, participants feared disclosure would result in negative judgments by others for having the problem, and that this would lead to negative consequences in the form of some kind of loss. This participant makes clear how he feared the loss of his job if he disclosed to others what was happening for him:

Participant #9

> *And the difficulty in seeking help, too, is that you have this **real reluctance to disclose** to somebody that you are not whole. And I think **the fear for me was driven by the ramifications**. I might **lose my jobs because** 'I'm nuts', and that's my income.*
>
> *Memo – in reviewing data, the above seems important. This participant is explicitly indicating **that fear was part of making the decision of whether or not to self-disclose** his experiences to others. He is explaining that he specifically **feared there would be a consequence** – in the form of job loss – from disclosing to others.*

Other participants explained the fear of a different kind of consequence from disclosing their problem to others; the loss of social connection. This participant explains how the decision of non-disclosure was based on the need to protect his existing relationships with male friends:

Participant #10

> *We would all laugh at people who fell short of what we thought were ideal. And **I didn't want to become one of them**, you know. It was just **I wanted so much to fit in**.*

Property 2.2: moderate-high belief of needing to protect others from distress ('not burdening others')

The importance to participants of protecting others from negative consequences also came to the fore and, in the process, established a second property in this category of non-disclosure. It emerged that participants were also concerned about the potential recipient of the disclosure experiencing a negative consequence in the form of distress. Remaining with the same participant, he explains his concern about 'burdening' others, particularly his parents, with his situation:

Participant #10

> *And **not really wanting to burden people** with my experiences. And looking at my situation as more of a burden than something positive to share with people…. I didn't want it to reflect on them [parents] that it was their bad parenting or anything like that.*

Property 2.3: strong belief of needing to self-manage the problem ('getting on with it')

Participant explanations for non-disclosure, however, were not always based on the need to protect themselves or others. The final property of this category to emerge related to the importance that participants placed on self-managing the unwanted changes of experience and causes attributed to it. Participants, upon identifying a problem, stated how important it was, as males, to self-manage the problem without involving others. Moreover, how the intention to self-manage the problem without involving others was consistent with their values of remaining strong. Returning to participant #9, he explains the need as a male 'bloke' to self-manage his problem by 'sucking it up and getting on with it'.

Participant #9

> *Because the **male thing** is, you know, I'm in **charge of myself**. I'm a bloke who's always managed my own affairs reasonably well…. You know, **big boys don't cry** and all that sort of stuff. Yeah, **suck it up and get on with it**.*
>
> *Memo – the use of the word bloke seems really important here. It seems that the need to consider **asking for help is challenging his identity as a strong bloke**. Masculinity under threat because confronted with the loss of these **masculine importance of being in charge of self and managing own affairs.***

Thus, during the focussed coding phase, it emerged participants' decisions of non-disclosure were based on beliefs that self-disclosure of their problem of not functioning well would lead to negative consequences in the form of loss. As importantly, participants also placed high importance on self-managing the problem; that is coping with, if not resolving, the problem on their own without involving others. It also became known that participants made this decision based on the belief that disclosing the problem would also lead to negative consequences for those receiving the disclosure.

Category 3: non-belief related discouragers to disclosing ('not sure about it')

During the focussed coding phase, it emerged that other factors not related to participants' beliefs could act to discourage participants from disclosing the changes in experience. Thus, the third category of 'non-belief related discouragers' consisting of three properties (and dimensions) became established: low-moderate level of understanding about emotional/mental wellbeing, low level of skill in disclosing problems, and low level of access to trusted others. The emergence of these three properties, and the links between them, were best captured in excerpts from the interview with participant #5.

Property 3.1: low-moderate level of understanding about mental health/emotions ('what's this experience?')

It came to the fore that participants, when explaining non-disclosure of their experiences, consistently made reference to a lack of emotional understanding (e.g., being 'numb' or not knowing the emotion) and/or mental health understanding (e.g., depression or anxiety) at the time of identifying the change of experience. Participants consistently made reference to not having a language to describe their experiences. The lack of understanding about emotions and/or mental wellbeing that many participants experienced at the time of the changes in functioning is captured by this participant:

Participant #5

> *I **didn't even have terms** for them. I didn't even know there was such a thing as an anxiety disorder… I didn't know – just, you know, life sucks man.*

Property 3.2: low level of skill in articulating personal problems ('not able to talk about stuff like that')

In addition, low skills in disclosing problems became established as a second property of this category. Participants described how limited skills in articulating problems of a personal nature discouraged disclosure to others. Moreover, that part of the difficulty in articulating the problem was due to a lack of emotional and/or mental health language. The same participant, who already identified a lack a language to describe his

experiences, also explains how he did not know how to talk to others about 'stuff like that'. Thus, it emerged that a lack of understanding of emotions and mental wellbeing, coinciding with a lack of skill in articulating problems, both contributed to the overall decision of non-disclosure.

Participant #5

> ***I didn't even articulate it, I couldn't****…I didn't disclose stuff because* ***I didn't really know how to talk to people about stuff*** *like that.*

Property 3.3: low level of having access to trusted others ('not connected to others')

The third and final property of this category to become established was accessibility to trusted informal others. It became clear that low accessibility to trusted and safe others discouraged disclosing. Participants explained how the low access to informal others was not necessarily a physical one, and was more likely to be an emotional one, and that the result was an emotional isolation from others. This same participant tells of having a family and friends yet being isolated from them at the same time:

Participant #5

> *I got stuck in this cul de sac where I* ***didn't really have support networks****; I was* ***alienated*** *from my family…*

In particular, participants commented upon the lack of emotional access to other trusted males. Here another participant explains his limited emotional access to others males:

Participant #8

> *I* ***didn't really have men's friends*** *where you might do something together or something or other. Just some platonic friends…and you wouldn't really talk about deep seated emotions or feelings about things.*
>
> *Memo – Participant #8 makes clear reference to not having a person that he could share emotions or feelings with, that his emotional isolation and* ***a lack of access to established friends is a barrier to disclosing****.*

Thus, the third category of non-belief related discouragers emerged during the focussed coding phase. Moreover, in this emergence it became clear the three properties – consisting of low mental health/emotional understanding, low skills in articulating the problems, and low access to trusted others – could all be relevant to a single participant and, in turn, discourage the self-disclosure of the problem being experienced. However, the unknown nature of the relationship between this category and the previous category despite their similarities (i.e., both contributed to the decision of non-disclosure), meant further exploration was still merited.

Category 4: trigger moments and disclosing the problem ('ripe and ready')

During the focussed phase of coding, it also emerged that participants did make the decision to disclose their changing experiences to informal others. The moment of deciding was most often triggered by an event providing the motivation to self-disclose. Moreover, this event, for the first time, more clearly indicated to participants that the problem was related to mental wellbeing. Thus, the fourth category of trigger events emerged along with its four main properties (and dimensions): strong internal triggers to disclose, strong motivation to avoid negative outcomes, moderate external trigger to disclose, and the moderated motivation to understand the experience. These properties are represented by excerpts from a number of different participant interviews.

Property 4.1: strong internal trigger of reaching a coping threshold ('can't do it anymore')

In the course of this coding phase, it came to the fore that participants' decisions to disclose to informal others were triggered in response to a distressing event that represented loss of control over the ability to self-manage the problem. For participants, the loss of control was precipitated by a period of high stress related to issues and marked by the reaching of a 'coping threshold'. Returning to participant #9, he explains how having a 'stress driven meltdown', and an accompanying sense of lost control, led to his decision to self-disclose to his wife what he was experiencing. He states

Participant #9

> *I'd just started **work** again – actually for about five years I think – and I had a meltdown, literally, **a stress driven meltdown**. I felt that **events were controlling me** rather than me controlling events. And that was around my whole sense of self-worth. You know, I stopped shaving, I became grubby.*

Property 4.2: strong motivation of avoiding a negative outcome ('not going there')

As the coding continued, the underlying primary motivation for disclosing to informal others also emerged. The motivation to disclose was predominantly 'negative' in nature. Participants explained there was a desire to avoid a negative outcome in the form of major losses including further loss of self-control, the loss of mental wellbeing, and, not uncommonly, the loss of life. In addition, participants indicated there was a sense of immediacy to disclose when seeking to avoid these losses. Returning again to participant #9, he explains his motivation to disclose immediately to his wife to avoid the possibility of suicide:

Participant #9

*I think the whole thing for me at the time was **this [is] a sandcastle and the tide was coming in, and I knew that it would be gone**. Yeah, and then I told my wife about it because it was just that **I was at the end of the alley.** There was no where I could go.*

*Memo – Participant #9 talks **more about control**, that he had a sense that events were controlling him and if he did not disclose then it was **all going to 'end' because of this loss of control**. For him the event is the suicidal thought but **the motivation is to avoid** the attempt of suicide.*

As previously mentioned, a number of participants expressed the need to 'feel better'. It too emerged that participants believed the immediacy of disclosure would lower the distress being experienced and, in turn, this would serve to alleviate losses. Participants used terms such as 'venting' or 'off-loading' to describe their efforts to 'feel better'. The following participant excerpt captures both the expectation to 'vent' with others, and the immediacy ('cry for help') of the need to do so:

Participant #13

*I was just wanting, **hoping to vent** with someone. Yeah, I think I was just trying to **call out for help** I think at that time as well.*

Property 4.3: moderate external trigger of others' influence ('address it!')

It also emerged participants' decisions to disclose their experiences could be triggered by external events, and that others, particularly partners, could play a role in the decision to disclose to informal others. Partners, for example, pressured participants to disclose their problems with the use of ultimatums, and participants disclosed to informal others due to fear of losing this primary relationship. The following participant explains how pressure from his wife was the event that led to the decision to speak to his father-in-law:

Participant #6

*And they [wife and her friend] came to the conclusion that tough love was called for, so they came up with a **set of ultimatums**…. My wife said **we had to have a separation** if I wouldn't go [talk to somebody].*

Property 4.4: moderate motivation of wanting to understand ('what's happening to me?')

Conversely, it became clearer that the motivation to disclose was not always negatively motivated. Participants also explained a positive motivation for deciding to disclose to informal others to better understand the experience they were having. Here a participant refers to a distressing experience at work, and the subsequent decision to tell his wife in order to understand the experience:

Participant #11

*I experienced quite suddenly – it was quite disturbing – a change in the state that I was… the way I felt. People looked strange. Going to work felt completely ridiculous and I couldn't go there and stay there…. So there was just **an event** and, "Ooo, **what's happening?** I need to talk to somebody about it".*

Thus, the fourth category of trigger moment for deciding to self-disclose emerged during the focussed coding phase. Specifically, it emerged that the participants' decisions to self-disclose to others was triggered by a distressing internal and, to a lesser degree, distressing external event. Irrespective of the event origins, the motivation for deciding to self-disclose was primarily to avoid a loss of something of high value to participants including the capacity to self-manage, mental wellbeing, primary relationships, and life itself. In addition, it became clearer the distressing event was precipitated by periods of high stress and marked by reaching a coping threshold. However, the emergence of internal and external triggers events together, accompanied with negative and positive motivations, meant potentially complex links between the properties, and thereby merited further investigation.

Category 5: other non-belief related encouragers to disclosing ('exposure to others')

During the focussed coding phase, it emerged how non-belief related factors related to skill and knowledge could encourage the decision to self-disclose to informal others. Specifically, it became salient that having existing emotional/mental wellbeing understanding, experience of personal self-disclosure, and established access to trustworthy others was also important in making the decision to self-disclose. Thus, the category of non-belief related encouragers and its three properties (and dimensions) emerged: moderate understanding of mental health/emotions, moderate skill of articulating a personal problem, and moderate level of access to trustworthy others.

Property 5.1: moderate level of understanding mental health/emotions ('talked about it')

The property of understanding mental health/emotions emerged clearly as an influential factor in participants deciding to disclose their experiences. Some participants explained how having understanding about mental wellbeing/emotions based on prior experiences could add encouragement to disclose their experiences. This is captured best in the following excerpt where the participant explains how his prior experiences of family members having mental wellbeing problems led to an increased understanding of depression and, in turn, influenced the decision to disclose to a female friend:

Participant #7

> *I mean, my family, we've **all had various issues with mental wellbeing**. My dad died, and after that my mum was on anti-depressants. Yeah, I mean my brother, he was seeing a psychiatrist when he committed suicide, and he was [on] anti-depressants of some sort I think. It's been a thing and **we have talked about it**.*

*Memo – Participant #7 describing family after father's death…. It seems to be confirming **that through exposure to others** in his family and related discussions, that he has a greater understanding of mental wellbeing.*

Property 5.2: moderate level of skill in articulating a personal problem ('getting good at that')

During this middle phase of coding, it became apparent that prior experiences of articulating problems related to mental wellbeing could encourage disclosure to informal others. Moreover, that the experiences of observing others self-disclose their own problems related to mental wellbeing could be useful at a later time. The same participant explains how, in addition to his own talking about mental wellbeing within the family, he also observed his mother disclosing personal problems to her close friends:

Participant #7

*There are some people that are not very good at seeking out their friends but **my mum is someone who is very good at that**. She does have a few very close friends, you know, mums at school – and they all get together and have coffee, and then talk about various things.*

It also emerged throughout this phase how prior experiences of disclosing a personal problem could be important even if they were not related to mental wellbeing problems per se. In other words, participants' prior experiences of disclosing personal problems related to work, parenting, and the like, could act as an encourager at the time of experiencing a problem related to loss of control of functioning and the capacity to cope. The key seemed to be having had the opportunity to gain experience in disclosing needs at a personal level. The following participant details how, after the death of his wife, he learned to disclose to others his need related to caring for his children:

Participant #11

*I felt **initially strangely embarrassed and inadequate** in having to ask for that elementary help. **And then I realised** as many mothers said to me, "We do that all the time, just ask when you need help, don't worry about it". So I relaxed a little.*

Property 5.3: moderate level of having established access to trusted others ('close others')

The third and final property of the category of encouragers was also confirmed during this phase. Participants explained how having access to trustworthy informal others was important in making the decision to disclose. Returning to participant #7, he states how having access to friends and family whom he trusted was important when deciding to disclose:

Participant #7

*I have **people that I trust**, and for me I've always felt that it's enough for me to go to them. I mean, I've **never really found myself in a situation where there's no-one that I would trust**.*

It also emerged that those identified as being trustworthy by participants were familiar and tended to be partners, but also included family, friends, colleagues, and pastors. Moreover, this familiarity was most often gained from intimate experiences of living or working together, or alternatively, from regular ongoing contact through church, community clubs, and schools. This participant makes reference to how he developed trust with a flatmate while living together:

Participant #12

> *I **went into a flat** with other Christians – there were four Christians – when I was at teachers' college. There was one woman there who was really nice…she was there and just really nice, and didn't exclude me.*

Thus, a fifth category developed during the focussed coding phase; a category that consisted of non-belief related factors encouraging disclosure and was, in essence, the 'flip side' of the category called 'non-belief related discouragers'. It emerged that participants, when explaining their experiences of disclosing, sometimes referred to already having existing understanding of mental wellbeing/emotions, skill in articulating personal problems, and access to trustworthy others. Similar to when these non-belief related factors acted as discouragers, their presence did not appear mutually exclusive and could all be relevant to a single participant. However, the relationship between beliefs and these non-belief related factors in participants' decision-making still remained unclear.

Category 6: a managed style of disclosure ('in a roundabout way')

It also became apparent during the focussed coding phase that participants varied in their openness when disclosing their experiences to informal others. Some participants decided to be fully open during the disclosure of the problem – particularly to partners – while, for the majority, there was a decision to manage the disclosure in some way. Additionally, it became apparent that the main reason for managing disclosure was related to the perceived risk of the disclosure. Thus, the sixth category of the managed style of disclosure and its four properties (and dimensions) emerged: low-high management of personal information, high management of intent to receive support, moderate-high need to test and assess risk, and, finally, the moderate-high need of safety of reciprocal disclosure. The excerpts that best capture these properties are from participant interviews #7 and #10 but other interviews are included as well.

Property 6.1: low-high need of managing personal information ('limiting disclosure')

It came to the fore that participants, to varying degrees, limited the personal information made available to informal others at the time of disclosing the problem related to mental wellbeing; participants rarely revealed all their personal details when disclosing the problem. Moreover, the reason for limiting the personal information was to reduce the risk of being negatively judged for having the problem. Returning to participant #10, he gives explanation about how he limited personal information to individual male friends so that there was not the opportunity to judge him:

Participant #10

> ***I never fully opened up to them [male friends]*** *– I'd think that, "Oh my god, they're going to find out that I'm this ugly person with these irrational thoughts". And I know that they're irrational but they're there, and I didn't want people to see that part of me.*

Property 6.2: high need of managing the intention of disclosure ('asking without asking')

Additionally, it evolved that participants consistently managed others to avoid them knowing the intent of their disclosure. In other words, participants did not tend to make explicit to the recipient of the disclosure the purpose of providing the personal information to them. The same participant clarifies how, in addition to limiting personal information, he was indirect about the reasons for disclosing that information. The theoretical memo that follows captures the emergence of this property, posing some questions about the possible role of shame.

Participant #10

> *It was* ***all indirect****…* ***I'd get to know them [male friends] and then eventually I would start trying to ask them for help without asking them****.*
>
> *Memo – Participant #10 [is] not seeking help directly, nor opening up or disclosing fully including the wanting to commit suicide. Barrier of shame for straight out asking for help-seeking?*

Property 6.3: moderate-high need of assessing the risk while disclosing ('testing the waters')

It emerged too that participants managed the self-disclosure for other reasons. Participants, if the risk of disclosing to others was unknown at the time of disclosing, utilised partial disclosure to actively test the level of that risk. Thus, the third property of the category of managed disclosure was confirmed. Returning yet again to the same participant, he expresses how he used partial disclosure to assess the responses of others, and how the response of being 'dismissed' by a friend led him to make the decision to not disclose any further to his friends:

Participant #10

> *I would kind of **chuck it in now and then just to test the waters**. **They were really dismissive** of how I felt and just kind of put it down to, "You need to get over it"… I **dismissed it myself** as just like a lapse in concentration kind of thing.*

Property 6.4: moderate-high need of having a reciprocal disclosure ('feeling secure')

Finally, the importance of reciprocal disclosure emerged during this phase. Some participants explained that if, when disclosing, the recipient of the disclosure made a similar personal disclosure, this would provide reassurances that it was safe to self-disclose more fully. Participants identified how this reciprocal disclosure provided reassurances the recipient would not negatively judge or, alternatively, disclose any of the personal information to third-party others. The following participant makes clear how the reciprocal disclosures by others established a level of trust between them which, in turn, led to a fuller disclosure:

Participant #7

> ***I learn things about them that other people wouldn't know and for me that's really good and feeling secure about sharing my experiences**, because then I know something about them so I can't go around telling everyone.*

Thus, it became apparent that participants restricted both their personal information and the intent of the self-disclosure as a means to protect themselves from the perceived risks. In addition, participants, if the risks were uncertain, utilised partial disclosure to assess the risk at the time of taking the step to disclose their experiences, thereby establishing a level of safe self-disclosure. Finally, participants explained how a reciprocal disclosure tended to lower the perceived risk while disclosing a mental wellbeing problem. However, theoretical gaps still remained in the researcher's understanding about this managed style of disclosure including, for example, why the level of disclosure varied between participants.

Category 7: Repeated disclosure to multiple informal others ('telling others')

Finally, during this coding phase it became apparent that participant self-disclosure was rarely limited to a single disclosure and, instead, involved repeated disclosures to multiple informal others. Moreover, it was clear that as participants made repeated self-disclosures of the experience, the motivation and expectations – including who was being selected – changed. Thus, there was an emergence of three properties (and dimensions) consisting of the high motivation to understand the experience, the high expectation to address the problem, and the high preference to disclose to others with experience. Excerpts from participant interviews #9 and #13 best represent this category.

Property 7.1: high motivation of wanting to understand ('gaining a rational explanation')

As the focussed coding phase continued it developed that when participants made repeated self-disclosures to informal others, the motivation was increasingly to understand the experience. Participants sought out different others to gain an explanation about the experience they were having. Returning to participant #9, he, already having disclosed to his wife, expounds on the importance to him of disclosing to someone who could provide an understanding of the experience he was having:

Participant #9

> *You know, you actually need to contact **people who can give some rational realistic explanation** to what you are experiencing.*

Property 7.2: high expectation of sorting the problem ('what to do with it')

Additionally, it emerged that as participants made repeated disclosures, the motivation to understand the experience coincided with an expectation of addressing the problem, including an increased expectation of receiving some form of guidance, if not advice. Remaining with the same participant, he sums up his expectation to receive some 'common sense' advice from others so as to know how to address it:

Participant #9

> *People who have experienced the same thing and can give you sound common-sensical, practical advice **about what to do with it.***

Property 7.3: high preference for selecting experienced others ('been there')

In the above excerpt, the participant implicitly raises the importance of gaining an understanding from those who have had a similar experience related to mental wellbeing. As the final property of the category of repeated and multiple disclosures developed, it became clearer there was a preference to seek the understanding from others who were experienced. More pointedly, the preference, while not exclusive to, was increasingly for other males who had had similar experiences and had managed a similar problem related to mental wellbeing. The same participant continues on to provide more detail as to why he sought understanding from those other than his wife:

Participant #9

> *But I don't think your partner is the only person you look to support for. You tend to look to support for people who are **either going through or who have been through** the same thing before.*

In addition, it became clear that participants increasingly chose to disclose to other males who, irrespective of whether they had been through and managed a similar experience, were perceived to be successful at

managing their lives generally. The following participant states how he sought out a male friend whom he believed had his life 'in control' as evidenced by his success with music and career:

Participant #13

> *Yeah, and he's like **life in control** and I think that was the main thing I think with [friend]. He's got it on, he knows what he's doing; maybe I can talk to him and **find out how he's doing it so I can.***
>
> > *Memo – similar to other participants [Participant #9], he has specifically sought out another man after first disclosing to his wife. Again, it is to find some kind of **answer from another man.** Seems that he [friend] **having control** of his life and being successful is the reason.*

As the final category to develop during the focussed coding phase, it became clear that participants made repeated and multiple disclosures. Participant motivation for the repeated disclosures was positive – to gain understanding – and the expectation was to address the unwanted changes in experience. In addition, as participants made repeated disclosures, there was a preference to disclose to experienced informal others, particularly familiar males, who were experienced and successful at addressing a similar problem and/or at generally managing their own lives.

The five stage process of decision-making related to self-disclosure

Nearing the end of the focussed coding phase, the seven categories above were considered in the context of the basic psychological-behavioural process of self-disclosure. It became clear that participants were making a series of decisions related to self-disclosure of a problem of mental wellbeing including, in order, deciding there was a problem, deciding not to disclose, deciding to disclose, deciding how to disclose, and deciding to disclose more than once. As this phase of analysis came to an end, the seven separate categories of self-disclosure were integrated into a five stage process of decision-making related to self-disclosure. The following table represents how the original seven categories of self-disclosure were integrated into the five stage process of decision-making related to self-disclosure (see Appendix J for example of the integration of a category).

Table 4: ***An Integrated Five Stage Process of Decision-Making related to Self-Disclosure***

Five Stages of Decision-making Related to Self-disclosure	**Seven Categories of Self-disclosure**
1) Deciding a mental wellbeing problem	Category of identifying a problem of mental wellbeing
2) Deciding non-disclosure of the problem	Category of beliefs and non-disclosure Category of non-belief related discouragers to disclosing
3) Deciding to self-disclose for the first time	Category of triggering moments and disclosing Category of non-belief related encouragers to disclosing
4) Deciding to self-disclose in a managed way	Category of a managed style of disclosing
5) Deciding to make subsequent disclosures	Category of repeated and multiple disclosures

At the end of this phase, it also became apparent that the five staged process of decision-making related to self-disclosure could be a lengthy and, at times, a non-linear process involving multiple informal others. At the same time, it also became clear there tended to be a general progression while going through the stages; that participants' motivations and corresponding expectations progressed from disclosing to avoid 'bad outcomes' by lowering distress, to disclosing to gain a better understanding of the experiences so as to address the problem. The above is captured well in a series of excerpts from a participant interview early in the focussed coding phase. The participant speaks of his decision-making process over a five year period. The process started with the decision to self-manage because of a bad experience of disclosing, but there was still a progression from disclosure to his wife to avoid the loss of his life through to disclosing to a friend with the belief that he could gain a better understanding of the problem.

Participant #13

> *This whole thing happened over a matter of like five years.*
>
> *I think the first time **I tried telling someone [friend]…** And I was just saying, "You know, I've been feeling a bit different lately, with how things are. I don't know, just **not really dealing with anything** quite well". **And then that went badly** so I was like, "Nah, I'm not going to talk to anyone else. I'm just going to bottle it up", and that's what I started doing.*
>
> *It's **standing on the tracks** that you realised that in thinking about whether you want to be here and making a decision, "Yes, I need to be here for my daughter. And **I'd talk to [wife]** about it and that. That's when I started trying to fight myself – **before that point I tried to deal with it myself.***

> *Eventually I crashed and I attempted to kill myself. And I freaked out **and I went to one of my good friends**…. Yeah, and he's like **life in control** and I think that was the main thing I think with [friend]. He's got it on, he knows what he's doing; **maybe I can talk to him and** find out how he's doing it so I can.*

Finally, it also unfolded that self-disclosing as a staged process of decision-making was not limited to informal others, but also consistently involved formally trained health professionals. This was unexpected and outside the aim of the analysis however the consistency of the interrelationship was noted. To illustrate, the same participant explains how he sought out both a GP and a psychologist over the same period, the latter through an employment assistance program:

> ***I went to a doctor** because maybe I've just got a bit of an imbalance, like a vitamin deficiency or something like that, I'm not feeling, like you wake up in the morning and you feel just tired.*
>
> *And I ended up going to this doctor and he was like right, "You need to talk to these people". Yeah and he put me onto these guys. Oh, he gave me first off Citalopram. And I **ended up going to this EAP service.***

Thus, at the end of the focussed coding phase it emerged there was a staged process of self-disclosure. Although not every participant progressed through the process in the same way, it was clear that during the stages of self-disclosure there tended to be a shift from disclosure to avoid major losses, to disclosure to gain a better understanding of the mental well problem. However, at the end of the phase the understanding of relationships between the stages – including the unexpected interrelationship with formal health professionals – still remained limited thereby meriting further investigation.

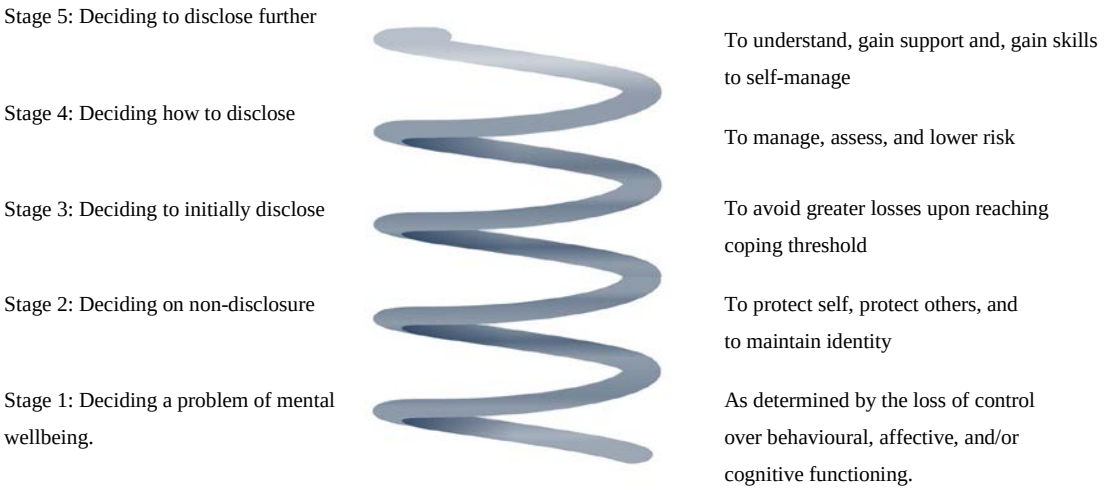
Summary

During the second phase of coding there was a clear emergence and integration of the most salient of the 12 provisional categories identified during the initial phase of coding; the result being the confirmation of seven categories, their properties and dimensions. Importantly, there was also the clear emergence of the most salient category, or central category, of self-disclosure. Participants – rather than making a decision to seek help – were making a decision to self-disclose their experience to informal others. The subsequent specifying of the relationship between the central category and the main categories led to a more integrated five staged process of decision-making related to self-disclosure, a process, though not always linear, that tended to be progressive in nature. Despite these outcomes during the focussed coding phase, there still, however, remained a lack of in-depth understanding of many theoretical concepts and how they related to each other in this staged process.

Part 4.2.3: Theoretical coding phase

During the theoretical coding phase, the third phase of coding, participants #16 through to #22 were interviewed with a number of aims. A central aim of this final phase of coding was to further clarify the relationship of the central category of self-disclosure with the other categories making up the five stages of self-disclosure. With regards to this aim, the explanation of the decision-making involved at each of the five stages self-disclosure became clearer. The following diagram summarises the decision-making related to the stages and the participants' explanation for making that decision.

Figure 2: ***Explanations Related to Decision-Making at Each of Five Stages***



The other aims for this final phase of coding were to increase the depth of theoretical explanation by better understanding the relationships between the categories and their properties (including between the properties themselves), and to integrate theoretical exceptions and to fill theoretical gaps. Throughout the explanations of the theoretical findings below, excerpts from participant interviews, which best support the increasing depth and integration of theoretical categories, will be used.

Stage 1: the deciding of a problem related to mental wellbeing

During the focussed coding phase, it emerged that participants identified a problem related to mental wellbeing through experiential changes related to thoughts, feelings, and behaviours. Nearing the completion of this earlier coding phase, it also emerged the self-identification of these changes started the overall staged process of decision-making related to self-disclosure. As the analysis continued into the final coding phase, it became clearer how participants came to decide whether changes in their experience represented a problem;

that it was not so much the change of specific functioning that represented a problem, but rather the reduced ability to control functioning. More pointedly, participants defined there was a problem based on either the inability to stop undesired thoughts, feelings, and/or behaviours from recurring, and/or the inability to retain those that contributed to normal functioning. Regarding the former, participants identified not being able to stop undesirable behaviours (e.g., pornography, over-eating, social withdrawal, and crying), feelings (e.g., anger, frustration, and numb) and/or thoughts (e.g., irrational thoughts). Conversely, participants also identified not being able maintain desirable behaviours (e.g., self-control, hanging out washing), feelings (e.g., even moods), and/or thoughts (e.g., concentration, memory, or problem solving). Also during this final phase, it became clear that for many participants it was the loss of control over a combination of behaviours, feelings, and/or thoughts that represented a problem. This participant makes clear how he interprets his inability to control behaviours related to both over-eating and pornography to be a problem:

Participant #17

> *A **little out of control.** I noticed some times there I just thought this is ridiculous, **"You've just eaten; now you're having another**". But I realised I was actually not eating, **I was actually stuffing myself**. It was around the same time I noticed myself, for the first time, **watching a porn movie** in a hotel and thinking, "Shit, **I won't do that again". But I did**.*

During the focussed coding phase it had transpired how participants' definition of the problem included what they perceived to be the cause of the change in the ability to control functioning. As the analysis continued into the theoretical phase, the complexity of the attributions became clearer. For a number of participants, the attribution of the problem could be to multiple stressful issues occurring simultaneously. Moreover, although the issues the participants identified as causal varied, those more commonly identified tended to relate to relationships and/or work. The above participant clarifies how he attributed the changes to an accumulation of mid-life issues related to his relationship with his wife and son, as well as physical ill health:

Participant #17

> *It was a culmination of things. I **think my son was at an age**, you know, that transitional sort of age, early teens…. I've always tried to maintain **our relationship** but I've had to really work. I had quite a bit of **bad health** around me at the time too.*

During the focussed coding phase it emerged participants, to a lesser degree, attributed the problems to the reduction in the ability to cope. During the theoretical phase, it became clearer how attributing the changes to the ability to cope was not necessarily straightforward for many participants. For some participants there was no identification of the reduced ability to cope as part of the problem. For others, the attribution to a change in the ability to cope was aided by others, for example, by those who wrote books or who spoke in television

advertisements. This participant explains how he identified a reduced capacity to cope while watching a television advertisement:

Participant #18

> *And I saw this **advert on TV**. And I'm thinking, "**Yeah, I'm struggling,** I'm just stuck. I've always been a person who's been able to overcome any problem that I've had whether that's being an economic problem, whether that's been an emotional problem".*

During this final phase, it too became clearer that those who were familiar with the participants, for example, from having lived or worked in close proximity, also identified changes related in the participants' behaviours, feelings, and thoughts. Moreover, these familiar others either made indirect comments or directly pointed out these changes as being problematic to participants, including attributing the changes to issues and difficulties in coping. The following participant speaks about his partner's gradual understanding of the difficulties he was having coping socially, and how she indicated this to be a problem:

Participant #16

> *I had this anxiety which **I really couldn't see, like put my finger on**, other than knowing that I felt really uncomfortable particularly in social settings… I suppose after probably about six years T [partner] **becoming more knowledgeable** about the difficulties that I was having and – what happened was like T said, "**You've got problems"**.*

It became equally clear that although others identified changes as a problem, this did not necessarily mean participants themselves identified the same changes as a problem. Some participants remained uncertain, even non-accepting, of the changes in experience as representing a problem, never mind a problem which was attributable to a reduction in their ability to cope. Returning to the participant with multiple mid-life issues, he explains that, in spite of his wife and work colleagues implying a possible problem, he did not accept that a problem existed, nor one that it was attributable to a change in his ability to cope:

Participant #17

> *I think **people used to make comments**, "Are you okay?". Obviously people noticed I was a bit on auto pilot, and I think **I realised I'd lost a bit of my sort of zing, my humour**, you know. Yes, I think – at the time you don't know. It's like anything, it's when you hear the right answer **you don't really want to accept it**….Because [you] think you're coping but you know **there's something not quite fitting right**.*

What adds further complexity to the process of identifying a problem was the belief by some participants that others close to them had identified changes as a problem yet said nothing about it. A small number of participants believed that familiar others did identify a problem but refrained from saying anything out of the recognition of the importance for the participants to address it themselves. The following participant, in

response to a follow-up question, confirms how he believed his mother was aware of the difficulties he was having coping with relationship stress, but did not intrude because of his need to self-manage:

Participant #20

> *I think **mum knew**, yeah, but she didn't intrude into that space…. I think it was **respectful** in that it allowed me space to come up with **my own solutions**.*

Overall, a better understanding of the complexity of stage one in the process of self-disclosure developed. It became clearer that participants decided there was a problem based on their reduced ability to control often multiple changes in thoughts, feelings, and/or behaviours. Moreover, that part of the definition of a problem for participants was attributing a cause to these changes. Participants attributed the cause to a number of issues – most commonly relationships and/or work – and, to a lesser degree, to a reduced ability to cope. For participants it was not always a straightforward process in deciding if the changes were attributable to a reduced ability to cope. Sometimes, others assisted participants in the process of deciding if a coping problem existed. However, it became clearer that familiar others could also refrain from informing participants about what they noticed, and if they did indicate so, that it may not necessarily have been defined, or accepted, by the participants as a problem related to coping.

