

**Department of Information Studies**

**The help seeking behaviour of Australian men during stressful life  
events: an exploration of information exchange relationships**

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**This thesis is presented for the Degree of  
Doctor of Philosophy  
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To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgement has been made. This thesis contains no material which has been accepted for the award of any other degree or diploma in any university.

Signed .....

Date .....

# ABSTRACT

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In recognition of the particular issues related to health and wellbeing considerable government and community resources have been forthcoming in recent times for the development of information products and support services to assist members of the community to seek help for issues related to their health and wellbeing. Notwithstanding this investment, research from studies into help seeking by Australian men shows that men are not aware of these information products and services have difficulty mobilising help during periods of physical ill health and mental stress. Men are over reported in the statistics for premature death in Australia and male suicide is a significant public health issue in Australia. Aspects of Australian culture may lead to increased risk of poor health, harming behaviours and suicide in Australian men. Social norms may also impact on low levels of voluntary help seeking by Australian men.

At the core of this research is an examination of the information seeking behaviour of a group of Australian men who engaged in help-seeking during a significant, and stressful, life event. The research also canvassed the opinions of this group of men and a group of professionals who offer help and support to men during stressful life events for their opinions on effective strategies to engage men about the worth of early help seeking to enhance physical and mental health.

This thesis also examines a range of existing models which seek to explain human information behaviour and the variety of ways which individuals access and use information in a range of contexts. It explores how these models can increase understanding of men's information seeking for personal decision making and personal change. Research which provides data on the possible protective role of healthy emotional attachment systems, together with the role of social and emotional support across the life span, and the information delivery capacity of this support, is also examined.

The research leads to recommendations for enhanced social policy to support men's information needs during periods of life stress. It also makes recommendations for enhanced praxis in order that information practitioners, and the agencies in which they work, may better engage with men with information products and support systems which will lead to increased personal wellbeing for men and their families.

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Special thanks are due to the men who took part in the study which forms the heart of this thesis. These men are not named but their generosity, warmth and candor has provided rich data for analysis which will allow ongoing programme development to support the lives of other men.

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It is my sincere hope that this work will contribute to the enhanced wellbeing of Australian men and their families.

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This paper uses unit record data from the Household, Income and Labour Dynamics in Australia (HILDA) Survey. The HILDA Project was initiated and is funded by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and is managed by the Melbourne Institute of Applied Economic and Social Research (MIAESR). The findings and views reported in this paper, however, are those of the author and should not be attributed to either FaHCSIA or the MIAESR.

# APPENDICES

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# Chapter 1: Overview

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## INTRODUCTION

This thesis reports the outcome of a study that examined the role of information exchange relationships within the context of help seeking by Australian men experiencing stressful life events. The study examined this topic with particular reference to men aged 25-44.

The pathway to help during times of mental and physical ill health has been shown to be complex and with considerable differences in style and approach by men and women (D'Arcy & Schmitz, 1979; Goldberg & Huxley, 1980; Horwitz, 1977; Leaf & Bruce, 1987; MacGeorge, 2003; McMullen & Gross, 1983; Wisch, Mahalick, & Hays, 1995). This thesis has been undertaken from within the academic discipline of library and information studies. A primary activity of professionals in this discipline is to provide information to members of the community who have gaps in knowledge and understanding of their life circumstances. Others in the profession seek to understand more about the way in which these individuals undertake the bridging of these gaps in order that information can be delivered more effectively and can more readily support members of the community in their quest for knowledge. This exploration is considered the study of human information behaviour.

The author has been employed for over twenty five years working within multidisciplinary teams who are assisting members of the community experiencing stress or duress. It is clear from this work, and after an examination of the work of others (G. E. Good & Wood, 1995; Greenley & Mechanic, 1976; Mansfield, 2003; Mechanic, 1978; Moller-Leimkuhler, 2002; A. B Rochlen & O'Brien, 2002; Thom, 1986; Veroff, 1981), that men do not readily access services available to help them during stressful life events. This thesis reports a study which attempts to bring the knowledge of human information behaviour and help seeking behaviour together in order to provide more effective provision of information and support to men. It also attempts to show how the scholarship of library and information studies has considerable scope to enhance this endeavour within Australian community and government agencies.

This thesis was initially intended to review research which examined the information exchange relationships of Australian men aged 25-44 who were at risk of suicide or self

harm<sup>1</sup> but the constraints of ethics protocols prevented this initial line of enquiry and the research topic was widened to reflect the information behaviour of men who had experienced a stressful life event.

Notwithstanding the shift in focus it is significant to the research to take account of the extreme endpoint of lack of help seeking during stressful life events for many men in Australia. Suicide and self harm by men are significant public health issues in the Australian community and research suggests that men are reluctant to engage with information products and services to assist their help seeking in times of stress (Mansfield, 2003; Robertson & Fitzgerald, 1992; Rothman & Salovey, 1997; Sayers, Miller, & Ministerial Council for Suicide Prevention (WA), 2004). Recent WHO statistics show average suicide rates in Australia at 20.1 per 100,000 for men compared to 5.3 for women (World Health Organisation, 2001). Males were almost 4 times more likely than females to die by suicide in 2005 (1,657 compared with 444 suicide deaths, respectively). In 2005 the highest number of suicide deaths for males was observed in the age group 30 to 34 years (207 suicide deaths), followed by males aged 40 to 44 years (203 suicide deaths)(Australian Bureau of Statistics, 2007). "The number of suicides amongst Australian men aged 25-44 has increased by 44% since 1979" (Gambotto, 2003, p. 12). It is also worthy of note that in Australia men also die prematurely from ill health and accidental death in much greater numbers than their female counterparts.

In accordance with University protocols this research was conducted within University and National Health and Medical Research Council (NHMRC) guidelines. During the Ethics approval process (see Appendix 1) the opportunity to seek data from men who were currently deemed to be at risk of suicide or self harm was denied. Level A ethics approval (No 139/2006) was granted by the Curtin University Human Research Ethics Committee for research which examined the information exchange relationships of men who identified themselves as having experienced stressful life events in the past but who were no longer

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<sup>1</sup> Self-harm refers to self-inflicted harm where the intention may or may not have been to die. Thus instances of attempted suicide and self-mutilation are both included. Not only is self-harm a significant problem in its own right, research has shown that people who have previously engaged in self harm are at higher risk of committing suicide see [http://www.auseinet.com/files/factsheets/selfharmstats\\_mar07.pdf](http://www.auseinet.com/files/factsheets/selfharmstats_mar07.pdf)

at risk, or potential risk. With this change in research design a lengthy exploratory review of the possible impacts and influences on the help seeking behaviour of Australian men was undertaken. This review was conducted to shed light on the information exchange relationships of Australian men who may be at risk, and to collate these data with the narrative of men who had experienced stressful life events in the past.

The review included an examination the role of human attachment and evolutionary biology as factors in help seeking, an examination of human information behaviour and its role in information gathering to support help seeking, the role of social marketing and media influences on men's behavior, and the impact of social relationships and social connectedness on wellbeing and its measurement. As outlined above, help seeking and bridging knowledge gaps are complex human behaviours. They also occur within particular sociological and psychological frameworks and are impacted upon by the historical and cultural context of both the help seeking and those offering help and, indeed, those things which are considered worthy of help. Take for example smoking. This was until relatively recently considered a normal recreational activity within Western society, it is now considered an activity which should be avoided. As such, those who smoke are considered in need of help and support, and considerable community resources are invested in providing pathways to such help and support which would have been unthinkable in other historical periods. Changing attitudes to smoking provides an example of how behaviour in the current era, and the wish of society to change or modify it in a wide range of domains, has historical and cultural antecedents. With this in mind, the extensive sociological, psychological and historical literature review in this thesis acts as a prism for discussion of the narrative data collected from men who had had a stressful life event for which they had sought help. Those who took part in this narrative study were also invited to discuss how they viewed the impact of these factors on their help seeking behaviour and these views form part of the analysis of the research findings.

The extreme outcome of poor help seeking by those experiencing stressful life events is reflected in tragic statistics of suicide and self harm. In the Australian context men in the 25-44 age range appear to particular vulnerable to suicidal behaviour (Australian Bureau of Statistics, 2008; DeLeo & Evans, 2003). With concern for this apparent vulnerability in mind, the statistics of suicide and self harm will be explored in detail in this thesis. These data are also presented as contextual material for the examination of the narrative

component of the thesis. Participants were invited to comment on their perceptions of the particular vulnerabilities experienced by Australian men in terms of their mental health, and what strategies could be employed to decrease their high suicide rate.

In light of the requirements of the ethics clearance for the research, and in order to gather information about the help seeking behaviour of men who are facing stressful life events the study also sought data from a group of professionals who offer help and support to men. This parallel narrative allowed data to be gathered which could be more specific in its questioning about the help seeking behaviour of Australian men at risk, and the pathways they may travel, both within professional care and outside it, from facing a stressful life event to suicide or self harm. This section of the study also provided a perspective to the narrative of the help seeking men, e.g. were their help seeking behaviours typical of men more generally, were their responsiveness to help and support typical, did their views about the support available to them reflect the actual support available etc. Again, these data act as a prism for developing greater understanding of what Australian men at risk may need in terms of help and support, and how best this help may be provided.

A further change to the conduct of the research occurred at the time of recruitment of participants for the help seeking study. Participants were recruited via an email broadcast to the client and contact register of a community agency in Perth, Western Australia. The broadcast provided information about the study and requested men and professionals who may wish to take part to contact the researcher. At this recruitment stage it became apparent that some of the men who were interested in taking part were those who were outside the intended age range for the study (25-44) but had had a significant help seeking episode during that period in their lives. It was decided to include these men in the study due to their capacity to reflect on their experiences. Additionally, their wish, oft times strongly expressed, was to take part in order that the research findings could be available to help younger men who may not yet have the benefit of that reflection. The experiences of help seeking by men outside the intended 25-44 age group, but who had a help seeking episode during this time were included to add depth and context to the study.

Taking account of the changes to the conduct of the research, the final research design consisted of:

1. A review of the possible sociological, psychological, historical and cultural impacts on the help seeking behaviour of Australian men who are experiencing stressful life events;
2. A narrative study of the help seeking behaviour of Australian men who identified themselves as having a stressful life event during the years 25-44 for which they needed help;
3. A narrative study of views of a group of professionals who support men experiencing stress with particular reference to actual help seeking behaviour of Australian men as experienced from a professional viewpoint.
4. An exploration of the strategies which may be undertaken to more readily engage Australian men about the benefits of early help seeking and how these initiatives might be marketed to men, particularly those in the 25-44 age group

## **RATIONALE FOR THE STUDY**

As suggested above studies in Australia and in the Western world more generally have shown that men do not readily use health and community supports to enhance wellbeing (Addis & Mahalik, 2003, p. 200; MacGeorge, 2003; Mahalik, Good, & Englar-Carlson, 2003; Mansfield, 2003; Sayers et al., 2004). These studies also show that for Australian men this lack of help seeking during stressful life events oftentimes leads to tragedy with extreme risk taking and male suicide presenting as significant public health issues (Australian Bureau of Statistics, 2007, 2008).

In recent times there have been significant attempts by some men and policy makers to critique, and transform, male behaviours in Western society to provide men with better health outcomes (Biddulph, 2002; J. Marsden, 1998; Tomsen & Donaldson, c2003; Townsend, 1994; Verrinder & Denner, 2000). Women are also vocal in their distress at a seeming unwillingness of men to seek help when under physical or emotional distress which causes an unequal sharing of emotional load in family life (Baxter, 2002; Bittman, 1995). Policy makers continue to provide statistical evidence of men's poor health outcomes and this is increasingly being reported in the main stream press as evidence that changes must be made in order to alert men more effectively to the dangers of behaviour,

and emotional reactions, which led to poor physical and mental health. The World Health Organisation suggests that suicide results from many complex socio-cultural factors but it is clear that it is more likely during periods of socioeconomic, family and individual crisis situations (World Health Organisation, 2007). Developing community strategies which assist men to identify these crisis situations sooner and to seek help for them more readily will contribute significantly to preventing behaviour which leads to suicide or self harm, and enhance community well being overall.

Within the field of library and information studies, in which this study was conducted, a study of help seeking behaviour can be considered a subset of *information needs research* in that individuals may, using a variety of styles and techniques, gather information in order to support their help seeking (Dervin, 1976; Marcella & Baxter, 2000; T. D. Wilson & Allen, 1999). When considered as a subset of information needs research, help seeking behaviour sits comfortably within an analysis of information as both *a thing* and *a process* (Buckland, 1988). Using this understanding of information to examine help seeking episodes it can be seen that individuals use both concrete informational tools (information as thing) such as web sites, books, pamphlets, and help lines to inform themselves of available help (and these tools oft times provide help in and of themselves). In conjunction with or independently of these tools, individuals also use more abstract informational tools (information as process) such as engaging with friends and family, counseling, foraging behaviours and the use of time itself for reflection and decision making.

In her historical analysis of information needs research Edith Khangure (1997) quotes extensively from an editorial from *Library and Information Science Research* (Shiflett, 1983) which laments the malaise of information needs research and the “so what” quality of research that is conducted by those undertaking information needs research. The editorial suggests that this malaise and lack of rigour within information needs research occurs “because the problem is not important enough to justify the effort or because the methodology is incapable of any real solution” (Shiflett, 1983, p. 126). Khangure also documents the failure of library and information science/studies professionals to undertake meaningful research in their discipline or to disseminate the findings of their research adequately due to the fact that:

first, the library profession has in some instances been very parochial, determining whose work is cited and whose work is published [and] secondly, the condensed

research articles [which are usually the only type published] fail to give enough methodology detail to be of assistance to others (p.242).

It is a premise of the current study that these problems still exist for information studies researchers, particularly in Australia. The quality of the research, and consequent commentary within scholarly publications and at conferences, has also been impacted upon by the fact that there may also be a bias towards research within certain topics within the profession. A review of LISA, the major indexing and abstracting service of the library and information profession, (Library Association (London), 1969-) shows that from 2000-Jan 2008 there were 2563 and 2581 citations respectively for the descriptors “library technology” and “library management”. In the same period there were only 137 citations for the descriptor “community information services” which is the term used for information delivery outside regular library activities. The term “everyday life information”, which is a more holistic term for non library information use, is not a descriptor in LISA and there are only 25 citations which use this term in a key word search for the period 2000-Jan 2008. With such significant difference in the assignation of keywords and descriptors it must be considered that there is a general predilection by library and information professionals to focus their research and writing on the bricks, mortar and technological boundaries of libraries and the management of both the physical and human resources which is an essential component of these, rather than information provision to the community in a broader sense. This focus would indicate a strong bias in the profession towards the “L” [Library] component of professional practice (i.e. information as thing using Buckland’s (1988) analysis).

Such a continuing emphasis is significant in Australia when considered in terms of professional nomenclature. The Library Association of Australia was established 1949, and in 1989 adopted the new name of the Australian Library and Information Association in recognition of the broadening scope of the profession (Australian Library and Information Association, 2008). It must be noted that this “broadening scope of the profession” is not reflected in publication interests within the scholarly literature where there is a definite emphasis on library management and library technology and where information needs studies have tended to focus on the needs of library users. This emphasis has come at the cost of the examination and critique of the more fluid, elastic, quality of most “I” behaviour within the community [i.e. Information as process using Buckland’s (1998) analysis]. In this

wider forum information needs are articulated in complex ways (or not at all) and a variety of information gathering strategies are used which often have nothing to do with libraries and formal information delivery services. Library and information professionals in Australia are not active in research into this phenomenon. The current research provides a particular Australian focus on the information needs of a subset of the community; men aged 25-44, and other men more generally.

The author's professional experience working within agencies which support members of the community when they are experiencing distress or duress has shown that in Australia there has been little critique, or evaluation, of the relevance of the library and information profession, and the skills imbedded there-in, to support the information needs of the community within the world of the everyday. Internationally this work has been undertaken over many decades by such notable researchers as Brenda Dervin, Edwina Chatman, and Tom Wilson. Continuing this tradition, further research to examine and critique information needs and use in non-library settings is also being conducted in the USA and Canada (K. E. Fisher, Erdelez, & McKechnie, 2005; R. M. Harris & Dewdney, 1994; Information School University of Washington, 2008; McKechnie, Baker, Greenwood, & Julien, 2002; McKechnie & Pettigrew, 2002). Other studies have been conducted in Scandinavia (Palsdottir, 2005; Savolainen, 1995) but in an Australian context there has not been any significant investment in this line of enquiry. The current study will address this neglected area of research within the Australian context.

As indicated earlier in this chapter, and explored extensively in Chapter 6 of this thesis, suicide and self harm by men are a significant public health issues in the Australian community and men are reluctant to engage with information products and services to assist their help seeking in times of stress (Mansfield, 2003; Robertson & Fitzgerald, 1992; Rothman & Salovey, 1997; Sayers et al., 2004). The current research is intended to inform discussion about the development and marketing of information supports to men, and to add to the literature of information seeking research, especially as it relates to information to support behaviour in the world of the everyday.

The most used information sources for most people are peer-kin contacts (friends, family and relatives). People meet, talk, and ask advice from people essentially like themselves (Chatman, 1985, 1996; Dervin, 1976, 1983/2000). With this in mind it would appear



necessary that these peer-kin contacts need to be informed in order to meet these informational needs in effective and timely ways. The development and dissemination of this information into the community in ways that will support the peer-kin of those who need help is an important consideration for those whose skills and training are underpinned by the study of human information behaviour and information needs research. It is the premise of this research that the Australian community would be well served if the library and information profession more readily embraced this important community need.

## **RESEARCH OUTLINE**

The current research undertakes a multi-disciplinary approach to the information needs of Australian men. Multi-disciplinary research which examines human information behaviour from a variety of sociological, psychological and anthropological viewpoints has the capacity to enrich the profession and lead to the development of information products and delivery strategies which better reflect the information needs of the community at large, and of specific groups within it.

It is the ultimate goal of this research to support and reinforce the premise that “information and knowledge have impact only to the extent that they result in action” (Chatman, 2000, p. 9). On observation it is clear that there are a variety of information behaviour processes inherent in the delivery of information to the community at large, and to subsets of the community who have particular needs. Largely these can be broken into two complementary processes:

1. The development of information products and information delivery strategies by the agency which has a need to inform; and
2. The uptake and subsequent use of information products and information delivery strategies and products by the community in order to become informed.

The first of these complementary processes of information delivery and information uptake within the community was the subject of a Masters of Information Management project undertaken by the author at the Curtin University of Technology (Wellstead, 2004). This project examined the role of information as an agent of social change and studied information behaviour and knowledge management within projects which support participative democracy, advocacy and community wellbeing. The research was undertaken as a series of three case studies:

1. Cotacachi Rainforest Information Centre Project, Ecuador (data was gathered by the author during a voluntary placement in 2003);
2. Midland Redevelopment Authority Helena West Remediation Project, Western Australia; and
3. Aboriginal Reconciliation Project, Western Australia.

The current research will examine the second of the complementary processes inherent in information provision to support community and individual wellbeing: the uptake and subsequent use of information products and information delivery strategies and products by the community in order to become informed.

As suggested above, high quality multi-disciplinary research is the critical element for developing a theoretical base which will enhance the practice of information professionals. It will also place information science, particularly human information behaviour, at the forefront of understanding the impact of evolving information delivery mechanisms on human society, both within the information profession and within agencies which seek to inform the public more generally.

Research into information needs, seeking and use has been recognized within the field of information studies since at the least the 1960s (Chatman, 2000). Today, the study of information behaviour is even more than ever before an area where several approaches can meet. It is a topic of strategic importance at a time when expressions such as 'information society' and 'knowledge management' are in daily use and our skills in information seeking and use are constantly challenged at work as well as in many other areas of life.

In affluent Western countries much of this information seeking and use comes in the form of information required to undertake our professional responsibilities and most always involves use of a "Language for Special Purposes" (Hjørland, 2000, p. 24). For those in the West who do not share this affluence, and most in the developing world, information seeking and use (and subsequently the language used to express those needs) is most often undertaken in order to live effectively within the world of the everyday – gathering information about the necessities of life for oneself and one's family, and expressing what has been found to others who share those same needs. For the poor of the West this might

be information about benefits and entitlements, or access to medical care. For those in developing countries it may be information as basic as strategies for gathering and storing food more efficiently and how to improve hygiene for the wellbeing of the family.

Increasingly, self-reliance and self-determination are common threads of life in the developed world and the need to be effective citizens forms another stream of information seeking. Access to “everyday life information” is the key to this meaningful participation in society and this information can be considered as non-work or citizen’s information (Chen & Hernon, 1982; Dervin, 1976; Marcella & Baxter, 2000; Savolainen, 1995). With this increased expectation on self-reliance and self determination there has been a subsequent increase in the information that citizens need in order to gain access to society and to participate effectively in it. Examples of such information needs are: options for self funded retirement; health insurance options; which school to choose for our children; evaluation of aged care packages for our parents; choice and cost benefit in the provision of services by domestic utilities; and, increasingly, care options for ourselves when we are suffering physical or mental ill health. In Australia in earlier eras these products and services have been largely provided by government for all citizens, and choice was the domain of the wealthy with disposal income which could allow purchase preferences, or alternative care. In an increasingly deregulated economy these services have been privatised and corporatised and most citizens need to access these services independent of government. Government is, also, increasingly subcontracting service delivery, and care options, to a plethora of corporate and community providers and choice can be confusing and intimidating for citizens, leading to avoidance in activating choice options.

To develop effective services for diverse communities, information providers need to be aware of how various groups in the community seek and use information, in order to ensure information delivery is effective. It is the effective use of information which will increase knowledge and assist citizens to embrace civic pluralism and enhanced well being. In order to contribute to community harmony and wellbeing, organisations that have a mandate to deliver information to assist self-reliance, self-determination and well being need to become more engaged in the task of developing appropriate information delivery mechanisms which meet the informational needs of diverse groups in society. In order to do this they need to develop skills which will allow for greater understanding of the “social world” of their communities (Chatman, 1991b, 2000; Chatman & Pendleton, 1998) and the

processes for information transfer which operates within them. This is especially so where the information is of a complex nature and citizens are under stress, or duress.

When developing information delivery strategies for diverse communities, which in turn results in civic pluralism, organisations, and the professionals who work in them, need to take account of the various ways that groups in society seek and use information in order to become informed. Taking account of these diverse information seeking strategies and informal processes, ensures that diverse groups can be better informed and have the greater capacity to participate effectively in society, remain engaged and acquire those supports which allow adequate health and wellbeing.

## **THE CONTEXT**

When considering this information seeking for everyday use, what is universal is the need to gather information which is relevant to our situation and provides some capacity for “sense-making” (Dervin, 1983/2000, 1992, 1998) of the world in which we find ourselves. When seeking information it must be provided in language, style and format which will add meaning to our existing social and cultural perspective. Very few people have the capacity to store information which is not needed and “an item can only be, or become, relevant by being added to an individuals stock of knowledge or information and by relating it to an individual concern or value” (P. Wilson, 1973, p. 458). In order for information for everyday living to have impact there is an assumption that links to existing knowledge have to be made in order to be able to store new information (Grunert, 1986, p. 103). It seems we cannot learn things about things of which we know nothing. Using information and in turn increasing knowledge is a transitional process from “distressing ignorance to becoming informed” (Buckland, 1988, p. 115).

Male suicide and risk taking are significant public health issues in the Australian community and many writers and scholars have documented the reluctance of men to seek help from health and community supports to enhance wellbeing when in physical and emotional distress (e.g. Addis & Mahalik, 2003; Alston & Hall, 2005; Bauman, Bellew, Owen, & Vita, 2001; Biddulph, 2002; Birmingham, 1995; Bunton & Crawshaw, 2002; City of Melville, 2005). While it may be intuitive to suggest that this phenomenon is ‘just because they are

blokes'<sup>2</sup>, it is in the interests of community wellbeing that an analysis of the information behaviour of men be undertaken. Such analysis may provide a new line of enquiry and substantive data for the reasons Australian men are reluctant to seek help when they are experiencing physical and emotional distress. It will also provide strategies for the development of information prompts and products which will better engage men and promote help seeking.

There are issues of social justice to be considered in the development and use of information products for use by diverse groups. Within the Australian community the focus of discussion on information needs has been, largely, on more 'big picture' interests of electronic communication systems and digital technologies to enhance information flow, albeit that these technologies only increase flow to certain groups who have access to them and increase corporatisation of information (for recent examples of this commentary see, Elliott, 2009; Hewett & Durie, 2009). Within the southern hemisphere context of the current research where 2/3 of people still do not have telephones and less have access to more sophisticated information seeking tools (Central Intelligence Agency, 2007), a refocus on research into patterns of information flow and uptake in everyday life would seem timely.