Stage 2: the consideration and the initial decision of non-disclosure

As the theoretical phase of analysis continued, it became clearer how the first stage of self-identifying a problem of mental wellbeing was linked to the next stage. Specifically, the self-identification of a problem, regardless of attribution, was not sufficient to self-disclose it to informal others. Participants' beliefs about the potential for negative outcomes from disclosing their experiences were strongly influential in deciding whether to disclose the problem or not. For most participants, the high anticipation of negative judgement and a corresponding loss, in particular, of social connection made it a relatively straightforward decision to not self-disclose their experiences. The following participant excerpt represents the belief of many participants in making this decision of non-disclosure. He states

Participant #16

> *For me it **wasn't such a dilemma** because [of] the image that I wanted to portray; it would be almost the last thing that I would do because **it's the fear of rejection, of being judged**.*

During the theoretical coding phase, it also came to the fore that participants' beliefs about themselves were influential when making the decision of non-disclosure. It became more explicit that many participants held negative beliefs about themselves because of not being able to address and/or cope with the loss of control

over functioning. These negative beliefs about themselves could manifest in a type of masculine shame marked by the use of terms such as 'less than', 'faulty', or 'not normal'. Some participants commented on how these negative self-beliefs could exacerbate other already existing negative beliefs about themselves. This participant, already viewing himself as 'not normal', explains how he experienced shame in not being able to address the problems he was experiencing:

Participant #20

> *I was **ashamed that I could not fix this by myself** that I was having these **unmanly and unknown feelings**. I was ashamed that I had to reach out. I think it was also judgment of me personally, that I would be judged as faulty in some way, not normal. And I think **a really deep underlying issue for me was always being seen, seeing myself as not normal**.*

It also became clearer participants' sense of shame could be linked to the issues perceived to be the cause of the change of experiences, thus making an additional link to stage one. Their tendency to express negative beliefs about themselves could be exacerbated when the issues involved were of a sexual nature – such as being a victim of sexual abuse, sexual performance issues or sexual identity issues – and/or when the issues involved a perceived mental health component such as suicidality. The following participant, experiencing both sexual identity issues and thoughts of suicide, expresses his shame and his decision to not disclose his experiences to others.

Participant #10

> *The biggest thing for me to overcome was **my own shame.** And thinking of myself as being less than or just being **a weak man**, you know. Yeah, really unsure and desperately needing help, but not really knowing that I could just straight out ask for it. And that's because of the shame I felt.*

During the focussed coding phase, it had emerged that the participants' decision of non-disclosure was due, in part, to the need to protect others as the recipient of the disclosure from experiencing distress. As the analysis continued further in the final phase, it became clearer how participants' anticipation of others becoming distressed could increase if the issues involved, again, related to sexuality or suicidality. Returning to participant #20, in addition to the negative beliefs he held about himself for not fixing the problem, he also explains how his decision of non-disclosure to his parents was in order to protect them from distress of knowing he had suicidal thoughts.

Participant #20

> *I think the deeper [and] the heavier it got, I was less likely to go to them. I think it was when I started to **have the suicidal thoughts and I suspected it was too big an issue** to put on them; that this was a bit beyond them and I guess it would be unfair to put on them.*

Moreover, it became clearer that the participants' explanation of the need to protect others could also extend beyond informal others as the recipients of the disclosure. They also explained the importance of protecting others as the subject of the disclosure. In other words, some participants feared recipients of the disclosure would breach confidentiality to third-party others, thereby potentially exposing both themselves and the subject of the disclosure to others' negative judgments. This participant expresses this fear when deciding whether to speak to others about his relationship issues.

Participant #17

> *Because she [wife] was such a private person, quite sensitive. Part of me just wanted to spill my guts but I was thinking, "**It's not just about you here"**.*

During the focussed coding phase it also emerged that the participants' decision of non-disclosure was related to strong beliefs about the need to self-manage problems. Participants believed in the need to cope with and/or resolve the problem without involving others. As the analysis continued, it became apparent that despite the potential for negative judgement and social loss, that a number of participants did give consideration to self-disclosing. However, it was also clearer that in giving consideration to self-disclosure, they still made the decision of non-disclosure and that this was because of the importance of self-managing the problem. Here a participant explains how, even when he was not feeling shame and knew others were aware he was struggling to cope in his relationship, he still made the decision to continue managing the situation on his own.

Participant #2

> *I think there is something there about – I haven't really explained why I didn't say, "Well, that's an obvious solution". I don't think I was feeling ashamed but **I still believed I had to make it on my own**.*

It too became better understood that participants, upon making the decision to continue self-managing the problem and associated stress, went about it in different ways. A number of them placed emphasis on attempting to directly solve the issues they believed to be the cause of the problem. For these participants this meant making decisions, for example, to end relationships or jobs, or, if financial, to work longer hours to compensate. The key was the attempt to address the issues as the cause of the problem related to functioning. On the other hand, other participants tended to alter their coping response to having the problem. These responses varied and included, amongst others, keeping busy (e.g., home projects, family, work, church, and sports), self-medicating (e.g., drugs, alcohol) and/or escaping (e.g., gaming). For some, the coping response was to employ self-talk (e.g., 'pull it together' or 'carry on') without making any other changes. The

participant above, who wanted to protect his wife from third party judgment, also expresses the importance of telling himself to continue on:

Participant #17

> *There was a part of me that, "I can do this, **just get it together, pull your socks up and just get on with it**, this is life. You've been dealt this hand, accept it or get off".*

It also became clearer that, in spite of the importance placed by participants on protecting others, the need to self-manage and to protect oneself from judgment and its consequences, remained an equal if not greater concern for most participants. In other words, in considering and making a decision of non-disclosure, participant beliefs about the consequences to themselves tended to outweigh the concern of consequences to others. Remaining with participant #17, he clarifies, in response to a follow-up question, how the need to protect his own self was the more important factor:

Participant #17

> *The **thoughts of self and needing to cope rated higher** than the protection of others.*

Finally, participant explanations of non-disclosure could also focus on where they thought these beliefs originated from. Some participants commented on historical influences (i.e., early European migration) specific to New Zealand and the emphasis placed on being self-sufficient and strong. Other participants spoke about the role of current socio-political institutions (i.e., education and family) in continuing to promote self-sufficiency and strength for males. Consistent in these explanations was participants' beliefs that cultural factors were influential in making the decision of non-disclosure when experiencing a problem related to mental wellbeing. This participant, a more recent immigrant, expresses his thoughts about current masculine culture in New Zealand:

Participant #18

> *It's like our images of **what it means to be a man in New Zealand** is all connected with playing rugby or having big tattoos. And I don't think that's wrong; I think it's just the way it is but I see that **people are constrained socially**, **they don't want to seem like they're weak**.*

Of those participants who provided a socio-political explanation, the following participant explained in more detail his beliefs about how these institutional factors continued to promote strength and self-sufficiency. Focussing on the role of schools, he offers the view that masculine socialisation is not always a direct promotion of strength through sports, etc. but can occur in more indirect ways. He suggests the importance of

strength is indirectly promoted by not raising, and thereby not normalising, discourses related to masculine vulnerability and weakness.

Participant #7

> *Yeah, **it's kind of the unspoken thing**, I don't think they [schools] mean to go out and say '**toughen up'** but I would definitely think it's a cultural thing. I mean, it's good for progressing leaders but there's not very much along the way of saying 'sometimes it's alright to be a bit vulnerable'.*

Stage 2 continued: the discouraging influence of other non-belief related factors on disclosure

During the focussed coding phase, it emerged that non-belief related factors could discourage participants from self-disclosing their experiences to informal others. Specifically, that a lack of mental health or emotional knowledge, a lack of skills in articulating personal problems, and/or a lack of access to trusted informal others could independently, or together, influence participants decision-making. Nearing the completion of this second phase, it too emerged that beliefs and these non-belief related factors could together be influential in participants making a decision of non-disclosure, thus linking them and, at the same time, indicating the complexity of stage two in the overall process of deciding to self-disclose the problem. This is captured in separate excerpts from the same interview:

Participant #14

> *I guess I didn't really feel that I, **in some ways, was a real male**. And I think a lot of males probably feel that there's something about them that they don't quite measure up.*
>
> *And at the time I experienced quite a few panic like attacks and **anxiety which I didn't understand were connected** whatsoever to what was going on.*

As the analysis continued through the final phase, a more in-depth understanding of these non-belief related factors developed. For many participants, they simply did not know what emotions were being experienced. Other participants explained not recognising the often subtle changes in functioning as signs of conditions such as anxiety or depression. They often attributed the lack of understanding to a lack of prior experience, both of directly experiencing these common mental wellbeing issues or of being exposed to others who had experienced them. For most participants, recognising the experiences as being depression or anxiety related occurred after self-disclosure of the problem. The following participant explains how he did not know what he was feeling and had not met anyone with depression before so was unable to know the signs:

Participant #13

> *And I think the signs were there but I didn't really know what it was I was feeling, or you know I couldn't name what it was. And **I hadn't really met anyone with it**; I think I was a bit **more oblivious to the signs** then as well.*

During the focussed coding phase, participants, in explaining the decision of non-disclosure, also referred to the lack of ability in articulating problems of this nature. Moreover, they explained that part of the difficulty in articulating the experience was a lack of language to go with the experiences. As the analysis continued, it also became clearer that participants believed it was both a lack of understanding of depression and anxiety, and the lack of prior experiences, direct and observed, on how to articulate problems of a personal nature. Additionally, the combination of these could result in low confidence in articulating the problem. Returning to participant #20, he explains his limited skills in articulating the anger associated with the depression he was experiencing at the time and the significance for him of seeing others who did have the skills:

Participant #20

> *I recall a guy talking about difficulties in his relationship and how he was going to end this relationship. And* ***he quite openly talked about how he was going to do that, the language he was going to use, the things he was going to say****…. My* ***experience was*** *you either shut it down or let it out in ways [anger] which weren't pleasant for anyone around you really. That's all I knew so that was like mind boggling for me in a way.*

Although not many participants elaborated on the macro socio-political reasons for the lack of prior experiences, one participant offered an explanation as to why his knowledge and skills at self-disclosing problems of a personal nature were limited. His explanations extended to the social construction of gender roles and how, in particular, the emphasis on men working (and women parenting) meant less opportunity to develop time for personal sharing:

Participant #2

> *I realised that that's a pretty consistent pattern for guys, the ways things are structured. You know, I got something out of my work…I used to just enjoy, you know, being out there doing things; I mean there is value in that, but in terms of personal support system it's different you know****, it's not sharing myself.***
>
> *I noticed my current wife, and my partner at that time, had a lot of supports during the day. They'd meet up with a friend for coffee – she'd had those* ***chances to check-in*** *with a friend during the week, and you know* ***they'd compare babies and tell stories****, and I wasn't getting that.*

During the theoretical coding phase, participants also provided further explanation on how the lack of access to trusted others – in particular the lack of access to other males – discouraged disclosure. As the analysis continued, some explained the lack of access as a physical lack of availability to a familiar and trusted other, for example, due to death or relocation of those people. This explanation appeared particularly relevant for participants not otherwise in a primary relationship. The following single participant explains how his father's death became a discourager to disclosing:

Participant #21

> *And I couldn't go back to my dad. You see, I couldn't go to the one male that I trust[ed]. When you* ***lose the guy*** *who is the head of your little whānau [extended family] and you have to go out* ***and ask somebody you don't necessarily know, it's sometimes quite hard****.*

However, for the majority who did have physical access to familiar others, the explanation tended to centre on a lack of established trust with them and, in turn, an emotional isolation that discouraged the self-disclosure of problems to informal others. A number of participants explained this was particularly relevant if trust issues existed in the primary relationship. Returning to participant #20, he experienced an end to his relationship with his wife and, at the same time, explains a further lack of established trust with extended family members:

Participant #20

> *My wife would go and stay in the caravan. I was living in the caravan during the week and we would swap. So I would see them [children] on the weekend. But I don't know I still* ***had this huge sense of disconnection even*** *from my children, from everyone.*
>
> *Both of them* ***[brother and brother-in-law] on separate occasions accosted me with very judgmental religious viewpoints*** *on my behaviour. It made me extremely wary of whom I could disclose to.*

Overall, it became clearer that despite the self-identification of problems related to mental wellbeing that participants' beliefs could have a negating effect on the decision to disclose these problems. Specifically, it became clearer that although participant belief in the need to protect others from distress and social consequences was significant, belief about the potential of a negative response and the social consequences was a stronger reason for making the decision of non-disclosure. In addition, the participants' belief of the importance to self-manage the identified problems was, it appeared independently, significant in the decision of non-disclosure. However, stage two of the process of deciding to self-disclose was complex with other non-belief related factors also contributing to the decision of non-disclosure.

Stage 3: the decision to disclose: distressing trigger events and coping thresholds

During the focussed coding phase, it emerged that participants did decide to self-disclose to informal others the problems they were experiencing. The decision was triggered in response to a distressing event that represented a further and more complete loss of control over functioning. Moreover, participants believed that disclosing the problem would lower distress and, as a consequence, they would 'feel better'. Nearing the completion of the focussed coding phase it also emerged that the trigger event was the start of stage three in the process of making decisions related to the self-disclosure of the identified problem. As the analysis

continued into the final phase, it became clearer how the distressing event that triggered the decision to self-disclose the problem was not necessarily limited to a single event, but, instead, could be a series of distressing events. This participant describes a series of events in mid-life that led to the decision to speak to his wife about the distress and stressful issues he was experiencing:

Participant #14

> *And I think now it's a **series of events** that would seem unrelated but probably are. That **my father had died.** And I had been to a meeting and met up with a chap who had taught me back about the same time as the **abuse** was going on at school. And what had brought the past issues up was **my son had developed a disorder**. And I think this triggered stuff for me tremendously.*

It was also during this phase that it became clearer how the second stage of non-disclosure was linked to this third stage of deciding to self-disclose the problems. Specifically, it was better understood that despite the various ways that participants attempted to self-manage the problem, these attempts, while at times of limited success, were ultimately not effective and, conversely, could contribute further to the experience of stress. Returning to participant #20, he explains how, despite the increased coping that collegiality and efforts to distract himself brought, the strategies he applied were ultimately unsuccessful and, to the contrary, contributed further to his existing stress:

Participant #20

> *I **always worked** with other men around me. And even though you wouldn't talk about deep personal issues there was some sort of **collegiality** there. I think also taking my mind off it by becoming focussed on doing the training and becoming qualified. So that was **a distraction**, it was something that helped me cope.*
>
> *The self-strategies I developed were **not effective** and at times harmful. I think they **contributed further** to my sense of hopelessness and lack of worth. I think, too, that it **made worse the stress** I was experiencing.*

It too became better understood that the distressing event triggered a reassessment of the earlier decision of non-disclosure; it was from this reassessment the decision to self-disclose the problem was made. Importantly, it was the participants' perception of a more complete loss of control over functioning that led to the decision to disclose to an informal other. Remaining with the same participant, he makes clear how an event involving an outburst of anger and uncontrolled sobbing afterwards led him to identify he was not coping and, in turn, to speak to someone:

Participant #20

> ***I just picked it up and smashed it** [new chainsaw] but interestingly enough I just, at that time, fell on the ground and just **started to sob – sobbed and sobbed and sobbed and sobbed and sobbed.** And **that again was a trigger** that actually I needed some assistance. Yeah, **weren't [sic] coping**.*

Additionally, during the theoretical phase it became clearer that when the distressing event triggered a reassessment there was a shift of focus by participants. Instead of participants focussing on the potential losses related to self-disclosure, the focus shifted to the potential losses related to that of non-disclosure. In other words, despite fearing judgment and a consequence of lost social connection, the desire to avoid even greater losses – such as the loss of relationships, loss of mental wellbeing, or loss of life – led to the decision to self-disclose their experiences. Still remaining with participant #20, he states how he made the decision to disclose his experiences to avoid suicide:

Participant #20

> *And it was becoming **so emotionally intense** that I **didn't know what to do with that**. I had to make a decision, yep. And the **easiest way was** to actually not to take the out in terms of that place.*

The complexity of loss as the motivation for deciding to disclose also became better understood. Specifically, external events (i.e., partner ultimatums) could trigger the decision to self-disclose in a way that was not just based on the fear of losing this primary relationship but also involved a more abstract kind of loss, the loss of freedom of choice. Returning to the participant whose wife gave him an ultimatum, he further explains how the unsolicited ultimatum by his wife raised the question of ethics which, in turn, also motivated his decision to self-disclose his problems to his father-in-law:

Participant #6

> *I didn't really know how ethical that [ultimatum] was. So, **that's the time that I thought I really wanted to share my problems with somebody**. Yeah, so I went along to my father-in-law.*

With respect to the influence of partners on participants to self-disclose, it also became clearer that the influence could be one of encouragement and that in being encouraged (or pressured) to disclose that participants chose to be disclosed to third-party informal others. Consequently, participants sought out informal others. Returning to participant #17, he explains how his decision to speak to a friend was based on his wife's encouragement to speak to 'someone':

Participant #17

> *She [wife] said, "Why don't you **talk to someone** about it?". I just thought, "Ah, stuff it". There is a guy that I had helped develop and train. And I had a few conversations with him, I said to him, "I need someone to talk to and I'm just wondering if there's a time we can get together and have a beer and have a chat". And he said, "Yeah".*

To add further complexity, it too became understood that participants' decisions to self-disclose were not just to avoid losses to themselves. Similar to that of non-disclosure, participants could also be motivated to

disclose to avoid losses for others. The following participant, in response to a question, confirms he made the decision to self-disclose to his wife to avoid his own potential suicide and, in turn, to avoid the loss of a father to his daughter:

Participant #13

> *Interviewer: You were standing on the tracks thinking about whether you wanted to be here, and making a decision, "Yes I **need to be here for my daughter?**".*
>
> *Participant: That's when I started fighting…before that point I tried to deal with it myself.*

Coping threshold as a strong condition for deciding to disclose

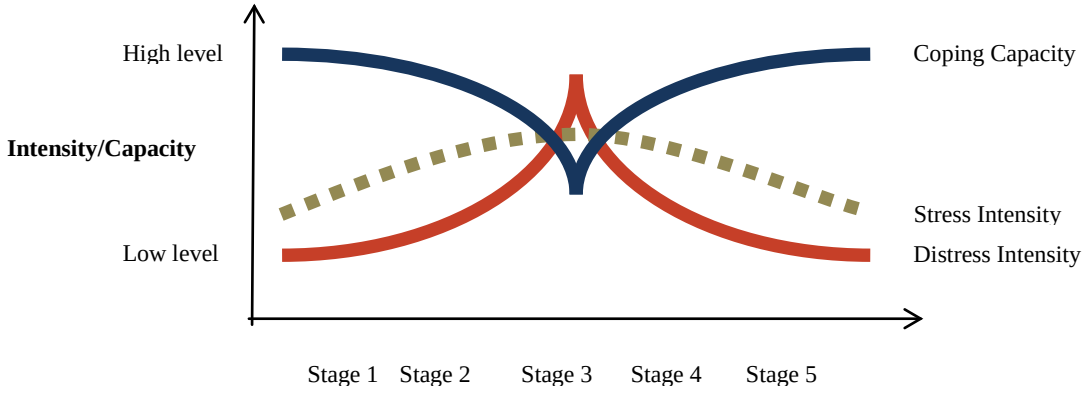
During the focussed phase, it was not uncommon for participants to describe prolonged periods of high stress prior to the distressing event leading to the decision to self-disclose the problem. However, as the analysis continued into the theoretical phase, it became clearer that while strengthening the possibility of disclosure, a prolonged period of high stress was not the most important factor in making the decision to disclose the problem. Specifically, it became clearer that, irrespective of the perceived intensity or duration of the stress, it was the perception of the remaining capacity to cope that was important. In other words, participants described prolonged periods of stress prior to the distressing event, but it was the reaching a coping threshold and losing capacity to withstand stress that made for a strong condition for the decision to disclose. The importance of reaching the coping threshold as the condition for self-disclosure is captured well here:

Participant #11

> *We [wife and I] attributed it to the **stress** of coming out of an intense training year; working more than I needed to and it **all catching up with me at once**. I just sort of **went snap**.*

The figure below represents the relationship between stress, distress, and coping capacity in the context of the overall staged process of self-disclosure.

Figure 3: ***Relationship between Stress, Distress, and Coping Capacity***



However, it also became clearer that whilst reaching a coping threshold created a strong condition for participants to self-disclose, it was not a necessary condition. There remained one participant who, unlike the others, did not report reaching a coping threshold at the time of deciding to self-disclose a problem. He explains how he did not reach a threshold or experience any 'emergency moments'. Significantly though, it also became apparent this participant had had prior experiences (see analysis in next section) which influenced his decision-making:

Participant #7

> *I **don't know if there was a threshold that** I had overcome…I **don't think I've really had many particularly emergency moments**; it's more just a period of time and sometimes I feel lower than others, and I recognise that. I know that as hard as it is just even talking to someone about it….*

Finally, during the middle coding phase it emerged that participants' motivation to disclose to informal others was not only 'negative' so as to avoid a 'bad outcome', but positive as well, that is to gain understanding. As the coding progressed further into the final phase, it became clearer that participants' motivation to disclose was predominantly to avoid losses but at the same time was to better understand the problem. Participants wanted to gain an explanation of the problem so as to address it, but also to know how normal the problem and their response to it were. To add further complexity it became clearer that participants also sought emotional support in the form of reassurances from others, reassurances about the nature of the problem and their response to it. The following participant, in the follow-up question, states his reasoning for seeking out his pastor to disclose to:

Participant #12

> *I think **to feel like I wasn't completely out of control** and **that he would be there, be supportive,** and [to] know that I felt safe as well.*

Overall, during the final phase of coding, a better understanding of stage three of the process of self-disclosing developed. Specifically, that it was a distressing event, or events, representing the loss of control over functioning, including the capacity to cope, that triggered participants to reassess and then make the decision to self-disclose the problem. Importantly, during the reassessment there was a shift in participants' beliefs, from the anticipated losses from disclosing to the anticipation of greater potential losses from not disclosing. It was clearer the motivations for disclosing could be mixed if not complementary, and that the lesser motivations included not only the need to have understanding, but also the need to receive emotional support in the form of reassurances.

Stage 3 continued: the encouraging influence of other non-belief related factors on disclosure

In the focussed coding phase, participants explained that self-disclosure could be encouraged by non-belief related factors. Participants' prior experiences, direct or observed, could lead to an increased understanding of mental wellbeing and emotions, skills in disclosing at a personal level, and an established trust with familiar others. Moreover, it emerged these factors were not mutually exclusive and could together encourage disclosure. During the final coding phase, it became more explicit how these prior experiences – while not as influential as participant beliefs about losses from non-disclosure – acted as additional 'encouragers' to self-disclose during the decision-making process.

Some participants spoke about prior emotional or mental wellbeing experiences including prior sharing, or expression, of those experiences. This participant explains how prior work-based experiences involving trauma 'debriefs' gave him both a point of understanding for comparing his later experiences, as well as opportunity for talking about such experiences:

Participant #15

> *When we had cardiac arrests we'd debrief, and that was good especially if it was a really bad one. **You'd sit around and talk about it**…. And I sort of realised that **I was going through a similar trauma.** I found I was struggling at work. **I couldn't concentrate** on my pill rounds or anything like that. Yeah, and it was a sign too **I wasn't sleeping** at night.*

Similarly, it became clearer how positive prior relationship experiences could help establish trust and, in turn, encourage participants to disclose. Participants, from having lived together (i.e., couple, family, or flatmates), from having worked together, or from spending regular time doing activities together, developed trusting and accepting relationships – often expressed as closeness – which could later encourage self-disclosure. Often

participants explained the importance of these trusted others being familiar with their personal histories and having their best interest in mind. The following participant states the importance of his wife being familiar and having an in-depth understanding of him:

Participant #18

*Well, **she knows all the details about me** as an individual and **what's happened to me** and stuff.*

Additionally, it became clearer that for some participants self-disclosure could also be encouraged if the familiar and trusted others were identified as having the ability to cope and self-manage for themselves. In other words, there was less of a concern of the need to protect others if they had already been viewed as having the ability to cope. Returning to the same participant, he explains the importance of this in making the decision to disclose to his wife:

Participant #18

> *B [wife] is a pretty **resilient** person and you know my admiration for her is immense, even before we got together in a relationship. I was just like, "Far out, that's a really good person, well rounded in everything – dedicated, **able to overcome problems on her own without me**".*

As the analysis continued into the final phase, it also became clearer the prior experiences of participants could be important in integrating exceptions arising during the focussed coding phase. The following participant, unlike the others, disclosed to informal others who were relatively unfamiliar to him. However, upon examining this more closely, it became apparent the participant had significant prior experiences of being exposed to others with mental health knowledge and, in addition, had provided help to others in his own role as a health professional. As he says it:

Participant #8

> *I had had some professional jobs where those sorts of people were around – counsellors, psychiatrists, psychologists, all those sorts of things – so I had been **exposed to that kind of knowledge**.*

Prior experiences were also important in explaining another exception that emerged during coding analysis. As mentioned above, one participant, unlike the others, explained that he did not reach a coping threshold at the time of deciding to self-disclose. His explanation, however, did include how prior experiences related to his family of origin were influential in his decision-making. Not only how he had observed his mother's positive use of self-disclosure but, more pointedly, how the experience of his brother's suicide assisted him to understand the potential for negative consequences from not disclosing a problem related to mental wellbeing:

Participant #7

> *I was 18 and **he [brother] was 16**. And I think **for me I really looked inside myself** and just thought, "If I am having issues maybe I should speak out about them". Yeah, I mean I've been fairly depressed in the past and it does really cloud your judgement as well. You don't think as clearly.*

In summary, as the theoretical phase was nearing completion, it became clearer there was a complex array of factors that encouraged the decision to self-disclose a problem of mental wellbeing to informal others. Specifically, it became clearer that during stage three of the process of help-seeking a distressing event representing a coping threshold and the need to avoid greater losses was a strong influence in disclosing. Additionally, in making the decision to self-disclose the problem, existing skills and knowledge gained from prior experiences could add encouragement to the decision, and in certain circumstances, could even mitigate the importance of meeting a coping threshold as the condition for self-disclosure.

Stage 4: the decision about how, what, and to whom to disclose to

As the focussed coding phase neared completion, it had become apparent that despite having made the decision to self-disclose the problem, participants still anticipated there to be risks in disclosing to others. As such, participants managed that risk to varying degrees, with some participants actively testing and assessing the risk before deciding how much to disclose. It had also become better understood that, in deciding how to self-disclose their problem to others, participants were commencing the fourth stage in the overall process of decision-making related to self-disclosure. During the theoretical phase of coding, this managed style of disclosure became better understood, particularly its strategic importance related to risk. Specifically, how participants utilised partial disclosure in a face-to-face manner with informal others, to not only assess and manage risk, but to reduce it as well.

During this final phase of analysis, it became better understood that the level of sharing of personal information depended on what and to whom disclosure was occurring. Regarding the content of the disclosure, it became clearer the type of issue that participants attributed to be the cause of the problem influenced the level of personal information disclosed. Specifically, it became clearer that sexually related issues (i.e., performance issues, abuse, or identity) and/or mental health issues related to suicidality or diagnosable conditions (i.e., depression or anxiety) were often more managed compared to, for example, relationship or work issues. This participant acknowledges how he was not open to disclosing his sexual performance issues:

Participant #16

> *Yeah, yeah and the **sexuality, like, I mean, I probably wasn't particularly open about my uncomfortableness**.*

It also became clearer that participants' management of disclosure depended on who was being disclosed to. Participants, tended to disclose most frequently to partners and, if younger, to mothers. Participants, if in a trusting relationship with partners, tended to be particularly open when disclosing. Conversely, at the other end of the spectrum, the disclosure to males tended to be infrequent and more highly managed. An excerpt from another participant interview captures this well as he compares the level of risk of disclosing between his partner and male friend:

Participant #18

> *I think one of the questions that we talked about last week was, "Did you feel scared about opening up to someone?". Certainly not B, **she [wife] would know exactly what was going on** because I would tell her because we're **very open** in that sense. The mechanic E [friend] that **was a risk.***

Participants offered an explanation for the higher need to manage the disclosure to other males. Importantly, these explanations linked this stage of disclosing to the earlier stage of non-disclosure and the importance that the fear of judgment and the loss of social connection play. In essence, it was explained that although the risk of non-disclosure had become greater than that of disclosure, the latter risks still remained and, in particular, still remained with other males. Returning to Participant #16, he offers an explanation of competitiveness for the greater need to protect himself from males:

Participant #16

> *All of my male friends, **I mean I was so busy trying to protect a certain kind of image**. Because I guess the guys that I was knocking round with, we interacted on a **competitive** kind of – it was **all about putting each other down and all the one-upmanship**.*

There too developed a more in-depth understanding of the different ways that participants managed self-disclosure. It became clearer that participants would sometimes manage personal information in ways other than limiting it, for example, by revealing information openly but in a manner that was generalised and without personal identifiers. These participants were able to manage the risk of disclosure by portraying personal information in a third-person manner, for example, using the language of 'you'. A participant explains the value of distancing himself from the information:

Participant #19

> *It's probably a tentative way of saying, "This is what I think but I don't know if anyone agrees with me", so I'll **just say, 'you' because you're not vulnerable**, you're not a target.*

During the theoretical phase, it also became clearer how difficult the disclosing of the problem could be for some participants. A number of participants explained how they 'signalled' distress to others in a way that was akin to making a 'cry for help'. Some participants explained how the act of verbally revealing any personal information was meant to signal to others a high level of distress and the need to disclose further. In contrast, other participants explained how the act of driving into a fence, self-harming, or taking too many medications was a non-verbal way of signalling distress and the need to disclose. Regardless of the way participants signalled the need to self-disclose to others, the commonality was the difficulty they had in otherwise disclosing to others personal information or the intent of that disclosure. The following participant confirms how suicidal 'attempts' was the easiest way of signalling to others the distress he was experiencing:

Participant #10

> *Definitely **a cry for help** because I know in my rational thinking that, "I don't want to die". And I – it was just that **I didn't have an outlet for the pain** and for the stuff that I was going through at the time. And that [suicidal attempts] to me was the **easiest way to show people, you know, that I'm in trouble.***

During the focussed coding phase, it emerged that many participants, after having made the decision to self-disclose, could still be uncertain about the actual level of risk that disclosing posed to them. These participants would utilise, sometimes repeatedly, partial disclosure so as to better ascertain the level of risk. During the final phase of coding, it also became apparent that utilising partial disclosure was not just to determine the risk to the participant, but to determine the risk to the recipient as well. Thus, a further link was made to the need to protect others when making a decision related to disclosure. The following participant explains how, at the same time as testing and assessing the risk to himself, he was also testing and assessing his wife's capacity to cope with that disclosure:

Participant #22

> *Even though **I trust my wife, and whomever, I still test** with certain topics… So if I know her thought and her belief, I don't go there, I don't risk [it] **because it may hurt her,** she may not be able to cope.*

During the final phase of coding, it became better understood how participants strategically utilised partial disclosure with the intent to not only assess the risk to themselves but, at the same time, elicit a reciprocal disclosure. In other words, participants, by disclosing partially, could elicit something personal from the potential recipient which, in turn, created a safeguard from the risk of a direct negative response and/or an unwanted third-party disclosure. Participants spoke of taking the initial risk to disclose to assess the level of understanding of others and the willingness to reciprocate by also making a disclosure. The following participant explains the importance of taking the first step so as to make this assessment.

Participant #18

> *Talking on a deeper level is important but you have to* ***recognise that the other person has that capability and is willing to take a risk and be more open****.*

Finally, as the analysis continued through the theoretical phase, it also became clearer that while the participants' style of disclosure had the advantage of managing, assessing and lowering the risk, there were disadvantages as well. Specifically, some participants recognised that disclosing in a managed way, particularly if they were confused about the experience, could lead to an equal confusion on the part of the recipient. Returning to participant #20, he acknowledges how his confusion and need to protect himself would have made it difficult for others to understand him:

Participant #20

> *I think my internal* ***confusion and the need to protect*** *myself gave* ***mixed messages****. I think it would have been difficult to understand what I was saying and what I was wanting.*

Thus, a better understanding of the fourth stage of self-disclosure developed during the final phase of coding including how beliefs about risks (i.e., judgment and loss related to disclosure) remained despite having made the decision to self-disclose the problem. It also became clearer that men perceived an increased risk of disclosing to other men if the issues believed to be causing the problem were related to a sexual concern and/or to having a mental health disorder. A number of participants found it easier to signal the intent to disclose through verbal or non-verbal means. Moreover, for those who utilised partial verbal disclosure so as to strategically assess, manage, and lower the risks to themselves, this was done in a face-to-face manner. The participants utilised partial disclosure strategically to not only determine the risk to themselves but to others as well. However, the potential disadvantage of this highly managed disclosure was the possible confusion to those receiving it.