In Australia and within the Asian Pacific region more generally, access to information technologies and the benefits they provide, and the subsidy and corporate obligation thereof to ensure adequate service for those outside major urban centres, are major community and political concerns. They share an historical counterpoint for current library and information professionals. It is timely to remember that the justice aspects of information delivery and access have a profound place within the library and information profession (Childers, 1982; Dewey, 1927, 1928; G. Garrison, 1982; Gratton, 1986; C. Henderson, 1988; Kandel, 1937; Kempson, 1986; Learned, [1924]; Lowe, 1990; Reinecke, 1987; Wagner, 1992). The neglect of social justice issues in relation to information delivery and uptake within the Australian library and information profession in recent time has been at a cost to both the profession and the wider society. In Australia, those who work within the myriad of professional roles generated from library and information studies programmes, currently lack a visible role in ensuring social justice with regard to

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<sup>2</sup> a boy or man; "that chap is your host"; "there's a fellow at the door"; "he's a likable cuss"; "he's a good bloke" <http://www.thefreedictionary.com/blokes> accessed September 25, 2008

information access. Equity of access to information should be integral to government policy, especially with regard to such matters as appropriate information delivery for diverse groups in society, effective operation of freedom of information legislation, media regulation, and equitable access to sophisticated communication technologies. While critique of these issues is held within The Australian Library and Information Association (ALIA)<sup>3</sup>, policy papers developed focusing on this critique do not appear to have impact in wider government and community arena, nor is the profession consulted for analysis of these issues or for guidance in policy development. Considering the heritage of the profession, and the role of the public library, through Mechanics Institutes and the like (Kandel, 1937), in providing social justice outcomes for the common man (sic) in earlier times, the loss of this social impact is significant. Library and information studies professionals, and the professional bodies that represent them, must develop effective strategies for carrying policy forward into the government arena in order that the social justice aspects of information policy can be more clearly articulated within those policies. This current research is an attempt to place the informational concerns of those in need of information for the everyday in a new era, albeit where the library may no longer be the centre piece of information transactions, on a surer platform. The multidisciplinary nature of the research will place the informational concerns of average citizens within in a wider context where they will gain much needed significance.

## **AIMS AND SCOPE OF THE STUDY**

This study will examine aspects of help seeking behaviour of Australian men and will test the following propositions:

- a) Australian men under utilise information prompts, products and services which are available to facilitate help seeking and enhance their wellbeing.
- b) This under utilisation is a result of particular patterns of information behaviour which are the result of a range of psycho-social and socio- cultural influences which impact upon the lives of Australian men, and Australian society more broadly.

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<sup>3</sup> For examples of policy papers submitted on behalf of ALIA members see the ALIA website at <http://alia.org.au>

Taking account of prior scholarship into human information behaviour, suicide and self harm, attachment theory and evolutionary biology, social marketing and social network theory, the primary objectives of this study will be to:

1. investigate if aspects of cultural learning impact on the ability of Australian men to mobilise social support, use information resources and seek help;
2. investigate if aspects of cultural learning impact on the ability of Australian men to recognise and respond to emotional distress;
3. examine perceptions of well being and social connectedness as they relate to men in Australia as factors in men responding to emotional distress;
4. examine models of human information behaviour as an explanation for the level of responsiveness by men to information resources and support services which are available to offer help in times of stress; and
5. investigate what might be done to remediate men's lack of information seeking when they are under stress, and how these remediation strategies might be marketed to men.

It should be noted that while some aspects of cultural difference were examined during this research the scope of this project means that no attempt was made to definitively establish whether or not Anglo Australian men seek information and help less than other cultural groups. This exclusion was made because the scope of such a study would need to include material of such depth and complexity that the scale of the current project would be too large, and too costly. For similar reasons in depth analysis of the current models and methods of information delivery targeting men will not be undertaken. Participants in the narrative component of the research were, however, invited to comment on the appeal of particular types of information, and models of information delivery, and ways that Australian men might be encouraged to access them.

It should also be noted that the health statistics, including suicide and self harm, for Aboriginal men in Australia are even more disturbing than those for the general population. These phenomena require specific analysis. As such, the particular issues relating to the health and wellbeing of Aboriginal men are outside the scope of this work and will not be specifically discussed.

## **METHODOLOGY**

As outlined earlier, the major propositions under review in this research are that Australian men under-utilise information prompts, products and services which are available to facilitate help seeking and enhance wellbeing, and that this is a result of particular patterns of information behaviour resulting from a range of psycho-social and social-cultural factors present in Australian society.

In order to test this proposition research was undertaken in a number of sequential stages:

1. Given the multidimensional aspects of help seeking during times of stress the literature relating to human information behaviour, attachment theory and evolutionary biology, social marketing, and the statistics of suicide and self harm, were explored in order to gain a greater understanding of the existing knowledge of the inter-relationship between these areas of scholarship and the help seeking behaviour of Australian men. For clarity, a review of these different areas of scholarship is presented as separate chapters within the work to allow for adequate discussion of the disparate areas of knowledge under review. Data from this exploratory review of the literature is reported in Chapters 2, 3, 4, and 6. This review informed both the development of the survey instruments and context for the analysis of the data which was presented by the help seeking men and the professionals who took part in both sections of the narrative study.
2. An examination of aspects of the data from the Household Income and Labour Dynamics (HILDA) Survey was undertaken to examine perceptions of wellbeing and social connectedness as they relate to gender in Australia. HILDA is the Australian stream of the highly credible international household panel surveys which are considered key instruments for social analysis both in Australia and overseas. HILDA is conducted by the University of Melbourne, Institute of Applied Economic and Social Research under the auspice of Department for Families, Community Services and Indigenous Affairs. HILDA began in 2000 and currently has funding for ten waves (a wave being conducted annually). Data from Wave 4 (2004), reported in 2006, and Wave 5 (2005), reported in 2007 form the basis of this study. A preliminary examination of small sections of data



from other international household panel surveys, particularly from the British Household Panel Survey (BHPS) was undertaken to determine if there are readily observable differences in perception of wellbeing and social connectedness as they relate to gender in the international context. These data are presented in Chapter 5.

3. Using sense-making methods (Dervin, 1983/2000) narrative data was gathered from a cohort of local men to gain a snap shot of aspects of health behaviour, social and emotional connectedness, masculinity scripts (Mahalik et al., 2003), and use of information (both as process and thing)(Buckland, 1988).

When undertaking a research project the style of data collection and the inferences that will be drawn from that data are paramount decisions in the choice of research method. A research project should attempt to explain phenomena and a variety of research methods are available to facilitate data collection and explanation. Largely these methods can be described as quantitative and qualitative. "Quantitative research methods are related closely to mathematics ... qualitative methods require the collection of descriptive data, analysis and positiving of a generalisaton ie. a dialectical process" (Grover & Glazier, 1985). As information behaviour can be considered as those "that result from an individuals performance of a social role" (T. D. Wilson & Streatfield, 1981, p. 173) this project seemed most suited to the use of qualitative research methods.

Within the field of qualitative research methods a large number of options exist for collecting data on human subjects and their information behaviour. These include: surveys, structured observation, case studies, participatory action research, ethnography, various narrative approaches, and grounded research methods (Burgess, 1984; DeVaus, 1991; Horn, 1998; Wildemuth, 1990, 2002; T. D. Wilson & Streatfield, 1981). After examination of these various methods, the highly regarded tool for investigating human information behaviour, "Sense-making", was chosen. "Sense-making" has been developed over the last 30 years by Professor Brenda Dervin, and her research associates from Ohio University in the USA (Dervin, 1976, 1992, 2003; Savolainen, 1995, 2000). This

method calls on many of the other qualitative research methods for process but its ultimate strength for this project was the capacity for the participants to 'tell their stories' in a way which makes sense for them rather than responding to predetermined parameters. In this way the data informs the research questions and these can evolve to illuminate further research. Sense-making has been used in countless studies world wide in a range of domains and the method itself has also been critiqued extensively in the academic literature. The method was chosen to examine the information behaviour of men within Australia society as it relates to their poor use of information products and services during times of physical and emotional distress. This research method was deemed relevant because it seeks to critique human situations by examining gaps and barriers to help across time and space (Dervin, 1983/2000). As Australian men are not using informational and other supports during times of stress (Theodroe & Llody, 2000; A. Thompson, Hunt, & Issakidis, 2004; Verrinder & Denner, 2000), and their suicide rates are five times higher than those of women (Steenkamp & Harrison, 2000) a method of enquiry which allows an examination of the gaps and barriers to seeking help must be considered a research method of value and relevance.

In order to facilitate both appropriate design of the sense-making survey tool and as an access point for recruiting men to take part in the study links were formed with a community service agency in Western Australia. This agency is funded by government and community donation to support community members who are experiencing stressful live events. Staff within this agency took part in "brain-storming" sessions with the researcher to provide insight into the difficulties of recruiting men to take part, and to suitable lines of questioning which would allow for the collection of meaningful data on men's help seeking behaviour, both formally and informally. Staff, both male and female, were also forthcoming in these sessions about the particular difficulties Australian men face when facing stressful life events which may require them to access help and support.

Participants for the study were recruited via an email broadcast from the community agency to those on its client and contact register which alerted

recipients to the intent of the study and asking those who might wish to take part to contact the researcher. Recipients were also asked to forward the email to others who might be interested in the study. To provide depth and context it was intended to recruit men who had had a help seeking episode and a small group of professionals who offer help and support to men when they are experiencing stress or duress.

After initial contact was made with the researcher the respondents to the email broadcast were provided more information about the study and invited to take part. As outlined earlier some of the men who indicated their wish to take part in the study were outside the intended age range for participants (25-44) but had had a significant help seeking episode during those years. These men were included to provide a reflective quality to the study and to give insight into whether their information behaviour and help seeking strategies had changed over time.

The initial component of this section of the study was gathered using a short demographic questionnaire (Appendix 5). A sense-making interview (Appendix 6) was the secondary component of this stage. This sense-making interview was developed after consideration of the data gathered from the information sessions with staff of the community agency who supported the recruitment of participants, together with insight gained from an extensive exploratory psycho-social and socio-cultural literature review which sought to identify historical and cultural antecedents to the help seeking behaviour of Australian men. This secondary component was followed up with a self completion questionnaire which the men completed in their own time and returned to the researcher. This questionnaire was also developed in consideration of the data gathered from the information sessions with staff of the community agency that supported the recruitment of participants, together with insight gained from an extensive exploratory psycho-social and socio-cultural literature review. In light of these information sessions and exploration of the literature it was considered that men may be more willing to share more personal reflections on their help seeking behaviour in a self completion questionnaire.

The results from the narrative study of the help seeking behaviour of men during a stressful life event are reported in Chapter 7.

4. Taking account of the research outlined above which indicates that men in Western society do not readily seek help during stressful life events or use support services established to assist them at such times, a secondary narrative study was undertaken to gather data about strategies for developing more effective information and support services to Australian men which may encourage early help seeking. Data was also gathered which examined how such services might be more readily marketed to men.

As with the first narrative study, participants were recruited via an email broadcast from the community agency to those on its client and contact register which alerted recipients to the intent of the study and asking those who might wish to take part to contact the researcher. Recipients were also asked to forward the email to others who might be interested in the study.

This component of the study also recruited a small group of professionals who provide information, help and support men. The professionals were recruited from both the email broadcast from the community agency, and by word of mouth to those known to be working with men and their families. The inclusion of the professionals was deemed integral to the study of the help seeking behaviour of Australian men due to the particular synergies which exist between these two groups in the Australian context. Considerable investment is made in Australia in providing community based support services and providers of such services identify closely with their client groups. The funding models which provide support to these community service agencies is also strongly linked to client load and perceived outcomes of intervention strategies. The seeming unwillingness of men to engage with their services is of considerable concern to staff in these support services, both in terms of what this means for men who need help, but also for the viability of the services. Staff are concerned that if identifiable groups do not use their services funding will be removed for the provision of such services to them. This is the “chicken and egg” dilemma of funding for service delivery in the Australian context. Service providers and the professionals who work within these agencies have

considerable investment in engaging with research which may provide insight into ways to more readily engage with their male client group.

Data for this component of the narrative study was collected by a semi structured interview. Data from these interviews are reported in Chapter 8.

5. The sequential steps of the research reflecting both the rationale and the findings of the component parts are discussed in the final chapter, Chapter 9. This chapter also contains a number of questions related to information delivery to Australian men which will form the basis of further enquiry.

In accordance with University protocols the development and administration of the survey instrument was conducted within University and National Health and Medical Research Council (NHMRC) guidelines (see Appendices for a copy of the consent form (Appendix 2), information sheet (Appendix 3), and interview questions (Appendices 4 and 5)). Level A ethics approval (No 139/2006) was granted by the Curtin University Human Research Ethics Committee (Appendix 1). Data from HILDA and the International household panel surveys is provided to researchers through a deed of licence as de-identified SPSS files for statistical analysis as the needs of individual researchers determine. Participants in these surveys have been made aware of the use of the data by external researchers and a deed of licence was provided for the current study (Appendix 6). Data was also extracted from the HILDA annual reports which document key findings from the relevant waves.

As outlined throughout this introductory chapter a significant body of research shows men do not routinely seek help when they are experiencing stressful life events (e.g. Addis & Mahalik, 2003; Barnes, Ikeda, & Kresnow, 2001; Birkel & Reppucci, 1983; Burns et al., 2003; Clausen, Pfeffer, & Huffine, 1982; E. H Fischer, Winer, & Abramowitz, 1983; G. E. Good, Dell, & Mintz, 1989; Loney, 1995; Sayers et al., 2004; Steenkamp & Harrison, 2000). Possible reasons for this lack of help seeking by Australian men, and a seeming unwillingness to engage with strategies which are offered for self care, will be explored in Chapters 2, 3, 4, and 5. The following chapter, Chapter 2, will examine help seeking behaviour and self care in terms of the theories of human attachment and evolutionary biology.

# Chapter 2: Attachment and evolutionary biology as factors in help seeking

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## **INTRODUCTION**

The role of attachment bonds in infancy and early childhood in the promotion of successful social and emotional development grew out of the pioneering work of the English psychiatrist, John Bowlby, and then later his postdoctoral researcher, Mary Ainsworth, from the 1950s through to the 1990s (for an comprehensive overview of both the development of attachment theory and evolving applications see, Cassidy & Shaver, 1999). As discussed by Cassidy and Shaver (1999) in the introduction to that volume, one problem created by the enormous and evolving literature on attachment, and its role in human behaviour, is that few scholars are familiar with the entire picture that is emerging of the role of attachment in the development and maintenance of mental health across the life span.

This chapter is provided as introduction to the topic, and as a possible explanation for the patterns of help seeking in Australian men. It is not intended to be definitive or scientific in its content, nor to extrapolate cause and effect. Attachment theory is included here as one of the many possibilities in the conundrum as to why seeking help seems problematic to Australian men and why they respond to stressful life events by committing suicide in such large numbers, particularly when compared to Australian women. In this chapter the literature of the psychological phenomenon of attachment research will be examined in an endeavour to explore relationships between primary attachment bonds and help seeking during stressful life events. This may shed further light on the dominant masculinity scripts in Australian society and how these may account for low levels of voluntary help seeking which place men at particular risk in a wide range of health domains.

## **OVERVIEW OF ATTACHMENT THEORY**

It was Charles Darwin (1871) who first suggested that animals are social beings and enjoy, or even need, the company of others. Sigmund Freud (1912-38/1953-1966) likewise suggested that these similar bonds may exist in humans and wrote particularly of the

primacy of the mother-infant bond in determining psychosocial wellbeing. Evolutionary biology is the subfield of biology which is concerned with the origin and descent of species, as well as their change over time (Biomedicine, 2008). These concepts have been grouped together into a theoretical subset known as attachment theory.

Attachment theory attempts to explain human behaviour in terms of:

1. the evolutionary basis for the formation and maintenance of human bonds;
2. the ontogenic pathways [development through the lifespan from embryo to adult] through which different attachment styles are forged;
3. the proximal factors that control and regulate attachment styles and activation of the attachment system (Simpson, 1999, p. 120).

Since the late 1970s attachment researchers have undertaken both small and large scale studies to determine the long term psychological outcomes of different attachment styles.

An attachment style is formed largely through communication and negotiation of need satisfaction between young children and their primary caregivers and these patterns of communication persist into adulthood. It should be noted however that “[childhood] attachment does not comprise the whole of the [success] of adult relationships... adult relationships [and emotional wellbeing] typically have multiple determinants and ... arise from and serve the needs of more than one motivational system” (George & West, 1999, p. 286). Help seeking is a dyadic relationship between the individual needing help and the person (or agency) that may be able to provide it. Feelings of trust, safety, and mutual concern and obligation are integral to the help seeking process and therefore some attachment-like relationship needs to be established. It would seem likely that the style of this attachment-like relationship and the expectation of care from it would be formed in childhood and would mirror the style and timbre of those early bonds.

Building on the aforementioned work of Bowlby and Ainsworth, attachment scholars (such as the contributors to Cassidy and Shaver’s 1999 volume) have, over time, developed an understanding that, largely, attachment to the primary caregiver, usually the mother, can be described as anxious, avoidant or secure. When caregivers are warm, sensitive, skillful and responsive to children’s needs for safety and help with emotional regulation, the children tend to develop a “secure” attachment style, whereas if caregivers are unskillful, inconsistent, cold, punishing, or rejecting, the children tend to develop an “insecure”

attachment, characterized by anxiety, avoidance, or both (for a succinct overview of these terms and concepts see Weinfield, Sroufe, Egeland, & Carlson, 1999, p. 69)

Patterns of attachment to significant others are the psychological building blocks on which the capacity for individuals to empathise is developed. Men who harm themselves and others may be missing this key building block and it may be this that prevents them from identifying, and seeking interventions, which can change, or moderate their harming behaviours (Mahalik et al., 2003). An exploration of the links between patterns of attachment and harming behaviours may provide some background to the patterns of help seeking which are apparent in many Australian men.

There are a number of extant studies which indicate a link between mental ill health, suicide and disturbed attachment (for an overview of the possible links between attachment, psychopathology and suicide see, Adam, 1994; Sroufe, Carlson, Levy, & Egeland, 1999). As the World Health Organisation has suggested that poor mental health is oftentimes a precursor to suicide (World Health Organisation, 2007) these links are worthy of examination in a study into the help seeking behaviour of men experiencing stressful life events.

## **INFANT ATTACHMENT**

The care of infants is a primary goal of human society and

[d]eveloping an attachment relationship with a caregiver in infancy is a normative phenomenon. Almost every infant will develop an affective tie with a caregiver, and will endeavor to use that caregiver as a source of comfort and reassurance in the face of challenges or threats from the environment (Weinfield et al., 1999, p. 68).

The normative nature of attachment has its basis in what Bowlby called “the environment of evolutionary adaptiveness (EEA)” (Bowlby (1969/1982) as quoted in Simpson, 1999, p. 117). That is, the time when humans were evolving and genetic selection favored attachment behaviours because they increased the likelihood of child-mother proximity, which in turn increased the likelihood of protection and survival advantage. The purpose of the survival of the infant was not only the survival of the individual, but rather that survival in order that adulthood and procreation could be achieved to transmit genetic material to the next generation. “Genetic replication is the goal of all life” (Belsky, 1991, p. 141) and likewise all behaviours which support life, including the attachment and the care of infants



(for an overview of Bowlby's evolutionary perspective on the role of attachment bonds see Cassidy, 1999).

One of Bowlby's primary goals in formulating attachment theory was to develop a new model of developmental psychiatry that emphasized the role of real-life events as contributors to some aspects of personality development and mental health. In commenting on how affectional bonds to primary caregivers (usually the mother) influence later functioning, Bowlby (Bowlby, 1988, p. 162) observed that the "key hypothesis is that variations in the way these bonds develop and become organized during infancy and childhood of different individuals are major determinants of whether a person grows up mentally healthy or not" (as quoted by George & West, 1999, p. 285). The impacts of individual differences in infant attachment have been examined in a wide range of contexts in countless studies. Research has linked problems with attachment in contexts as diverse as childhood friendships, adult friendships, frustration tolerance, behavioural problems, psychopathology, romantic relationships, work relationships, and relationships with medical professionals (e.g. Ciechanowski, Katon, Russon, & Dwight-Johnson, 2002; Fonagy, 2000; Hazan & Shaver, 1987; S. Henderson, 1977; Kahn & Antonucci, 1980; Maunder et al., 2006; Mikulincer & Florian, 1998; Mueller & Cooper, 1986).

While there is agreement on many aspects of the role of attachment and human behaviour there is much ambiguity in many of the findings of these studies as to the role of gender on attachment security, and this has an impact on any discussion on the role of gender on aspects on mental health and wellbeing. Some studies show no significant sex differences in attachment patterns especially in children (Belsky, 1994; Hazan & Shaver, 1987) but a more recent study (Schoppe-Sullivan et al., 2006) suggests that child gender is relevant for parent-infant attachment, especially father-infant attachment relationships.

Studies have also shown securely attached boys are better liked by teachers and peers than are boys who are insecurely attached, although there were no differences for girls, and that insecurely attached boys exhibit greater aggressive, controlling and attention-seeking behaviours than their peers who are securely attached (Cohn, 1990; Turner, 1991). Other studies (Duncan, Brooks-Gunn, & Klebanov, 1994; Zaslow & Haynes, 1986) show that insecure attachment in boys leads to psycho-pathological risk especially when other factors such as poverty or domestic turbulence are present.

Regardless of the conflicting findings of many of the studies on infant attachment, what is clear is that patterns of attachment to significant others are the psychological building blocks on which the capacity for individuals to empathise is developed and such empathy is fundamental to the need to give and receive help.

## **ATTACHMENT – NOT JUST FOR INFANTS**

While the focus of many attachment studies has been the impact of poor attachment during infancy there is a growing interest in the impact of infant attachment bonds across the entire lifespan. There is also growing interest in the capacity of deficiencies of these early bonds to be repaired and enhanced by the formation of healthy and secure attachments in later life. This interest in attachment patterns across the life span, and the capacity for problematic infant bonds to be changed for enhanced social and emotional well being in later life, is having impact on research in a wide range of academic disciplines. As an example of this academic interest, in 2007 the *International Attachment Conference* in Braga Portugal had the title “Changing troubled attachment relations: views from research and clinical work”.

Leading attachment specialist Ross Thompson (1999) provides a considered synopsis on how the seminal work of Bowlby and Ainsworth (Bowlby, 1969, 1977a, 1977b; Bowlby & Ainsworth, 1992) on early attachment and affectional bonds needs to be studied at a variety of stages in childhood. This wider study provides a broader picture of the likely impact of the role of attachment in the various stages of child development, not just infancy. By shifting the focus from early infancy to other stages of childhood development it is possible to differentiate impacts in later life stages. Furthermore, building on Bowlby’s work, Thompson argues that “central to the predictive formulations is Bowlby’s concept of an ‘internal working model’ of self and relationships” (p. 267). Thompson also notes how experiences over time can either reinforce these patterns of internal working models of early attachment or assist to create new models. These later experiences operate to change or ‘re-mould’ ways the models impact on self and relationships, which can lead to changes in well being and psychosocial health.

Thompson’s (1999) analysis provides a valuable framework for a discussion of the possible impacts of attachment and evolutionary adaptiveness on help seeking behaviours of Australian men. It may provide a framework for understanding more about the seeming reluctance of men in need to identify available helps and mobilise them. Observing

attachment styles for girls and boys during infancy may be a useful starting point for understanding help seeking behaviours but Thompson's work would suggest that greater analysis of the different parenting styles adopted for boys and girls in Australian society as they mature may provide deeper insights and valuable longitudinal data.

Thompson (1999) points out:

Bowlby proposed that early experiences of sensitive or insensitive care contribute to broader representations concerning a caregiver's accessibility and responsiveness, as well as to beliefs about *one's deservingness of such care* (emphasis added) ... Bowlby believed that individuals with secure working models of relationships seek and begin to expect supportive, satisfying encounters with old and new [attachment] partners, and the decision rules for relating to others that are implicit in their relational models cause them to behave in a positive open manner which *elicits such supports* (emphasis added). By contrast, individuals with insecure attachment working models may, because of their relationship expectations, anticipate less support and *may actually deter the kind of supportive care from which they would benefit* (emphasis added) ... Working models are based on a network of developing representations that emerge successively but interactionally with age. At least four interrelated representational systems are encompassed with the conscious and unconscious features of the working models:

- 1) fundamental social expectations of the attributes of caregivers and other partners, created within the first year and subsequently elaborated;
- 2) event representations, by which general and specific memories of attachment-related experiences are conceived and retained in long term memory, beginning during the third year;
- 3) autobiographical memories, by which specific events are conceptually connected because of their relation to a continuing personal narrative and developing self understanding, beginning in the fourth year; and
- 4) understanding of other people and their psychological characteristics (such as their thoughts, motives, and intentions), by which the behaviour of attachment partners and the nature of relationships is understood beginning in the third or fourth years (p. 267).

Thompson (1999) goes on to suggest that:

understanding the development processes entailed in the growth, elaboration, and consolidation of multifaceted working models is important for grasping their role in the continuity between early attachment and later psychosocial behaviour [and] attachment in infancy shapes emergent personality processes that, as they mature and become consolidated in succeeding years, exert a continuing influence on psychosocial functioning. A secure or insecure attachment in infancy can shape many aspects of developing personality, including sociability, emotional predispositions, curiosity, self esteem, independence, co-operation and trust (p. 269).