Stage 5: the decision of making subsequent disclosures

During the focussed coding phase, it emerged that participants rarely made a single decision to disclose, but instead made repeated decisions to self-disclose often involving multiple informal others. Moreover, the process of making repeated self-disclosure could span a period of time, if not years. Nearing the completion of the focussed coding phase, it became clearer that participants made the initial decision to self-disclose the problem of mental wellbeing, and then made subsequent decisions related to that same problem. Finally, it was also recognised that the decision to make a subsequent disclosure was the start of the final stage in the overall process of men's help-seeking from informal others.

During the theoretical coding phase, the reasons for making subsequent disclosures became clearer. One of the reasons for deciding to make subsequent disclosures was that the participants' initial disclosure to informal others was not positive. A number of participants explained how they experienced negative responses from informal others upon attempting to disclose their experiences. Participants described these negative responses as being dismissed, minimised or not understood. It was not uncommon, for example, for participants to interpret the response as one of needing to 'get over it'. Participant #18 describes this response when attempting to disclose to a male friend:

Participant #18

> *His **response was you know, "Oh, there are people worse off than you"**. That was a response, not just once, "Oh, there's people worse off than you". You know, and so [it] was very much like, "What have you got to complain about?".*

It too became clearer that part of the reason for participants having negative experiences upon self-disclosing was related to the way the disclosure was made to the recipients. In other words, because the participants only partially revealed the information and the intent of the disclosure, it could make it difficult for the recipient to understand the experiences of the participants and to give a fully informed response. However, it also became clearer that not all negative responses were of this nature; participants – in less uncertain terms – did receive responses that were clearly negative and reflective of the attitude of the recipient. Importantly, it also became understood the responses by informal others, whether perceived or real, could result in a return to attempting to self-manage and to cope with the problem. This participant explains how a negative response by his mother led him to make the decision to not do anything further for a period of time:

Participant #4

> *I went and saw my mother and **her actual words were, "I don't want to hear your problems**". It was like a slap in the face. I just did a 180 degree spin on my heels, hopped on the farm bike, and disappeared. And I guess that **stopped me from doing anything about it for a long time**.*

However, at the same time, it also became clearer that, in spite of these initial unsuccessful attempts at disclosure, these same participants did self-disclose again due to continued concerns about having a problem related to mental wellbeing.

Overall, participants' experiences of self-disclosure, irrespective of the initial experience, were generally progressive in nature. As participants made subsequent self-disclosures of their problem, their motivation and expectations changed. Participants explained the motivation for subsequent self-disclosure progressed from that of predominantly avoiding loss towards gaining more understanding of the experience. Similarly, that

corresponding expectations changed from that of predominantly lowering distress to receiving answers and affirmations about their experience, and, as importantly, addressing the problem including developing an increased capacity to self-manage. The progressive nature of the disclosure is captured particularly well in this participant's response to a follow-up question asking him about his expectations throughout the staged process of self-disclosure:

Participant #20

> ***Firstly**, I think it was to **off-load some of the weight** I was carrying. **Later**, I think it was more to be understood and have my **experience validated-normalised**; to **gain some understanding** of what was happening for me. **Then,** I think I was searching for **effective coping strategies,** maybe even **guidance and direction**.*

During the focussed coding phase of analysis, it had emerged that participants' selection of who to disclose to changed as subsequent disclosures were made. Participants increasingly sought understanding about their experiences – in the form of answers or explanations – from other men compared to partners. In the theoretical phase, the preference for men during these subsequent disclosures became more explicit. The following participant states how his expectation from his wife was of receiving ongoing support, whereas his expectation from his male colleagues was to receive answers about his experience:

Participant #22

> *With my wife I think I wanted **more understanding from her**…with my colleagues I think it's different, I **wanted some kind of answer**.*

During the theoretical phase there too developed a more in-depth understanding that participants, in seeking answers from other men, also increasingly sought to know whether their problems, including their responses to it, were normal. Participants did this by comparing their experiences to the experiences of the other men. Depending on the level of established trust in the relationship, participants could be direct (i.e., asking other men openly) in seeking their answer, or indirect (i.e., inviting disclosure without others having knowledge of the intent for comparison). Returning to participant #17, he explains how he indirectly 'introduced' the problems he was experiencing into work-place conversations in a way that invited disclosure without other men knowing:

Participant #17

> *I sort of **introduced things into the conversation** that were a little bit more provocative but personal. And **come away from that thinking, "Yeah, this is normal**. I don't like it and I'm in it but…". It happened in a roundabout way, I was conscious of where I was taking the conversations and if I wasn't getting any feedback from people then I sort of wouldn't go too far.*

It became clearer, too, participants' expectations in disclosing were not limited to gaining answers about the nature or normalcy of their experiences. Participants increasingly sought out other men so as to receive emotional support from them. They found it affirming that others had some understanding of what they were experiencing. A number of participants made reference to support not necessarily being of a spoken kind and that support could be obtained from others knowing and simply 'being there'. At times, participants sought practical support, for example, accommodation or assistance gaining work, if this was believed to be related to the problem. Regarding the former, this participant explains

Participant #9

> *And often **it's not their saying anything**; it's you knowing and them **being there**. It doesn't have to be full of, you know, wonderfully inclined sort of wisdom or anything like that. It's just that being, well **batting for the same side, you know, being on the same team**. Yeah, and a lot of it's unspoken.*

Importantly, it became clearer that as participants continued to make even more disclosures that expectations continued to change in other ways. They wanted to know, particularly from other men, how to better address the problem and, in addition, how to better self-manage including learning skills and/or knowledge about how to cope. Participants used terms such as 'guidance' or 'advice' when describing these expectations from self-disclosing. Importantly, at the same time there was an ongoing expectation of retaining, as much as possible, a position of autonomy while seeking and receiving guidance and advice. This participant, using a car repair analogy, captures the importance of retaining autonomy while at the same time learning from another man:

Participant #18

> *I sort of know how to do it but **I'll just run it by him** and he's like a sounding board for things. I mean even, you know, like the car – I'm restoring a car and I'm not a mechanic, and he's not a mechanic. And even though I know, I'll still ring him and go, "I'm putting this light on, blah, blah, blah". But like I want that sort of – it's just like a bit of security.*

There too developed a better understanding that as participants gained additional experiences disclosing, there was an increasing preference to select those, again mostly men, who were believed to be highly experienced. It became clearer that participants selected those men, often older, who were perceived to be generally successful in life (e.g., good marriage, jobs, etc), or who had experienced a similar problem related to mental wellbeing ('been there') and had successfully self-managed that problem. In other words, participants proactively sought out guidance from men perceived to be experienced and successful in self-managing their lives, including problems related to mental wellbeing. This excerpt from a participant interview captures the respect for an older male friend and his way of managing his own life:

Participant #18

> *I don't strive to be like [male friend] but **I respect his opinion** whatever it is. I **respect his approach** to life which, in some respects, is very much the same as me, able to overcome problems…. I wouldn't say I look at him like a father, but sort of – like the [sic] **older guys** inevitably **have lots of wisdom**.*

It emerged, too, that participants placed importance on selecting other men who were similar to them to disclose to, including choosing those with comparable backgrounds and/or who had similar issue(s) believed to be the cause of the mental wellbeing problem. Returning to the participant above who introduced conversations in the work-place, here he explains why he later took the step to select a particular male colleague for more open disclosure. He explains the importance of selecting a man who had a similar background, had similar issues, and, importantly, was perceived to have the ability to self-manage the related problems:

Participant #17

> *I suspected my **friend was going through or had struggled with the same issues** mainly because his wife had been quite ill for a number of years in and out of hospital… **Similar age, similar experiences**. He had quite a few kids; some of his extended family had problems, jail. And I just thought he's also a little bit like me in the fact that we trained, got qualified. Yes, he kind of had a business as well. But quite a sort of **solid sort of guy**; he had his feet on the ground.*

In terms of approaching other men, participants explained that prior experiences of mutual sharing, particularly if there were prior revelations of vulnerability or weakness, made this easier. The same participant explains his decision to disclose his problem to more males. He explains how during an army reunion he shared with those who knew each other from having lived intimately together and who had seen the 'worst' in each other:

Participant #17

> *T**hey'd [male army friends] seen you at your best** and **they'd seen you at your worst**. You'd lived together, you'd done things together and you kind of knew each other. And even though you hadn't seen each other for years it was kind of like you were right back there again. And I found myself, I just talked, "It's been a bit of a struggle you know".*

Other aspects of this stage became clearer. During the focussed coding phase, it emerged that participants made their initial disclosure to informal others in a face-to-face manner. During the theoretical coding phase, it became clearer that as further experiences of disclosing were gained, participants often progressed to disclosing to informal others in group settings and, in particular, to other men in group settings. Moreover, that while these men were not always familiar, there was a recognised similarity of issues. The following participant explains how he chose to join a group of other men who, similar to himself, were not coping well with employment related issues:

Participant #20

> *I couldn't find a job and I kept applying, and was just going mad because I couldn't get a job. I was with a partner then, she had two children. Yeah, I **wasn't coping**. So I saw this ad, "New directions for men – if you're a mature man and you can't find work, come along".*

Participants explained the reasons for attending groups was to not only better understand so as to address their existing problems related to mental wellbeing, but, in addition, to learn how to better manage problems in the longer term. They also explained how they sought other experienced men in group settings so they could improve their responses to having problems. In the following participant passage, the progression from the need to address the problem and regain capacity to self-manage, to learning better how to self-manage the problems is captured:

Participant #20

> *But I wanted something at this time – a technique or a tool that **I could fall back on to** actually deal with the situation.... And at the start of the group we were **encouraged to come back and talk weekly about things that on reflection that, "Actually, I could have handled that better"**.*

However, the process of self-disclosing did not progress for all. For a small number of men, self-disclosing their problem to informal others was inadequate or a negative experience. Some of these men sought formal help (see below) while another man, an exception, was continuing to experience problems. This participant explains how in disclosing his experiences it had brought increased stress into his life. More specifically, he explains how, in disclosing to his wife that he was suicidal, it had resulted in the loss of her trust which, in turn, had engendered a sense of injustice in him:

Participant #9

> *I think for me **it [disclosing suicidal thoughts] has changed everything.** For example, I'll drive the car at work but when we travel together, she'll drive the car. She doesn't trust me and that hurts…and then that **engenders a sense of injustice** in me.*

Overall, during the theoretical phase of coding the final stage of the process of self-disclosure became better understood. The participants' decisions to make a subsequent self-disclosure could be because of real or perceived negative responses by informal others to the initial disclosure. In spite of this possible start to the process of self-disclosure, participants' decisions to make subsequent self-disclosures to informal others were, overall, progressive in nature. Participants were motivated to better understand their experiences (to gain explanation about it and support in the form of reassurances) and, as further decisions to self-disclose were made, to receive guidance or advice on how to address the problem. It became clearer too that other males – including older experienced males perceived to be generally successful in life and/or successful in

addressing similar problems of mental wellbeing – were selected both for face-to-face contact and in groups. Participants in disclosing to these experienced participants used the opportunity to develop skills and/or knowledge, continued to compare experiences, and to receive support.

The interrelationship between informal and formal help-seeking

At the end of the focussed coding phase it had emerged that participants' explanations of self-disclosure were not limited to informal others but consistently involved disclosure to formally trained health professionals such as GPs, counsellors, and psychologists. During the final coding phase, a better understanding of the relationship between informal and formal help-seeking developed. It transpired the interrelationship was ongoing throughout the stages of self-disclosure to informal others. For the most part, participants described informal others either assisting to facilitate formal help and/or offered complementary support while receiving that help. For others, there was an initial decision to seek informal others out but they then changed their minds and, instead, sought out formal help. Conversely, participants, having sought formal help, also changed their minds and, instead, sought informal help.

To elaborate, participants sometimes disclosed the problem to informal others – particularly to partners and, if younger, to mothers – which, in turn, could lead to an appointment with a health professional. Participants may have already made the decision to attend an appointment, thus the disclosure to others was to gain support to attend it. Alternatively, there may have been no expectations when disclosing, the decision to make an appointment with a health professional a consequence of the disclosure to informal others. Either way, it was clear that informal others assisted in the facilitation of a meeting with a health professional. The following provides an example of disclosing to a partner so as to gain support to make an appointment with a health professional:

Participant #18

> *I said, "I'm **going to go and get some of that counselling** down at the thing". And **she [wife] went, "Good**, good".*

It also emerged that participants wanted informal others to continue providing support after having met with a health professional. Furthermore, participants also sought out male friends in addition to, or instead of, the support being received from their partners. The following participant excerpts capture the ongoing support offered by his partner and also how he sought out his male friend to 'consolidate' his position as a male:

Participant #18

> *She would know everything that the counsellor knows. And **she was always supportive** but…we wouldn't sit down and have long discussions, or she wouldn't ask any questions about that, she'd just go, "Okay".*
>
> *And **I told him [male friend] that I was going to see a counsellor.** And you know being older, **he wasn't anti it** but he's a really close friend and he knows lots about me and how it all works up here and stuff, and likewise with him.…The counsellor gave me things to really think about whereas [**male friend] largely consolidated an already existing position in terms of what life was offering the both of us.***

Further, it became clearer that as a consequence of being in the ongoing support role, that the informal others could, irrespective of whether this was solicited or not, facilitate an additional meeting with health professionals. The following participant describes how a male friend who was already supporting him, put pressure on him to meet with a psychologist he had met once previously:

Participant #13

> *And [friend] was like, "Right get dressed, we're going out now". Yeah, and that's pretty much what **I needed, for someone to say, "Look, you know, just get your act together,** we're going out, we're going to go sort this out".*

Moreover, during the final phase of analysis, it became clearer that a limited number of participants had disclosed to informal others, but then reassessed and, instead, sought out a formal health professional. Participants went beyond description, providing some explanation for this change of decision, including inadequate or negative responses to disclosure. This participant explains how the experience of feeling dismissed, first by his mother and then later by a neighbour, led him ultimately to seek out his GP who, in turn, referred him to a counsellor:

Participant #4

> *He [neighbour] basically said to me, "Well everyone goes through this you know" – it'll come right, sort of thing. And um – well, it **was definitely counterproductive**…. Yeah, harden up, you know. I don't know how long after it was but I just got to the point where I decided it was time to see the **family doctor**. And he did a very good thing; he booked me in for **counselling**.*

Furthermore, a few men, upon disclosing to an informal other, assessed the response to have been distressing to others (or their relationship), so they sought out an appointment with a formal health professional. Thus, not wanting to distress others was part of the reason for seeking out formal support. This participant clarifies his decision to not 'burden' anyone:

Participant #19

> *I think another reason I didn't want to go too far into it, I didn't want to burden anyone. **I thought if I'm going to burden anyone it can be a counsellor** who knows how to handle that sort of thing.*

Conversely, it also became clearer that some participants sought health professionals but then changed their decision and, instead, sought out informal others. Participants, again, provided some explanation, including the importance of being understood by someone who already knew them. To illustrate, the following participant had been to his GP but did not believe that the GP fully understood the disclosure. Asked why he did not return to the GP or another health professional, he explains his preference for someone he knew who would understand his experience:

Participant #17

> *And I think I even may have asked him [GP] one time whether he thought I was depressed or not. And I can't remember exactly what he said but **I remember going away from that meeting thinking I don't think he got it…. I didn't want to seek out help from a professional I didn't know**, if they would be able to get what I was saying.*

It became clear too there was a preference for others, most often men, who had 'been there'. Another participant explains how he made the decision to seek out another man who had an 'understanding' from having 'been through' a similar experience:

Participant #2

> *If I'm going to tell my story **I want it to be for somebody [as opposed to GP] who understands it**…something about **a guy who's just been through it and knows it**, and a guy I respected.*

Participants not only placed importance on experiential knowledge of informal others when deciding about disclosure, but the timing of the decision could be significant as well. The same participant continues on to explain how he was 'ripe and ready' (i.e., in crisis), and having immediate access to his male friend was preferred to making an appointment with his GP and/or returning to a counsellor he had previously seen.

Participant #2

> *There's the structured help-seeking, like the counsellor versus I can see my mate right now. **I guess there's a difference for me in terms of timing**. So when I saw [friend] that one time in particular, I was just ripe and ready and he was there when I called.*

Summary of the final phase of analysis

The outcome of the final phase of analysis was multi-fold and reflected the aims as identified in chapter three. First, the relationship of the central category of self-disclosure with the other categories making up the five stages was further clarified to be a process involving a series of decisions related to the problem, including whether to self-disclose or not, how to disclose, and whether to make additional self-disclosures. Moreover, the staged process of self-disclosure was not always linear and, for different reasons, was not always completed and also tended to involve formal others. The second outcome of this phase was an in-

depth explanation of how the other theoretical concepts linked to the stages of decision-making. Specifically, the importance of ongoing monitoring and assessment of the following: control of functioning, the capacity to cope, the potential risk and benefits to self (and others), and skills and/or knowledge. Third, it became clear the staged process progressed away from anticipating risks towards anticipating the benefits of disclosing. The final outcome of this phase was the explanation of gaps in understanding and the integration of exceptions. It became clear that attributing causes and experiencing high levels of stress were, in and of themselves, not sufficient conditions for disclosure. Moreover, men's beliefs about the risks/benefits of disclosure were the strongest influence, but non-belief related factors also encouraged/discouraged disclosure. In terms of integrating exceptions, it became better understood that having existing skills and knowledge from prior experiences could, at times, mitigate the need to reach a coping threshold before disclosing.

Part 4.3: Plausibility of the proposed theory

The final aim of the theoretical coding phase is to test the robustness of the emergent theory against a diverse range of participant experiences. At the end of the process of developing a theory, the theory should be applicable and offer explanation to situational variations of men's help-seeking from informal others for problems of mental wellbeing. This important outcome from the grounded theory process of developing theory will be discussed within the context of establishing an overall plausibility of theory. To be able to determine the overall plausibility of theory, both the conventional criteria of trustworthiness and, in addition, the constructivists' criteria of authenticity need to be fulfilled. However, prior to outlining how the plausibility of theory was established, a number of challenges during the coding process needed to be met.

Meeting the challenges of analytical coding

In the previous chapter, a number of potential challenges to the quality of analysis during coding had been identified, including the challenge to code accurately, to code based on the data rather than researcher presuppositions, and to code theoretically as opposed to thematically. To meet these coding challenges, from the onset there was a combined use of gerunds, reflexivity (i.e., self-reflective journal), and both in-vivo and researcher codes. The reflective journal was effective in raising awareness of the researcher's biased expectation that experiences of help-seeking from informal others would generally be positive, whereas the continuous use of in-vivo during coding helped to ensure the researcher's analysis was not 'jumping' theoretically without support. Moreover, all of the data analysis was completed manually with regular and

repeated checks of the quality of analysis throughout the research process (see Appendix K for examples of the use of these techniques to meet coding challenges).

More challenging than expected, however, was the management and integration of the data. As the study neared the end of the second phase, the increasing number of theoretical concepts – and potentially relevant theoretical paradigms for explanation – created uncertainty, and, at times, led to being overwhelmed by the data. This was in spite of the technological support to manage the data (as opposed to the analysis of the data) in the form of the software programme *N-Vivo*. In response to this, a combination of writing a 'quick and dirty' draft theory, representing theory pictorially, and completing a further literature review, were useful to better manage and integrate the data. In particular, writing the 'quick and dirty' draft theory asking the analytical question 'what is going on?' was useful in specifying the complex relationships in the data into a more understandable form. Reviewing the theoretical concepts in the literature was also useful to stimulate new theoretical questions about links, gaps and exceptions in data, and to, overall, gain theoretical direction.

Fulfilling the requirements of both post-positivistic and constructionist research

This effort to meet the challenges of data analysis was in the overall context of fulfilling the criteria established to determine if there was overall plausibility (and robustness) to this substantive theory of men's help-seeking. In this research project, the selection of two sets of complementary criteria – trustworthiness and authenticity – were selected as measures to determine if the emergent theory would be plausible and robust. With respect to its trustworthiness, it is believed the theoretical findings are based on a rigorous and systematic inquiry, reflected by the methodical application of methodology throughout the research process including regular and repeated checks. Moreover, it is believed the findings have authenticity because of a 'contextualising' inquiry reflected by empowerment and negotiation of multiple perspectives, including the monitoring of those perspectives. The researcher's claim to the fulfilment of these two criteria is as follows.

Fulfilling the post-positivist criteria of trustworthiness

To ensure the trustworthiness of this qualitative research, the four criteria of credibility, transferability, dependability, and confirmability needed to be fulfilled. The following table summarises this fulfilment of criteria (see Appendix L for specific examples):

Table 5: ***Trustworthiness: Criteria and Applied Procedure***

Criteria	Applied Procedure
Credibility	Prolonged participant engagement – recruitment, interviews, listening of audio tapes of interviews while checking transcription, meticulous reading of transcripts, post-interview contact, and feedback from preliminary findings. In-depth pursuit of the most salient theoretical concepts. Triangulation – cross checking of data across different sources (across participants, with literature, and with professionals). Neutral academic peer input (conferences, workshop/seminar, and reading prior to submission). In-depth pursuit of integration of exceptions in data (e.g., reactance theory and social learning theory) and theoretical gaps (e.g., dependence-personality theory). Continuous checking of interpretation by eliciting responses from participants, supervisor(s), health professionals, and other academics.
Transferability	Application of methodology as per chapter three. Constant and systematic application of theoretical sampling to maximise data variation; theoretical sensitivity based on experience, data, supervisors/peers and literature; saturation of data through in-depth checking and verification. Constant and systematic use of analytical techniques: questions (i.e., sensitising, guiding theorising, and practical) and comparison (i.e., within data, data-to-data, data-to-experience, draft theory-to-data, and draft theory-to-literature).
Dependability	Audit trail of process – interview notes, meeting notes, participant follow-up questions, narrative summaries, interview excerpts, reflective journal entries; written, audio and pictorial memos; progress reports; written feedback from supervisors, and drafts of emergent theory. Detailed description of the research findings as per chapter four. Monthly supervision meetings and resultant refining of the methodological process. Data checking and procedures – regular review and repeat of data analysis.
Confirmability	Checking of final results and overall research progress from the initial data collection until analysis completion (audit trail). Verifying findings with participants: during individual interviews, individual follow-up contact, and at the completion of the analysis. Verifying findings in supervision meetings including chapter submissions. Presenting summary of findings to participants, professionals, and academic peers for feedback.

Important in the above is the provision of an audit trail so that external readers can more easily determine the plausibility of the research findings. Consequently, for each of the main categories, an audit trail was completed. They consisted of a number of document sources reflecting the process of research decision-

making while developing a category from the initial phase of coding through to a full and integrated category in the context of a unified theory (see Appendix M for an example of an audit trail).

Fulfilling the constructivist criterion of authenticity

A second criterion, the constructivists' criterion of authenticity – consisting of the criteria of fairness, ontological authenticity, educative authenticity, catalytic authenticity, and tactical authenticity – was also chosen. The following summarises how the modified criterion of authenticity was fulfilled (see Appendix N for specific examples).

Fairness: in conducting the research, there was a balancing of multiple participant views about the phenomenon. This was reflected in the range of male participants chosen (see Table 1), including those of different ages, education levels, income levels, ethnicities, living/relationship circumstances, and sexual orientation. Despite this range, there still remained a greater representation of males from the dominant cultural group as the research progressed through its middle phase[35]; New Zealand born European males who were living in an urban centre with female partners. To ensure this was better balanced, males representing the non-dominant group were specifically selected in the final phase of research to check the robustness of the emergent theory.

In addition, fairness was reflected by the researcher being aware and stating his own values and potential influence when interpreting the participants' worlds. For the most part, the researcher's position represented the dominant masculine position of New Zealand; a North American European, heterosexual, middle-aged, urban-based male living with a female partner. The researcher's perspective was balanced by an understanding of those in non-dominant positions based on prior personal and professional experience[36]. In addition, a self-reflective journal, as mentioned, was maintained throughout the research process (i.e., recruitment, interviewing, and analysis) for the purpose of identifying any heightened researcher sensitivity to particular data.

[35] The European ethnic group is New Zealand's largest major ethnic group at nearly 74% of the population, followed by Māori (14.9%), Asian (11.8%), and Pacific People (7.4%). Source: 2013 New Zealand Population Census.

[36] Professional health advocate for those with disabilities, migrant/refugees status, and inmates in prisons/mental health facilities. Professional needs assessor/coordinator assisting those with mental health and disability related issues to live in the community.

Finally, fairness as a process of conjoint theory development was reflected by the continuous collaboration with participants throughout the process. Empowerment of participants, an important indicator of fairness, was reflected in a number of ways, including the participants' willingness to openly express their experiences, provide feedback, and, when applicable, negotiate meaning with the researcher. In addition, empowerment was reflected in their willingness to disclose their motivation for participating in the research.

Ontological authenticity: a number of participants, but not all, indicated the experience of participating in the research resulted in a change in the meaning of their help-seeking experience. The changes in meaning varied from recognising the significance of their past experience to experiencing a shift in identity. These changes in meaning were expected by some participants, but, for others, not so. One participant found the experience of participating clarified his mental health status at the time. For others, the experience of participating was a reminder of the significance of the learning gained from the event itself. Although not intended, the changes identified were sometimes therapeutic in nature; participants, for example, using descriptors such as 'cathartic', 'dealing with it', and 'able to get a weight out'.

Educative authenticity: throughout the research process, there were a number of opportunities for stakeholders, including participants, to be educated about emergent theory (or parts thereof) and, in doing so, to provide a response about the how emerging theory 'fit' with those experiences. The primary stakeholders, the participants, had this opportunity during the interviews and, in addition, during post-interview contact. This opportunity was often marked by the researcher making reference to other men's explanations of experiences. The provision and elicitation of feedback increased in frequency as the research progressed through phases. Importantly, participants were also presented with and had the opportunity to respond to the preliminary findings of the research.

The opportunity to be educated and provide a response about emergent theory was extended to health professionals and academics. At a national level, presentations occurred at a men's health conference, a men's shed forum, and a community focussed combined workshop and seminar. At a regional level, presentations occurred at a post-graduate level men's health course, to counselling services, and to front-line health professionals. Informally, there were opportunities to share the emergent theory and to receive feedback from a professional peer supervision group, a professional men's professional health network group, and with a mental health advisory group for men.

Catalytic and tactical authenticity: the application and fulfilment of the criteria of catalytic and tactical authenticity were both considered beyond the scope of the PhD project. As such, there was no attempt to take the research findings, and in collaboration with stakeholders, make recommendations with the view to carry out actions and then, in turn, evaluate those actions. Nonetheless, in the future, there is thought of disseminating a summary of the research findings (or published research and presentations) to men, government, health organisations, and other individuals who have an interest in addressing the problem of men's help-seeking for mental wellbeing problems. To date, both the Cancer Society and the Mental Health Foundation have expressed interest in these findings. Similarly, the Mental Health Education Resource Centre has confirmed regular training opportunities for health professionals. Thus, from this dissemination, there is potential for both organisational action (and the evaluation of that action), and research action in the form of follow-up research.

To assist those external to the research process to determine whether the researcher's claim that the constructivist's measure of credibility has been fulfilled, a thick and rich description of findings is important. The preceding presentation of findings in this chapter, complete with a chain of evidence – illustrations of participant data and memos representing the analytical process used in reaching the findings – is the basis for claiming the fulfilment of a thick and rich description of theory.

Summary

The main aim of this PhD thesis was to develop a theoretical explanation for men's help-seeking from informal others for mental wellbeing problems. A constructivist-interpretivistic grounded theory methodological approach was utilised placing emphasis on men's explanations of their experiences. Twenty-two adult males from a range of backgrounds and experiences were interviewed using the flexibility of a semi-structured interview format. Through a similarly flexible analytical framework, the development of a theory, albeit it non-linear and messy at times, progressed through the three phases with each phase representing an increasing integration of theory. The theoretical outcome included the conceptualisation of men's help-seeking from informal others for problems of mental wellbeing as a five stage process of decision-making related to self-disclosure. The outcome also pointed to an interrelationship with formal others throughout the process. Finally, in making the theoretical claims as per above, the two complementary modified criteria of trustworthiness and authenticity – both modified for the purposes of writing a PhD thesis – have been put forward including, importantly, the supporting evidence for the reader to determine whether

the fulfilments have been met.

Chapter 5: Discussion

Introduction

In this chapter, the mid-range theory of men's help-seeking from informal others for mental wellbeing problems will be discussed. The chapter is divided into four parts. Part 5.1 is an overview of men's help-seeking as a basic psychological-behavioural process of decision-making related to self-disclosing. Part 5.2 is a discussion about the theoretical-conceptual frameworks that are relevant to this theory and, importantly, will include what actually makes this theory a gendered one. Part 5.3 is a detailed discussion of help-seeking as a five staged process of self-disclosure, although for the purpose of the discussion it will be simplified into three sections: 1) leading up to the initial disclosure, 2) during initial disclosure, and 3) subsequent to the initial disclosure. The discussion will too extend to the interrelationship between formal and informal help-seeking. Part 5.4, the final part of this chapter, is a discussion about the practical application of this theory in the world (i.e., clinical, health promotion, and government) and theoretical implications of the research, and, in addition, will also include an appraisal of the strengths and weaknesses of the research as a whole.

Part 5.1: Theory overview

The staged process of men's self-disclosure to informal others for problems related to mental wellbeing

In developing this theory of men's informal help-seeking, the basic psychological-behavioural process that emerged was that of men making decisions related to the act of self-disclosing a problem of mental wellbeing. Within this theory, a five stages model of making decisions related to self-disclosure was identified: 1) deciding there is a problem based on the reduced ability to control functioning, 2) deciding non-disclosure and, instead, self-managing the problem, 3) deciding to self-disclose upon experiencing a distressing event that represents the lost capacity to cope and, 4) deciding how to disclose depending on the issues, the recipient, and the availability of skills and knowledge, and finally, 5) deciding to make additional disclosures to better understand and address the problem. The conceptualisation of these stages, unlike other staged process models, extends beyond decision-making leading up to the initial decision to seek help. Rather than the staged process coming to a completion with the decision to self-disclose for the first time, this initial decision represents a pivotal point in the process with men making further decisions related to how to self-disclose and when to make subsequent self-disclosures. Importantly, as men move through the staged

process, their decision-making is progressive, shifting from a focus predominately on risk, to one that is predominately based on the expectation of benefits.

The concept of the self-disclosure as the basic psychological process

In putting forward this mid-range theory of men's informal help-seeking for mental wellbeing, it is important to clarify the central theoretical concepts – self-disclosure, decision-making, problem as functioning, and coping capacity – that make up this theory. First, it is theorised that rather than making the decision to seek help for the problem, men are actually making the decision to self-disclose the problem. The distinction between help-seeking and self-disclosing is significant. It is posited the concept of help-seeking implies receiving assistance and stands in contrast to men's identification with values such as self-sufficiency, strength, and responsibility to others. On the other hand, the concept of self-disclosure, the idea of revealing something to others, is more congruent with men's beliefs about themselves. For this reason, self-disclosure is the central theoretical concept in the theory. This theoretical position is captured well by Keith-Lucas (1994, as cited in Vogel & Wester, 2003) who suggests that "help-seeking is basically the act of deciding to self-disclose a problem to someone else" (p. 352).

In this theory, the theoretical concept of decision-making is also important. It is posited that as men move through the staged process they are, in essence, making a series of decisions related to the self-disclosure of a problem related to mental wellbeing. Moreover, in making these decisions related to disclosure, it is men's beliefs about the perceived risks and benefits of self-disclosing that is most influential. Specifically, it is suggested men, in making decisions related to self-disclosure, are particularly influenced by the social context and, in particular, by how they believe others will perceive them. In this theory, it is posited that men's decision-making is also influenced by other non-belief related factors, particularly the skills and/or knowledge required for self-disclosing the problem of mental wellbeing. Together, the combination of the belief and non-belief related factors are influential throughout the staged process decision-making related to self-disclosure.

The concept of mental wellbeing problem also requires clarification in this theory. It is suggested that men determine a mental wellbeing problem in a non-diagnostic way. Rather than determining the existence of a problem based on an understanding of symptoms of common mental wellbeing problems, such as depression and anxiety, men determine there is a problem based on their perception of changes in their own experience in the form of cognitions, affect, and behaviours. Most importantly, it is suggested men determine a problem

based on their perceived losing of control over their functioning, with less control representing an increasing severity of the problem. It is suggested that men are aware of and self-monitor their functioning throughout the stages of decision-making.

The final central concept in the theory is that of coping. Important in this theory is men's assessment of the ability to self-manage and, in particular, the ability to cope with the problem. In some ways, this theory could be considered a theory of men's coping resilience, for it is the perceived capacity to cope with the problem that tends to determine whether men will decide to self-disclose or not. In other words, men will attempt to self-manage the problem related to functioning, as long as the capacity to do so remains. The surprising outcome theoretically is the consistency in which men are experiencing a coping crisis at the time of making the initial decision to self-disclose the problem, a decision that is followed by the relatively immediate action of disclosure. Moreover, as decision-making moves through the process and beyond this crisis moment, the focus on coping continues although, increasingly, with the intent to improve the skills and the capacity related to it.

Part 5.2: Relevant theory, conceptual models, and other findings

Before discussing the stages of this theory in a detailed way, it is worthwhile revisiting the help-seeking theories and models reviewed in chapter two. For reasons explained below, it is believed the broad theoretical frameworks of Ajzen (1991) and Pescosolido (1992) are both relevant to this mid-range theory of men's informal help-seeking. Although developed with the formal help-seeking process in mind, it is also believed Rickwood et al. (2005) and Vogel, Wester, Larson, and Wade's (2006) models of help-seeking are also relevant. As relevant as these theoretical-conceptual frameworks are, however, there are subtle differences when compared to this theory. These differences, mostly a matter of emphasis rather than substantive in nature, will be highlighted. And given the overall relevancy of these non-gendered theories and models, so too will an explanation be provided as to what makes this theory a gendered one. To complete this part, other additional theories – including those that assist to explain gaps and/or exceptions in the theory – will be made explicit so that the detailed discussion in part 5.3 is more understandable.