The qualities of co-operation and trust are integral to the help seeking experience. Researchers investigating help seeking behaviour have suggested for several decades that dimensions of personality may impact on these qualities of co-operation and trust (E. H. Fischer & Turner, 1970; J. D. Fisher, Nadler, & Whitcher-Alagna, 1983; Greenberg & Westcott, 1983). It has also been suggested that sociocultural and social-psychological factors (Greenley & Mechanic, 1976; Mechanic, 1975) may impact on many of the other personality traits outlined by Thompson above. If these personality factors are integral to the help seeking experience, and have an impact on it, then the particular sociocultural and social-psychological attributes which define Australian masculinity are worthy of examination in terms of the help seeking experiences of Australian men.

There exists within Australian popular culture a veneration of the characteristics of an anti-authoritarian morality, where physical endurance and personal resourcefulness are revered as qualities of *real men*. There also exists within many Australian men a willingness to engage in potentially harming behaviours, to self and others and these qualities are admired by the community at large. As an example of the esteem of this behaviour it is worth noting the life of the Australian aviator Sir Charles Kingsford Smith (. Kingsford Smith was the first pilot to fly across the Pacific Ocean (in 1928), the first to fly nonstop across the Tasman Sea to New Zealand, the first to circumnavigate Australia by air, and the first to fly the Atlantic Ocean east-west - against the wind. He also set a record for the UK-Australia solo flight, slashing more than five days off the previous record. Yet in a comprehensive biography (Fitzsimons, 2009) of the aviator, notwithstanding obvious admiration of his

exploits, the author does concede “he was Australia writ large, with all the talents and qualities and some of its faults and failings ... he lived it hard, he lived it wild and it’s actually amazing that he lived as long as he did” (as quoted by Levell, 2009, p. 44). Kingsford Smith died aged 38 during a flight over Borneo. He was advised by many for several months not to make this flight ill-fated (including by his wife) as he was experiencing a period of extremely poor physical health. Kingsford Smith’s body has never been found and this has only added to the mystic of his endeavours and lifestyle.

The life of Kingsford Smith, and many other notables in Australian society, provides a historical example of the esteem of risk taking and wild and dangerous living which co-exists with the reluctance of Australian men to identify, and seek help and interventions, which can change, or moderate their harming behaviours in the modern era (Seymour, 2001; Tomsen & Donaldson, c2003; Townsend, 1994). The impact of a permeating and particular Australian, or Anglo, masculinity, its role on informing men’s behaviour, and of its impact on Australian society more generally are considerable (Biddulph, 2002; Donaldson, 1993; J. Marsden, 1998; Townsend, 1994). The possible impacts of these socio-cultural and psycho-social attributes and their impact on help seeking by Australian men will be discussed in the next section of this chapter.

## **ATTACHMENT AND HELP SEEKING**

In light of the scholarship presented above, attachment style could perhaps impact on help seeking behaviour in two ways. As discussed, attachment style is based on learned expectations regarding one’s needs from relationship partners. Because of their previous experiences, adults with an insecure attachment style may have relatively pessimistic or troubling expectations about a communication partners’ responses to expressed needs. Other emotions, expectations, and goals associated with attachment style are likely to affect the expected consequences of need expression. There are many studies of attachment which discuss poor attachment as a factor in communication style (for an introductory overview of the relationship between attachment style and communication patterns see, Bretherton, 1987, 1990; Feeney, 1998, 1999). Communication style, both verbal and non verbal, is a major component of need expression and in this way patterns of attachment may also impact on the ways that individuals articulate need and seek help.

Men report that relationship partners are significant in the provision of support and care (Tower & Krasner, 2006, see also Chapter 7 and Chapter 8 of this study). Taking account of

the way relationship partners provide support to men in their quest for help, and examining the way men express need to life partners in order to gain support from other sources, is a significant quest of this current study. In this study the role of relationship partners as communication partners will be broadened to examine the role of non-intimate yet emotionally close others with whom a man may seek out to express emotional need.

Verbal and non-verbal communication styles and the way attachment may impact on them are themes explored by Deborah Davis and her colleagues in her study of insecure attachment and sexual communication (Davis et al., 2006). This study suggests that anxious attachment leads infants to develop a “hyperactivity” style of relating involving hyper-sensitivity to threats and hyper-vigilance regarding the availability and sensitivity of relationship partners. Parents of avoidant children actively discourage negative emotional expressions and withdraw from their children in response to expressions of negative (but not positive) emotion. As a result avoidant children are less likely to communicate when upset, learning instead to seek support without displays of distress or to become compulsively self reliant. Over time the child learns to de-activate the attachment system and habitually down-regulates the need for closeness, comfort, and support from others. This study concludes that both anxious and avoidant children learn that expressions of need are likely to be ineffectively handled or actively punished. Compared to securely attached children they may become reluctant to express needs clearly and directly. Davis and her colleagues cite studies which show a correlation between attachment and self disclosure. Others show that insecure people are less likely to seek support and care in times of need, exhibit negative cost-benefit expectations regarding seeking support, and are more likely to let conflicts and problems persist rather than attempt to negotiate good outcomes. This study of communication patterns between couples also shows that both attachment anxiety and avoidance are associated with lower communication competence and assertiveness which leads to less satisfactory attainment of social support.

Asking for help requires individuals to admit vulnerability and dependence, and to exercise empathy in their dealings with others. Help seeking also requires one to forgo independence and to adopt behaviours of co-operation and trust. As discussed earlier, these qualities are the antithesis of the values and norms Australian boys learn on their road to manhood, which are those of rugged individualism and emotional strength with little encouragement to ask for help or admit vulnerability. The transmission of these values for Australia men is firmly rooted in the parenting behaviours and attachment styles of the

dominant Anglo culture – a society where, largely, roles are divided on gender lines: men as primary breadwinners in occupations conducted away from the home, and mothers (or other women) are primary caregivers of children. Women are also the major caregivers within the community at large, undertaking most domestic work and care of extended family and community members (Bittman, 1995; Melbourne Institute of Applied Economic and Social Research, 2007a).

These specific gender roles within families are the result of the increasing urbanization of Western society since the Industrial Revolution, with the concentration of paid work in centres away from the home without the capacity for these centres of work to accommodate the needs of children. The clear divisions between paid work and family life which have been prevalent until very recent time have led to gender socialisation which exacerbates differences that may exist between men and women due to their biology. Children see men and women performing different tasks in society so they presume that these roles are in fact 'the roles' (e.g. Agostino, 2003; Biddulph, 1997; Courtenay, 2000; Donaldson, 1993).

Women in Australian society may have the primary care of children and, due to father's absence, boys spend more time with their mothers than with their fathers. There is, however, an apparent antipathy to the role of women in the care of boys, and an inherent fear that this socialisation will harm boys' masculinity. Mothers are encouraged to mother but when it comes to boys these roles are seen, subliminally, as inherently harmful, and boys are pushed away into the world of absent men (Biddulph, 2002; Osherson, 2001). The subtext of this reaction to the care of boys is that boys over exposed to the ways of women will grow up to be a mummy's boy: sissies, girls, or worse, gay and never able to handle themselves in the world of men. In the Australian context, that world is competitive, physical, tough and violent and not a place for a mummy's boy (Hamilton, 2006).

Recent scholarship in relational psychology (e.g. Addis & Mahalik, 2003; Mahalik et al., 2003) has suggested that this style of parenting may require boys to experience weakening bonds with their primary attachment figure (usually the mother) too early in their development and this can create problems with attachment relationships later in life. This research also demonstrates a connection between traditional masculine gender roles and styles of parental attachment and separation. As males are more rigid in enacting masculine ideologies and more stressed at failing to live up to masculine ideals, they may be

uncomfortable with “attaching” to others (DeFranc & Mahalik, 2002; Eisler, 1995; G. Good & Mintz, 1990; G. Good, Robertson, Fitzgerald, & Stevens, 1996; Mahalik et al., 2003; O'Neil, 1981; Pleck, 1995). They may also be less willing to recognise the need for assistance from others when injured or ill. The enactment of these behaviours by Australian men is firmly rooted in the parenting behaviours and attachment styles of the dominant Anglo culture outlined above.

As research explored earlier suggests, poor infant and early childhood attachment creates within men a greater propensity to adherence to traditional gender roles later in life and places them at risk from compulsive self sufficiency. Notwithstanding the changing norms of gender roles since the advent of second wave feminism in the 1970s, with its emphasis on open communication and merging of gender roles, such traditional gender role expression and compulsive self sufficiency which continues in many areas of Australian society may leave Australian men vulnerable to stress.

## **EVOLUTIONARY ADAPTIVENESS AND HELP SEEKING**

As outlined earlier in this chapter Bowlby was first and foremost an evolutionist – he saw the care of infants and the need for attachment to sustain life as fundamental to the continuation of the human species. With the rise of feminism since the 1970s, evolutionary biology has not been a particularly favourable way of describing human behaviour. During the last 30 years, scholarship into the study of human behaviour has largely focused on the role of socialization, rather than biology, as the determinant of gender roles in Western society (e.g. Donaldson, 1993; Eagly, 1987). In recent times, however, there has been a revival of interest in the role of evolutionary biology as the key to understanding different behaviours across gender lines – the term “brain sex” has become a popular buzzword in the main stream media and popular press (for example, J. Harris, 1992; Midgley, 2006; Ripley, 2005). The popular and highly regarded BBC Science Unit has gone so far as develop an online quiz where it is possible “to get a brain sex profile and find out if you think like a man or a woman” (BBC, 2007).

In recent times the scientific community has also begun to re-evaluate gender behaviour in terms of neurological differences in men and women that occur as a result of hormonal influences both before birth and at puberty (Buss, 1995; Spratt, 1999).



Archeological scholars and social history researchers extrapolating their data (Eibl-Eibesfeldt, 1989; Konner, 1982; R. Wright, 1994) have been able to determine that for most of human history people have been hunter gathers moving within specific geographic, or tribal, lands to source food and supplies for the maintenance of life. In his work examining attachment theory from an evolutionary perspective Simpson (1999), drawing from the work of Eibel-Eibesfeldt, Wright, and Kronner as above suggests that:

from archeological data and from direct observations of those indigenous peoples who have maintained traditional tribal life, including Australian Aborigines, it has been possible, albeit in a limited way, to determine how early peoples may have lived in terms of their attachment relations. These archeological finds and direct observations have given rise to knowledge that most men and women formed long term pair bonds. On average, children were born every 4 years and were raised with considerable help from the extended family, and perhaps the entire group; few children were raised solely by their biological parents. Younger children probably spent considerable time being socialised by older children. Both men and women were involved in securing food, with men doing more of the hunting and women doing more of the gathering and that the human mind probably evolved to deal with the problems in social environments containing most of these features (p. 120-122).

Attachment theorists have commented little about the social environments in which our ancestors may have evolved although it has been suggested that participation in the daily functioning of small cooperative groups may have been a principal survival strategy of early humans (Brewer & Caporeal, 1990). This lack of knowledge is unfortunate, because modern societies – especially affluent and socially stratified Western cultures – differ in numerous ways from the environments in which the attachment system probably evolved. Today, instead of living in small interdependent groups of kin, many people live in relative social and emotional isolation amid dozens (and probably hundreds) of strangers. Many people live far from their biological relatives, whom they see infrequently. Few people live their entire lives in the same town, let alone in the same neighbourhood. Most people are raised primarily by their biological parents, with help from babysitters, friends, or day care workers – most of whom are not biological relatives. And as discussed earlier in this chapter, until recently the division of labour outside the home was drastically skewed on gender lines. Thus, in many respects, humans no longer live in the social environments for

which they are evolutionally adapted. These disparities between ancestral and modern environments may have implications for both the ease with which the attachment system is activated and the base rates of different attachment styles (Simpson, 1999 note 2 p. 135). Given the high rates of suicide in men compared to women, which the World Health Organisation suggests may be caused by both personal and social stressors, it could be proposed that due to reproductive biology, women's lives have been less altered than those of men during the evolutionary process and men are experiencing greater evolutionary stress which impacts on their wellbeing in the modern era.

Studies of differences in brain structure between men and women may also provide some clues to, not only men's wellbeing in the modern era, but also to their reluctance to seek help in the way it is currently provided to them. Current forms of assistance may, simply, not engage men.

Some scientific evidence exists that the connections between the emotional centres and active centres of the brain are stronger in women than in men. This gender difference stems from brain differences women have developed over four million years of holding the baby right in front of her, talking to the children in order to educate them, talking to their friends in order to coordinate their gathering expeditions, talking along the trail in order to scare away the sleeping lioness. Women derive intimacy from chat, men derive intimacy from doing (J. Harris, 1992 interview with Dr Helen Fisher, Anthropologist, American Museum of Natural History [video])

Since many of the helping strategies offered within the wider community focus on one-on-one talking in close confines, men may not be biologically evolved to engage with these talking therapies. They may be resistant to them, not so much because they are being resistant to change but rather because they do not have the requirements of evolution for them to be successful.

Other reasons for men's reluctance to seek help may come from two other evolutionary adaptations: cost-benefit analysis (Cronin, 1991) and reciprocal altruism (Trivers, 1971) and these may have particular relevance for an examination of attachment, evolutionary biology and help seeking as they relate to Australian men.

Using features of cost-benefit analysis (Cronin, 1991) it may be possible to extrapolate this research to suggest that Australian men have evolved the survival benefits of physical

resilience and un-emotive temperament to cope with the demands of the physical landscape and emotionally isolated environment. By making this assumption it could be suggested that this survival benefit has come at the cost of diminishing necessary emotive expression and self care in times of stress.

The evolutionary imperative within a species is to protect and support kin over all others to ensure reproduction beyond the immediate generation. The theory of reciprocal altruism suggests that under certain circumstances the care of non-kin is also paramount. Keeping one's own genes from harm is the innate goal of all species in order to ensure reproduction but reciprocal altruism allows for a *quid pro quo* strategy for helping others who are not genetically related (for a detailed analysis of the support of non kin for survival of genetic material see, Belsky, 1991).

The concepts of reciprocal altruism put forward by Trivers (1971) have been discussed by other researchers in terms of help seeking behaviour. The giving and receiving of aid is complex and there can be "a negative component to the receipt of aid... one such source of discomfort following the receipt of aid is the feeling of indebtedness" (Greenberg & Westcott, 1983, p. 85). Greenberg and Westcott suggest that there are three main sources of variability in feelings of indebtedness and consequent help seeking behaviours. These three sources of variability are: "group differences; individual differences; and the nature of the prior relationship between the donor and the recipient" (p. 86). The sources of negative affect are largely: "attribution of manipulative intent; restricts on recipient's freedom; and costs of repayment" (p.86). These negative constraints on the giving and receiving of help – reciprocal altruism – have particular impact, in evolutionary terms, on non-kin social systems where cost/benefits of care may be less clearly defined.

In the Australian colonial context, and in a society with large geographical mobility where men were isolated from kin, and were they were required to deal with "unfamiliar botanical species, landforms, fauna, climate, and harsh dry inland spaces" (Seymour, 2001, p. 67) survival depended on the support of non kin. The development and idealisation of *mateship* (Attman, 1987) within Australian culture may in fact be an evolutionary and social adaptation necessary for survival of the genetic material of the individuals engaged in taming the harsh landscape.

Another feature of Australian society has been, until recently, a strong division of labour on gender lines. Trivers (1971) expanded his notion of reciprocal altruism to show that under

some circumstances individuals will choose not to take part in their own survival but to ensure survival of kin (in genetic terms). In species where one sex typically invests more time, effort, resources and energy in producing and raising offspring (usually women in the case of human beings) the other sex (usually males) should compete among themselves to mate with the higher-investing sex (to ensure the effective transmission of their genes). “[as such] the intense intra-sexual competition that results should have produced some of the modal physical, behavioural, and emotional differences between men and women” (Simpson, 1999, p. 118). This intense intra-sexual competition in a society where potential mates were scarce may have led Australian men to adopt behaviours which ensured they were more likely to succeed. The stereotypical Australian male is fiercely competitive, un-disclosing and reticent about discussing personal vulnerabilities with other men (Donaldson, 1993; Tomsen & Donaldson, c2003). This may be an adaptation to the reproductive environment in which men found themselves during the colonial and post colonial periods which has been carried forward into the modern era through transmission of values via family life. Talking to other men (potential reproductive competitors) about vulnerabilities and problems, especially around matters of relationships could lead them to give the upper hand in the reproductive stakes to another man. When considered in evolutionary terms this lack of self disclosure seems wise.

Questions of ontology focus on how behaviour (or sets of behaviours) develops and change across the life span. Some ontogenic questions address how and why early environmental experiences shunt individuals toward different developmental trajectories, resulting in different behavioural strategies. For example, if an infant’s needs for protection and security are not met by the primary caregiver, how does the infant adjust his or her emotional and behavioural reactions to make the best of a non-optimal situation, thereby achieving some level of protection and felt security? Other ontogenic questions focus on how and why specific developmental experiences produce different thresholds of activation for certain behaviours (for a detailed analysis of the ontogeny of attachment see, Marvin & Britner, 1999). This reading leads to speculation about what kind of early social experiences lead certain people to have attachment systems that are easily triggered and chronically activated such as in the case of men who engage in self harm, have affairs, harm others by engaging in risk taking (such as heavy drinking) when under stress, or suicide so readily when their partner abandons them.

Furthermore:

proximate causation address how and why factors in an individual's immediate environment activate, maintain, and regulate a given behaviour ... what kind of events tend to trigger the attachment system in children and adults? Once a person's attachment style is formed, what sorts of personal experiences lead him or her to change it? (Simpson, 1999, p. 120).

In terms of ameliorating some types of high risk behaviour in Australian men this change may occur by becoming more emotive, self caring and empathetic. In what circumstances these changes may occur for individual men, and for the masculinity scripts perpetrated through the culture over all, are open to question.

## **PHASES OF ATTACHMENT**

Attachment theory has two main components:

1. a normative component [which is] those things which are species-typical patterns and stages of attachment bonds in humans; and
2. an individual-difference component which accounts for deviations from the modal patterns and stages (Simpson, 1999, p. 122).

Bowlby (as discussed by Simpson, 1999, p. 124) maintains that attachment propensities develop through four phases in humans

1. In the first phase, which takes place between birth and 3-4 months, infants respond to a wide variety of social stimuli and people, not showing a particularly strong preference for a single attachment figure;
2. In the second phase, which extends from 2-3 months to about 7 months, infants show greater responsiveness. They begin to distinguish caregivers and family members from strangers, they show clear preferences for some people, and their attachment behaviours are elicited and quelled by specific attachment figures.
3. In the third phase, which lasts from 7 months to approximately 3 years, children begin to play a more active role in seeking proximity and initiating social contact. They develop "internal working models" (i.e. psychological mechanisms formed from experiences with attachment figures) of self and significant others. During this phase, all three primary functions of attachment can be seen in a child's behaviour – proximity maintenance (staying near to, and resisting separation from the

attachment figure), safe haven (turning to the attachment figure for comfort and support), and secure base (using the attachment figure as a base from which to engage in non attachment behaviours such as play and exploration). If children in this phase encounter prolonged separations from their attachment figures, they will experience the three stages of response to separation: protest, despair and detachment.

4. The fourth phase, which begins at about age 3, marks the beginning of behaviours signifying “goal-corrected partnership”. That is, with the advent of language, children start to see the world from the perspective of their interaction partners. This allows children to incorporate the goals, plans and desires of their interaction partners into their decision making, resulting in the negotiation of joint plans and activities.

As discussed previously in this chapter, characteristics of many Australian men include unhealthy patterns of independence, unwillingness to seek comfort and support and lack of empathy. When considering the four phases of attachment as outlined above, analysis suggests that such unhealthy patterns of behaviour could be learnt during the third and fourth phases of normative attachment due to the parenting of boys within the culture.

When reviewing attachment over a longer time span as suggested by Simpson (1999) it becomes possible to consider more complex patterns of parenting to observe situations where boys and girls are parented similarly and where they are parented differently. Contemporary Australian writers (Biddulph, 1997; Hamilton, 2006; Manne, 2005) suggest that while infants in Australia are parented similarly, by 18 months boys are then encouraged to develop a propensity for independence due to fear that they will be weak and unable to cope in a man’s world. This writing suggests that while there is a need to recognise that attachment during infancy is important, the work of secure attachment needs be considered over a much longer period than is allowed for boys in Australian society. Researchers in the USA from the National Institute of Child Health and Development (Belsky, 2007) and the Harvard Medical School (Pollack, 1998) are raising similar concerns. The need to develop attachment over a longer time span than was previously thought necessary, and how this impacts differently on boys and girls, has also been the interest of recent research in the UK (Bunting, 2004).

As discussed above, early independence may lead to emotional detachment and despair. This quest for early independence for Australian boys needs to be considered as a factor in the statistically obvious vulnerability to extreme risk taking, and suicide and self harm later in life. The attachment system is one of several biologically based behavioural systems that develop in early childhood. The two most important biologically based behavioural systems relevant to attachment are: fear and exploration (see Simpson, 1999, p. 125). The concepts of fear and exploration and how these elements of the human attachment system impact on wellbeing across the life span is also the focus of work by Professor Robert Marvin and his colleagues at University of Virginia, USA. Research by this group has led to the development of the intervention tool *Circle of Security* (for discussion on these two phases of healthy attachment see *Circle of Security*, 2008). The fear and exploration behavioural systems have particular implications for raising children in Australia, especially boys, and researchers are using the programme *Circle of Security* to exploring and critiquing these concepts in more depth (Zanetti, 2007). As discussed earlier, characteristics of masculinity held in esteem in the Australian context are fearlessness and an unwillingness to reign in reckless behaviour (for discussion about some of these issues see for example, Hamilton, 2006, pp. 60-73). The impact of the esteem of fearlessness and reckless behaviour on Australian men, and Australian society overall, has been discussed in many contexts from the academic literature to the popular press (e.g. Connell, 1995; Donaldson, 1993; Rowe & McKay, 2003; Rutherford, 2005)

Recent mass media marketing campaigns have targeted such behaviours especially in regard to the severe problems of road trauma and alcohol induced violence (NSW Road Transport Authority, 2007; Transport Accident Commission, n.d.). One of these campaigns uses the slogan “if you drink and drive you are a bloody idiot”. The designers of this campaign could not have envisaged how this slogan would become adapted to reflect the values of Australian men in a more dangerous way. While the slogan reads “if you drink and drive you are a bloody idiot” the popular addendum has become “if you drink and drive you are a bloody idiot. If you drink and drive and get home ---you are a bloody hero”.<sup>4</sup> Such messages are evident in an extant receipt held by the author which originated from an hotel in rural Western Australian which documents a purchase of low alcohol beer as

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<sup>4</sup> As an example of recent commentary see weblog <http://ratinacage.com> webpost for frogpondrock March 24, 2008.

“poofter<sup>5</sup> drink”. One can only speculate on the origins of this type of behavioural system including the one that it may be linked to patterns of attachment in childhood which leads to such an inadequate sense of self care, and the condemnation of others who exercise such self care.

The primary biological function of the fear system is to motivate children to stay clear, or extricate themselves from, potentially dangerous situations. In general, the presence of the attachment figure should dampen activation of the fear system (Kobak, 1999, pp. 35-36).

Similarly:

the exploratory behavioural system ostensibly evolved to ensure that young children learn about their environment and develop skills important enough for later stages of development. Most children use their attachment figures as a comforting base from which to explore the environment, typically striking a balance between attachment and exploration. When the attachment system is quiescent, play and exploration quickly abate (Belsky, 1991, p. 125).

Given the overzealous way that Australian men engage in play and take risks (Goodey, 1997; Rowe & McKay, 2003) it may be hypothesised that there is a breakdown in the fear and exploration balance during childhood. It may be that propensity within the culture for the third and fourth phases of attachment (as outlined above) to be hurried in boys, due to fears of the harm of the close proximity to women, that leads to a disturbance in the fear/exploration balance. Australian men may not have appropriate cues to keep themselves safe or to seek the proximity of helpful support from potential caregivers who can assist them to stay safe and free from harm – either from self or others. Hurrying the third and fourth phases of attachment and the use of non-maternal care is now common in Australian society. There is wide scale acceptance of the use of strangers to care for most children over two, and oftentimes at an earlier age in order for mother’s to return to the workforce to support both family wealth creation and that of the nation. Scholars are able

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<sup>5</sup> The dictionary of Australian English defines a poofter as a male homosexual see [www.macquariedictionary.com.au](http://www.macquariedictionary.com.au)



to demonstrate that this non-maternal care may lead to heightened risk taking and aggression. (Belsky, 1986, 2007; Belsky & Rovine, 1988).

If a disturbance of the fear/exploration balance is what leads Australian men to engage in dangerous risk taking may recent changes in parenting practice, and a lack of understanding of the processes of attachment in the second and third years, also account for the rapid rise in harming behaviours in young women ("Modern girls get stuck into violence," 2006)? While concern about allowing parents to be the primary caregivers of children during infancy is common (and in the Australian context this is usually mothers), there is little appreciation of the longer term needs of children to progress through the four stages of attachment over three or more years to be confident of the development of emotional resilience and wellbeing across the lifespan.