Relevant theories and conceptualisations of help-seeking

As reviewed earlier, the broad theoretical frameworks of Ajzen (1991) and Pescosolido (1992) tend to underpin most models of help-seeking, offering in the process a more in-depth explanation of behaviours

related to help-seeking. As this mid-range theory of men's informal help-seeking developed through the coding phases, it became apparent these broad theories also aligned with and, as a consequence, offered some theoretical underlay to this theory. At the risk of over simplification, both these theories focus on the importance of cognitive-affective decision-making, the assessment of benefits and risks, and the importance of social context. In comparing the two theorists, Ajzen places more emphasis on the factors that influence the intention to seek help. He suggests the intent to action the behaviour of help-seeking depends on perceptions of how easy it is to implement (controllability), how well it will be met with approval of others (subjective norms), and how well it fits with the beliefs and values of the person implementing it (attitudes). In the following discussion, it will be clear that men's decisions and motivation to help-seek is related to perceptions about the ease of self-disclosure, the perceived responses by others to disclosure, and how well self-disclosure fits with beliefs about themselves, in other words, essentially the same factors suggested by Ajzen.

The theoretical framework of Pescosolido (1992) is relevant for other reasons. Overall, Pescosolido views help-seeking as a social phenomenon whereby individuals, as social beings, attempt to address problems by seeking others in their personal networks. She believes that a trigger event(s) sets in motion a course of action requiring a series of choices related to the act of help-seeking. Pescosolido suggests that others in the personal network are influential throughout the process of making choices, regardless if their input is solicited or not. In this theory, the importance of informal others to men throughout the process of making decisions related to self-disclosure is clear. Through the five stages men placed importance on protecting connectivity and relationships, seeking others out in crisis, and seeking others to better understand their experience; all the while being concerned about the effects of their self-disclosure on others.

Although the men in this study chose to seek out help from informal others to address their problems related to mental wellbeing, other potential help in the form of available information - via sources such as the internet, books, and brochures - needs to be further explored theoretically. A broader research question such as 'what is the theory of men's informal help-seeking?' would have resulted in a different theory, a theory not limited to informal others as a source of help. In this theory, the definition of help is critical. Seeking help from informal others involves not only the obtaining of information but also the disclosure of information. In this theory, the use of the internet, books, and television was only utilised as a source of obtaining information however, in saying this, this theory is flexible enough to accept that gaining information in its

own right can be helpful and thereby preclude the need by men to seek for help from informal others. Also, it is recognised that seeking out informal others via the internet – as will be discussed later – holds particular potential as a source of help for men.

In contrast to these broad theories, there are, as discussed, process models of the formal help-seeking for mental wellbeing. The model of Rickwood et al. (2005) is one such model. Developed with young people in mind, they give attention to those factors that both inhibit and facilitate the process, including the importance of individual competencies (skills and knowledge) related to help-seeking. Because informal others (i.e., family and friends) play such an important role for young people, there is also particular attention given to those factors which promote or inhibit their involvement including, amongst others, perceptions of normalcy and trust. In this theory, importance is also placed on factors that inhibit and facilitate men's self-disclosure to informal others, including the availability (or lack thereof) of skills and/or knowledge related to self-disclosure. For men, it too emerged that normalcy and trust were influential in the decision-making process.

Finally, the help-seeking model of Vogel et al. (2006) is relevant to the discussion of the theory of men's help-seeking from informal others. Vogel et al. place emphasis on how individuals interpret information that becomes available when there are changes in the personal environment. Referred to as informational cues, they believe it is the interpretations of these cues as problematic that lead to the help-seeking response. Most relevant to this theory is the belief by Vogel et al. that the help-seeking response is based "both on the perceptions of distress and on the belief in being able to cope (or not) with the distress" (p. 398). Finally, they believe that in making the decision to seek help from others, it also involves deciding whether to self-disclose personal information. As this theory of men's help-seeking evolved, it also emerged how men notice and respond to changes in their experiences of daily living, placing strong emphasis on the ability to control functioning when determining if there is a problem, and, in addition, also making decisions related to disclosing personal information.

The model of help-seeking by Vogel et al. (2006) is relevant to this theory of men's informal help-seeking in other ways. Drawing from Kushner and Sher's (1989) anticipatory model of help-seeking, they identified a number of factors that either increase the likelihood of help-seeking (approach factors) or decrease the likelihood of help-seeking (avoidance factors). The factors identified include, amongst others, the level of distress, the level of perceived social support, and the level of comfort in disclosing distress information. Although, conceptualised as encouragers and discouragers in this theory, it is posited that both beliefs about

perceived risks and benefits, and non-belief related skills and/or knowledge, act to either encourage or discourage men's decision to self-disclose the problem. It too is clear that the perceived level of distress, perceived availability of others, and comfort in disclosing information are also relevant to men's decision-making.

Differences to these theoretical conceptual frameworks: a matter of emphasis

Although there is theoretical-conceptual alignment between this theory of men's informal help-seeking and these other two theories and models of help-seeking, there are subtle differences of emphasis that are difficult to ignore. Both Ajzen (1991) and Pescosolido (1992) place emphasis on the cognitive-affective evaluation, or weighing-up, in the process of making decisions to seek help. It is suggested that while men also make a series of cognitive-affective decisions related to self-disclosure, the degree of actual weighing-up varies between men and depending on the stage of the process. It was not uncommon for men, particularly early in the process, to only fleetingly, if at all, weigh-up the benefits related to disclosure. Moreover, the 'automatic like' response of non-disclosure (and to self-manage the problem instead), was not really weighed-up against disclosure until men later experienced a significant change in their capacity to cope.

This subtlety of difference extends to Ajzen's (1991) concept of perceived controllability. Ajzen defines the concept of perceived controllability as an individuals' "confidence in their ability to perform behaviour" (p. 184). Throughout the process of making decisions related to self-disclosure, it is suggested that men's decision-making is similarly influenced by confidence in their skills and knowledge required for self-disclosure. What appears to go beyond Ajzen's model is that men's approach to decision-making is, overall, quite pragmatic, based on the perceived outcome of the decision as much, if not more, than the ease or difficulty of implementing the behaviour of self-disclosure. To illustrate, men described making the early decision to 'carry on' without disclosing the problem because of the ease of this. However, when the circumstances changed and the risks increased it then became easier to disclose. This combined with the emphasis by men on information (as opposed to emotional support) when decision-making, adds to this impression of pragmatism in decision-making. This decision-making style as a whole tends to extend beyond the relatively straight forward 'performance' definition of perceived controllability offered by Ajzen.

Another type of difference emerges when comparing this theory with Pescosolido's (1992) theory. Pescosolido, in viewing help-seeking as a social phenomenon, suggests that a trigger event leads to a response whereby others in personal networks are sought as a means to cope with and/or address the

problem. In this theory, it is suggested that while men's choices do, in time, involve self-disclosure to others in their personal networks as a means of coping (or addressing) with the problem, the initial response may be less socially orientated than Pescosolido envisaged. Almost without exception, men, upon identifying a problem of functioning, made some effort to self-manage it without involving others. Paradoxically, it may be that men's need to protect their position in these social networks actually promotes self-management of the problem without involving others.

There are also differences to the model of help-seeking for mental wellbeing problems as conceptualised by Rickwood et al. (2005). Although theoretically their model applies to both informal and formal pathways, they tend to treat informal others as a facilitator in the process of formal help-seeking, and therefore emphasise the importance of the latter. In this theory a different position is taken. It is posited that men's decisions to seek out informal others to disclose to can lead to both formal help and, as importantly, it can be a source of help in itself. More directly stated, given the therapeutic importance of informal others in this theory, the risks and benefits assessed when making a decision of disclosure are different. Rather than informal others posing risks and benefits along the way to formal help, the perceived risks and benefits are more directly related to their ability to address the problem. To illustrate, the benefits of disclosing to those with experiential knowledge becomes increasingly pertinent as decision-making progresses through the stages.

Nor does this theory of men's informal help-seeking always align well with the help-seeking model conceptualised by Vogel et al. (2006). Also developed in the context of formal help-seeking, they suggest that help is sought based on the evaluation of the outcome of prior decisions, which, in essence, refers to unsuccessful prior attempts to address the problem of mental wellbeing including, importantly, input obtained from informal others. In this theory, the decision to self-manage the problem and the decision to seek out informal others as a response to having the problem, are viewed as separate stages of decision-making rather than as a single stage. In this theory of men's informal help-seeking, this delineation is critical; the decision to seek informal others is believed to follows men's realisation that the decision of non-disclosure and instead to self-manage has not been successful.

Taking the position of a gendered theory

The overall relevancy of these non-gendered theories and models does raise an important question. What actually makes this theory of informal help-seeking for mental wellbeing problems a gendered one specific to

men? This is a particularly relevant question in New Zealand, given that men and women have provided the same reasons for seeking help for mental wellbeing; they experienced a crisis event related to coping (Bellringer, Pulford, Abbott, DeSouza, & Clarke, 2008; Manthei, 2006). Conversely, men and women have also provided the same reason for not seeking help; one should be strong enough to cope without help (Wells et al., 1994). The question too is relevant given it has been found that men and women can be similar in the way they cope with stress. To illustrate, both men and women in rural Australia had higher levels of stoicism and were less likely to seek help than those living in urban areas (Judd et al., 2006; Murray et al., 2008). Likewise, New Zealand has a similar sized rural population and the identification with the rural environment is an important part of the national identity (Statistics NZ, 2013).

Despite these similarities, the position taken here is that this theory is a gendered theory of informal help-seeking for mental wellbeing problems. It is posited that men in this study placed high importance on values such as strength and self-sufficiency, and, as such, have a different response than women to having a problem of mental wellbeing. Overall, men in this study, both migrants and those born in the country, had consistent experiences of a strength-orientated masculinity in New Zealand. They believed men's expectation of self-sufficiency, based on strength, was influential in men's response to having a problem related to mental wellbeing. Overall, there is agreement with Pescosolido's (1992) position that as products of social interactions, people are knowledgeable and astute to the social context when making decisions to seek help. In asserting this theory as gendered, there is a willingness to acknowledge men's experiences as gendered and give credibility to men for being astute in living and understanding that difference.

Supporting this position of gender differences, there are clear findings in both the coping and communication literature. With respect to coping, Tamres et al. (2002) upon completing a meta-analytical review of gender differences, found that men, regardless of the type of stressor (e.g., achievement, relationship, or personal health), were less likely to seek out informal others as a means of coping. Specific to health information, they concluded men, in particular, preferred to cope alone. With respect to communication, it has been found that men, when disclosing a personal problem, are more orientated towards retaining independence (Kendall & Tannen, 2001), whereas women are reciprocally focussed and orientated towards the "frequent matching of problems in order to bond and create connection" (Coates, 1996, as cited in Kendall & Tannen, 2001, p. 553). Together, these findings parallel the theoretical position here that men place high importance on self-

managing a problem of mental wellbeing throughout the process of making decisions related to self-disclosure.

However, it is important to clarify that although this theory is being put forward as gendered, the differences are not essential and can be relative to both men and women. In other words, it is believed that differences are not necessarily due to having different values, but rather a differing degree of importance being placed on those values. It may be that women will place importance on self-managing problems related to mental wellbeing but just not as much importance. Furthermore, these differences may simply reflect the phenomenon as it is in the context of New Zealand culture at this time in history, and may not be reflected in the future. Returning to the communication literature, this non-essentialist position aligns well with Tannen's (1989b, as cited in Kendall & Tannen, 2001) position that culture, rather than necessarily determining an outcome, provides a range of options from which individuals can choose at any one time.

Socialisation theory: explaining men's moving away from self-disclosure of the problem

In taking the position of a gendered theory it is difficult, if not impossible, then, to discuss the theoretical explanation of men's informal help-seeking without comparing and making reference to the explanations offered by socialisation theorists. Psychologists, in attempting to explain men's formal help-seeking, have, as previously outlined, focussed on how socialised differences between men and women, and, in particular, how the socialisation of men to be strong and self-sufficient has influenced attitudes and, consequently, inhibited help-seeking. In responding to problems of mental wellbeing with strength and self-sufficiency, socialisation theorists suggest men, at the thought of help-seeking for the first time, experience an inner conflict thereby making it difficult to seek help (Addis & Mahalik, 2003; Good, et al., 1989). Noyes (2007), in developing a staged process of men's formal help-seeking suggests this inner conflict remains throughout the process albeit it lessening as experiences with formal helping professionals increases.

In this theory, socialisation theory offers explanation for some of the decision-making related to self-disclosure, particularly those decisions leading up to the initial disclosure. A number of men's explanations for non-disclosure included macro explanations related to socialisation; these men believed historically there were requirements for men to be self-sufficient which, in turn, has required both physical and mental strength. Men's explanations also included how current socio-political institutions – work, school, and families – reinforce a strength masculinity, for example, by promoting dominant discourses about strong masculine leadership while, at the same time, not promoting discourses about vulnerability. It is posited that

from this socialisation, men learn the importance of self-managing problems including those related to mental wellbeing. Not to self-manage problems, it is suggested, poses a threat to the congruency of men's identity and, in turn, poses a threat to consistent and efficient day-to-day functioning. Moreover, because the importance of self-managing is socially constructed, others knowing about men's difficulties in self-managing a problem, poses the risk of men being negatively judged and, as a consequence, losing valuable social connection. It too explains men's informational style of self-disclosure. However, in saying this, the view taken here, again, is that socialised beliefs are not static; men, as they accrue experiences of disclosure, also develop new beliefs including benefits in disclosing problems to others.

Social support theory: explaining men's moving towards self-disclosure of the problem

In addition to socialisation theory, other psychological theories emerged as relevant while developing this theory. Sarason's (1983) concept of social support, as reviewed earlier, became relevant when explaining men's decision to disclose the problem of mental wellbeing to inform others. The ranges of support, as conceptualised by Campbell (2012), included emotional support (esteem, reassurances, and attachment), informational support (feedback, advice, and guidance) and pragmatic support (material, goods, and services). In this theory, it is suggested that, while all three forms of support provide motivation for self-disclosing to informal others, men, in their explanations, place the most importance on informational support. Men generally focus and expect information from others to understand the problem. Specifically, men seek information to understand the loss of functioning, the normalcy of this loss of functioning, and what is required to make changes. It is further suggested that men's style of providing information while self-disclosing coincides with the expectation for emotional support. Men often described this as needing to be understood. As disclosure moved beyond the initial disclosure, the expectations of informational and emotional support emerged more clearly as being important to men in this study.

A theoretical position about men's need to control functioning

It is posited that men in this study placed high importance on the ability to control functioning and monitored it throughout the process. In the initial stage, men's recognition of their diminishing ability to control cognitive, affective, and behavioural functioning represents a problem. In the middle stage, a more complete loss of control of this functioning becomes the central motivator for deciding to disclose the problem to others. In the final stage men, in wanting to address the problem, are motivated to learn more about how to maintain functioning. Importantly, it is suggested that men's need for control of functioning, in itself, is

assumed to be normal rather than a deficit in thinking and inhibitory to the process of self-disclosure. In support of this position, a group of motivational theorists argue the need for retaining control while living day-to-day and while moving through the lifespan, is not only normal but is necessary to be adaptive (Heckhausen, Wrosch, & Schulz, 2010). Motivational theorists suggest that from a functionalist and evolutionary psychology perspective, control, irrespective of gender, is essential for mastering the challenges associated with living (Heckhausen, 2000b), with the key to adaptive functioning being "the extent to which the individual realizes control of his or her environment across different domains of life [health, education, work, social relations and family, and leisure activities] and across the life span" (Heckhausen et al., 2010, p. 35). It is from this perspective that men's motivation of maintaining control over functioning is viewed.

Other relevant theory and concepts; explaining exceptions, gaps, and depth in theory

It is important that an integrated theory is able to explain theoretical exceptions and gaps that occur when developing theory. A combination of relevant theories from both disciplines of sociology and psychology assist to explain exceptions and gaps in men's explanations when developing this theory. The relevance of social learning theory (Bandura, 1977) is that it provides explanation as to how prior experiences of learning can negate the need to reach a coping threshold or to disclose to someone familiar. Similarly, dependency and personality theory offers an explanation as to why a few men appeared to have particularly low coping thresholds (Burt & Paysnick, 2012) and did not place as much importance on continuing to self-manage the problem while taking the step to self-disclose the problem (Nadler, 1998; Nelson Le-Gall, 1985). Finally, the theory of reactance (Brehm & Brehm, 1981) explains how it is possible for men to become motivated to self-disclose because of the perceived injustice by others in attempting to influence men's decision-making related to self-disclosure.

As the depth of the theory emerged so did the relevancy of yet other theoretical concepts. Also important in an integrated theory of men's informal help-seeking, is that there is an in-depth explanation of these other theoretical concepts. In the discussion of men's disclosure style in stage four, the concept of indirect communication (Bornstein, 1998; Kendall & Tannen, 2001), paradox of distress (Kennedy-Moore & Watson, 2001), and non-verbal expression (Wong & Rochlen, 2005) all aid in developing a greater depth of understanding of how men disclose to others. Likewise, in the discussion of men's decisions to make subsequent disclosure in stage five, the concepts of experiential knowledge (Borkman, 1976), social

comparison (Festinger, 1954), and social learning (Bandura, 1977), all contribute when explaining men's increasing motivation to seek out other men to disclose to.

Part 5.3: Decision-making leading up to, including, and subsequent to the initial disclosure

In this part, there is a detailed discussion of the five stage process of men's self-disclosure to informal others for a problem related to mental wellbeing. As mentioned, the five stages of decision-making can be viewed more simply as decisions leading up to, during, and subsequent to the initial disclosure. In addition to making reference to the theories and conceptualised models of help-seeking as outlined above, there will also be references to findings thought to be pertinent to the discussion. Participant quotes will offer the reader additional support to understand subheadings throughout the three sections that make up this part of the discussion.

Part 5.3.1: Decision-making leading up to the initial disclosure

Stage 1: men deciding about having a problem related to mental wellbeing

There's something not right, I'm not responding the way I normally respond.

As reviewed in chapter two, models of help-seeking tend to commence with the identification of a problem of mental wellbeing, and in doing so, tend to focus predominately on the importance of symptom recognition (e.g., Kadushin, 1969; Saunders, 1993). As a consequence, a great deal of discussion has focussed on the difficulty men have in recognising symptoms of common mental wellbeing problems, and, in particular, depression (e.g., Fuller, Edwards, Procter, & Moss, 2000; Moller-Leimkuhler, 2002; Ogrodniczuk & Oliffe, 2011). In this theory, it is suggested that men tend to recognise being stressed, and perhaps not coping, but do not necessarily recognise either as a mental wellbeing problem. More importantly, it is suggested that even if men did think the changes in their experience indicated depression (or anxiety), it was the ability to control their functioning that remained the most important factor in deciding if a problem existed or not. In other words, for men, depression (or anxiety) may be a possibility but it was the control over specific functioning in everyday living that remained paramount in making this decision.

Thus, it is posited the first stage in the process of self-disclosure commences with men noticing changes in their experiences of daily living and, in particular, changes in functioning related to cognitions, affect, and/or behaviours. More pointedly, it is the recognition of the loss of some of the ability to control functioning that determined these changes to be problematic. In other words, men were not as concerned about the changes in

functioning as they were about the lack of control when trying to address the changes in functioning. They identified that a problem existed when there was the inability to stop undesirable cognitions, affect, and/or behaviours, or, conversely, when there was the inability to maintain those which were desirable. To illustrate, men identified there to be a problem when not being able to maintain desirable cognitive functioning (e.g., problem solving ability) but also when not being able to cease undesirable cognitive functioning (e.g., intrusion of irrational thoughts). Thus, it is theorised that men define a problem related to mental wellbeing based on both the changes of functioning and the corresponding perception of reduced ability to have control over the changes.

The importance men place on functioning as a determinant of a problem is increasingly being discussed in men's help-seeking literature including for problems related to physical wellbeing (e.g., O'Brien et al., 2007; Oliffe, 2009; Smith, Braunack-Mayer, Warin, & Wittert, 2008) and, in a more limited way, mental wellbeing (e.g., Ogrodniczuk & Oliffe, 2011; Oliffe, 2008). While the importance of function to men has been acknowledged, there has been little focus on what men themselves see as important for deciding if there is a problem of mental wellbeing. Interestingly, in an exploratory study, Watkins and Neighbors (2007) found young black men defined positive mental health as having function, control, and discipline in their lives. In addition, the suggestion that men notice and interpret changes in experience in the process of identifying a problem is, likewise, not without precedent. Vogel et al. (2006) suggest, irrespective of gender, the determination of a mental wellbeing problem is based on two aspects: changes in the personal environment and the subjective meaning placed on the information gained about these changes.

The concept of attribution deserves some comment. It became clear that men in this study often attributed cause to their reduced control in functioning. They tended to attribute the problem to increased stress related to a range of issues in everyday living. Most commonly the issues identified were relationships and work related, but, in addition, and in no particular order of importance, the issues identified included parenting, finances, physical health, and sexual issues. That men attributed cause to problems related to mental wellbeing is not uncommon (e.g., Hoy, 2012; Robertson, 2007). Robertson (2007) identified inter-personal relationships, work, and financial issues as the three main sources of stress. However, it appears attributing cause to stress and the problem of functioning becomes increasingly complex for men when deciding whether coping difficulties exist. Some men identified a loss of the ability to cope, while others did so with the assistance of the media or by others known to them pointing it out. Yet others, however, did not identify

the cause of the problem to be related to coping difficulties. Moller-Leimkuhler (2002), based on the work of Pennebaker (1982), believes that men's general lack of awareness of coping is because there is a tendency to "interpret the body as an efficient and functioning machine requiring minimal care" (p. 6). Irrespective of men's certainty about the causes of the problem, the key point remains that it is men's assessment of functioning that, in effect, still determines if there is a problem or not. The attribution of cause does however, have implication for men in the next stage and, again, later in stage four.

In this theory, it is posited that it is men who self-identify the problem related to mental wellbeing. It is also recognised that others – particularly those who live or work intimately with men – can assist in identifying changes in experiences as representing a problem. A number of men indicated that familiar others (i.e., partner, mother, and/or colleague) pointed out changes that assisted them to recognise and accept there was a problem. This is not new and aligns with current theories (e.g., Pescosolido, 1992) and models of formal help-seeking (e.g., Saunders 1993; Vogel et al., 2006). However, it is suggested here that while others may recognise and point these changes out, it is men who ultimately decide if there is a problem related to mental wellbeing or not. The position that it is men who identify the problem is based on the inconsistency in which familiar others identify the problem. To expand on this, men explained how others did not necessarily notice changes and, if they did notice, did not necessarily say anything about them. Regarding the latter, some men believed that others had identified changes but did not express these concerns out of respect for the men's need to self-manage problems. In addition, familiar others pointed out changes, even making explicit comment about their problematic nature, but unlike those men who accepted this, a number of others did not. This non-acceptance is particularly likely if, and this is vital, men believe they are still functioning at an adequate enough level. It is for these reasons this theory posits it is men who self-identify the problem in this early stage of decision-making related to self-disclosure.

Stage 2: men's beliefs and the initial decision of non-disclosure

So when I had issues as a man my tendency was not to seek help from anyone.

In the second stage it is posited that men, upon self-identifying a change in the ability to control functioning, consistently make a decision of non-disclosure. Similar to Noyes's (2007) model of men's help-seeking for mental wellbeing, the position taken is that men's beliefs are the strongest discourager to disclosing the problem to informal others. Men in explaining the decision did not tend to use the language of identity directly, however they spoke of the importance of values and beliefs that comprise it. It is suggested that men

decide not to disclose the identified problem because it is not congruent with values related to strength and self-sufficiency. The position that men's beliefs discourage self-disclosure of the problem is, as reviewed in chapter two, well discussed.

Importantly, the position taken in this theory is that these beliefs in themselves are not negative and, instead, neutrally reflect what is valued. To elaborate, rather than men having negative beliefs about others' responses, it is suggested men perceive there is a high likelihood that others will respond with negative judgment and, consequently, protect themselves (and others) from this risk. Similarly, it is suggested men place high value on self-sufficiency, meaning an increased likelihood of self-managing – attempting to address or cope with the problem independently – rather than thinking of disclosing it to others. It could be argued that these are different sides to the same belief, that the decision to self-manage is because of the fear of consequences, but the position taken here is that men place importance on self-managing independently of the need to manage risks. In other words, it is possible the decision of non-disclosure is mainly because of the intention to self-manage the problem rather than because of the perceived risks of disclosing to others. The one reference to men's negative beliefs in this theory, however, is when describing men's own response to themselves for not being able to self-manage the problem to a satisfactory level.

That a range of beliefs influence men's decision-making related to self-disclosure aligns with more recent views of men's values as neutral (e.g., Smiler, 2006), including those beliefs that inhibit engagement in the process of help-seeking (e.g., Addis & Mahalik, 2003; Tremblay, 2005). Addis and Mahalik (2003) proposed that multiple neutral beliefs can lead to the decision of not seeking formal help-seeking, including 1) assessing the problem as not normal, 2) perceiving the problem as central to identity, 3) believing peers would negatively perceive them, 4) that there would be loss of control or independence, and 5) not having an opportunity to reciprocate. Interestingly, there is an overlap with this theory of men's informal help-seeking, the exception being the need to reciprocate was not identified by men as a reason for the decision of non-disclosure.

In stage one it was put forward that the identification of the problem is determined by the loss of control over some function, and that a clear understanding of cause was not essential when making the decision that a problem existed. During this stage, it is similarly being suggested that attributing a cause to the problem, even if it was believed to be related to difficulties in coping or depression/anxiety, is not sufficient to make a decision to self-disclose. The beliefs about perceived risk to self (and others) and the importance self-manage

the problem is more influential. This fits with others' position that attributing cause to problems of mental wellbeing does not necessarily lead to help-seeking (Mechanic, 1978; Saunders, 1993). Attributing cause to the problem, however, does influence the decision about how men tend to self-manage the problem subsequent to making the decision of non-disclosure (as discussed in a section below).

Beliefs related to the risk of negative judgment and the fear of social loss

To identify someone to talk to without the fear of being judged itself brought about a certain anxiety.

In considering self-disclosure, men consistently believed there to be a high risk from informal others knowing about their problem related to mental wellbeing. Specifically, men believed there was a high risk of being negatively judged as not normal for both having a problem and for not self-managing that problem. Although the anticipation of judgment is important, it is the perceived consequence of the response by others that is particularly important in men's decisions of non-disclosure to others. A central tenet of this theory is that men do not self-disclose their stress and problems of functioning because of the high anticipation of losses – losses of control of information, income, freedom, and, social connection – believed to be associated with others knowing. It is theorised that it is primarily the fear of losing social connection that discourages men's early self-disclosure. Men feared the loss of connection could be the direct response from the recipient but, perhaps more revealing, men also feared a breach of trust by those receiving the disclosure that could lead to third-party others receiving personal information. In other words, men also believed there was a possibility of a loss of control over information leading to multiple losses of social connection.

This high anticipation of loss of social connection as a result of self-disclosure aligns with Ajzen's (1991) belief that the perception of social consequences can influence attitudes and, in turn, negatively impact help-seeking behaviour. It is also well supported by findings that men's perception of not being seen as normal by informal others inhibits both self-disclosure (e.g., Barney et al., 2009; Komiya, Good, & Sherrod, 2000) and engagement in the help-seeking process (e.g., Deane et al., 1999; Rickwood et al., 2005). The concern by men about third-party disclosure fits too into an overall theme of men being concerned about the loss of control in taking the initial step to help-seek (e.g., Addis & Mahalik, 2003; Chuick et al., 2009; Lee & Owens, 2002; Vogel, Wade, & Hackler, 2007), including the threat it poses to existing social networks (O'Brien et al., 2007).

Coinciding with men's beliefs about themselves

At the same time, you know, I had a fairly strong internal voice that it was me anyway.

It is theorised that men's beliefs about themselves for having a problem related to mental wellbeing further contributes to the early decision of non-disclosure. A number of men explained experiencing an inadequacy, if not a type of masculine shame, for having the problem and for not being able to manage it; the use of the words 'not normal' or 'less than' made regular appearances in men's descriptions of themselves. The inadequacy that men experienced appeared, in some instances, to exacerbate already pre-existing negative beliefs about themselves. Furthermore, the shame appeared to be heightened by the potential of needing to show that inadequacy to other others and, in particular, to other males. Thus, for men there was shame about having a problem, and, in addition, there was shame at the thought of others, particularly other men, seeing that problem. More pointedly, is suggested here these negative self-beliefs (and the accompanying shameful feelings) can magnify the fear of being negatively judged and potential to experience social loss.

The position that negative self-beliefs can compound the belief that others will respond negatively to self-disclosing a problem, is supported by findings that, irrespective of gender, self-stigmatisation and the potential of stigmatisation from others, can, together, negate any intention to self-disclose or to engage with others about a mental wellbeing problems (Corrigan, 2004; Vogel, Wester, Wei, & Boysen, 2005). Theoretically, it aligns with an increasing recognition of the inhibiting influence self-stigmatisation has on men's help-seeking (e.g., Addis & Mahalik, 2003; Moller-Leimkuhler, 2002). There too have been findings that men, particularly more traditional men, self-stigmatise in response to identifying a problem related to mental wellbeing (Vogel, Wade & Haake, 2006), and are less likely to self-disclose that problem to others as a result (Blake, 2008; Magovcevic & Addis, 2005; Pederson & Vogel, 2007). Moller-Leimkuhler (2002) believes for men it is a kind of double 'offence'; the first part of the offence is identifying a problem, and the second is admitting the need for help with that problem. With respect to shame, there has been some recognition that men experience it when experiencing a mental wellbeing problem and how, in turn, this experience can further increase feelings of inadequacy and lessen the engagement with help (e.g., Cochran & Rabinowitz, 2000; Shepard & Rabinowitz, 2013).

Further beliefs about the risk to others

I just wanted to spill my guts but I was thinking well it's not just about you here.

However, it was clear that men also considered the consequence to others while making the decision of non-disclosure. It is suggested the need to protect others – as the recipient of the disclosure – from being burdened, while not the primary reason for the decision, also contributes to the early decision of non-disclosure. This is congruent with Gray, Fitch, Phillips, Labrecque, and Fergus (2000) finding that men's decision of not disclosing physical health problems was, in part, because of a desire to avoid burdening others. In addition to not wanting to burden others directly, it is also posited that men placed importance on the need to protect others, particularly partners, from negative consequences if, as the subject of the disclosure, confidentiality should be breached to a third-party informal other in the community. Thus, part of men's explanations for making the decision of non-disclosure relates to the responsibility that men feel to protect others from negative consequences.

It is suggested there are cultural factors within the New Zealand context that explain the importance men place on protecting others. Firstly, it may be that Pākehā (i.e., of European descent) colonial discourses of masculinity related to the 'sole bread winner' norm[37] – a norm which places high importance on men being responsible for their family – still remains strong today. Moreover, the need by men to protect others may also, in part, reflect New Zealand's location in the Pacific-Asian region. It may be that men from the traditionally collective orientated Māori, Asian, or Pacific Island cultures give greater consideration to the impact of decisions on others. It has been recognised that men from these cultural backgrounds are more likely to conceive a mental wellbeing problem as a family event thereby placing more emphasis on their own responsibility and the protection of their family (see Chang & Subramaniam, 2008; Kumar & Browne, 2008).

However, it is further suggested there are stronger cultural factors that lead men, irrespective of background, to place an even higher importance on protecting themselves in making the decision of non-disclosure. It may be that men's decisions of non-disclosure reflect the overall cultural emphasis on individualism in New Zealand[38]. Given all men, bar two, who participated in this research project – including those of non-Pākehā ethnicity – were born and raised in New Zealand[39], it can be assumed there was a significant level of socialisation placing emphasis on the importance of the individual (as opposed to the importance of the

[37] Source: Cooper (2008).

[38] Source: Hill, Watson, Rivers, and Joyce (2007).

[39] Moreover, of the two men not born and raised in New Zealand, one man was raised in another European based culture.

collective). In addition, for those men from non-Pākehā backgrounds who do retain traditional collective values, the influence of shame may be an important factor in making the decision of non-disclosure[40]. In the context of the collective values of Māori, Asian, or Pacific Island, gender roles, and the individual shame (and community stigmatisation) of not fulfilling leadership roles, may explain the decisions of not disclosing a personal problem related to functioning (Chang & Subramaniam, 2008; Deane et al., 1999). To illustrate this point, the beliefs of the two largest subgroups of Asians (Confucian and Hindu) in New Zealand[41], tend to place the male higher in the family hierarchy emphasising the economic provider position (Sue, 1996, as cited in Chang & Subramaniam, 2008). It is for these cultural reasons, it is suggested that men predominately focus on the risks to themselves in the process of making this early decision.

Men's intent to self-manage the problem

I think a lot of it was about you just deal with this stuff yourself.

In this theory, it is posited that a second central belief leads men to make the decision of non-disclosure at this stage in the process. It is suggested that because self-managing is so centrally aligned to masculine identity that men's response upon identifying a problem is to self-manage it without involving others. In other words, irrespective of the level of fear, men place such high value on self-managing that the response upon identifying a problem related to functioning was to simply manage it and any related distress associated to it. Pescosolido (1992) suggests that experiencing a problem sets into motion a process of attempting to cope with it by involving others. For men, however, this experience tends to set in motion a different initial response. Men tend to respond with a decision of non-disclosure and the coinciding, if not simultaneous, decision to self-manage it alone. The overall position that men place high value on self-managing the problem aligns with recent recognition that men's need for autonomy is an influential factor in making a decision of not seeking help (e.g., Jorm et al., 2006; Vogel, Wester, & Larson, 2007; Wilson & Deane, 2012). Supporting the specific position that men's beliefs about self-managing are independently influential when decision-making, Wilson and Deane (2012) found that while young adult males' fears related to help-seeking were not significantly different to females, the identified need for autonomy was.

[40] See discussions by Chang and Subramanian (2008) on Asian 'loss of face', and by Deane et al. (1999) on Māori 'whakama'.

[41] Source: Statistics NZ (2013).

An important question in this theory is whether men's decision-making process is one of 'choice' whereby the decision is thought out and consciously made. Bourdieu (1992 as cited in Smith, 2013) suggests that most actions are not thought through and conscious choices but rather through what he refers to as 'logic of practice' whereby actions are made much more subconsciously/unconsciously. Bourdieu's concept of 'habitus' is based on the idea that the wider socio-cultural environment 'shapes' attitudes and behaviours including those related to gender identity acquisition (Smith, 2013). In this stage of men's help-seeking it is posited that Bourdieu's theory particularly holds true; that men's natural, if not automatic, response is most often one of not taking action. However, this theory also posits that men's decision-making does not necessarily remain subconscious/unconscious, particularly in the final stage when men are making further decisions to disclose with clearer intentions to understand.