As Simpson (1999) points out, there are some limitations to Bowlby's early understanding of evolutionary thinking and attachment as a precursor to survival. Individuals must not only survive to adulthood but once they are there they must mate and raise children. In terms of the species, which is the only thing that matters in evolutionary terms, survival to adulthood means nothing without successful reproduction and parenting. "Contrary to common folklore, evolution is not about 'survival of the fittest'. Rather it focuses on differential reproduction of one's genetic material – that is, being able to maximize the representation of one's genes in future generations" (p116). Does suicide and extreme risk taking resulting in death in men in their main child bearing years (25-44) suggest an unwillingness to reproduce genetic material on which the species depends for survival? Does falling fertility and the rising age of relationship commitment and child bearing (Melbourne Institute of Applied Economic and Social Research, 2006, p. 13) also indicate an unwillingness to reproduce genetic material? There is considerable interest, particularly in the popular press (see as an example, A. Shanahan, 2007 ) about the current trend for young men to be fearful of commitment and "formalise relationships", and what this trend may indicate about the state of mind of modern Australian men. Are Australian men, by their behaviour, 'giving up the game' and admitting that their species is in decline and hastening the process? This is speculative enquiry outside the scope of the current study but enquiry of considerable importance.

Each attachment pattern – secure, ambivalent, avoidant – reflects a different ecologically contingent strategy designed to solve adaptive problems posed by different rearing

environments (Simpson, 1999, p. 125, see also Belksy in the same volume for the role of reproduction and genetic transmission as the motivation for attachment). While Bowlby and Ainsworth and their co-researchers (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969) believed that attainment of secure attachment was the aim of all individuals, perhaps this was not the case for men in early Australian society. Perhaps in evolutionary terms Australian men became avoidant in their attachment during these times because that is what the emotional and physical environment required of them. During this period of Australian history maternal death was common (for detail on the hardships faced by women in the colonial and post colonial periods see Summers, 1975). Boys needed to become men quickly in order to be economically productive and assist with hard physical work. There was a requirement to travel large distances to engage in settlement activities without comforts of home and family. Food was often scarce and unpleasant tasks, such as slaughtering animals, burying friends and family, and undergoing medical procedures in primitive circumstances, were commonplace, as was the call to war (the body of work which has been written about the hardships of life in Australia during the colonial and post colonial period is large, for a comprehensive overview see Clark, 1962-1987).

Australia is now, in most parts, a modern and sophisticated society and one of the most urbanised countries in the world but this development has only occurred over the last 2-3 generations. Many people still have strong links to the land and its colonial past. Such links are also strong with veterans of war and the war dead from many theatres. Within modern Australian society there is also “a relationship between sport and hegemonic masculinity which is deep and enduring” (Rowe & McKay, 2003, p. 200). A particular style of hyper-masculinity developed in Australian society due to physical and psychological hardships experienced during the colonial and post colonial eras. This “hyper-masculinity is a significant feature of ideologies of dominance within sport ... [and] can be viewed as one of the most significant social institutions for defining preferred and disparaged form of masculinity ...” (Rowe & McKay, 2003, p. 207). In this way earlier patterns of masculinity have been carried forward into the modern era, and are inter-generationally reinforced through parenting style and attachment systems, and the social systems which support them.

## CONCLUSION

This chapter has explored some of the broad concepts of attachment theory and its possible impact on help seeking. It has also proposed some hypotheses regarding the possible impact of poor attachment on the risk taking behaviours of Australian men. The concepts discussed here are presented as possible lines of enquiry not as conclusions. While some of this enquiry does point to concerns regarding parenting of boys within Australian society, and of the risks of the hyper-masculinity which is revered by many within it, it is wise to be cautious. As the attachment researcher R. A. Hinde (1982) points out, to counterpoint much of the propaganda around the topic of the 'perfect mother' with the securely attached infant as the bench mark for measuring parental and societal 'success':

There is no best mothering (or attachment) style, for different styles are better in different circumstances, and natural selection would act to favour individuals with a range of potential styles from which they select appropriately ... mothers and babies will be programmed (by evolution) not simply to form one sort of relationship but a range of possible relationships according to the circumstances ... optimal mothering (and attachment) behaviour will differ according to the sex of the infant, its ordinal position in the family, the mother's social status, care giving contributions from other family members, the state of physical resources, and so on ... a mother-child relationship which produces successful adults in one situation may not do so in another (1982, pp. 71-72, as quoted in Simpson 1999 p. 126).

This critique is of particular interest to a discussion of the low levels of help seeking to ameliorate poor states of health and wellbeing by Australian men. It could be suggested that due to the previous demands of evolutionary adaptiveness and the physical environment Australian men are attached ambivalently which creates subsequent ambivalence to seeking help during stressful life events. These earlier patterns are also reinforced by the adoption of social norms, such as the hyper-masculinity imbued in the esteem of sport and war, within the culture. As Hinde points out, a mother-child relationship which produces successful adults in one situation may not do so in another. Is the parenting style which led to the previously necessary type of attachment style in Australian men, in order to ensure survival, now redundant? In terms of evolutionary thinking, and to ensure the sustainability of the species, must we look for another parenting style, and attachment system, which protects men in the modern era? Blaming men for not

mobilising self care may miss the point entirely. There may be wider societal implications for this behaviour which need to be addressed. Developing different attachment strategies and models of masculinity during late infancy and early childhood may offer considerable scope for increasing help seeking by Australian men. These points are explored in detail with the men who took part in the narrative research component of this study and their responses will be reported and explored in detail in Chapters 7, 8, and 9.

Attachment theory is a component of the scholarship of psychology. The next chapter, Chapter 3, will examine how aspects of the sociological enquiry, human information behaviour, can further enhance an understanding of the complexities of help seeking by Australian men.

# Chapter 3: Human information behaviour and help seeking

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## INTRODUCTION

This chapter will examine the concept of human information behaviour and the ways in which the development of insight into these concepts can enhance an understanding of the help seeking behaviour of Australian men, especially when they are experiencing stressful life events. Within an Australian context the bulk of information delivery to support the needs of everyday life, especially to those experiencing stress and duress, is provided by community and government agencies not allied to the library and information sector. Most of these agencies do not employ library and information professionals to develop information products or to deliver information to their clients. In these community support agencies this work is largely undertaken by a range of other professionals, para-professionals, and volunteers including; nurses, social workers, community psychologists, group workers, welfare workers and volunteers from a range of backgrounds. These agencies are largely supported by cyclical government funding and public donations and are consequently under resourced in a wide range of domains. While this under resourcing has impact in many areas of service delivery, the author's long standing support to community agencies has led to an appreciation that this under resourcing is particularly marked in the sphere of effective information product development and distribution. The author has become aware that this problem is due, in no small part, to a dearth of knowledge of the concepts of human information behaviour.

In Western Australian, where this research has been undertaken, everyday life information has diminished as a priority for the library and information sector. While there are some notable exceptions such as the large library services within the City of Fremantle<sup>6</sup> and the City of Melville<sup>7</sup> this is by no means indicative of the statewide investment in providing services to support information seeking in the world of the everyday. The State Library of Western Australia collects statistical records of activities of all public libraries in Western

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<sup>6</sup> See [http://www.freofocus.com/dbtext/html/fre\\_info.asp](http://www.freofocus.com/dbtext/html/fre_info.asp)

<sup>7</sup> See <http://www.melvillecity.com.au/community/community-information-database>

Australia. The statistical return does not place a high emphasis on the quality of services to support everyday life information. Question 8.10 of the statistical return form<sup>8</sup> asks for data about the Community Information service offered by the public library. The nature of the service offered is not recorded and community information refers to: “Any of: a specifically staffed/ resourced service, a separately identified collection of materials, a collection of ‘give-away’ materials (eg pamphlets/ leaflets), a notice board or space for advertising local events/ groups/ services”. There is no scope on the statistical return to indicate which of these services is being offered, or how they are provided. As it is unlikely that any library would not have a notice board it would be possible for all libraries to answer that they offer a community information service. Even so, the Statistical Officer at the State Library of Western Australian has suggested that “the data is patchy and unreliable on this type of service” (personal communication with the Author June 23<sup>rd</sup> 2009). An approach to the Australian Library and Information Association also resulted in awareness that these data are also not readily available nationally, and the professional body supporting library and information professionals is not collecting data about the work roles of those supporting the provision of everyday life information although individual jurisdictions may do so... but it will be patchy (personal communication with the Author June 19, 2009).

At the state level too there has been a change in emphasis and focus within the library and information profession with regard to support to the provision of everyday life information. Since the mid 1980s the State Library of Western Australia (formerly the Library and Information Service of Western Australia) maintained a service called Infolink which was a register of government and community agencies offering support services to the community, in a wide range of arenas including voluntary clubs and associations, community organisations offering help and support, and services offered by government departments and agencies. The service was an integral part of the services of the State Library and had dedicated professional and paraprofessional staff. Due to a change in priorities the future of the Infolink service is now under review. Updating of records within the service was suspended on July 1<sup>st</sup> 2007<sup>9</sup> and there is currently no indication if the

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<sup>8</sup> Internal document not publically available. Copy with the author as a result of personal communication with the statistics officer State Library of Western Australia.

<sup>9</sup> See <http://henrietta.slwa.wa.gov.au/> for information about the suspension of this initiative

service will be recommenced or what form that will take (personal communication with the Author June 23<sup>rd</sup> 2009).

The lack of statistical data about the work roles of those supporting the provision of everyday life information at the state or national level and from the professional body supporting library and information professionals, and the suspension of its community information service by the State Library of Western Australia are all clear indications that there has been a significant shift away from the provision of everyday life information by the library and information profession in Australia in recent time. The current research seeks to address this shift in focus and provide the opportunity for the library and information profession in Australia to reengage with this important area of work. A reengagement with the concepts of human information behaviour is a key, and primary, step in this endeavour.

## **OVERVIEW OF HUMAN INFORMATION BEHAVIOUR**

This chapter provides an overview of some of the seminal concepts of human information behaviour and presents graphic representations of this behaviour as it has been developed by a range of researchers from a variety of perspectives. These graphic representations (models) are provided to show that different groups in society undertake information tasks in different ways, and that the way that individuals undertake these information tasks can vary dependent on the context in which information is required – work, everyday life, study etc. These models, and others, have been used by the author in numerous presentations to community agencies engaged in providing everyday life information to the community in order to provide staff in these agencies with an appreciation that there may be considerable disjunction between the development of an information product, such as brochures or a website, and the ability, or willingness, of the recipient to become informed. In many instances presentations of the models of human information behaviour have provided real and ongoing “ah-ha” moments for agency staff and led to the redesign of both information products and services. The models presented in this chapter are a selection of the work of many researchers who have sought to graphically represent some of the steps which humans undertake when seeking and using information. The models have been chosen as random examples to provide an overview of the complexity of tasks in an episode of information seeking and use. Several of the models will be examined in more detail in light of the data gathered from those who took part in the narrative research

component of this study. This examination will be reported and explored in detail in Chapter 9 of this thesis.

In response to the evolving development of information communication technologies of the last 20 years, scholars have suggested that rather than human labour and capital, information is the primary currency of the modern postindustrial era and this change will have a profound impact on human society (for an Australian critique of the complexity these issues see Jones, 1982/1990). Timely information delivery is critical in this era and “improving the flow and quality of information will be the crucial step in developing a more productive society and nurturing new skills and education by 2020” (Marris, 2008, p. 4). These authors suggest that without information which is accurate, timely and contextually relevant, citizens cannot make choices which will allow them to develop and prosper to their full capacity and, consequently, they remain fixed in scenarios for living which do not reflect the demands of modern life, and without the capacity find solutions to its dilemmas.

The ways that humans engage when they are creating, seeking, using, managing, recording, and storing information can be considered as human information behaviour. Human information behaviour is the totality of human behaviour in relation to sources and channels of information, including both “active and passive information seeking and information use” (T. D. Wilson, 2000, p. 49). When considered in this composite way the earliest recording of human behaviour, the oldest human artifacts, ancient rock art, can be considered as examples of human information behaviour. Ancient peoples were attempting to record information about their behaviour which could be transmitted across space and time. These early informational transactions and the complexities embedded within them can inform our current understanding of the possible evolutionary nature of human information behaviour and enhance an appreciation of the worth of studying these behaviours in a rigorous manner (e.g. I. Wilson, 2006).