As mentioned, attributing cause can be a significant determinant in the way men decide how to self-manage. It is suggested that men's ways of self-managing ranged from attempting to solve the problem (e.g., reduce work hours and leave relationships) to altering their response to the problem (e.g., keeping busy, self-medicating, gaming, and/or working harder) or by not responding to it altogether (e.g., minimising or dismissing). Specifically, it seems that attributing the cause of the problem external to the self (i.e., 'it's my relationships/work') was more likely to lead them to a problem solving response, whereby attributing the cause of the problem internal to the self (i.e., 'it's me') was more likely to lead them to altering their coping response in some way or by doing nothing. Irrespective of how men responded to having a problem, the important point remains that men preferred to initially self-manage the problem rather than disclose it to informal others. This fits the conclusion drawn by Tamres et al. (2002) that while men's coping responses varied in response to stressors related to personal health, the constant in the responses was the lack of involving informal others as a means to cope.

The decision by men to not disclose the problem and instead self-mange it without involving others, raises the question of controllability. In other words, how important is the perceived ease in making that decision. It is suggested for the men in this study, it was important; self-managing the problem, particularly if the self-management involved doing nothing (i.e., carrying on), allowed men to continue living their lives without risking potentially disruptive consequences they believed self-disclosure would bring (the loss of jobs, friendships etc). It also suggested that even making the decision to actively self-manage the problem is an easier option than self-disclosing to others. A number of men made the importance of ease explicit in their

explanation of their decision-making, one man saying it was easier to self-medicate than to leave the comfort zone by disclosing it. Thus, the perceived controllability, as posited by Ajzen (1991), is significantly important to men in making the decision of non-disclosure. This theoretical position fits with Corrigan and Matthews's (2003) view that, irrespective of gender, those with mental wellbeing problems often do not reveal their problems because unlike, for example a physical disability, it can be easier not to. Specific to men, there have been findings that men prefer not altering their existing ways of managing day-to-day when faced with an adverse health event (Chipperfield, Perry, Bailis, Ruthig, & Churchman loring, 2007; Gray et al., 2000; O'Brien et al., 2007).

A particularly consistent response of non-disclosure in New Zealand

People have different ways of responding to stress and especially, I know for a fact, guys do.

The decision of non-disclosure by men in this study was surprisingly consistent, and for those who offered an explanation, so too was the consistency of the belief that men are socialised to be strong and self-sufficient in New Zealand. For some men, the explanation of the socialised difference was centred on the influence of historical social-cultural factors while others focussed on the role of socio-political institutions in reinforcing these values. This consistency raised another question important to understanding decisions related to non-disclosure. How varied is masculine identity in New Zealand? In exploring this further, it is generally accepted that masculinity is narrowly defined thereby limiting the range of behaviours available for men to choose from (Belich, 2001; Bray & Hutchinson, 2007; Law, Campbell, & Dolan, 1999) including those related to health (Braun, 2008; Pringle, 1999). There is agreement this narrow masculinity has its historical origins with the arrival of working-class European masculinity where toughness, self-reliance, and stoicism became established as dominant between the 1920s and 1960s[42]. Moreover, these norms remained dominant, if not mythologised, as 'kiwi bloke' masculinity in the 1980s and 1990s, despite multiple challenges to it from feminism, post-modernism, and globalisation (Abdinor, 2000; Belich, 2001; Law et al., 1999; Phillips, 1999). Thus, men's macro explanations for the decision of non-disclosure tend to align with historians and other academics in New Zealand.

[42] Belich (2001) argues that, unlike Canada and Australia, an extended colonization period (into the 1960s) in New Zealand supported a longer period for European colonial values to become established including the dominant discourses related to masculinity.

Another important discussion point is whether this theory of men's informal help-seeking pertains to all men in New Zealand. It is posited this more narrowly defined masculinity in New Zealand not only influences the decision-making process of those who identify with it, but equally influences those who do not identify with it. In other words, regardless of whether men identify with the values of toughness, self-reliance, and stoicism, the dominance of the discourses related to these values means there is a tendency for all men to be equally concerned about being perceived as not having those traits. Men in this study, including those who clearly did not identify with strength based masculinity (i.e., homosexual identity orientation) consistently described how the negative beliefs about themselves for having a mental wellbeing problem and not being able to self-manage, contributed to the decision of non-disclosure. The position taken here that dominant masculine discourses influence even those who do not identify with it, again, has found alignment with the views of others in New Zealand (e.g., Abdinor, 2000; Belich, 2001). Abdinor (2000) argues that dominant masculine discourses in New Zealand can negatively impact the security of those men who do not identify with these values, leaving them – to echo the words of men in this study – to believe they are 'less than' whole men.

It was clear that men from non-European ethnic backgrounds – Māori, Asian and Pacific Island men – also made decisions of non-disclosure at this stage in the process of disclosing. There may, again, be cultural influences at play. It has been argued the same historical factors that have limited masculine expression for Pākehā men have also limited masculine expression for indigenous Māori men (Belich, 2001; Hokowhitu, 2007; Phillips, 1999). Phillips (1999) explains how the dominant European discourses of masculinity of mid last century also led there to be no place for other masculine subcultures to exist. He describes the indigenous Māori men evolving into the 'good' Māori fellow, a man who played rugby, served in the war, and was family/community orientated. It has also been put forward that Asian and Pacific Island cultures promote a similar strength based masculinity, and that both traditional Asian and Pacific Island men are more likely to view self-disclosure in the context of help-seeking as reflecting personal weakness (Chang, 2008; Liu & Iwamoto, 2006; Sue, 1996, as cited in Chang & Subramaniam, 2008). Overall, it is believed these cultural factors in New Zealand add a depth of understanding to the unanticipated weight of influence men gave to strength based masculine discourses in explaining the decision of non-disclosure upon identifying a problem related to mental wellbeing.

Men's non-disclosure and an interpretation of the influence of dominant masculine discourses

The consistency of this response by men when recognising a problem related to mental wellbeing raises the question of hegemonic masculinity. Much has been written about hegemonic masculinity whereby men retain socio-political dominance through a pattern of making behavioural choices, a pattern that is inclusive of those men who do not necessarily enact a strong version of that dominance. As might be expected, men's explanations did not directly include those related to socio-political power. In the absence of this type of explanation, however, it was apparent that men's decision-making (and actions) at this early stage were influenced by dominant masculine discourses as per above. Specifically, the concern of being perceived as less than, the emphasis on protecting others, the importance of control of functioning, and the need to self-manage could – regardless of whether men are conscious or not of underlying macro influences – be easily interpreted as hegemonic masculinity. The consistent decision to non-disclose could be seen as reflecting values traditionally associated with the retention of social-political power, and if so, would align with the findings of others (e.g., Noone & Stephens, 2008) in New Zealand.

At an individual level, however, the influence of these values in the decision-making process can as easily be viewed without a hegemonic lens. First, it could be suggested the emphasis on self-managing the problem without involving others is a way of preserving an ordered sense of identity, thereby allowing a platform for efficient and consistent day-to-day functioning. To have a confused sense of identity would, it seems, disrupt consistent day-to-day functioning thereby increasing risks to livelihood and to maintaining relationships. Secondly, it may be that men in New Zealand are being held to a current cultural model of masculinity that is supported by both men and women alike. If, as mentioned earlier in this discussion, it is accepted that rural values, and hence identity, are strongly influential in New Zealand, for men to not uphold this cultural expectation may pose, again, real risks to relationships and even to livelihood (e.g., acceptance in the community). Finally, it may be that women are also experiencing social pressure to demonstrate the same values traditionally associated with hegemonic masculinity (i.e., strength and independence) and, as a consequence, are increasingly demonstrating similar help-seeking behaviours to men (see O'Loughlin et al., 2011). Regardless of these conjectures, given that men's macro explanations did not include reference to socio-political power, the concept of hegemony in this theory has been given virtually no weight. However, in saying this, by accepting that values typically associated with hegemonic masculinity do influence men's

beliefs about disclosing a problem, it makes it difficult to theoretically preclude the importance of power as well.

Men's lack of skills-knowledge as discouragers when making decisions related to disclosure

And how do you tell someone else, how do you do that?

The discussion thus far has primarily focused on the influence of men's beliefs leading up to the initial decision of non-disclosure. However, it is also theorised that non-belief related skills and knowledge further discourage the disclosure of the problem at this stage in the process. More specifically, it is posited that not having the language of emotions and/or mental wellbeing, not knowing how to go about self-disclosure, and/or not having and knowing how to establish a network of trusted others, will independently, or together, discourage disclosure. A number of men in this study, tended to explain, as if an adjunct, how not having these skills and knowledge challenged their confidence to self-disclose to others. In other words, it often came across as, '…and I didn't have the language', '…and I don't know how to do it', and, '…and I don't have anyone to speak to cause I'm not good at making friends'. The position taken here is men's beliefs, as discussed above, are more influential, and that the lack of these specific skills and knowledge tend to solidify the decision of non-disclosure. Nonetheless, the lowered confidence to self-disclose from not having these abilities does highlight, again, the relevance of Ajzen's (1991) theory and the importance of perceived controllability in implementing behaviours. The position that men's beliefs still remain the strongest factor in deciding on non-disclosure also fits with the findings of others (Brown et al., 2008; Deane et al., 1999; Skogstad et al., 2006) that attitudes remain the strongest influence in men's help-seeking.

Men's lack of identifying emotional and mental wellbeing problems

I really didn't fully understand what I was asking for – all I knew was that there was something wrong.

This theory posits that men's lack of ability to identify emotions and common mental health problems can act as an added discourager in making the decision of non-disclosure. A number of men described not being able to identify their emotional state, while others simply described their emotional state to be one of numbness. It was noticeable how many men in the study referred to 'stuff' when talking about their experiences of having a mental wellbeing problem, including a lack of vocabulary for describing feelings or thoughts around their problems. In addition, the majority of men did not know whether their experience was related to depression or anxiety; even for those men who thought these a possibility, there was not a depth of understanding about

the subtlety of their presentation so as to confirm their presence. Overall, it was not uncommon for men's explanations of non-disclosure to include not having the language to describe their inner experiences.

There has been a great deal of concern raised about men's lack of ability to identify emotions including those related to common depression and anxiety (e.g., Fuller et al., 2000; Hoy, 2012; Judd et al., 2006; Rickwood et al., 2005). The explanation for this has mainly focussed on socialised differences between men and women (e.g., Wong & Rochlen, 2005). Silverberg (1986, as cited in Wong & Rochlen, 2005) even goes as far as to suggest that "men have been so conditioned not to feel anything that they are totally unaware of what they are experiencing" (p. 63). This lack of emotional knowledge may be compounded by a lack of mental health knowledge by men. If the argument is accepted that diagnostic criteria are less aligned with the way emotional responses to stressors manifest in men (e.g., Johnson et al., 2011; Oliffe & Phillips, 2008), then the health discourses, for example, about depression may simply not equate to men's experiences of it. Thus, even with increasing use of internet to seek information about health[43] there may not be a corresponding improvement in men's mental health literacy. For example, it has only been recently that one website – Mental Health Foundation (MHF, 2015) – has commenced drawing attention to how depression manifests for men. It would seem the lack of congruency between the general discourses about depression and the lived experience of men could pose a diagnostic challenge to health professionals, never mind for men who have less training in the area of assessment and diagnosis.

Men's lack of skills in expression

I didn't disclose stuff because I didn't really know how to talk to people about stuff like that.

It is also posited the tendency for men to not know how to verbalise their problem contributes to the decision of non-disclosure. Part of this, it is believed, links back to not having the language. However, not having the confidence in using words to articulate their inner experiences is also apparent. In other words, it is suggested that for men it is both a lack the language along with the lack of the skills and/or knowledge about how to articulate the language they do have, which reflects itself in a lack of confidence to disclose. It is proposed that a lack of prior experiences in articulating problems of a personal nature can undermine their confidence in disclosing, particularly, for example, if the men were already experiencing shame related to having a

[43] In 2013, 82% of New Zealanders had sought health information from the internet (Gibson, Miller, Smith, Bell, & Crothers, 2013).

problem related to mental wellbeing. The use of non-verbal signalling, as discussed below, can be an example of compensating for not having the language or the confidence to use verbal disclosure.

In the past, alexithymia, the belief that men cannot experience certain emotions, tended to be the explanation for non-expression of emotion (Levant, 1998, as cited in Wong & Rochlen, 2005). However, this has been widely discredited in the field of emotional development (see Wong & Rochlen, 2005) and now terms such as emotional competence – the ability to identify, manage, and express emotions – is a more relevant concept in explaining men's lack of ability to express emotional experiences (e.g., Danielsson & Johansson, 2005; Rickwood et al., 2005). Rickwood et al. (2005) point out studies that have found young men are particularly poor at recognising their emotional state and using vocabulary to express it. However, it is not just young men that lack the skills to express emotions. Lee and Owens (2002) point to further studies that have found adult males also continue to express emotions less often, less openly, and with less amplitude than women.

Men's lack of access to trusted others

I haven't really got a lot of friends that I can talk to on a deep level.

Men in this study explained how a lack of access to informal others also contributed to their decision of non-disclosure. In some instances, a lack of physical availability to others (e.g., father's death) inhibited self-disclosure but, overall, it was the lack of emotional access that men primarily pointed to. It was not uncommon for men to explain being emotionally isolated from others, particularly when not in a primary relationship (e.g., single or separated), or when there was conflict and/or mistrust in the primary relationship. It was at these times that men indicated there was a lack of a relationship with others – particularly other males – whom they felt they could disclose their personal problem to. It is suggested this lack of established trust for personal disclosure is predominantly due to a limited ability in this type of relationship with others outside of the primary relationship. This is not to imply that men do not have close relationships, but rather the relationships are not established in a way – through alack of prior sharing of vulnerabilities – that is conducive to self-disclosing a problem of mental wellbeing. More succinctly put, because men tend not to share vulnerabilities outside of the primary relationship, there is a lack of 'safe' others to disclose to when a mental wellbeing problem develops.

The position that men's self-disclosure is discouraged by a lack of access to safe others fits with studies that have generally found the lack of perceived availability of social support was a predictor of help-seeking (Oliver et al., 2005; Rickwood & Braithwaite, 1994; Vogel & Wester, 2003). Moreover, the suggestion this

lack of safety is due to a corresponding lack of skill and knowledge in developing trusting relationships theoretically aligns with others (Forchuk et al., 2009; Sarason, Sarason, Hacker, & Basham, 1985) who also suggest men's lack of interpersonal skills can result in the reduced availability of social support. Significantly, it has been found that men, particularly those already in primary relationships, tend not to expect, nor determine, close friendships based on personal self-disclosure but, instead, on doing activities and conversing about mutual interests (Floyd, 1995; Hall, 2011; Swain, 1989; Tschann, 1988).

Prior experiences: an underlying explanation for the lack of skills-knowledge

I realised that that's a pretty consistent pattern for guys, the ways things are structured.

Throughout this discussion on men's lack of skill and knowledge related to self-disclosure, there have been implicit references made to prior experiences and the role of socialisation. This theory posits that men's lack of the skills and knowledge required to self-disclose is due to limited prior experience, and, more pointedly, that this is a consequence of men's socialisation. Men's explanations for their lack of abilities included their own lack of prior experiences and a lack of prior exposure to others' experiences who had had direct experiences of self-disclosure. Regarding the latter, this lack of exposure was both a lack of opportunity to either observe others in the midst of their experience or, alternatively, to listen to discourses about those experiences. Some men in this study were aware of the socio-political influences on gender roles, including how institutional structures (i.e., employment, education, and family of origin) do not promote experiences of this nature.

In the context of help-seeking, there are others (e.g., Lee & Owens, 2002; Ogrodniczuk, 2006) who similarly point to men's socialisation as the reason for lack of relevant skills and knowledge. Ogrodniczuk (2006) suggests that gender socialisation "predispose [sic] men to learn certain adaptive characteristics and skills while failing to learn others" (p. 455). Again, Lee and Owens (2002) point to a number of developmental psychology studies that have found male children are exposed to fewer relational (as opposed to physical) responses and fewer emotionally orientated conversations, and, in addition, how adult males tend to be exposed to situations that promote emotional expression such as frustration and anger, rather than those that promote the expression of vulnerability.

In the New Zealand context, there has been increasing recognition of the need to improve mental wellbeing by increasing emotional and social competencies in youth generally (Ministry of Education [MOE], 2007) and for male youths in particular (Barwick, 2004). Barwick (2004) identified the need to better develop the

emotional and social competencies of male youths including the need to improve verbal expression of emotions. In 2007, the MOE identified and outlined the need to focus on developing wellbeing in students in the education curriculum (ERO, 2013). In 2013, in response to the Prime Minister's *Youth Mental Health Project*, the Education Review Office [ERO] more clearly established the emotional and social competency standards in the curriculum including both the ability to communicate the need for help related to wellbeing and, as well, developing 'good' relationships (ERO, 2013). However, to date the implementation (and assessment) of the wellbeing curriculum and its more recent set of standards has been limited with education environments predominately reactive focusing mainly on managing behaviour and critical incidents (ERO, 2015).

Stage 3: distressing trigger events, reassessment, and the decision to disclose

I kind of think I got to a stage where just one more thing needed to happen.

It is during the third stage of decision-making that men, for the first time, make the decision to self-disclose the problem to informal others. A key determinant in making the decision is men's assessment of the severity of the problem; men assessed the problem as severe enough to disclose upon experiencing a more complete loss of their ability to control cognitions, affect, or behaviours. It is suggested that prior to this point, though the ability to control functioning had become compromised, the level of control remained sufficient for men to not disclose. It was not until men experienced a distressing event representing this complete loss of the ability to control functioning that the decision of disclosure was made. Often described as a crisis moment by men, the decision to disclose was triggered in particular by the lost capacity to continue coping with the problem. This recognition, in turn, necessitated a decision to disclose in a more or less immediate fashion.

Another way to view men's decision to self-disclose is that it is, in effect, a response to an unsuccessful attempt in self-managing the problem in stage two. That men seek help after making unsuccessful attempts to self-manage problems of mental wellbeing is, again, not a revelation. Hoy (2012) in a review of men's formal help-seeking literature came to the conclusion that men's unsuccessful use of coping strategies is a significant factor that leads to the need to seek help. Vogel, Wester, Larson, and Wade (2006) believe that, irrespective of gender, the early interpretation of changes in experience as non-threatening can lead to a deterioration in functioning and, in turn, the decision to self-disclose so as to receive help. Most aligned to this theory however is the finding by Vogel et al. (2005) that those who had experienced a distressing event were more likely to seek help but only when the anticipated risks of non-disclosure were high.

Generally, there tends to be a view that men, in wanting to cope with problems alone, only create a barrier, probably the main barrier, to receiving help for mental wellbeing problems (e.g., Addis & Mahalik, 2003; Chuick et al., 2009; Mahalik, Locke, et al., 2003). Chuick et al. (2009) go as far as to suggest that intervention is usually required to "free men from an escalating pattern of maladaptive coping" (p. 310). However, in this theory, the decision by men to self-manage alone is not necessarily seen as a barrier to addressing problems related to mental wellbeing. Yes, it was found that unsuccessful attempts for the men in this study did lead to self-disclosure. However, it can also be surmised that many men are making this same decision daily and doing so with successful results thereby not requiring self-disclosure to others. This is not extreme or unwarranted thinking. It has been found that the non-expression of emotion, in and of itself, is not maladaptive (Pennebaker, 1985) and, conversely, that self-help strategies (e.g., physical activity and distraction) are already widely and effectively used by men and women to address early onset of depression and anxiety (Jorm & Griffith, 2006; Morgan & Jorm, 2008). Specific to men only, Wong and Rochlen (2005) point to studies that have found benefits of non-expression of emotion and go further in proposing a model of expression for men that includes non-expression as adaptive. Also related to men only, Hoy (2012) highlights an increasing number of studies that point to the use of adaptive coping skills, including one study by Emslie, Ridge, Ziebland, and Hunt (2006) which found being in the company of other men by itself can support coping.

A new perspective on self-disclosure: the risk of non-disclosure

And the easiest way was actually not to take the out in terms of that place [suicide].

In this theory, it is suggested there is a significant shift in men's thinking as a consequence of experiencing the distressing event representing the loss of control over coping. While the overall focus remains on risk (as opposed to benefit), there is a shift in focus from the perceived risks of self-disclosure to the perceived risks of non-disclosure. This shift follows from a reassessment of their circumstances whereby men make a comparison between these two risks and the perceived severity of the possible losses involved. In other words, men recognise with the lost capacity to cope, the risk of non-disclosure has become greater than the risk of disclosing; the fear of the more immediate losses of life, mental wellbeing, freedom, and/or primary relationships, have become greater than the fear of the possible losses related to social connection and a sense of identity. In terms of consequences, men make the decision to self-disclose the problem to avoid these more significant losses. In the context of physical health, O'Brien et al. (2007) found that as men experience

deterioration in their capacity to cope, there is less concern about identity and an increased willingness to self-disclose their health problem to others.

Although men were not always clear about their expectations at the time of making the decision, retrospectively they explained the main expectation was that by revealing the problem (and related stress) that the escalated distress would be lowered. The position that men predominately expect that self-disclosing the problem will lower distress aligns theoretically with others (e.g., Kushner & Sher, 1989; Vogel & Wester, 2003) who believe that an anticipated lowering of distress is a central reason for help-seeking. In some ways, men's reassessment and the decision to disclose the problem can be viewed as pragmatic and deceptively straightforward; it becomes easier to disclose than not to, and, in addition, by revealing their problems it will reduce stress and distress related to them. Overall then, it is suggested the distressing event representing the loss of coping, the increasing fear of imminent major negative consequences of non-disclosure, and the expectation that revealing their situation will lower distress, together leads to a type of psychological readiness for self-disclosure.

Additionally, it is posited that men can also be motivated to take the step and self-disclose for other reasons, namely to prevent major losses to others. One man explained the decision to self-disclose the problem was to avoid committing suicide and, as a consequence, avoiding the loss of a parent to his child. This is similar to the finding by Oliffe et al. (2010b) that some men, when suicidal, will seek help from a health professional because of their responsibilities to others as a father and/or a husband. Given, as raised earlier, men's values related to the protection of others, it was surprising this explanation was not more frequent in occurrence. Despite the seemingly altruistic motivation of this man, the position taken in this theory is that while it is possible the protection of others can be the primary motivation in deciding to self-disclose, it is more likely that men primarily make this decision in order to avoid their own losses.

External trigger events and the decision to disclose

Some of the things she said I had to agree with and so I quietly went about doing it.

In this theory it is put forward that others can also act as triggers for men to make the decision to disclose their problem to informal others. Men explained how others who knew them well, most often partners, could see signs of stress and/or coping difficulties, and, in an unsolicited manner, intentionally influence them to speak to someone (as opposed to specifying formal or informal others). This influence was either encouragement or by way of direct pressure, the latter in the form of ultimatums. It was in response to this

influence that some men sought out third-party informal others to disclose to. Interestingly, one man suggested that his partner's motivation for encouraging him stemmed from her decreasing capacity to cope with his problems. It was not at all unexpected that familiar others can influence men's decision to self-disclosure given it is widely recognised in the general theories and in the specific models of help-seeking for mental wellbeing as earlier outlined.

Surprisingly, for those men who experienced pressure in the form of relationship ultimatums, there was no apparent animosity held towards their partners for the actions taken at that time. Retrospectively, men were accepting, if not appreciative, of having been pressured to disclose their problem. It is suggested this pressure may have actually made it easier for these men to make the initial decision to self-disclose a problem of mental wellbeing with the requirement to self-disclose (as opposed to volunteering) preserving both the relationship and their masculine identity. The implied subtext is, 'I would have just carried on if only I had the choice'. That female partners (there were no men in the study with a male partner) accurately identified the need for disclosure fits with findings that females are more skilled at assessing others' non-verbal behaviours (Hall, 1978) including the importance for others to receive help (DePaulo, 1978). The finding by Pescosolido et al. (1998) that first-time help-seekers tend to respond to pressure from others with neither resistance nor outright agreement is a particularly apt way of describing men's responses to pressure from partners.

It also became apparent that men's decision to disclose to third-party others in response to pressure by partners could be more complex than fearing the loss of the relationship. One man's decision to disclose his problem was triggered by the threat of his partner to end the relationship although the motivation to disclose was not restricted to wanting to save the relationship. This man also believed the ultimatum was a threat to his freedom of choice, so rather than a response of outright compliance leading to self-disclosure, it was the injustice of the threat that motivated him to make the decision to disclose to his father-in-law. It is here that the aforementioned reactance theory of Brehm and Brehm (1981) becomes relevant in providing a framework of understanding for this exceptional response to an ultimatum.

Overall, whilst the unsolicited influence from others, particularly partners' use of ultimatums, is, at times, strongly motivational to disclose to third-party others, it is not a consistent explanation for self-disclosing to informal others. Men's problems may not be apparent to others because of being single, living alone, and/or not working. In addition, even familiar others may not identify problems or, if they do, may not try to

influence men to disclose it to someone out of respect or even, perhaps, the fear of intervening. Finally, any attempts to influence men's decision-making may or may not be successful depending on how men are assessing the problem, including the risk of disclosure to others. One man made reference to hearing the 'right answer' from his partner yet doing nothing in response to her suggestions of speaking to others.

Men reaching the coping threshold: a strong condition for self-disclosure

They all involve a downward slide, a point of crisis, and an attempt to pull themselves out of that.

Instead, it is proposed the strongest and most consistent condition for disclosing the problem of mental wellbeing is when men reach a coping threshold and the capacity to cope has been lost. It is not an overstatement to suggest that men make the decision to disclose when experiencing a coping crisis and facing major losses. Although men described high levels of stress for varying lengths of time leading up to the distressing event, it is suggested the presence of high stress, in itself, does not necessarily mean the decision to disclose the problem will occur. In other words, irrespective of duration and intensity of the stress, it is reaching the coping threshold that is important. Thus, it is posited that men will continue to self-manage stress and the issues believed to be the cause of the problem until the capacity to cope fades and no capacity remains. The crisis nature of this moment is best captured by Johnson et al. (2011) who, in exploring men's discourses of help-seeking, identify, among others, the 'discourse of desperation' for those seeking help for depression for the first time.

That men reach a coping threshold before deciding to self-disclose may even offer an explanation for the inconsistent findings related to men's willingness to seek help for distress. In the context of formal help-seeking, it has been found that high levels of distress can make it both more likely (Biddle et al., 2004; Johnson et al., 2011; Smith et al., 2008) and less likely (Deane et al., 1999; Good & Wood, 1995; Wisch et al., 1995) that men will seek help for mental wellbeing problems. It may also explain contrasting findings that suicidal ideations can be both help-negating (Cusack et al., 2006; Deane et al., 1999) and help-promoting for men (Deane & Todd, 1996; Johnson et al., 2011; Wellstead, 2010). The position here is that prolonged high stress can increase distress and, and as a consequence, the likelihood of disclosure, but the decision to disclose depends, again, on the coping threshold being reached. Thus, it is possible that men experiencing similar intensities of distress make different decisions dependent on whether there is a perceived capacity to continue coping.

Additionally, it is believed the decisions by men to self-manage the problem can in itself increase the intensity of distress thereby compromising coping capacity. Men in this study acknowledged their attempts to self-manage contributed to the overall problem, their distress increasing because of the message being sent to the self about self – the shame of being 'less than' – for both having a problem of this nature and for not being able to self-manage the problem. That non-disclosure of distress can increase distress for men is consistent with Kennedy-Moore and Watson's (2001) 'paradox of emotional expression' concept whereby the thought of expressing emotion can both alleviate and intensify distress. It is also consistent with a growing number of findings that, irrespective of gender, deciding to intentionally conceal distressing information can increase distress (e.g., Kelly & Achter, 1995; Vogel & Armstrong, 2010; Wallace & Constantine, 2005). Vogel and Armstrong (2010) put forward the idea that men's tendency to conceal personal information places them in a position where they experience less social support, increased levels of distress, and less positive attitudes toward seeking help, all of which, paradoxically, can lead to an increased likelihood of seeking help.

However, to return to an earlier point, this does not imply theoretically that all attempts to self-manage the problem lead to increased distress and, in turn, the failure to cope. As already stated, it is likely that many men do find success in self-managing their problems. Moreover, it can be surmised this success would reinforce the belief in self-management (and the use of related skill and knowledge) thereby leading to even more effective self-management. In addition, it is possible that others who know men intimately can provide effective day-to-day support without the need to verbally encourage (or pressure) men to disclose. So, while the unsuccessful self-management of the problem related to mental wellbeing can contribute to distress thereby increasing the need to self-disclose the problem, it is not being suggested that all attempts to self-manage lead to a lack of success and the need to self-disclose.

The variation of men's coping thresholds

My mother, like she used to solve it for me, you know.

This theory posits that reaching a coping threshold is the strongest condition for men making the decision to self-disclose a problem related to mental wellbeing. In saying this, it is recognised that men's capacity to cope varies; some men have the capacity to withstand stress for considerable periods of time consisting of years whereas, for others, it is a considerably shorter duration consisting of months, if not weeks. In part, this can be explained by the differing abilities that men have in self-managing stress. Men explained how their

strategies (e.g., male camaraderie, keeping busy, etc) supported their coping for varying periods of time. There were two men, however, who acknowledged minimum ability to cope with stress, easily reaching a coping threshold and regularly seeking out others to disclose to. Both of these men – in their 20s at the time – attributed their poor coping abilities to age, with one of the men also explaining that his parent's tendency to solve his problems for him did little to cultivate his coping ability. In the resilience literature, there has been an increasing recognition that developmental factors can influence the ability to cope (e.g., Burt & Paysnick, 2012; Stawski, Sliwinski, Almeida, & Smyth, 2008). Burt and Paysnick (2012) suggest both typical and atypical factors can occur at once; coping ability in early adulthood (i.e., late teens and 20s) is less than for those in later stages of adulthood due to psycho-biological limitations, and, in addition, is exacerbated by certain competencies (e.g., self-efficacy and planning skills) not being promoted during childhood development.

Although these developmental factors offer a possible explanation for the lower threshold of these men to withstand stress, there is no assumption in this theory the ability to cope alone determines the capacity to cope with stress. In other words, it is also possible the individual circumstances that men find themselves in can be such that it tests their capacity regardless of their coping ability. Some men described how a number of stressful issues combined together leading to the moment of reaching the coping threshold. As Ciarrochi and Deane (2001) point out, "even the most emotionally competent person will encounter crises that they cannot handle on their own" (p. 234). Overall, regardless of variances between men in the capacity to withstand stress and the reasons for this, the commonality amongst these men is they all met a coping threshold representing the lost capacity to cope which, in turn, triggered the decision to self-disclose their personal circumstances to others.

Men's other motivations to self-disclose

> *There was an event and, "Ooo, what's happening? I need to talk to somebody about it", I just did that.*

It is suggested the main motivation for men's self-disclosure is to avoid an outcome that involves major losses. However, it is also suggested that another 'lesser' motivation exists at the time of making the initial disclosure, that is the motivation to gain an understanding of their experiences. Thus, it is proposed that men have mixed motivations for disclosing the problem, the negative motivation to avoid loss and the positive motivation to gain understanding. Despite their seemingly contrasting nature, it is suggested they are

complementary in that both involve the expectation of somehow resolving the problem. This position that men are overall motivated by the need to resolve the problem aligns with Omarzu's (2000) conceptualisation of decision-making related to self-disclosure. In her model she suggests that for the decision to self-disclose to occur there must always be some perceived benefits.

However, men's positive motivation to understand is in itself multi-faceted. In addition, to having motivation to understand the cause of the problem so as to resolve it, it is suggested that men are also motivated to self-disclose to gain an understanding about the normalcy of the problem. Importantly, it is also suggested that the motivation to understand, irrespective of whether it was to gain understanding of the cause or the normalcy of the problem, was acted upon with the expectation of gaining information. With respect to the former, one man expressed the need to gain some rational explanation of the problem. At the same time, it was not uncommon for men to expect to gain feedback about the normalcy the problem and their response to it. Given both the unprecedented and threatening nature of the experience, it makes sense that men are motivated to gain understanding.

A more difficult point of discussion is men's expectations of the other positive motivations related to emotional support. It is suggested that at the time of deciding to disclose men were focussed on avoiding losses and gaining understanding. But at the same men's use of words such as 'vent' and 'offload' seems to suggest a combination of the informational and emotional. Given men were experiencing high levels of stress and distress, it is not surprising they took immediate action to lower this uncomfortable emotional state. Perhaps the best explanation of men's expectations at the time of disclosure was to gain emotional benefit from disclosing rather than expecting to receive emotional support from others. Retrospectively, however, men acknowledged there was an expectation to be understood. It is suggested their desire to be understood meant not only to be accepted (as opposed to judged) but, as importantly, to receive emotional reassurances about the situation, including the normalcy of the problem and their responses to it. The complexity of these lesser positive motivations for disclosure becomes even more apparent in also recognising that men could disclose to others for pragmatic support as well. A few men disclosed with an expectation to implement a plan, such as, obtaining separate accommodation if there was conflict in the primary relationship. However, in remaining with men's perspectives at the time of disclosing, it is posited that men's other lesser motivation was primarily developing understanding based on gathering information.

This suggestion that men's expectation at the time of disclosing was to gain understanding in the form of informational support is in contrast with general findings. Without considering gender differences, it has been found that emotional support is anticipated to be most helpful when considering support for mental wellbeing, followed by informational and practical support (Vollmann et al., 2010). Similarly, and again without distinguishing between gender, it has been found that having received support for mental wellbeing, that social/emotional support was assessed to be the most helpful followed by informational support, and then pragmatic support (Griffiths et al, 2011). Interestingly, the more specific assertion that men are positively motivated to disclose so as to gain feedback about normalcy aligns with some (e.g., Wellstead & Norriss, 2014) but not those who, in the context of formal help-seeking, believe it to be a primary reason for not seeking help (e.g., Addis & Mahalik, 2003; Magovcevic & Addis, 2005).

Also of much interest, men did not tend to disclose their problem with an expectation to gather information to clarify the presence of depression or anxiety. This demonstrates theoretical consistency because, again, it highlights that symptom recognition is not directly related to the problem. Ironically, it was noted that men did gain a better understanding, if not a confirmation, of depression and/or anxiety from taking the step to self-disclose the problem. In other words, for a number of men there was a confirmation of depression or anxiety as a consequence of making the decision to self-disclose the problem. It is posited, like many others (e.g., Hoy, 2012; Moller-Leimkuhler; 2002), that concepts such as depression and anxiety are not congruent with men's beliefs about themselves.

Men's non-belief related skills and knowledge as encouragers of self-disclosure

But the tenth time I [had] heard about it, well, you know, it's like coca-cola.

Earlier in this discussion it was put forward that men's lack of skills and knowledge related to self-disclosing solidified the decision of non-disclosure. However, in this stage it is suggested the presence of these same skills and knowledge can encourage men to make the decision to disclose the problem. In other words, having an ability related to identifying emotional/mental wellbeing, articulating problems of a personal nature, and developing trusting relationships, can act independently, or together, to encourage self-disclosure. Although not prevalent amongst men, these skills and knowledge related to self-disclosure, when present, can act as encouragers and therefore are theoretically significant. Most importantly, men explained the development of these abilities as coming from prior experiences.

That skills and knowledge can be ascertained from experiences fits broadly with Bandura's (1977, 1986) concept of social learning whereby prior learning, including learned coping responses, can be from direct sources (i.e., ones own experience) or from indirect ones (i.e., observing others or listening to related discourses). In the context of help-seeking, the exploration of the relevance of past experiences with informal others (as opposed formal help) has been predominantly restricted to young adults. Rickwood et al. (2005) report a general theme among studies of young adults (e.g., Boldero & Fallon, 1995; Rickwood et al., 2004) that past positive experiences can encourage future help-seeking from informal others. With respect to men's formal help-seeking, although restricted to prior therapeutic experiences, there is also a theme that positive past experiences encourage future help-seeking. One encouraging study, however, by Johnson et al. (2011), found that on a macro level, prior exposure to certain social discourses – for example those promoting genuine connection – can positively influence the decision to help-seek for mental wellbeing problems.

This theory does not stipulate a difference of influence between skills and knowledge gained directly versus indirectly from observing or listening to others' discourses. It was noted, however, the number of men who made positive comments about their media exposure to high profile sportsman John Kirwan and his modelling of self-disclosure of having depression and anxiety. Despite these positive comments, men did not actually attribute their initial decision to self-disclose to his influence[44]. Instead men tended to give more weight to prior experiences with others in their personal networks. This observation aligns with those who believe that knowing others who have sought help is an important encourager (e.g., Rickwood & Brathwaite, 1994), but does not align well with those (e.g., Jorm et al., 2006) who suggest using public role models will positively influence help-seeking. It may, in considering this further, be that exposure to public role models increases readiness for disclosure rather than directly providing motivation for it. This then would make sense of Wyllie's (2009) finding that the 'Kirwan' campaign was highly memorable (93% recall) but did not significantly increase men's help-seeking intention (46% versus 48%) from informal others.

Importantly, it is posited that existing skills and knowledge – along with changing beliefs – from these prior experiences can actually mitigate the need to reach a coping threshold before disclosing. It is significant to this theory that not every man experienced a distressing event representing the lost capacity to cope prior to making the decision to self-disclose. One man made the decision to disclose to friends before reaching a

[44] One participant did attribute his decision to make subsequent self-disclosures to Kirwan.

coping threshold. He explained that he had learned to self-disclose from discussing mental wellbeing within his family and from observing his mother disclose her mental wellbeing problems with her friends. Sadly, too, his experiences included the suicide of his brother and, what he attributed to be from a lack of self-disclosure. From these experiences, he gained both the skills and knowledge and, in addition, developed new beliefs about the importance of self-disclosing. He explained that he made the decision to self-disclose to a friend upon recognising he was isolating himself from others and experiencing a low mood. It is because of this exception that the condition of reaching the coping threshold, as discussed above, is being put forward as a strong rather than an essential condition.

Skills and knowledge about mental wellbeing and articulating problems of a personal nature

The above exception exemplifies how prior experiences can encourage self-disclosure. There are a few more aspects worthy of discussion about the acquiring the language and the confidence to use skills related to disclosure. It is suggested that the prior experiences of disclosing on a personal level, even if not related to mental wellbeing, is important to having the confidence to articulate using language. A few men explained how prior experiences of expressing a personal need to others (i.e., assistance to repair a fence, and assistance to care for children) encouraged self-disclosure at the time of experiencing a mental wellbeing problem. It is proposed here the prior experience of expecting and receiving assistance from others served to normalise this type of behaviour for these men. Another man, a specialised nurse, spoke of being exposed to the language of wellbeing and coping through regular debriefings in his work environment. He believed the debriefings assisted him to recognise the signs of not coping and, in addition, promoted his ability to articulate the experience. Thus, it is suggested the consistency of exposure to language and the use of skills involved with self-disclosure may also be important.

This suggestion fits with the findings that, irrespective of gender, mental health literacy (Frojd et al., 2007; Rickwood, Deane, & Wilson, 2007) and emotional competence increase the likelihood of seeking help (Ciarrochi & Deane, 2001; Ciarrochi et al., 2002). Rickwood et al. (2005) found in their meta-analysis that young males (and females) who feel both emotionally competent at identifying and managing emotions, and competent in expressing emotions, are more likely to seek help from others. Specific to informal help-seeking, Ciarrochi and Deane (2001) found these same competencies led to an increased willingness for young adults to seek help from family and friends for both emotional problems and suicidal ideation. Generally, DeVito, O'Rourke, and O'Neil (2000) point to the importance of prior experiences in developing

communication skills, stating that those who become competent communicators self-disclose more than less competent ones.

Skills and knowledge about establishing trusting relationships

I guess when you give somebody else trust and they give it back to you, then you sort of move on.

In this theory, it is also proposed that having relationships based on trust encourages men's self-disclosure. Based on this premise, it was apparent that men tended to place trust in disclosing to females, primarily to partners, and if younger, to mothers. Men's disclosure to other males occurred to a lesser extent, varying between family (father in-law), friends, work colleagues, or their pastor/kaumātua. One man spoke to both his parents together. Men explained that trust developed from the familiarity of living together (e.g., family of origin, as flatmates, or with a partner) or, alternatively, from having spent regular time together (e.g., at work, or attending church, etc). Although familiarity was important to men, it is suggested that having a greater sense of trust developed with those others who with some degree of vulnerability had been shared and mutual acceptance had been the outcome. In some cases this sharing was done with the intent to develop a relationship. In this theory, it is those men who intentionally did this who are believed to be better skilled at developing relationships based on trust.

The statement that trust is an important encourager for men to self-disclose their problem fits with the findings of two meta-analyses related to mental wellbeing. First, Hoy (2012) concluded that having trust in relationships was the most consistent facilitator in the men's help-seeking for psychological distress. Similarly, Rickwood et al. (2005) concluded that young males (and females) always seek out informal others (i.e., family and friends) who they are in an established relationship with and who are already a trusted source of support. The importance of familiarity as a component of a trusting relationship also aligns with findings that men (and women) tend to emotionally disclose to others who already know a lot about them and/or with whom they feel close to (Lee & Owens, 2002, cite a number of studies; Nadler, 1991). Finally, the suggestion that men with relationship skills and knowledge will have better access to others they trust aligns with other researchers (Forchuck et al., 2009; Sarason et al., 1983) who also maintain that having available social support requires certain interpersonal skills.

Part 5.3.2: Decision-making during the initial act of self-disclosure

In this theory, the decision by men to self-disclose their mental wellbeing problem is considered stage three in the process of making decisions related to self-disclosure. In stage four, it is posited that men make another decision, the decision of how to actually disclose their problem to others. In developing this theory, it became clear that despite the high motivation to disclose the problem, the risk of disclosure and the need to self-manage were still ongoing concerns to men, to the extent that the style of disclosure was significantly influenced by them. Importantly, it is posited that for most men to take the step and self-disclose the problem, the risks associated to disclosure need to be managed. In other words, men's management of disclosure allowed them a way to travail the 'tight rope' between the need to disclose the problem to avoid major losses and the need to protect themselves from the risks associated with disclosure.

Stage 4: men's managed style of self-disclosing – utilising partial disclosure

Although some men overlooked these risks and disclosed fully to others, it is suggested that most men managed their disclosure to some level. To manage the risks of disclosing, men, paradoxically, tended to use partial disclosure as a tool to do this. By utilising partial disclosure, men could make a fuller assessment of the risks involved and, in turn, decide if and to what level to disclose to. It is suggested the level of risk was predominantly based on the following factors: 1) what information was being considered, 2) who the potential recipient of disclosure was, and 3) the confidence in their skills and knowledge when disclosing. It is posited that men tend to manage the risks of disclosure by limiting personal information to others including a tendency to be very indirect about their intention to receive assistance. With respect to the latter, Tannen (1994b, as cited in Kendall & Tannen, 2001) suggests that although men, in general, tend to be direct communicators, they are less so when saying something contrary to the ideal masculine identity.

Managing personal information and the intent of disclosure

I would start trying to ask them for help without asking them.

It is posited that men's decision-making in this fourth stage is, in essence, a decision about what personal information to reveal to others. Although some men, as mentioned, were open while disclosing, it is suggested most men limited the information they revealed and, even more so, their intentions of receiving assistance. In fact, there was a tendency for men to view the revealing of personal information to be a form of asking for assistance although a request for assistance had not been explicitly stated. It was not uncommon

for men in this study to view the disclosure of personal information as representing a cry for help. Even though men were more willing to reveal personal information than their intention of receiving assistance, this varied depending on what issues men attributed to the problem. Men, it is suggested, tended to more revealing of those issues (and stress) related to relationships and/or work, and less revealing of sexual issues related to performance, improprieties (being a victim), or identity. And while suicidal thoughts provided motivation for disclosure, the challenge of actually revealing this and other concerns specific to mental health was also evident.

Overall, the range of men's disclosure fits with Bornstein's (1998) finding that, irrespective of gender, communication during help-seeking tends to range between making a direct verbal request for assistance to indirect elicitations where there is no verbal reference to the need for assistance. However, in support of men's tendency to be indirect about the intention of receiving assistance while disclosing, it has been found that there is a greater tendency for men to be indirect when revealing a personal problem, expressing weakness, or expressing emotions other than anger (Tannen, 1994b, as cited in Kendall & Tannen, 2001). Moreover, this tendency to be indirect when revealing personal problems tends to be consistent even when cultural differences related to directness are taken into account (Won-Doornink, 1991, as cited in DeVito et al., 2000). With respect to health, it has also been found that men will disclose information in an indirect way, presenting only general information, and expecting the health professionals, in response, to ask questions (Tudiver & Talbot, 1999).

Managing who receives the disclosure: the familiarity and trustworthiness of partners

She knows all the details about me as an individual and what's happened to me and stuff.

In this theory, it is believed the openness about the problem and directness of the intention to receive assistance is linked to who the potential recipient of that information is. Men explained the importance to disclose to familiar others rather than someone who was unknown to them. It was clear that men preferred to make the initial disclosure to partners if – as the majority of men in this study were – in a primary relationship. The openness, as alluded to above, was predominantly restricted to partners. This preference, it is suggested, demonstrates the importance of partners already knowing and understanding them as individuals. However, if men were single, had existing trust issues with their partner, or attributed the cause of their problem to relationship issues, then, as mentioned, men sought out others known to them including

family, friends, and/or colleagues. Participants, irrespective of who was chosen to be the recipient, commented on the importance of the recipient knowing them and having their best interests in mind.

Corrigan and Matthews (2003), drawing on the work of Herman (1993), suggest the choice of recipient is important in making the decision to self-disclose a mental wellbeing problem. They suggest the selection of others to disclose to can vary, ranging from disclosure to another person identified to have a mental wellbeing problem, to, at the other end of the continuum, publicly broadcasting it to others. The men in this study fit somewhere in the middle of this range, selecting individuals whom they knew, but who did not necessarily have a mental wellbeing problem. Men's tendency to seek out partners fits with findings that female recipients are more likely to be entrusted with self-disclosure (e.g., Snell, Miller, Belk, Garcia-Falconi, & Hernandez-Sanchez, 1989) and that men are more likely to emotionally disclose to fewer people, often only with a female partner (e.g., Rime, Philippot, Boca, & Mesquita, 1992). Similarly, men's other tendency to not select males when deciding who to initially disclose to fits with other findings that men are more likely to perceive other men as a higher risk when considering help for a mental wellbeing problem (Hoy, 2012; O'Brien et al., 2005).

However, it is suggested that self-disclosure to a partner, even when there is established trust, may still not be fully open and direct in nature. Some men expressed how the nature of the problem (e.g., pornography or alcohol use) and the potential for the issues to cause distress to their partners (or a disruption to the relationship), restricted their level of openness and directness. For those men who attributed the cause of the problem to other stressors in their relationship (e.g., relationship conflict), there too was restriction on what was revealed. The lack of consistent openness to partners led to the overall theoretical position that men's self-disclosure tends to be more managed than not. It is interesting to note Baxter and Wilmot's (1985) finding that among the different forbidden topics for those in relationships, raising the state of the relationship was the most pervasive. It would seem that if broaching the topic of relationship status is forbidden, then problems related to mental wellbeing – particularly if associated to loss of control over pornography or alcohol usage – would be even less likely to be revealed.

Men's use of non-verbal self-disclosure

And that to me was the easiest way to show people, you know, that I'm in trouble.

The thought of verbally self-disclosing the problem of mental wellbeing to others was challenging for a number of men in this study. It is suggested that non-verbal disclosure offered these men a way to benefit

from disclosure while still managing the associated risks. It was not uncommon for men to disclose, or signal the need to disclose, in a non-verbal way by crashing into fences, self-harming, and suicidal gesturing. These men, in taking these actions, clearly did so with the intent of being noticed by others. Importantly, it is suggested the non-selective use of signalling (i.e., doesn't involve having to choose an individual) may allow for a less threatening way to self-disclose the problem. Even if the non-verbal actions were aimed at particular others, if there was a subtext to these actions, it would be something to the effect of, 'I won't have to say I need help if you discover how bad it really is and ask me to talk about it'. Although seemingly extreme in nature, these actions may offer men a way of overcoming the shame of having to ask outright for help from informal others while at the same time signalling how bad the situation is.

Vogel et al. (2006), in their model of help-seeking, suggest the thought of disclosing personal information to others can be more distressing than the original distress. The decision by men to non-verbally disclose their problems also fits generally with Kennedy-Moore and Watson's (2001) belief that expression, done in a way that is consistent with gender values, can be non-shaming. Specific to men, Wong and Rochlen (2005) point to studies that indicate men's expression of an emotional problem can vary and that non-verbal expression is not uncommon. More recently others such as Biddle et al. (2007) and Johnson et al. (2011) have, similar to this theory, suggested that men's non-verbal responses to distress may reflect a process of reconciliation when needing to disclose that distress to others.

Additionally, it is suggested that non-verbal disclosure is important for men who do not have confidence in their skills and knowledge to verbally disclose the mental wellbeing problem. In other words, it is easier for some men to behaviourally act out their distress, rather than verbally trying to articulate their experiences and any need for assistance. More than one man explained that rather than attempting to disclose their distress verbally, it was simply easier to let others see their distress by intimating suicidality. The relative ease of using non-verbal disclosure to signal the problem of mental wellbeing, again, highlights the relevance of Ajzen's (1991) concept of perceived controllability to men.

Utilising partial self-disclosure to assess risk

So I might tell him a little bit, I might bring the subject up and just see what the response is.

In this theory, it is also proposed that men will utilise disclosure strategically to test and assess for risk if, at the time of disclosing, that risk is uncertain. Men in this study explained that by strategically revealing a limited amount of personal information, they could assess the response to it and, in turn, decide whether

disclosure was safe and, if so, how open and direct to be about it. Men often explained that by using partial disclosure in this way, they could more easily determine whether the other person had the ability to understand, the implication being that a lack of understanding would lead to negative judgment and possible consequences. It is also suggested that, in this same way, men could assess the ability of the recipient to cope with their disclosure. To be more detailed, men often tested others, particularly males, in a way that the other person was not aware of the test, for example, by introducing personal information into conversations as a topic and by using third-person language (i.e., 'you') when discussing those topics.

For all the men in the study, the initial self-disclosure was completed in way that was face-to-face. This consistency in which men self-disclosed in a face-to-face manner was unexpected given the fears of being negatively judged, and given too the number of other ways to self-disclose in a one-to-one manner (e.g., e-mail, phones calls, texting, notes, etc). However, as the theory developed, it became better understood that face-to-face disclosure allowed men an ideal way to assess the response to their partial disclosures. In other words, in using partial disclosure in a face-to-face way, men can assess not only the verbal response but the non-verbal response as well. Interestingly, the use of cell phones appeared limited to organising the face-to-face meeting, with only one man using his phone as a means of signalling in advance the intent to disclose something personal. Overall, men did not utilise technology as a means to disclose information about themselves to others.

Smith, Tran, and Thompson (2008) suggest men's perception and confidence in the ability of others to be a good receiver of help is important, yet is often overlooked when investigating men's help-seeking for mental wellbeing problems. Gaddis, Kotzé, and Crocket (2007), in the context of discussing cultural expectations towards men, make the comment that a man knowing the responses of others is an important factor before revealing loss of control or vulnerability. With respect to how to overcome any unknowns, DeVito et al. (2000) believe, regardless of gender, that face-to-face is the most hospitable setting for disclosure as it is easier to attend to responses and to determine the level of support that is available.

Surprisingly, the use of internet (e.g., online support groups, forums, and social networking sites) as a source for accessing informal others was not identified by men in this study. Given the concerns of stigmatization by others, the option to remain anonymous or, alternatively, have pseudonyms, should, it seems, have been appealing to men (see Lawlor & Kirakowski, 2014). However, the men, as discussed, restricted their use of internet to a source of information, similarly to how information was gained from books and television.

Moreover, given the challenge some men identified in accessing trusted others, it was surprising men did not utilise available telecommunication technology involving applications that promote face-to-face communication (e.g., Skype and FaceTime) to overcome geographical constraints. The position taken here is that because New Zealanders are increasingly utilising the internet – 99% of people in New Zealand under the age of 40 regularly utilise internet of which half again use personal devices (i.e., smart phones and tablets), (Gibson, Miller, Smith, Bell, & Crothers, 2013) – that increasing numbers of men will utilise internet, including the available technology for face-to-face disclosure, as a pathway to seeking help from informal others. To have restricted recruitment criteria to men who had their experiences of help-seeking within the most recent 5 year period may have led to data that reflected this.

Utilising partial self-disclosure to lower risk

The most surprising theoretical outcome was men's use of partial self-disclosure to strategically lower risk so that a fuller disclosure could occur. Rather than accepting a high level of risk, some men proactively lowered the risk and created safer conditions for disclosure. Men tended to do this by strategically revealing a limited amount of personal information with the intention of gaining a reciprocating response, a type of invitation. If this invitation to reciprocate with some kind of personal disclosure was met, it not only lowered the risk of a negative response but also lowered the risk of unwanted disclosure to third-party others. It is also proposed that the willingness by others to reciprocate the disclosure is the essential test. The use of partial disclosure to lower risk and create safety seemed particularly relevant if men were single or for some reason thought it was not appropriate to reveal to partners. It was when deciding to approach others – particularly other males – whereby risks were unknown or considered high, that men utilised partial disclosure to create safety for further disclosure.

The finding that men partially disclose information to strategically assess and lower risk aligns with other theory in the field of communication. In returning to Omarzu's (2000) model of decision-making related to self-disclosure, she states that self-disclosure in this way serves a functional purpose. Built on the work of Derlega and Grzelak (1979), Omarzu explains how the use of self-disclosure can be socially strategic; people evaluate the situational context and then vary the level of personal information they are willing to reveal to another person to elicit benefits. She points out that one of the strongest and most reliable phenomena in communication is that others are highly likely to respond in a reciprocating manner to self-disclosure. Moreover, other such as DeVito et al. (2000) and Won-Doornink (1985), believe the intimate nature of face-

to-face self-disclosure makes it most likely to lead to a reciprocating response. In this sense, men, in using these tactics are not unique, but it may be this strategy is of particular importance to men when deciding how to self-disclose a problem related to mental wellbeing.

Partial disclosure and others not understanding the disclosure

I think my internal confusion and the need to protect myself gave mixed messages.

From the discussion thus far, it may be taken that men's proclivity to mange disclosure, including the strategic use of partial disclosure, offers only positives to men. However, it is posited that men's managed style of self-disclosing has disadvantages as well. Specifically, men, by restricting personal information and the intent in revealing the information, can make it challenging for the recipient to gain a clear understanding of the disclosure. The likelihood of not understanding may even be exacerbated by men's own lack of clear understanding and potentially limited skills when self-disclosing the problem. With the benefit of hindsight, some men believed the way they disclosed their problem led to the recipient not understanding and/or being confused about the reasons for the disclosure. This lack of comprehension may, in part, explain why some men perceived the responses to their disclosures to be inadequate or negative. There is agreement with Kendall and Tannen's (2001) understanding that communication can simultaneously offer advantages and disadvantages while, overall, acting to inhibit the intended goal of the communication being reached.

Although not part of the explanations by men, it is surmisable that their high anticipation of a negative response may actually lead to the interpretation that others responses are negative. More to the point, because men tend to anticipate a negative response, they may actually pre-empt the response by deciding it will be negative. A number of men interpreted others' responses to be minimising or dismissive. It was not uncommon, for instance, for men to interpret the response to be a message of 'suck it up and get on with it'. The possibility that men's high anticipation of negative judgment can lead to an interpretation of the responses as negative is not specific to men. DeVito et al. (2000) state that, regardless of gender, expectations while communicating can lead to a self-fulfilling prophecy. This possibility also fits with Kenny and DePaulo's (1993) finding that people tend to rely more on perceptions rather than actual feedback from others. Although it is possible that men do create self-fulfilling prophecies, this is not a theoretical finding here per se. What does remain pertinent to this theory however is that men's managed disclosure style can increase the challenge for others to fully understand the disclosure.

Not all men self-disclosed with expectation of retaining self-management over the problem

My belief in general was that I simply needed someone to tell me what to do to fix the problem.

In the discussion above, it is presupposed that men, when deciding how to disclose the problem, want to retain the overall management of addressing the problem. Throughout the study men pointed to the importance of continuing to be responsible for their problem as they were disclosing it to others. The importance of this to men fits in the cultural context of individualism whereby the desire to retain autonomy during help-seeking is seen as adaptive (Nadler, 1998; Nelson Le-Gall, 1985). However, there were exceptions to this in this study. Returning to the two men who above acknowledged low coping thresholds, they also explained how they expected in disclosing the problem that others would resolve it for them. One of these men also spoke about his need for a high level of emotional reassurance at the time. That not all men sought to maintain self-management of the problem during the act of self-disclosure fits with the findings that personality types with a higher need for attachment and/or security will be less autonomous in the process of help-seeking (Nadler, 1998; Nelson Le-Gall, 1985) and are more likely to anticipate benefits from seeking help (Shaffer, Vogel, & Wei, 2006). Despite these exceptions, men, overall, expected to self-manage the problem during disclosure rather than expecting others to do this.

Part 5.3.3: Decision-making subsequent to the initial self-disclosure

In the final stage of decision-making relating to self-disclosure, men, having already taken the step to disclose, decide to do so again. It is this stage that reflects the progressive nature of the process. As men increasingly disclose their experiences to others, there are a number of shifts that take place. Men's beliefs about self-disclosing problems increasingly shift towards the potential benefits gained from self-disclosing; the motivation to understand the problem rising and becoming the central reason for disclosure. There are other changes including what is disclosed, who the recipient is, and the setting for disclosure. Overall, it is suggested that as experiences of disclosure are gained, men's confidence to disclose increase, expectations become clearer, and outcomes more highly anticipated. Ajzen (1991), likening Bandura's concept of self-efficacy with his own concept of controllability, states there is evidence to show that "people's behavior is strongly influenced by their confidence in their ability to perform it" (p. 184). With respect to men, Cusack et al. (2004) are more direct in reporting that factors that influence the first experience of helping are different to those that influence subsequent help-seeking, with the perception of helpfulness of central importance to the difference.

Stage 5: the decision to make subsequent disclosures

My thinking was to see whether your experience was so much like mine I can then ask you things.

During the final stage, men, rather than making decisions based on the need to avoid loss, are motivated by their need to gain understanding about their problem, the normalcy of their response to it, and about how to address it. It is suggested that men are increasingly motivated to gain this understanding in the form of explanations, feedback, and advice/guidance. But the expectation of gaining understanding is not just from any source. It is posited that men increasingly seek information from others, particularly other men, in the form of experiential knowledge. In addition to gaining understanding through seeking information, it is also believed that men increasingly expect to receive emotional and social support as well. Although not as explicit or as strong as the expectation to gain understanding, men, using their own words, increasingly expect to be understood, an expectation that extends beyond that of their partners.

Negative attitude of informal others towards men

Her actual words were, "I don't want to hear your problems".

The process of deciding to self-disclose, however, can be complex and non-linear in that the initial self-disclosure does not always lead to positive experiences for men. As discussed above, men's managed style of disclosure can contribute to an inadequate response to the disclosure. However in this theory, rather than placing the responsibility of the inadequacy of the responses by others on to the men, it is posited that men actually do receive a negative response. In other words, the decisions by men to self-disclose their problem to others can lead to negative experience irrespective of what is anticipated as an outcome. A number of men's experiences when disclosing the problem to others were that of being minimised or dismissed. Moreover, this response did not appear to be related to particular traits of the recipient such as gender or family status. The position here is that men's self-disclosure of a mental wellbeing problem poses the real risk of being dismissed or minimised regardless of the background traits of others.

These indiscriminate responses by informal others raise, for the first time, the importance of the recipients' beliefs and, in particular, how acceptable it is for men socially to disclose problems related to mental wellbeing. In the context of formal help-seeking, there has been increasing acknowledgment of the real risks of stigmatisation men face because of societal expectations (e.g., Addis & Mahalik, 2003; Lee & Owens, 2002; Mahalik et al., 2003; Vogel, Wade, & Hackler, 2007). Vogel et al. (2007), reflecting a number of views, state that "men who seek help may be perceived particularly negatively by society because men are

expected to be stoic, controlled, and self-sufficient" (p. 380). In support of these views, it has been found that people are less willing to support men to receive help than women (Lehdonvirta, Nagashima, Lehdonvirta & Baba, 2012; Raviv, Sills, Raviv, & Wilansky, 2000) and to acknowledge men's mental wellbeing problems (Williamson, 2011). Putting gender aside all together, it has also been found that receiving help from informal others for problems of mental wellbeing can have an adverse impact, including lowered self-esteem and the loss of social opportunities (Corrigan, 2004; Griffiths et al., 2011). In this theory, the position is taken that men's fears about judgement and loss of connection in their relationship are based in reality rather than being based on misconstrued beliefs. Encouragingly, most of the men who had a negative experience when disclosing for the first-time, decided to disclose again to another person. For the rest of the men, the majority, the more immediately identifiable benefits of the initial disclosure (i.e., acceptance) marked the beginning of this final stage. Either way, both groups of men moved through to this final stage of decision-making.

Men's increasing disclosure to experienced men

The importance of being assisted by men who had a deep down affinity with what was going on for me.

It is posited the rising importance of gaining understanding about the problem led men to increasingly make the decision to self-disclose their problem to other males. Men in this study described their respect for men who they believed to be experienced and successful in managing their lives. This was particularly so where these men were believed to have 'been there' and successfully managed a similar problem and issues related to it. It is suggested these men offered increased safety for disclosure as they were less likely to respond with negative judgment and, in addition, were more likely to be a source for understanding and resolving the problem. In addition to the importance of having experienced a similar problem or issues, men tended to choose other men who were familiar and identified as having similarities in background (e.g., jobs, relationship/family status, and ethnicity). It is suggested these commonalities represented similarity of values and offered further safety against judgment. In stating the importance of similarities, the tendency to select older men, it is suggested, highlights the central importance experiential knowledge.

Borkman (1976) suggests that the experiential knowledge of others offers particular value to those who are having similar experiences. She believes this knowledge is viewed as highly credible because "the individual has the validity and authority in the knowledge obtained by being a part of the phenomenon" (p. 447). Borkman also says that because the knowledge is based on personal experience with a phenomenon, it tends to be more "concrete, specific, and commonsensical" (p. 446). Although a complex area of research, the

suggestion that men also place importance on disclosing to other men of similar backgrounds aligns with findings that most disclosure occurs between people with shared norms related to gender, age, relationship status, parental status, and occupational status (DeVito et al., 2000; Pescosolido, 1992, cites a number of studies).

Earlier in the discussion, it was posited that a lack of trusting relationships outside of the primary relationship discouraged disclosing the mental wellbeing problem. If disclosure to their partner for some reason was not considered possible, men, often out of necessity, sought out others including other males. For some of these men there was enough trust established for disclosure to occur. It is suggested that irrespective of who the initial disclosure was to (i.e., partners or other males), the likelihood of disclosing to 'like' men increased as additional disclosure was considered. Nadler (1987) suggests the thought of seeking help from similar others, particularly if there is low self-esteem, can be threatening to the self due to what he terms 'comparison stress'. In later research, Nadler and Halabi (2006) suggest, from a social identity perspective, seeking help from the perceived 'in-group' can assist to maintain positive identity under threat. For men in this study it may be that the experience of losing functioning threatens identity to the point that disclosing to other men with the same values is important to maintain or re-establish it. In words similar to Ajzen (1991), it becomes the moment when the social rewards outweigh the social consequences.

It is suggested for those men who had disclosed first-up to another male whom they had trust in, that further disclosure continued with this same male. However, for more emotionally isolated men, the decision to disclose to another male represented a significant step of exposing vulnerability. One man did this in a way that appeared happenstance. In addition to his wife, he disclosed to a colleague by accidently allowing him to see his anti-depressant medication; the other man's accepting response, in turn, leading to fuller self-disclosure. For others, this exposure of vulnerability involved seeking out unknown males in group settings. Again, this is a significant step for these men. Overall, then suggestion here is that men's decision to seek out other experienced men not only allows access to experiential knowledge related to the problem, it also offers a way to maintain masculine identity. Such claims of identity preservation are stretching the boundaries of this theory as men's explanations did not offer such an in-depth explanation. However, the importance to men of establishing positive identity upon experiencing a mental wellbeing problem is increasingly being recognised by others (e.g., Emslie et al., 2006).

Men's increasing expectations to gain an explanation of the problem

With my colleagues it was different; I wanted some kind of answer.

It is theorised that in making the decision to again disclosure the primary consideration for men is to gain understanding about the experiences in the form of explanations; it is important for men to have some kind of explanation related to losing control of functioning, the stress and distress, and the issues involved. It is theorised that while not restricted to men, it was primarily from other men that this explanation was sought. Similarly, although informal others are not a sole source of gaining an explanation (as opposed to written text or professionals), it was a preferred source. Returning to Borkman (1976), the commonsensical, concrete and specific seems to be of particular attraction to the men in this study. For many men explanations that addressed the loss of functioning were valued. The same man who invited disclosure from showing his pills found an explanation from a colleague that made sense to him. He saw the cause as stemming from functional issues related to the body, likening the need for medication to that of a diabetic who needs insulin. This functional explanation was not limited to body function. Other men found explanations for not functioning, such as, the effects of stress and not coping, useful. The usefulness of the explanation is not the point here. Instead it is that men sought other males so as to gain an explanation of the experience that made sense. This has not received much discussion in men's help-seeking literature, although Oliffe (2009) points out that men experiencing adverse health found it helpful to share their experiences, particularly information related to the problem. Similarly, Rochlen, McKelley, and Pituch (2006) found that men, when evaluating brochures encouraging help-seeking for depression, identified the listing of symptom, other men's testimonials, and information (definitions, facts, and causes) to be helpful.

Men's continuing expectation to check for normalcy of problem

Yeah, you know, how similar was I?

In this theory, it is posited that men make the decision to further self-disclose to others, particularly other men, to gain a clearer understanding about the normalcy of the problem, the issues related to the problem, and their response to the problem. Moreover, men, at the same time as seeking explanations from other men, also assess that information to determine normalcy. It is posited that men primarily determine normalcy by comparing their experiences to other men who were perceived to have had similar experiences including most importantly, whether other men had coped similarly. Importantly, the suggestion here is that this comparison was done in an indirect way, often without the other being explicitly made aware that a

comparison of this kind was taking place. In group settings, men often made this comparison with a number of other men, and in a way that may have even been silent. It is suggested that this need to compare and determine normalcy is best completed in a face-to-face manner. Overall, the position taken is that this motivation to determine normalcy fits with the importance of meeting masculine norms and also in preserves the congruency of identity. Or as one male friend stated it, “welcome to the club”.

Social comparison theory offers insights for men’s increasing motivation to compare themselves to other men. Festinger (1954, as cited in Mojtabai, 2008) believes that “when there are no clear objective means to evaluate one’s opinions and abilities, people tend to do so by comparing their opinions or abilities with those of others” (p. 1944). Moreover, this comparison, when done with similar others in one-to-one or group settings, can offer the opportunity for validation (Campbell, 2012; Coates & Winston, 1983). Campbell (2012) suggests that in relating to others with similar experiences, “individuals may obtain a validation of their approaches to problem solving” (p. 48). Specific to men, there has been recognition that an internal process of comparison to other men can be helpful in preserving or re-establishing a valued sense of self (e.g., Emslie et al., 2006; Johnson et al., 2011). Also relevant is the finding by Chuick et al. (2009) that men will increase the expression of their feelings if their experience is normalised by identifying that others also face similar struggles.

Men’s increasing expectation of gaining emotional and social support from others

And often it’s not their saying anything; it’s the knowing and them being there.

It is posited that men also, increasingly, are motivated to receive both social and emotional support from others subsequent to making the decision to disclose again to others. Partners played a significant role of ongoing emotional support to men but more and more so did other men. It is suggested that at the same time men assess information for normalcy of the experience, the accompanying feedback potentially provided men with emotional reassurances about the validity of the problem and their response to it. Interestingly, men explained that support gained from others need not come from spoken responses, that others knowing what was happening in their internal world was sufficient support. Importantly, rather than this support being the outcome from the disclosure, it is suggested that men increasingly sought this support and in a way that could, at times, be explicit. This man's comments capture this expectation when going to meet with other men in a group, “we all kind of knew we needed support and we needed a place where we could vent our anger, vent our feelings”. In short, the expectation was of others understanding their situation and being

there. Wellstead and Norriss (2014) cite a number of studies that indicate the complexity of receiving and giving help, but suggest that for men it is not just receiving, but also knowing that support is available that is important.

Rickwood et al. (2005), in its essence, conceptualise help-seeking as when the "personal becomes increasingly interpersonal" (p. 8). For men, this seems to be reflected in this final stage of self-disclosure. It is put forward that men, particularly emotionally isolated men, become increasingly motivated to disclose their problem for reasons related to social connection. Group settings appeared to be particularly conducive to meeting this expectation. As one man stated, "I wanted something that was more of a regular check-in and chance to be with other guys". It is also suggested that expectations for social (and emotional) support extend beyond the problem that originally brought them together. Thus, the initial decision to disclose to gain information to understand, paradoxically, leads to increased social connection for some men. Indirectly supporting the suggestion that men increasingly expect social connection from disclosure, Burke et al. (2010) found that social support was a strong predictor of a positive outcome when participating in a peer-led support group. More directly aligning with this theory was the finding by Wellstead and Norriss (2014) that men, in experiencing mental and physical ill health, have identified the need to provide support to each other by doing activities together.

Men's increasing expectation of advice and guidance to resolve the problem

> *I wanted something at this time – a technique or a tool that I could fall back on to actually deal with the situation.*

In this theory, as men gain experiences of self-disclosure, they become increasingly motivated to gain an explanation about the problem (as per the above) and more importantly to gain understanding, so to resolve the problem. Specifically, it is suggested that men sought advice and/or guidance about how to address the perceived cause of the problem. For many this meant problem-solving the issues – relationships, work, parenting, personal finances, ultimatums – believed to be the cause of the stress. For others, this meant primarily a focus on increasing the ability to cope better in response to stressors. Either way, it is suggested that men are, in essence, wanting to improve self-management and, as a consequence, the ability to better control functioning. Again, men tended to select other men with experiential understanding, listening to their experiences and, in group settings, observing them actually using skills and knowledge related to problem

solving and coping. It is also suggested that these experienced men tend to be particularly respectful and understanding of the need for the men to be self-managing.

It is here that Pescosolido's (1992) belief that people are inclined towards basic social interactions in the process of learning to cope with problems seems to become particularly true for men. Campbell (2012) points out the concept of social learning can link with experiential theory in that those with similar "like lived" experiences are "more credible role models for other, and interactions with those who are coping successfully are more likely to result in a positive behaviour" (p. 46). It has been identified that men will exchange information in the form of strategies to resolve issues related to poor health (Oliffe, 2009). Specific to mental wellbeing, there has been some recognition of the value of informal others to men seeking to learn coping knowledge and skills (Hoy, 2012). Although not related to help-seeking per se, others have pointed out the value of groups to young men learning to cope (e.g., Stewart, 1995) and to problem solve (e.g., Kiselica, 2001). Stewart (1995) found that small, confidential, and supportive groups of young men together can assist each other to develop coping skills through sharing and the better management of stressors.

Self-disclosure: not progressive for all men

The depression is still there…there's a sense of embarrassment of not being whole anymore.

However, it is not proposed that the process of self-disclosure is progressive for all. Although the exception in this study, the decision to disclose to others did not always advance men through the stages of decision-making related to self-disclosure. One man explained how disclosing his suicidal thoughts to his wife resulted in a loss of trust from her (not allowed to drive when she was in the car) and, in turn, developed into a sense injustice for him for being treated differently. He explained not wanting to make any additional self-disclosures to others for fear of similar negative consequences. Another man explained how, on separate occasions, he experienced negative responses from his mother and neighbour, so he decided instead to seek formal help to address the problem. This was no surprise as it is generally acknowledged that staged models of help-seeking are not necessarily linear, nor does commencing the process lead to its successful completion (e.g., Saunders, 1993; Vogel et al., 2006). With respect to this man's experience of injustice from having taken the step to self-disclose his mental wellbeing problem, Charmaz (2006) too raises the potential for this type of injustice for those who have disclosed personal information related to health needs, and adds that it can be irreversible.

The relationship between informal and formal help-seeking

If I'm going to tell my story I want it to be for somebody who understands it.

It was clear when developing this theory that there was an interrelationship with formal help-seeking. Almost without exception, men at some point in the process of informal help-seeking also sought out formal help for the problem of mental wellbeing. Although it was not an aim of this research to theoretically explain the interrelationship, a number of men's narratives included descriptions of it. Men described disclosing to informal others as a step to receiving formal help. This is not surprising given how many others have identified that informal others can be important in facilitating the men's formal help-seeking process. Men also described informal others as a complementary support role while attending formal help. Sometimes this complementary support role was a continuation of the support already received to seek formal help (i.e., partners and family) but not always. More unexpectedly, men would often seek the support of other men as a complementary support to formal help.

Men also described changing between these two help-seeking pathways, offering, at times, some explanation for doing this. Regarding the shift away from informal help-seeking, it would seem the experience of disclosing to informal others and receiving a dismissive/minimising response in return was central. Additionally, the potential distress to others or disruption to relationships was pointed out as a reason. Conversely, men's explanations for shifting towards informal help-seeking were offered. On more than one occasion, the importance of disclosing their problem to someone who knew them already and who had experiential knowledge about the problem was given as the reason for this change. Given the assumptions of the effectiveness of formal help-seeking in the help-seeking literature, this was particularly noteworthy. In addition, one man's explanation of the ease of immediate access of informal others (as opposed to making appointment) offered a new twist on the issue of service availability to men. Overall, these explanations probably raise more questions than answers, but what remains apparent is that the relationship between informal and formal help-seeking is dynamic and more complex than the existing research suggests.

Part 5.4: Implications of the theory

As outlined in the introductory chapter, men do not generally seek help early for mental wellbeing problems in New Zealand. To develop a theory of informal help-seeking for mental wellbeing problems based on New Zealand men's explanations of the phenomenon offers knowledge that can contribute towards a solution to this problem. This knowledge can be utilised in the health field and, in particular, by health promotion so as

to encourage men to self-disclose their mental wellbeing problems to informal others. This is irrespective of whether the intent is to promote informal others as the source of help, the access to formal help, or as the complementary source of support to formal help. It is believed that in order for help-seeking promotion to men to be effective, it needs to be informationally based and presented in a way that men can identity with. This includes the recognition that men tend to

- identify the problem as the loss of control over function,
- need to understand the experience in a way that normalises it,
- need assistance to recognise early signs of not coping,
- need support with language and how to go about disclosing,
- need to protect themselves (and others) from judgment and social loss,
- need to continue self-managing the problem as much as possible, and
- place importance on experiential knowledge.

The knowledge gained from this research can also be useful to those who have relationships with men – partners, family, friends, flatmates, work colleagues, and lay professionals (i.e., pastor/kaumātua) – as the potential recipients of men's approaches for help. It seems important to better position informal others for this approach by increasing the awareness and understanding of men's style of help-seeking for mental wellbeing problems including the

- use of verbal and non-verbal signalling to indicate a need to disclose a problem,
- emphasis on disclosing personal information about problem,
- emphasis on describing the problem in a language of stress and functioning,
- indirect and potentially mixed messages when revealing personal information, and
- the possibility of crisis state at the time disclosing this information.

However, more effective promotion and support of early help-seeking from others is not the only resulting implication of the knowledge gained. Given the importance men place on self-managing problems related to mental wellbeing, it may be that improving men's coping capacity by increasing coping skills and knowledge is even more effective than promoting early self-disclosure. In adopting this more 'radical' solution to the problem, it seems developing a greater understanding of men's adaptive coping including those factors that promote would be important. This would require building on existing research so as to develop a better understanding of what helps men to retain or increase coping resiliency. This too would involve adopting

Jorm and Griffiths's (2006) general recommendation to publicly promote those self-help strategies that have been proven to be effective; an approach that echoes the past calls of others (e.g., Mechanic, 1978) who have argued that improving coping ability would improve mental wellbeing. The position taken here is that men would strongly identify with such a strategy and that it would be a respectful way forward. Moreover, given a world of limited public and personal health budgets, it may be the necessary way forward.

With respect to government policy, knowledge from this research could, irrespective of gender, be used to support the promotion of mental health pathways beyond that of formal help-seeking. For example, it is important to build on strategies such as *Te Tāhuhu: Improving Mental Health 2005-2015*, a strategy which acknowledges informal others beyond the gatekeeping role. The strategic promotion of informal help-seeking would also better realise the increasing number of findings that point to the preference (e.g., Manthei, 2006; Wyllie, 2009), effectiveness (e.g., Jorm & Griffiths, 2006), and advantages (e.g., Griffiths et al., 2011) of the informal help-seeking pathway for addressing common mental wellbeing problems. Specific to men, these findings support the continuing need for population-based approaches, and building on projects such as *The National Depression Initiative Public Health Campaign*, a groundbreaking project which not only targeted improvements to men's help-seeking for depression, but strategically included informal others while doing this. It is hoped this knowledge will assist other such projects in the future to move beyond being memorable, to being effective as well. Finally, and most importantly of all, it is hoped that these finding add support to those voices (e.g., McKinlay, 2005) who have been advocating for a national men's health policy. A stronger platform for a better coordinated approach to address both men's physical wellbeing challenges (i.e., life expectancy rates) and mental wellbeing challenges (i.e., help-seeking) remains a necessity.

Strengths of the research

The constructivist-interpretivist grounded theory approach when investigating a phenomenon places an emphasis on the meaning of those who have experienced the phenomenon. As a consequence, the main strength of this theory is that it has emerged from participant explanations rather than from the researcher's preconceived ideas. This methodological approach allowed the complexity of men's decision-making related to informal help-seeking to emerge. Specifically, it allowed for the emergence of a process of help-seeking that extends beyond decision-making leading to the first-time experience, to decisions made during the act of disclosure, and, in addition, to subsequent disclosures. Because the extended version of the process emerged, so too did the progressive nature of men's help-seeking. There is no known research that captures the shift in

men's decision-making in the process of help-seeking from being a focus on factors that inhibit the process (anticipated risks) to those that facilitate it (anticipated benefits). Going forward, it would seem this shift holds some important answers to the problem of men's help-seeking.

A related strength of this research is an assumption from the start that men do seek informal help for mental wellbeing problems. Given the predominant focus on men's deficits in the help-seeking literature, it would have been quite easy to have developed a theory that, in essence, attempted to explain why men do not seek informal help for mental wellbeing. In this theory, this challenge that men face is recognised but, as importantly, so too are their assets, among them the internal awareness and concern of subtle changes in experience, the determination to keep disclosing despite negative responses, and the determination to understand, resolve, and improve responses to the problem. The innovative use of partial disclosure to create safety for fuller disclosure seemed a particularly noteworthy illustration of men's abilities to resolve problems. This theory also reflects masculine values in a more neutral, if not positive, way. Those values typically associated with hegemonic masculinity are viewed, as much as possible, from the perspective of those experiencing the phenomenon. As a consequence, men being responsible to others, wanting to be in control, and – in the context of help-seeking – wanting to self-manage the problem without involving others, are not viewed to be inherently maladaptive.

Finally, this theory moves beyond a view of informal help-seeking as being a step in the process of formal help-seeking for mental wellbeing problems. There is no suggestion of informal help-seeking as less effective than formal-help-seeking and, therefore, a failed step in the process of help-seeking for mental wellbeing problems. It is recognised that informal others can also be an important complementary support to formal help-seeking or a source of help in and of itself. It is acknowledged there may be increased risks in men disclosing to informal others (i.e., negative judgment and breaches of confidentiality) just as there may be increased benefits (access to experiential knowledge). The finding that there is a two-way relationship with formal health professionals throughout the stages reflects this well. The strength of this research is that it offers a more balanced view of this interrelationship. This fits overall with the hope these findings not only offer a theoretical benchmark for future research about this interrelationship, but also offers a platform from which health professionals, promoters, and funders can consider men's mental wellbeing needs.

Limitations of the research

A limitation to the research is that in developing the participant criteria there was an aim to recruit men who had experienced a mental wellbeing problem. In retrospect, the focus on mental wellbeing may have unnecessarily restricted the diversity of men who were available to participate. A significant number of men who participated had completed the help-seeking process and, in doing so, had confirmed the presence of the common mental wellbeing problems of depression or anxiety. It is thought these men, in particular, responded to the criteria of having a mental wellbeing problem. However, a different criterion related to stress or distress may have attracted a greater diversity of participant views. Another related, and perhaps greater limitation, was only recruiting for and investigating men's experiences of the phenomenon. In not including the explanations of informal others – people such as partners and male friends – means that men's interpretations of the phenomenon are accepted as reflecting the true nature of the phenomenon. To have investigated informal others' experiences of men's help-seeking may have offered more diverse, possibly contradictory, explanations to those offered by men. For example, it would been of value to see whether others experience men needs when self-disclosing as predominately informationally or emotionally orientated.

A further limitation of this theory is that it did not include men's explanations of informal help-seeking as an outcome. At this point it can only be hypothesised that the return of the control over functioning is the point of completion of the process. Similarly, a focus on outcomes may have provided some insights about how, if at all, men's identity changed as a result of going through the process of self-disclosing mental wellbeing problems. Again it can only be surmised that some negotiation of masculine identity did occur in the process. Finally, a focussed approach men's assessment of the positives and negatives from having disclosed to informal others may have offered some more valuable understandings about the process of informal help-seeking. To investigate such outcomes would add valuable understanding about the overall process.

The final limitation of this theory is that it does not offer any theoretical clarification relating to men's decision-making when choosing between the informal and formal help-seeking pathways. Although men provide some insights, this research mostly outlines the patterns of the relationship rather than offering an in-depth explanation of the interrelationship itself. It remains unclear how men choose between the informal and the formal help-seeking pathways upon identifying a problem. In making the decision to investigate the phenomenon of men's help-seeking from informal others without asking men to explain this, leaves a

sizeable gap in understanding about the process of informal help-seeking. Similarly, it is important to investigate more closely the experiences of those men who changed their help-seeking pathways after the initial decision and action has already been made. The exploration of men's explanations of the advantages or disadvantages of informal help when compared to formal help may too offer valuable learning about the informal help-seeking process.

An adjunct to the research: men's explanation for participating

Interestingly men, when asked, offered an explanation for participating in this research. There were generally two reasons given: to benefit others and to receive benefits for themselves. First, it was noteworthy how many participants volunteered to help other men in the future if they were experiencing a mental wellbeing problem. This, it seems, reflected a particular empathy towards other men. Secondly, the decision to participate was viewed as an opportunity to gain benefit on a personal level. Men explained the decision to participate provided a further opportunity for new understanding of the original experience and to develop further skills and/or knowledge related to self-managing problems related to mental wellbeing. In providing this explanation, the research drew the conclusion that by participating in the research there was a parallel, if not continuation, of the decision-making process related to self-disclosure. In other words, men were continuing to seek improved understanding of mental wellbeing and how best to maintain it.

Conclusion

The aim of this PhD research project was to develop a theory of men's help-seeking from informal others for mental wellbeing problems. Through the use of a constructionist grounded theory method, a theory emerged which also included the conceptualisation of a five stage process of decision-making related to self-disclosing a mental wellbeing problem. It is a theory that places importance on men's concerns about functioning and the desire to self-manage problems related to it. Central to this are men's perception of their coping capacity. It is also a theory that highlights men's awareness of both risks and benefits throughout the process of disclosure, and how beliefs, skills and knowledge influence the decision related to self-disclose. Unlike other theoretical conceptualisations of the help-seeking process, this theory extends beyond the first-time help-seeking experience. From listening to men's explanations, it became clear that help-seeking was a process involving a series of disclosures that were for most progressive.

Epilogue: a remarkable event

The proposal for this PhD project was submitted to the University of Canterbury in early September 2010. On 4 September 2010, the first of a series of earthquakes occurred in the Canterbury region. In Christchurch, these earthquakes brought about widespread minor damage to buildings and some limited community disruption[45]. In spite of the disruptions, ethics approval was received and the initial recruitment posters disseminated by mid-February 2011. On February 22, 2011, a major earthquake of a magnitude 6.4 occurred less than 10 kilometres from the city centre. A total 185 people died[46], 6000 people were injured[47], 1000 commercial buildings (25%), and 10,000 homes were irreparably damaged[48]. The estimated damage to the city infrastructure at the time was three billion dollars[49]. There continued to be ongoing daily aftershocks in the years immediately following the February, 2011 earthquake[50].

During the civil emergency that immediately followed the February earthquake, Prime Minister John Key announced the importance for the people of Christchurch to help each other[51]. And people did start to help each other with individual lives merging into a new collective meaning that emphasised the importance of others' health and welfare in the community (Gawith, 2011; McColl & Burkle, 2012). Informal gatherings in communities and neighbourhoods, web-based community initiatives (McColl & Burkle, 2012) and widespread texting support occurred (Gawith, 2011). As McColl (2011, as cited in McColl & Burkle, 2012) pointed out, the question, "How are you?" took on renewed meaning. Surprisingly, in the year to follow the utilisation of mental health services[52] and the largest counselling centre in the city decreased[53], and suicide

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[45] Between September 4, 2010, and February 21, 2011, there were a total of 37 aftershocks 5 (i.e., would be difficult to stand, and there would be some heavy furniture movement, loss of plaster or chimney damage) or greater on the Richter scale. Canterbury Quake Live.

[46] Source: New Zealand Police.8.09. 2011.

[47] Source: Glass, 2011, as cited in Gawith, 2011.

[48] Source: Law, 2011, as cited in Gawith, 2011.

[49] Source: Cosgrove, 2011, as cited in Gawith, 2011.

[50] Including a total of 23 earthquakes of a magnitude of five or greater on the Richter scale. Canterbury Quake Live. Retrieved 20.07. 2014, from: http://www.canterburyquakelive.co.nz/.

[51] Source: Parliamentary Speech of February, 23, 2011. Retrieved 28.01. 2014, from: http://www.stuff.co.nz/national/christchurch-earthquake/4694016/John-Keys-full-speech.

[52] Source: Mental health and addiction service uses series (MOH, 2012, 2013, 2014).

[53] There was a 16% decrease in 2011 compared to 2010 (Petersgate Trust Annual Report 2012).

rates were lower than average (Coronial Services of NZ, 2013). Gawith (2011) suggests in the period immediately following the earthquake, informal support, in the form of psychological first aid, was generous and more useful than professional assistance.

Given the initial community response of helping each other informally, this researcher believed there would be increased interest in participating in a research project related to informal help-seeking. However, the opposite occurred with minimal interest being shown in the first three months following the event. Gluckman (2011, as cited in Gawith, 2011) suggests two phases occur immediately after an earthquake, the heroic phase when people see help required by others and "don't count the costs", and the honeymoon phase when people "see help arriving and feel that the situation will improve" (p. 124). In retrospect, it seems understandable that men did not volunteer for this project during these phases. The stories circulating in the community during these phases – and in particular the heroic phase – were of helping others whereas this study was seeking the experiences of those who were being helped. This was an unexpected but valuable learning experience while completing this PhD project. Finally, it must be commented upon that because the research was conducted in the context of a natural disaster involving ongoing aftershocks, it is unknown what, if any, impact this had individually or collectively on men's accounts of retrospective help-seeking experiences from informal others for mental wellbeing problems.

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Appendices

Appendix A: Ethics approval (Ministry of Health)

Health and Disability Ethics Committees

Upper South B Regional Ethics Committee
Ministry of Health
4th Floor, 250 Oxford Tce
PO Box 3877
Christchurch
Phone (03) 372 3018
Fax (03) 372 1015
Email: uppersouth_ethicscommittee@moh.govt.nz

1 December 2010

Karey Edward Meisner
139 Fisher Avenue
Christchurch

Dear Karey Meisner,

Ethics ref: **URB/10/EXP/063 (please quote in all correspondence)**
Study title: **Men's explanations of informal help seeking for mental well-being**
Investigators: **K Meisner, Dr J Gage (supervisor)**

Thank you for contacting us regarding the correspondence you have received under ethics reference numbers URA/10/EXP/070 and URB/10/EXP/063 for the above application.

Due to a duplication error in our processing, your application was mistakenly reviewed by both the Upper South A and Upper South B Regional Ethics Committees. Please accept our apologies for any confusion caused by this error.

The matter has been discussed with the Ethics Committees Manager and the Chairpersons of the committees. The following has been decided.

- I confirm that the study has been **approved** under ethics reference number URB/10/EXP/063.
- The comments provided by the Upper South A committee under reference number URA/10/EXP/070 should be regarded as suggestions only, and do not affect the approval status of your application.
- Our file with number URA/10/EXP/070 will be destroyed, and your application will remain under the number URB/10/EXP/063 held by the Upper South B Regional Ethics Committee.

If you have any queries, please do not hesitate to contact me.

Yours sincerely

Diana Whipp
Administrator
Upper South B Regional Ethics Committee
Diana_Whipp@moh.govt.nz

Alieke Dierckx
Administrator
Upper South A Regional Ethics Committee
Alieke_dierckx@moh.govt.nz.

Appendix B: Ethics approval (University of Canterbury)

Human Ethics Committee
Tel: +64 3 364 2241, Fax: +64 3 364 2856, Email: human-ethics@canterbury.ac.nz

UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

Ref: HEC 2010/172

16 February 2011

Karey Meisner
Health Sciences Centre
UNIVERSITY OF CANTERBURY

Dear Karey

Thank you for your request for an amendment to your research proposal "Men's explanations of informal help seeking for mental well-being".

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

Yours sincerely

PP Dr Michael Grimshaw
Chair, Human Ethics Committee

Appendix C: Funding application information

The following are approximations only:

Compensation vouchers for participants are $750.00 ($25.00 x 30 participants).

A budget for researcher mileage is $420.00. This amount is based on 30 participants x 20 km's (return trip) x 1 interview @ $.70 per kilometre (IRD Standard Mileage Rates).

It is anticipated that Pegasus Health will agree to accept (and print) electronically delivered posters to each of the 95 GP practices.

Transcribing costs are estimated to be approximately $2600.00. The total number of interviewing hours could be up to 45 hours (based on 30 participants being interviewed for one and a half hours each). This is a very conservative estimate. It is believed that the average interviewing time will actually be less than one and a half hours per participant. As an approximation, 60 transcribing hours would amount to $2600.00 (based on a cost of $20.00 per hour.

The budget required for the proposed study is approximately $3790.00. This includes 1) compensation for participant's time ($750.00) 2) researcher mileage ($420.00) and 3) transcribing participant interviews ($2600.00).

Appendix D: Participant information sheet

University of Canterbury: Private Bag 4800, Christchurch 8020, New Zealand.

UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

Health Sciences Centre

Tel: 64 03 366-7001 Fax: 64 03 364 3318

Email: healthsciences@canterbury.ac.nz

Research Participant's Information Sheet

Men's Explanations of Informal Help-seeking for Mental Wellbeing

Please take your time and read this information carefully.

You are invited to take part in a research study looking at why men – upon becoming concerned about their mental wellbeing – seek help from others who are not mental health professionals. This study will form the basis of a PhD and will be conducted under the supervision of the Health Sciences Centre of the University of Canterbury.

Approximately one week after you receive this information sheet, the researcher, Karey Meisner, will contact you to see if you are interested in participating in the study. Your participation is voluntary so if you choose not to participate you will simply be thanked for your time in giving it consideration. If you decide to participate, you will be contributing to research that aims to develop a better understanding of men's resourcefulness when faced with a concern related to mental wellbeing.

This information sheet is also available in Māori upon request.

1) What is the purpose of the study?

There are many ways to address concerns about mental wellbeing. The purpose of this study is to gain a better understanding of the reasons that men – when concerns about their mental wellbeing arise – seek help from other people who are not actually trained in providing therapeutic assistance. From the descriptions and explanations that you, as a man, give for choosing informal others – such as friends, spouses, family members, work colleague/mates, spiritual leaders (i.e., clergy or kaumātua), support groups or voluntarily staffed services – to assist you, a more in-depth knowledge base will be developed.

What does it mean to participate?

Your participation is completely voluntary. If you do participate, it means that you can withdraw from the study at any time you wish. There does not have to be any reason given. Your name and personal details will be kept strictly confidential. Your name will not appear in any report and it is the researcher's responsibility that no participants can be identified from the research. If you do decide you to participate you will asked whether you agree to sign a consent form before or, alternatively, at the time of the interview. Your signature on the consent form indicates your willingness to participate.

2. How many participants will be involved?

There will be approximately 20-30 men selected to be involved in the study however each man will be met with individually (as opposed to being in a group) to talk about their experiences.

3. What is your participation?

There will be one meeting in an interview style. The interview could take between 1 to 1.5 hours depending on how much you would like to discuss. This interview will be recorded so that the researcher does not miss any of what you have said. You may listen and/or request a copy of the recording if you wish. You are also welcome to bring a person to support you at the interview if you wish. Language interpreters will be made available for participants upon request.

The interview will be to discuss your experiences of seeking help from others who were not specifically trained to assist with concerns related to mental wellbeing as per above. This may include a time when you asked for help from a spouse, a friend, a work colleague/mate, a clergy/kaumātua, family or from a support group of some kind (church, support group, AA). You will be asked to describe this experience including the kind of mental wellbeing concerns you had and whom you sought help from. Finally, you will

also be asked what you think influenced this decision to seek help informally from people without specific training in mental wellbeing. If you have an interest in sharing your past experiences, these are the types of questions you will be asked.

This interview is not meant to be a therapeutic experience for past or current concerns related to mental wellbeing. If you are having current concerns about your mental wellbeing, it is suggested that you speak to someone significant to you about what you can do to address your concerns.

There will be follow-up telephone contact within two months. The purpose will be different to the above interview. It will be mainly to check how well the researcher has understood what you had said in the interview. It is also a chance for you to add further about your experience. It should take between 30 minutes to one hour.

4. Where will the interview be with each man?

The interview could be held at the university, at your home or at another place of your choice (as agreed with the researcher).

5. What compensation will you receive?

It is recognised that you are offering your valuable time. If you decide to participate, a Warehouse voucher of a 25$ value will be offered at the end of the first interview in appreciation of your time and input.

6. What will happen to the information that you had shared?

Only the principal researcher will know the names of the participants. Each participant's personal information will only be identifiable by a number (there will be no name used) as it is written down or transcribed. The access to this personal information will be restricted to the principal researcher and two supervisors from the university. The information you provide will contribute to data that will be published in a PhD however care will be taken to ensure anonymity of the data to protect the identity of participants. This same care would apply to any other publications utilise the same data.

7. What are the risks and benefits of participating?

Sometimes talking and sharing about past experiences related mental wellbeing can bring up sadness or old feelings. If this occurs you can ask to have a break from the discussion. If you do not wish to further participate then you can stop answering questions and you are free to leave. If you are becoming concerned that talking about it will affect you afterwards, the researcher will support you in taking the appropriate next step including the researcher contacting a suitable support person.

The benefit of participating is that you will be able to contribute to the understanding of other men and health professionals about why men seek help from those who are not trained. This may, in turn, benefit other men who are considering help for themselves. You may also be able to positively reflect upon the steps you took to seek assistance for your concerns.

8. What will happen to the results?

It is expected that the study will be completed by March 1st, 2013. At that time you can receive a summary of the final report if you wish.

9. Who pays for the research?

The University of Canterbury funds the research.

10. Who has reviewed the study to make sure it was ethically sound?

This study has received ethical approval from both the Ministry of Health's Health and Disability Upper South A Regional Ethics Committee and the University of Canterbury's Human Ethics Committee.

11. Where can you receive more information about this study?

You can request more detailed information from this principal researcher – Mr Karey Meisner, 03 337-9397, or, alternatively, by email: kareymeisner@gmail.com

Supervisors of the study are Dr Jeffrey Gage, 03 366-7001 (ex.7403), Dr Neil Rodgers, 03 366-7001 (ex.3839), at the Health Science Centre, University of Canterbury, Private Bag 4800, Christchurch.

If you have any queries or concerns regarding your rights as a participant in this study, you may wish to contact an independent Health and Disability Advocate as follows: 0800 555 050 (Christchurch 03 377-7501) or, alternatively: advocacy@hdc.org.nz. The Human Ethics Committee telephone number is 364 2987 (ex.45588).

Appendix E: Participant background questionnaire

Participant's Number:

1) What was your age group at the time that you sought help?

- 18-24 years old
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74+

2) What ethnic group do you identify with?

- NZ Māori
- NZ Pākehā/European
- Other European
- Chinese
- Samoan
- Indian
- Tongan
- Other ……

2) What were your living experiences at the time you sought help?

- Live on own
- Live with partner/spouse
- Live with partner/spouse and extended family
- Live with extended family
- Live with friends/flat mates
- Live with work mates/colleagues
- Other……

3) What was your relationship status at the time you sought help?

- Single
- Separated
- Married/Common law
- Spouse/Partner deceased

4) What was your education status at the time you sought help?

- High school
- Some post high school training
- Certificate Diploma
- University degree
- Post graduate qualification

5) What was your approximate annual household income at the time that you sought help?

- Up to $14,000
- From $14,001 to $48,000
- From $48,001 to $70,000
- More than $70,000

Appendix F: Participant recruitment poster

Men Wanted!

Have you ever wondered about your mental wellbeing……and then did something about it?

If you have and that action included approaching someone you know:

girlfriend, partner spouse or acquaintance, team mate or friend or family member (extended family) or

work colleague/mate or employer or volunteer service (telephone counselling) or a support group (men's group) or church leader or kaumātua or general practitioner

……. to help you with your concerns, then your experience may be useful for other men.

A study will soon commence that looks at men's experiences when informally seeking help for concerns related to mental wellbeing. If you are an adult man (18 years of age or older), have sought the help from others who were not specifically trained to assist for issues related to mental wellbeing and you are willing to share your experience, then you may be interested in participating in the study.

If you would like to receive an information sheet that explains more about the study, please contact Karey (a PhD student who has an interest in men's health). He can be contacted on his cell phone (021 253 6297), home phone (03 337 9397) or by email (kareymeisner@gmail.com). Texting is fine. This study is supported by the University of Canterbury Health Sciences Centre and has received approval from the ethics committee.

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Appendix G: Participant consent form

University of Canterbury Private Bag 4800, Christchurch 8020.

Health Sciences Centre

Tel: 64 03 366-7001 Fax: 64 03 364 3318 Email: healthsciences@canterbury.ac.nz

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Consent Form for Participation of the Study: Men's Explanations of Informal Help-seeking for Mental Wellbeing.

Please tick to confirm you understand (this consent form is also available in Māori):

I have read and understood the information sheet for the research study.

- I have had an opportunity to ask questions about the research study and the time to discuss it with relevant people.
- I understand the purpose of the research study and how I will be involved.
- I understand that my participation in the research study is voluntary and I understand that I may withdraw at any time for any reason.
- I understand that if the interview causes distress, I give my consent for the researcher to contact a suitable support person.
- I understand that my participation in the study is confidential and that my name and personal details will not be included in the written report.
- I know who to contact if I should have any questions (or concerns) about the study or my participation in the study.
- I understand that I will be participating in an interview and receive a telephone call as part of the study.
- I understand that I have an opportunity to review the interview audio recording and/or to have a copy of the interview audio recording if I wish.
- I wish to have a summary of the study results (contact details) _____

I, _____ (please print full name) give my consent to take part in the above research study.

Signed {Participant} ----------Date----------

Signed {Researcher} ----------Date----------

This study is being conducted by Mr. Karey Meisner, PhD student at the University of Canterbury in Christchurch. If you have any questions or wish to discuss your participation you can contact Karey at 337-9393, or kareymeisner@gmail.com.

Supervision: This project is being undertaken under the guidance of Canterbury Health Sciences Centre Supervision

Supervisors:

Dr Jeffrey Gage, Health Sciences Centre (Tel. 366-7001 ex.7403)

Dr Neil Rodgers, Health Sciences Centre (Tel. 366-7001 ex.7438)

Appendix H: Examples of meeting the challenges in recruitment and interviewing

Recruitment

Adjusting recruitment to meet sampling needs. Phase 2 [memo]. *'The recruitment has slowed down. Have interviewed participant #12 with Participant #13 to be done in a week's time. Another interested man as a result of putting out advertisement in CMC this date'.* **Phase 3** [memo]: *'Given the limited response rate the identifying of such participants seems unlikely. Instead will be choosing experienced men from here on [P16] with the hope that the additional level of life experience will enable them to understand the theory and add further thoughts.* **Phase 3** [interview notes]: '*Interviewed participant # 17, a very experienced Māori man'.*

Interviewing

Questions promoting a theoretical explanation. Phase 1 [interview excerpt]: '*It helped you [P2] make your decision? But, um, it's still a marker in my memory. I remember sitting down with him and I remember going to his little shed at the back, a sleep out at the back and sitting down and talking to him and just being outside'.* **Phase 2** [interview excerpt]: '*What did that mean to you [P14]? Well that it actually, that it was significant, that yes it obviously had had an effect on me. And yes it wasn't something that you just sort of brush off'.* **Phase 3** [interview excerpt]: *'There was a trigger? Yeah and I [P20] just picked it up and smashed it'.*

Questions promoting a full explanation. Phase 1 [interview excerpt]: '*I was just wondering what types of things that you were noticing? In one particular case I [P2] made a misjudgement…'* **Phase 3** [post-interview question]: '*You [P17] mentioned things that influenced whether you disclosed about your circumstances…. Would you add anything else?'* **Phase 3** [interview excerpt]: *'You [P20] mentioned your parents did not intrude even though you suspected they knew that your relationship was increasingly distressing for you. I'm just wondering if you might comment further about how you thought it was respectful to you'.*

Promoting participant focus on topic of help-seeking. Phase 1 [researcher introduction at start of interview]: '*So what I've found so far [P3] is that it's kind of a conversation about two things really, about – and I don't think they can be separated out: wellbeing and also about that experience of asking or seeking help…'.* **Phase 1** [interview note]: '*Still found this man [P3] more focussed on mental health experience of depression than help-seeking despite making a distinction between the two at the start… Refocused the interview to help-seeking at times'.* **Phase 1** [memo]: '*Finding generally that men want to talk about their story of mental well being rather than help-seeking aspects'.* **Phase 2** [excerpt from interview]: *'P7, I just want to stop. If its okay, I'm going to do one of those things I warned you I'd do, a bit of an abrupt change'.* **Phase 3** [interview notes]: '*I needed to take control of interview as P15 was not talking about his mental wellbeing and help-seeking but rather his trying to address the injustices for others with similar concerns'.*

Promoting trust by researcher self-disclosure. Phase 1 [interview note]: '*After the interview participant [P2] commented that it would have been an encourager to know the personal interest of the researcher in this topic. I will implement this at the start of each participant interview from here'.* **Phase 1** [interview notes]: '*Really noticed how the interview [P3] was circular; that is how we returned to aspects of the story three times, each time in more detail. Realising how important the rapport is as he 'unpeeled layers'.* **Phase 3** [Interview excerpt]: '*Because you disclosed that you were anxious and that's why you started this kind of study and…I thought, "Mm, yeah you're kind of open".*

Appendix I: All data for categories and properties at completion of phase two

1) Category: identifying a problem of mental wellbeing

Property 1.1: frequency of self-identifying a problem

P1: *'It was more like, "Why am I **finding things so difficult** and why am I **crying?"**.*

P5: '*I'm somehow **a bad machine** or, you know, I **don't understand how other people function the way they do**'.*

P8: '*I also started to experience the behaviours of my father. A lot of it was not so much a physical violence but **verbal abusive sort** of violence. I **knew it wasn't right**. I started to notice stress and **when I got stressed** then…I kind of recognise it was a cycle happening'.*

P10: '*And having feelings and emotions that **I knew were wrong**; I use wrong broadly, wrong being **not being able to handle situations well emotionally'**.*

P13: '*I don't know, just **not really dealing with anything** quite well… You know, you wake up in the morning and **you feel just tired**. And you don't want to really do anything. I stopped working just because **I couldn't be bothered getting out of bed** and going to work'.*

Property 1.2: frequency of others identifying a problem

P5: *'This really nice empathetic man just came right out one day and said, "Man, is there something wrong with you?", I was like, "Oh right, well there's some sort of pathology involved here?". I had no idea*'.

P6: '***She [wife] had the idea that it was my dysthymia** that she thought was causing it and I was in denial*'.

P7: '*I think **she just could see that there was something going on** and also probably knew that I eventually would seek help, whether it was with her or someone else'.*

P10: '*People…my **parents especially noticed**. And a lot of other people didn't'.*

P12: '*But I think I found that I just felt quite depressed, quite numb really, no feelings. And so my **mother really noticed** that*'.

Property 1.3: frequency of attributing a cause to the problem

P1: '*Prior to that it just seemed like **relationship issues** and maybe that we weren't right for each other or whatever but **then with the work as well***'.

P2: '*I was having some challenges around lots of things around **relationship** and around **work'.***

P4: '*Yeah, the **real problem** was I thought it was **because I didn't want to be married**. I thought I was just making my wife really unhappy and it was going to be a long time before I could see any change, if ever'.*

P8: **'***And some of the pressures of **working** and things like that… **your little girl and then to find out that she'd been abused**. So that had a huge **affect on the relationship'.***

P10: '*B**eing gay** in my family is hugely unacceptable…. And thinking of **myself as being less than**, or just being a weak man, you know'.*

P11: '*I was **doing too much [at work]** and I was staying on late to do reports and other admin things, getting home late'.*

P12*: '[I] put down to feeling stressed at the **job**, not having any feeling, like why am I doing this job, I don't feel satisfied, I'm not getting satisfaction, I don't feel drive to get this done or I don't feel like, I don't know what I want to do'.*

P13*: 'You know I've got a kid coming**; I'm a loser** pretty much'.*

P14: '*I guess I sort of felt **I was going no where [career]** and the **children didn't need me** taking them to sport and things'.*

2) Category of beliefs and non-disclosure of the problem

Property 2.1: beliefs about needing to protect self from loss

P9: '*And this is the difficulty in seeking help too is that you have this real reluctance to disclose to somebody that* ***you are not whole****. And I think the* ***fear for me was driven by the ramifications****, I might lose* ***my job*** *because I'm nuts'.*

P10: '*I think that, "Oh my god they're going to find out that I'm this ugly person with these irrational thoughts"... And I know they are irrational but* ***I didn't want people to see that part of me****….Yeah just self-loathing and fear,* ***fear of being less than*** *everyone else kind of thing. We would all laugh at people who fell short of what we thought were ideal and I didn't want to become one of them. It was just* ***I wanted so much to fit in'.***

Property 2.2: beliefs about needing to protect others from distress

P7: *'I still feel like I could, but* ***my mum has a lot to deal with*** *anyway'.*

P9: '***I was worried for my partner*** *as to how I'd explain it'.*

P14: '*I mean I obviously didn't tell my wife* ***because it would be frightening*** *for someone'.*

Property 2.3: beliefs about needing to self-manage the problem

P9: '*And my* ***gender's part of it*** *too, you know 'big boys don't cry' and all that sort of stuff. Yeah, '****suck it up and get on with it'****.*

P10: '*There were* ***no people involved*** *because I isolated myself and* ***I tried to fix it on my own***'.

P12: '*And I really didn't, I just thought that I need to* ***pull myself together****. It's a bit like once I got a job I'd be fine'.*

P13: *'Before that point* ***I tried to deal with it myself****…I kind of knew about it, my opinion of it was softy, just a mind frame like stop thinking the glass is half empty,* ***just 'snap out of it' type thing'****.*

P14: '*Avoidance, I simply* ***walled off any painful feelings****…. I* ***keep busy with work, sport and ensuring my children*** *had happy childhoods'.*

P15: *'I kept extremely* ***busy****…. Yeah, I think it was sort of an* ***escape mechanism'****.*

<u>3) Category of non-belief related discouragers to disclosure</u>

Property 3.1: level of understanding about mental health/emotions

P1: '*I suppose I hadn't really questioned my mental wellbeing that much…and the questions were coming more from* ***not even really knowing about not having good mental wellbeing'.***

P3: '*I guess everything was so* ***messed up*** *that I probably wasn't sure what I was trying to seek help for'.*

P4: '*At the time I* ***didn't even know I was depressed*** *– I just thought I had a shit life…. I mean I didn't know there was a difference between you're having a bad day and clinical depression. I had no idea there was any difference'.*

P5: '*I just assumed that was life, life sucked. I* ***had no concept there was anything wrong*** *with me per se'.*

P9: '***Didn't make a hell of a lot of sense to me****. Why am I melting down, this is a job I've done for 25 years'.*

P10: *'At* ***the time I didn't really know what was happening to me****… I think because I* ***didn't have any knowledge of what mental health*** *was. You know, to me it* ***was a padded cell'****.*

P11: '***I didn't know what was going on*** *but I think I'd experienced it once before as a student, back in my late teens…'.*

P12: '*Yeah, I'd heard the term depression. I just thought it was...I'm sad. But I* ***didn't know much about it*** *and I didn't really look at it'.*

P13: '*I* ***didn't really know what it was I was feeling*** *or, you know, I couldn't name what it was'.*

P14: '*I experienced quite a few panic like attacks and anxiety things which* ***I didn't understand****…. I probably* ***thought that I was physically ill'****.*

Property 3.2: level of skill in expressing personal problems

P5: *'You know I did have friends, but we **didn't talk about that kind of stuff**. You know, everybody had their own kind of issues'.*

P8*:'And **you [friends and he] wouldn't really talk about deep seeded emotions or feelings about things'**.*

P14: '*I **struggled with any emotional sort of response** to things. I could verbalise it and if things got a bit… Yeah, if I felt emotion, sadness welling up, I would invariably say something jokey*'.

P15: '*Yeah, I **don't like verbally speaking**, I won't speak to big groups, never have, I don't particularly want to'.*

Property 3.3: level of established access to trusted others

P8: '***I didn't really have men's friends** where you might do something together or something or other, just some platonic friends'.*

P10: '*I **felt isolated** and just really alone in my situation*'.

P13: '*I **didn't have the right people to talk** to'.*

<u>4) Category of triggering event for deciding to disclose</u>

Property 4.1: strength of internal trigger in reaching a coping threshold

P8: *'And after a particularly gruesome **abusive event**; you know, the cycle of violence when things build-up and then **explode** and then there's that calm, that quiet moment'.*

P9*: 'I've just started [work] again actually for **about five years** I think. And I had a melt down, literally, a **stress driven melt down**…'.*

P10: '*It was more desperation. I didn't know… at the time I didn't really know what was happening to me'.*

P11: '*I experienced quite suddenly, it was quite disturbing, a change in the state that I was, the way I felt…. So there was **just an event** and "Ooo, what's happening? I need to talk to somebody about it". We attributed it to the **stress** of coming out of an intense training **year**, working more than I needed to and it all catching up with me at once. I just sort of went 'snap'.*

P12: '*There was one really stress thing **when I did leave my job** but I'd go along to talk to a pastor as a special visit*'

P14: '*And I think now that probably, it's sort of **a series of events** that would seem unrelated but probably are….And I was **almost in tears.** It was sort of a strange'.*

P15: '*That was the **point** when I just got on my bike, went up the hills with the dog and actually sought help because it was **just blowing my mind'**.*

Property 4.2: strength of external trigger influencing disclosure

P5: '*S [wife] basically had given me **a series of ultimatums**. I mean **I needed a kick in the ass**. I rang him up one day and I said, "Man, I'm just dying here".*

P8: ***'A social worker kind of knew all of us**; she had met all of us so she brought us together*'.

P14: '*What stuck in my mind from the book was **the author saying,** "This is something you can't work through on your own, that you need some support and the first thing would be to tell someone very close".*

Property 4.3: strength of motivation to avoid a negative outcome related to loss

P6: '*My wife said **we had to have a separation** if I wouldn't go [talk to somebody]'.*

P9. '*I think the whole thing for me at the time was this [is] a sandcastle and the tide was coming in and I **knew that it would be gone**'.*

P13:*'I've just not really dealing with anything quite well…I was just wanting, hoping to vent with someone'.*

P14: '*I knew I had to get help, I felt extremely vulnerable and feared if I didn't I may do something I would regret. I needed to deal to the abuse **before it dealt to me'**.*

Property 4.4: strength of motivation to understand the experience

P10: '*I didn't really know what was happening to me. I kind of felt that I needed to* ***talk to someone who knew something*** *about how I was feeling…just the* ***turmoil and the loneliness that I felt'.***

P11: '*She felt the most natural person* ***to explain*** *and seek help from initially…I suppose her being my partner was a motivator, who best, who better to ask than her. I felt motivated to let her know because I needed some* ***support quickly*** *from somebody'.*

5) Category: other non-belief encouragers to disclosure

Property 5.1: level of existing understanding about mental health/emotions

P2: *'****I have had once before*** *when I first came here about 20 years ago; where I was on the edge of a similar mental health condition'.*

P8: '*I had had some professional jobs where those sorts of people were around, counsellors, psychiatrists, psychologists, all those sorts of things. So I had been* ***exposed to that kind of knowledge'****.*

Property 5.2: level of existing skill in expressing a personal problem

P5: '*Yeah I* ***learned a lot of that kind of vocabulary*** *through going to rehabs, and finding that people had different issues that they were dealing with. I realised "Oh okay, well here's a collective of people who share these commonalities, these ways of dealing or not dealing with things". Yeah, observing other people, watching other people, meeting other people'.*

P6: *'So I felt that I was* ***taking to heart some of the teachings*** *of GROW actually, you know, the* ***share things*** *of don't just isolate yourself'.*

P7: *'I think our family – it's been a thing and we have talked about it.... I've always been fairly close, especially with my mum. Yeah,* ***we've always been able to talk about things'.***

P12: '*I've* ***always talked quite deeply about these things*** *with people on a kind of regular basis. And so when it came to a peak I'd still go back to them but talk about the extra stress'.*

Property 5.3: level of established access to trusted others

P1: '*Somewhere in my working with S that I realised that* ***he was someone I could trust.*** *I mean* ***we used to get drunk together*** *and stuff at the end of the week'.*

P2: '*W****e had a fairly long-term relationship*** *through maybe knowing each other 10 years, and in the context of psychodrama events, and so* ***we'd seen each other doing tears in intimate contexts'****.*

P6: '***I've known him [father-in-law] for about 23 years****, so I think I've had a man-to-man sort of a talk with him since that'.*

P9: '*Well, she's [wife] about the most influential person in my life given that* ***she's known me.*** *We've been* ***married 38 years*** *so she knows me quite well'.*

P11: '*It felt more natural to explain to my wife how I was feeling because* ***she might have thought*** *"He's a bit strange at the moment, what's going on?". She felt the* ***most natural person*** *to explain and seek help from initially'.*

P15: '*We [wife and I] can* ***talk about anything****…Yeah, It's something I'd never had before and something I've always wanted'.*

6) Category of managed style of disclosure

Property 6.1: level of needing to manage personal information

P7: **'***I did decide I'm going to bear a bit and be* ***prepared to fully discuss everything'.***

P9: '*So what did you decide to tell her at that point?* ***Everything****…Oh yeah, I* ***wouldn't talk to a woman*** *about stuff like that.*

P10: '*Oh yeah, it was all* ***indirect****. I never said anything, I never told them that, like at that point I wanted to commit suicide. You know, I never fully opened up to them'.*

Property 6.2: level of needing to manage the intention of disclosure

P5: *'Yeah, I mean I was hoping he would help me out but **I couldn't bring myself to explicitly ask**… I did do it **in a very roundabout way** but he knew what I was saying and I knew what I was asking as well'.*

*P10: 'I look back and I notice now that I was developing a pattern of behaviour towards people, you know, that I'd get to know them and then eventually I would start trying to **ask them for help without asking** them…. Definitely a '**cry for help'** because I know in my rational thinking that 'I don't want to die'.... And that [suicidal gestures] to me was the easiest way to show people that I'm in trouble'.*

Property 6.3: the level of needing to assess the safety while disclosing

P10: '*I would kind of **chuck it in** now and then just to kind of test the waters'.*

P13: '*He's llike, "Oh yeah, everyone has their issues mate, you've just got to suck it up and carry on"…. I found it was almost **like an attack**. And so I was like, "Nah, **I'm not going to talk to anyone else**, I'm just going to bottle it up".*

P14: '***I said I think** I was sexually abused**, I mean I know** I was sexually abused… Yeah, **in case she sort of said, "No,** it doesn't sound like that to me".*

Property 6.4: level of needing to have reciprocal disclosure

P9: '*But one time I was taking a pill here at lunchtime, "What's that? Oh, you wouldn't know, it's just Fluoxitine. Oh, I'm on that" and away K and I went'.*

P10: '*They also open up to me as well, so I learn sometimes things about them that other people wouldn't know, and for me that's really good and feeling secure about sharing my experiences'.*

<u>7) Category of subsequent disclosures</u>

Property 7.1: level of motivation to understand the experience

P6: '*I thought, "I'll see if I could get anywhere with my former priest that I've known over five or six years".*

Property 7.2: level of motivation to sort the problem related to coping

P13*: 'He knows what he's doing; maybe I can talk to him and **find out how** he's going it so I can'.*

*P18: 'I **respect his approach** to life which, in some respects, is very much the same as me, able to overcome problems'.*

Property 7.3: level of importance in seeking out experienced others

P6: '*I quite liked it in a way because it was **mainly men**'.*

P11: '*I think they [mother/sister in law] were helpful in perhaps partly relating to their own life experiences and also their professional working experiences'.*

P13: '*And I mean it was good to talk to her [wife] because **she'd gone through depression** through high school'.*

P13: '*Yeah, and he's like **life in control** and I think that was the main thing I think with [friend]'.*

P14: '*My thinking was it would be interesting to talk to other guys and see whether you could almost say, "Snap, and so your **experience was so much like mine** I can then kind of ask you things".*

Appendix J: Example of integrating the seven main categories into the five staged process

Participant #14

Stage 1 – the initial identifying of a problem related to control

Category 1.1 [self-identifying a problem]: *'And I was almost in tears. It was sort of a strange. So things were obviously starting to come up to the surface'.*

Stage 2 – the early consideration of the problem and the decision of non-disclosure

Category 2.1 [belief of protecting self]: '*And I think that's a thing that a lot of males, like male survivors of male to male abuse, probably feel that there's something about them that they don't quite measure up'.*

Category 2.2 [belief of protecting others]: *I didn't tell my wife because it would be frightening for someone. But I guess I was probably guarded in some ways'.*

Category 2.3 [belief about self-managing]: '*A bit of self-help was to write a diary, a journal, as things came up…*'

Category 3.1 [understanding of mental health/emotions]: '*And at the time I experienced quite a few panic like attacks and anxiety things which I didn't understand were connected whatsoever to what was going…*'.

Category 3.2 [skills in expressing]: *'I struggled with any emotional sort of response to things. I could verbalise it and if things got a bit… yeah, if I felt emotion, sadness welling up, I would invariably say something jokey'.*

Stage 3 – trigger moments and the decision to self-disclose

Category 4.1 [motivation of avoiding loss]: '*I felt extremely vulnerable and feared if I didn't I may do something I would regret. I needed to deal to the abuse before it dealt to me'.*

Category 5.3 [accessing trusted others]: '*You need to get someone you know that you trust; a spouse or family member or someone like that, that that's a good step to start… I told my wife'.*

Stage 4 – the managed act of disclosure

Category 6.3 [assessing risk]: '*You were testing the waters, a bit or guarding yourself? Yeah, in case she [wife] said, "No, it doesn't sound like that to me".*

Stage 5 – the decision of making subsequent disclosures

Category 7.3 [experienced others]: '*I said, "Was there a group in Christchurch you know of men that had the same sort of experiences?".*

Memo: Now completed to P14 [review of analysis]. 'In reviewing the narrative summary for P14, noticed how a number of categories were naturally time sequenced. In thinking about this, the sequence seems to reflect the stages that a number of men go through when disclosing about their problem'.

Appendix K: Examples of techniques used to meet the challenges of coding

In-vivo coding to promote analysis based on data [memo at end of phase 1]: '*Finished doing all four summaries using the participants' language as much as possible'.*

Coding to promote analysis based on data [memo at end of phase 1]: '*Labelling/summarizing of words, phrases and sentences in a line-by-line way process. Helped me to focus on what person had said and led to some thoughts about concepts'.*

Gerunds to promote analysis based on data [example of coding during phase 1]: *'The reflecting back of the signals of distress like the lack of sleeping and the less positive decisions at work.* [Example of coding from phase 1]: *'The elaborating on the less positive decision-making in his work setting'.* [Memo nearing end of phase 1]: '*Trying to maintain use of gerunds to avoid description and instead orientate towards verb as noun (i.e., 'the deciding of whom to seek help from') '.*

Memoing to promote analysis based on data [memos nearing end of phase 1]. *'Completed doing memos of all four transcripts this week. Realised that memo[ing] was really putting the participants story in a clear sequential narrative form. Tried to do sequentially and without altering the participants own words too much. I also added my speculations/interpretations in "[]" so clear'.*

Analytical questions to promote theoretical questions of data [memo written at end of phase 1]: *'Today, I asked the question 'what is going on here?' Great question as if forced me to come up with a concept that seemed to label the phenomenon more generally. Also, it sensitised me to a bunch of new concepts that I hadn't thought of before'.*

Quick and dirty technique to promote theoretical analysis [memo at end of phase 2]: '*Finished the quick and dirty method over two days. It has been good to do as raises new questions. Also, realizing the method is allowing me to think more about relationship between subcategories in the form of questions. Also allowing me to identify the difference between gaps and developing denser properties…. It was good as I was better able to identify the categories as a process of help-seeking; the theoretical concepts relating in sequential structure'.*

Constant comparison to promote integration [of draft theory to data at end of phase 2]: '*I am missing a few things but expected as would have been quite subtle. But leading to more densification too. It is working well relating all data back to central category of disclosure'.*

Appendix L: Examples of fulfilling the criteria of trustworthiness

1) Credibility

Prolonged participant engagement [recruitment, interview, questions, summary, preliminary findings]

In-depth pursuit of theoretical ideas. **Phase 1** [memo]: '*P4 seems to have chosen to seek help from someone who has also had similar challenges of managing a farm and having had relationship issues. Similar to P2 in that respect'*. **Phase 1** [memo]: *'Also, it seems to be significant that experienced friend – who also had [similar] issues – indicated things get better. Compare to P2 who sought out friend who had 'been there'. And similar to P4 seeking out neighbour who had 'been there'.* **Phase 3** [memo]: '*Realized something yesterday in a kind of an 'aha' moment. Realized that the one of the most significant encouragers to disclosure was identifying someone with commonalities as increases understanding from having 'been there'.*

Triangulation across other participants. **Phase 3** [interview excerpt]: '*Other participants have said they think men here are not exposed to enough experiences where disclosing and getting help are discussed. What do you think?*'. **End of Phase 3** [feedback from summary of findings]: *'I was nodding my head constantly in agreement with your writings. The most interesting thing for me was how often the summary was triggering feelings and thoughts about issues that I felt were relevant to my own situation yet had not come up in our interview'*. **Triangulation across theory**. **End of Phase 3** [Memo]: *Today, I discovered research completed by Vogel et al. (2006). Very confirming of the theory which has developed for men's help-seeking…. The suggestion is that help-seeking decisions are based on perceptions of coping and, moreover, the decision to self-disclose information to others is important aspect of the process].*

Neutral peer debriefing. **Phase 2** [meeting notes]: '*Last night I attended [name of] group. Good as it allowed the opportunity to check emerging theory with another academic. In responding to the idea of coping thresholds he referred to his 2007 research in…. Specifically, he indicated that the research found that people will attempt all kinds of self-strategies prior to seeking counselling help. [He] suggested other research that might reflect men's indirect style of communicating'.*

Integrating negative case. **Phase 2** [memo]: '*I am wondering whether his [P7] prior experiences of both sharing and observing his mother share mental wellbeing problems was reason why [he] didn't need to meet coping threshold before disclosing? It would explain why he thus far has been an exception*'.

Member checking with participants, supervisor, and other academics and professionals

Member checking with participant. **Phase 1** [memo]: '*The second step that I have done is to write a summary of each narrative using the language of the participant as much as I can… I am then checking this narrative summary with participant.'* **Phase 3** [professional meeting notes]: *'I went to professional network meeting today. Described study. A Māori man expressed some interest. I decided to proactively send research information sheet and follow-up as would be good to test theory more from a Māori perspective'.*

Member checking with supervisor. **Phase 2** [supervision notes]: '*Very useful to discuss temporary theoretical categories with supervisor who compared his own experiences of help-seeking to categories. Felt that all that he said was considered theoretically'*.

Member checking with other academics/professionals. **Phase 2** [presentation notes]: '*Feedback useful. [Academic] indicated that she did a study on gambling and help-seeking. She indicated that barriers were both internal (attitudes) and external. She suggested that there may be a process in identifying a problem/label. It was also suggested by two audience members that I look more closely at NZ masculinity*'. **Phase 3** [presentation notes]: *'All professional in health who work directly with men. At end, there was an acknowledgement that the preliminary theory matched with their experiences'.*

2) Transferability

Systematic application of theoretical sensitivity, theoretical sampling, and theoretical saturation

Theoretical sensitivity (from data). **Phase 1** [memo]: *'*P2 *sought out someone who had been through a similar experience. Familiarity with experience is important?*' **Phase 1** [memo]: '*P4 seems to have chosen to seek help from someone who has also had similar*

challenges of managing a farm and having had relationship issues. Similar to P2…'. **Phase 2** [memo]: *Realized something yesterday in a kind of an 'aha' moment. Realized that one of the most significant encouragers to disclosure was identifying someone with commonalities as increases understanding from having been there.*

Theoretical sensitivity (from a-priori knowledge). **Phase 3** [presentation note]: '*Realizing as I was working through the gaps of the data that questions often were based on my own knowledge. For example, the idea of healthy crisis also came to mind as a result of Erikson's theory. Further, that my understanding of behaviouralism was relevant when discussing modelling and reinforcement*'.

Theoretical sampling. **Phase 3** [memo]: '*Still not sure theory is robust. Think so. For example, would like to speak to men who were not born in New Zealand. And who are from different ethnic backgrounds. Does the theory make sense to these men?* '.

Theoretical saturation. **Phase 2** [memo]. *'Saturation not close. Not even really sure where gaps are. So ok about interviewing more men'*. **Phase 3** [interview note]: *'Really good as he [P20] virtually verified every theoretical suggestion [made]. A couple of variations of theory but nothing significantly new*'. **Phase 3** [interview note]: *'Participant [P22] made interesting comments throughout the interview but overall there are no further theoretical concepts emerging…'*

Systematic application of analytical techniques (questions and constant comparison)

Sensitising question [memo during phase 1]*: 'Today, I asked the question 'what is going on here?'. Great question as if forced me to come up with a concept that seemed to label the phenomenon more generally. Also, it sensitised me to a bunch of new concepts that I hadn't thought of before'.* **Guiding question** [memo during phase 3]: Interviewed P20 today. Lots of guiding questions in interview today. Often started these questions with, '*other men have.'*. **Theorising question** [post-interview question during phase 3]: *'Do you remember what your main intention was in disclosing? Firstly I [P20] think it was just to off load some of the weight I was carrying…'.* **Practical question** [memo during phase 3]: '*Lots of mutual disclosure once safety established. P19 saying it was easier to take risks if know others there for same reason. Theoretical sampling here?*'

Comparison within data, and between data [memo during phase 1]: *'Now doing analysis of P2 data…. Also, looking for meaning in rest of P2 data. And for the first-time I am comparing concepts between participants (P1 and P2). Seems that data comparison is providing ample memos'.* **Comparison of data-to-experience** [memo during phase 1]: **'***Also, comparing concepts to concepts [P2] from prior knowledge'.* **Comparison of draft theory-to-data** [memo at end of phase 2]: '*Draft thesis was written…. It was then compared to raw data gain to see if missed any potential concepts*'. **Comparison of literature-to-data** [memo at end of phase 2]: *'Charmaz 2006 talks about stigmatization, suffering and a sense of related injustice. P9 talked about stigmatization and his experiences of suffering with wife. Feels a sense of injustice about the whole experience despite living a moral life'.*

<u>3) Dependability</u>

Regular supervisory feedback. **Phase 1** [memo]: *'Both supervisors were provided with 2-4 pages of transcripts/analysis for the first 5 interviews. Discussed the analysis. I am keeping analysis close to data as opposed to over interpretation'.* **Phase 2** [supervisor feedback]: *'I think you are on the right track with your questions [about gaps in theory]. I'm sure not all these will apply to each participant but…'.* **Phase 3** [notes from supervision]: '*Did a visual representation of theory and feel that it is more manageable…. Showed the visual model of the theory. Way too complicated and it needs to be simplified*'.

Reviews and repeated checks of coding. **Phase 1** [memo]: *'I am literally reviewing data at moment – interview by interview checking to make sure [I] got all initial codes, and that data will fit into existing categories and codes'.* **Phase 2** [memo]: *'I am redoing focussed analysis so that I can easily see how the making of categories occurs.... I am reviewing P9 currently with the intent of completing through to P15. This is to refine categories but will add properties as well if appropriate'.* **Phase 3** [memo]: '*I am reviewing all the transcripts from the beginning. I am missing a few things but expected as would have been quite subtle. But leading to more densification too. It is working well relating all data back to central category of disclosure'.*

<u>4) Confirmability</u>

Confirmability with participants. **Phase 3** [interview note]: '*Really good as he [P20] virtually verified every theoretical suggestion [made]. A couple of variations of theory but nothing significantly new. In fact, the core process of disclosure was still there…'.* **End of**

Phase 3 [feedback from summary of findings]: *'I [P16] was nodding my head constantly in agreement with your writings. The most interesting thing for me was how often the summary was triggering feelings and thoughts about issues that I felt were relevant to my own situation yet had not come up in our interview'.*

Confirmability with health professionals. Phase 3 [note from presentation]: 'Specifically, presented seeking help as stages…. The feedback was positive and comments were that this aligned with counsellors' experiences of men seeking help'. **End of Phase 3** [supervisory note following health course presentation]: 'Thanks for your presentation. It was most appreciated and I think you can take great heart in hearing their comments of agreement and understanding of your findings'.

Appendix M: An example of an memo audit trail for category of 'trigger moments'

Phase 1

Theory memo [identifying the concept]: '*P2 uses the language 'hitting the wall' meaning exhaustion and not being able to care for others any further. Hitting the wall in body gives the impression of a critical incident, not able to continue on at all'.*

Theory memo [identifying a similar concept]: '*P3 indicating of a 'breakdown' just prior to telling his sister. What is a breakdown? P2 used the language 'hitting the wall', 'breakdown' and 'collapse'. It appears important condition for seeking help for both P2 and P3'.*

Theory memo [identifying another related concept]: '*P3 didn't actually seek help directly from sisters however **a crisis** involving an accident seemed to allow for nature of mental wellbeing concern to be expressed'.*

Method memo [identifying group of concepts as provisional category]: *'I noticed that I didn't have a category for the moment that men actually decide to seek help or do something proactive…. I'll call them triggering moments'.*

Phase 2

Theory memo [identifying an exception]: '*P7, unlike other men, refers to not having met [a] threshold. I checked this further by asking whether he has had any crisis moments which he says he has not. Appears to be an exception'.*

Theory memo [identifying condition of category]: '*P12 is talking about a period of high distress when sought assistance. Seems that as distress increases so does possibility of reaching a coping threshold and, in turn, the likelihood for disclosure'.*

Theory memo [linking category to macro context]: '*P14 lived with confusion for many years until a midlife crisis and some related events triggered a need to get help before it [suicide] got him'.*

Theory memo [identifying gap with another category]: *'But how many men never seek help because they maintain self-determination and are resilient? Right now resilience and trigger moments are gaps as very little information at all'.*

Theory memo [integrating an exception into category]: '*Realising that P1 and P12 may both be the dependent type that is described in literature. That the seemingly lower threshold for disclosure may be because of factors related to development'.*

Supervision meeting notes [linking to another category]: *'Supervisor mentioned the idea of signalling when men are not disclosing but perhaps feeling high levels of distress and meeting thresholds for coping. Think of how many men have referred to 'cry for help'.*

Academic meeting notes [checking theory with neutral academic]: '*He indicated people will attempt self-strategies prior to seeking counselling help. Further that it takes some kind of crisis event that leads to counselling. This is [of] interest as it appears that this is the coping threshold that I am seeing'.*

Phase 3

Presentation notes [linking category to other categories]: '*Realized that very few men disclose everything but rather a partial disclosure. That the confusion/uncertainty about having a mental health issue and fears of judgement would result potentially in not being understood. This is not good if man is disclosing because he has met his coping threshold'.*

Draft theory technique [integrating exception into category]: '*Individual coping thresholds – guessing that pain/distress thresholds will differ individually but in this research a threshold is self-identified so ok'.*

Presentation notes [testing category in staged process]: *'Specifically, presented seeking help as stages including the step of deciding to seek help upon reaching a coping threshold. The feed back was positive and comments were that this aligned with counsellors' experiences of men seeking help'.*

Appendix N: Examples of fulfilling the criteria of authenticity

1) Criteria of fairness

Balancing multiple participant views. Phase 2 [memo]: '*Realizing that 11 of the 15 men are Pākehā. Need more Māori, Asian, Pacific Island men…'.* Phase 3 [memo]: '*P17 sought out from community meeting for his Māori perspective on the phenomenon…. Still not sure theory is robust. I would like to speak to men who were not born in New Zealand and who are from different ethnic backgrounds'.* Phase 3 [memo]: *'Interviewed P22 this date. Important as he is both an immigrant and of Asian background'.* **Balancing researcher views.** Phase 1 [reflective journal entry]: '*I had been anticipating that informal help-seeking would be generally positive however I have noticed that while all four participants have had varying experiences related to informal help-seeking, the experiences have not always been positive*'..

Empowerment of participant to disclose or not. Phase 1 [memo]: '*When I indicated that I may ask a few questions as he [P4] was telling his story, he indicated that it is ok to ask but he may not answer all questions. Supported him in only answering the questions he wanted to'.* Phase 3 [participant interview]: '*As I [P20] disclosed I sensed it was safe for me to really sink into this experience and that disclosing was actually going to be good for me'.*

Empowerment of participant to negotiate. Phase 1 [interview note]: '*He also asked about my interest in research. I disclosed my personal interest in mental wellbeing concerns. He indicated that it would have been useful for him to know that at the beginning of the interview. I decided to start disclosing research position more clearly before interviewing…'.* Phase 3 [participant response to follow-up question]: *'I think we need to discuss this. I think the direction of the question is set from an incorrect premise*'.

Empowerment of participant from having volunteered. Phase 2 [interview excerpt]: '*And just being able to participate in a men's study is to me kind of me coming to the realisation that I am a man, that I don't have to be hard or overly aggressive or anything like that. You know, that I can be softly spoken and still be a man'.*

2) Criteria of educative authenticity

Participant education. Phase 3 [response to post-interview question]: *'Yes, in talking and reading through the material helped me to finally make sense of some of the thoughts I have had. It also made me realise that I have had limited friends or relationships that are limited or surface, but I also realised I didn't want to seek out help from a professional I didn't know, if they would be able to get what I was saying'.* **Health professional education**. Phase 3 [excerpt from evaluation]: '*It helped solidify what I was doing at my work with men and to clarify the process of help-seeking. How to better support male clients, learnt vital things to really improve my skills'.*

3) Criteria of ontological authenticity

Participant change. Phase 2 [response to post-interview summary]: *'I don't have anything further to add, I do think that this summary of my life is complete. Thanks again for listening to my story, it's honestly put a whole different perspective on my life'.* Phase 3 [response to post-interview question]: *'I have become more deeply aware of a number of things. Just how strong and overpowering the loneliness and abject isolation I experienced at certain times actually was. How deeply ingrained were the internalised messages about being a man. The importance of being assisted by men who had a deep down affinity with what was going on for me'.*