Help seeking is a subset of information behaviour. Information needs, seeking and use are a response to the world in which the subject finds him or herself – there must be a perceived need for information to which there is a consequent response, either to seek out new information, or to ignore that need. By seeking help, individuals are using need as the framework for their information exchange. Using information and in turn increasing knowledge is a transitional process from “distressing ignorance to becoming informed” (Buckland, 1988 p. 115)



There are a range of existing theories related to human information behaviour. These include sense-making, small world theory, and large group theory. There are also and a range of graphic models to demonstrate how these theories operate in the information seeking arena in “real time”. These theories and models can inform the scholarship of men’s information seeking for personal decision making and personal change. In this chapter various theories, models, and approaches will be documented and explored to determine how they may increase understanding of the information exchange relationships of Australian men, especially when they are experiencing stressful life events. The work will also examine how best these theoretical models and approaches can be integrated into information delivery mechanisms which will meet men’s needs more readily when they engage in information seeking for personal decision making and personal change. The current study is unique in that it is studying the information exchange relationships of men in the world of the everyday. An examination of the literature of information seeking (Case, 2007) has shown that although gender is the primary focus of a number of information seeking studies “typically the focus is on women” (p. 314), and the few extant studies of the information behaviour of men focus on subgroups such as young homosexuals undertaking the process of coming out (see Case 2007 p. 307) rather than men dealing with everyday situations. The scholarship contained in the current study should provide much needed material for the enhanced understanding of the information behaviour of men in everyday settings. This new understanding may be able to be adapted and adopted in a range of contexts.

In order to discuss the concepts of human information behaviour it is necessary to define terms and provide clarity as to the meaning of concepts. For clarity this study will define the terms in the same way as Donald Case (2007) in his survey on information seeking needs and behaviour. That is:

- *Information* can be any *difference* you perceive, in your environment or within yourself. It is any pattern of reality.
- An *information need* is a recognition that your knowledge is inadequate to satisfy a goal that you have.
- *Information seeking* is a conscious effort to acquire information in response to a need or a gap in your knowledge.
- *Information behaviour* encompasses information seeking as well as the totality of other *unintentional* or *passive behaviours* (such as glimpsing or encountering

information), as well as purposive behaviours that do not involve seeking, such as *avoiding* information (p. 5, all italics in original).

When considering the uptake or avoidance of information during stressful life events a range of theories discuss temperament as a factor in decision making. As temperament is a somewhat nebulous predictor of behaviour in other domains this is no less the case when considering information behaviour. The work of Brenda Dervin, whose sense making theory is discussed later in this chapter and is central to the conduct of the narrative data at the core of this thesis, draws heavily on psychologist's George Kelly's theory of personality in order to "get inside" the way different temperament style may impact on decision making about information use. Similarly, the psychologist, Suzanne Miller, has developed a scale for measuring information preference called the Miller Behavioural Style Scale. Miller has developed this scale in relation to cancer risk and treatment and it measures information seeking by monitors, who look for and amplify threat-related cues; and information avoidance by blunters, who distract from such cues and minimize their impact in times of stress<sup>10</sup>. These endeavours indicate that the library and information profession in Australia can call on work from within a wide range of disciplines in order to better understand the way that individuals seek and use information, or as the case may be, do not, especially within particularly groups in society who may face particular challenges in regard to accessing and using information.

## **THEORIES OF HUMAN INFORMATION BEHAVIOUR**

Within the field of information science a number of theses exist for explaining aspects of human information behaviour and these may provide valuable insights into increasing uptake of information products and services to men experiencing stressful life events.

These theories include:

- a. "Bookish" approach
- b. Behavioural understanding approach
- c. Educational approach
- d. Small world theory
  - i. Alienation theory
  - ii. Gratification theory

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<sup>10</sup> For an overview of Dr Millers work see <http://www.fccc.edu/research/pid/miller/>

- iii. Social network theory
- iv. Theory of normative behaviour
- v. Theory of information poverty
- vi. Theory of life in the round
- e. Sense-making theory
- f. Phenomenographical theory

#### a. “Bookish” approach

An early thesis for understanding human information behaviour might be called the “bookish” or fiction composition approach. This can be identified as:

the “great books” method towards the nurturing of human potential through reading the literature of society and its civilization ... Cassiodorus Senator laid the groundwork for such a bookish orientation of human psychology for human thinking by dedicating his monastery scriptoria to the mission of advancing and sustaining human thinking by the documentary processes of written composition ... such private, secluded nourishment was presumed to lead more effectively to mature human development through a vicarious nurturing growing out of a psychology of fictional characters and interpersonal relations of major plots (Penland & Mathai, 1988, p. 212).

Similarly, the use of books to improve the human condition has engaged other scholarly writing in a range of disciplines. As recently as the mid 1970s there was wide scale interest in the concept of *bibliotherapy* and the impact of reading on human behaviour (Haney, Harris, & Tipton, 1976). In an historical overview of the practice Pehrsson & McMillen (2005) provide a range of definitions but they cite early scholarship (Shrodes, 1950) as providing the most helpful explanation of the concept: “[bibliotherapy is a] process of dynamic interaction between the personality of the reader and literature” (Pehrsson & McMillen, 2005, p. 48). They also point out that in 1962 the interest of library and information professionals was such that an entire issue of the scholarly journal *Library Trends* (*Library Trends*, 1952-) was devoted to the topic.

Such a bookish approach to critiquing information seeking is, perhaps, not as popular now as in past eras when reading the Canon of Classical and English literature, including religious texts such as the Bible, was an integral part of information seeking for social, emotional, and educational formation. Surprisingly, in recent times, when wide scale use of

information technology and computer assisted learning is common even amongst the very young, there has been renewed, and considerable, discussion about the impact of reading on the human condition and moral values. Within Australia this debate is often acrimonious and focuses on the role of “important books” (Slattery, 2008, p. 12) and the impact and relative value of reading particular types of electronic and print texts (Donnelly, 2007; Snyder, 2008). Likewise, recent political and community discussion about the teaching of history in Australia, popularly called the History Wars (see as example MacIntyre & Clark, 2004), is an example of how the “bookish approach” to information seeking and use continues to inform discussion about the relative merits of the use of the cultural and historical Canon, and reading written texts more generally, should be a tool for modern life.

### **b. Behavioural understanding approach**

An early second source for understanding human information behaviour can be called the knowledge creation, diffusion, utilisation approach. This approach allows individuals to gain more understanding of the motivators for their behaviour and of ways to use this increased knowledge to make behavioural change in these daily activities. This method:

takes a socio-psychological approach to information processing and diffusion. The critical determinants of information utilisation are values, norms and psychodramas in everyday life. The overall process of diffusion of innovative thinking is described as a series of activities designed to unfreeze stereotypes, motivate value changes and then to consolidate them into guidelines for [daily living]. The trustworthiness, reliability, status and even authority of the provider are critical in putting knowledge to use in a manner that is relevant to the decisioning, learning and communicating of various individuals in everyday life (Penland & Mathai, 1988, p. 213).

The use, and success, of cognitive behaviour therapy (CBT) as a tool for personal change in a range of community of settings, especially those related to addictions and mental ill health, and consequent help seeking (see as examples, Alcoholics Anonymous Australia, 2008; GROW Australia, n.d.) are illustrations of how this behavioural understanding approach to information seeking and use continues to provide leverage within the community.

### **c. Educational approach**

Another early source for understanding information transfer in society is the educational approach. This approach:

stems from of a traditional understanding of information providers as educators ...the essential psychological representations [of this approach] centered on the human behaviour that was exhibited in the verisimilar and plausible but artificial environments of books and reading. In this approach to the psychological nurturing of human beings [information professionals] share with many other professions a common commitment to the notion that print can have a significant impact on human behaviour. Libraries have a long tradition of facilitating human development through the responsible use of knowledge for everyday life. They have pioneered many practical skills for testing the validity and reliability of the messages retrieved by their clients (Penland & Mathai, 1988, pp. 213-214).

With the increasing move to information seeking outside libraries many of these practical skills can be employed in an examination of human information behaviour in a wider setting. The domestic use of the Internet as tool for seeking information for the management of everyday life tasks, and for management of extraordinary life events such as the need for medical information and modalities of care for a range of personal situations, are such examples. The use of the Internet, and its rapid uptake as an educational tool in domestic settings, demonstrates how the educational approach to human information behaviour and information transfer is evolving and growing.

#### **d. Small world theory**

Small world is a term used extensively in the writings of the human information behaviour specialist Elfreda Chatman. In a paper in 2000, not long before her death, outlining the development of her theory during her long research career Chatman describes the small world as a world in which everyday happenings occur with some degree of predictability<sup>11</sup>. She suggests:

that in the small world there are people who become 'legitimised others', that is, those people who share physical and/or conceptual space within a common landscape of cultural meaning and who shape, change or modify the information that enters a small world in light of a world view. This world-view is the collective sense that one has a reasonable hold on everyday reality...Within small world theory, [and its use to explain information behaviour] four critical concepts prevail:

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<sup>11</sup> for a comprehensive overview of Chatman's work see Chatman, 1985, 1991a, 1991b, 1996, Chatman & Pendleton, 1998

deception, the element of risk-taking, secrecy, and situational relevance (2000, pp. 3-4).

In the 2000 paper Chatman outlined how she developed her small world theory by working with “outsider” groups within the community which in turn led to the introduction of a number of smaller sub-theories which she used to support her original premise. These sub-theories which support small world theory include:

i. Alienation theory

Within alienation theory individuals view themselves as "informationally" isolated from each other and disconnected from the world around them. They perceive that if others know of the problems (or information needs) they are having they would take advantage of them by using this information against them.

ii. Gratification theory

Gratification theory suggests that individuals avoid potentially helpful sources of information as they perceive them to be irrelevant to them because the sources have no meaning for them or because the mode of delivery, or indeed the deliverer is not relevant to their situation. In this way information behaviour encompasses not only information seeking but also information avoidance, and disinterest.

iii. Social network theory

It has been suggested by scholars in other disciplines that social networks facilitate resource and information exchange and are beneficial in times of information and social need (see as examples Bille-Brahe & Jensen, 2004; Cutrona, 1990; Eckenrode & Gore, 1981; Stone, 2001; Weiss, 1969). Chatman’s work, however, shows that the small world of the social network can actually reinforce existing information gaps as the members of the network seek to maintain the status quo and not admit problems to others in the group due to issues of stigma and shame.

iv. The theory of normative behaviour

Strongly linked to social network theory is the theory of normative behaviour; that is the wish to seem normal within the world one occupies. For most people the small world of their lives lacks sweeping surprises. One conducts the business of living in such a way that few aspects are worth important discussion. Much of the information

that holds this world together is appropriate, legitimate, and has a rightful place in the general scheme of things.

Chatman (2000) suggests there are four concepts which make up the theory of normative behaviour.

- Social norms: those things which allow for standards to dictate 'rightness' and 'wrongness' in social appearance. The purpose of social norms is to give persons a sense of balance - a way to gauge what is 'normal' in this context at this time;
- Worldview: the collective perception members of a social world hold in common regarding those things which are deemed to be important or unimportant. It gives a collective approach to things of importance. The contextual use of information is significant in creating a world-view. It allows members to have a sense of belonging which gives them a communal approach to events and activities that occur in their social milieu. The world view shapes, changes and modifies an individual's perception about the world to correspond to what other members perceive about that world;
- Social types: the classifications given to groups within the social world in order that members' have sensible clues of the ways to behave, converse, and share information. It is a common sense way to create groupings of people based on predictable behaviours. In turn, these behaviours give that person a certain signature which defines what role that person plays in the social world.
- Information behaviour: the state in which one may or may not act on the information received. The choice to decide the appropriate course of action is driven by what members' beliefs are necessary to support a normative way of life.

v. Theory of information poverty

The next of Chatman's (2000) theories is the theory of information poverty. This theory is strongly linked to alienation theory and explains ways in which people define their life experiences in order to survive in a world of extreme distrust. When concerns or problems present themselves and when information is recognised as potentially helpful but is ignored, individuals live in an impoverished world. Determined to hold the seams of their life world together, they engage in self-protective behaviours, which define the

finite boundaries of a world of information poverty. This theory indicates a situation in which people know that there is valuable, relevant and potentially useful information, however, either the information is seen as too costly to pursue [costly in all senses of the word], or the information seeker is motivated by a sense that in the end, why bother?

vi. Theory of life in the round

Chatman's (2000) final theory is the theory of life in the round. Information seeking behaviour is driven by social norms – that is, what are considered proper and appropriate social expressions in context of the individual's social world, as suggested in the explanation of normative behaviour above. There is intensity in one's desire to appear normal or not to exhibit behaviours that would call undue attention to oneself. The end result is the careful shielding of one's true state from others. Social norms force private behaviour to undergo public scrutiny. It is this public arena that deems behaviour - including information seeking behaviour - appropriate or not. The result of establishing appropriate behaviour is the creation of a world view. This world view includes language, values, meaning, symbols, and a context that holds the world view within temporal boundaries. For most of us, a world view is played out as life in the round. Fundamentally, this is a life taken for granted. It works most of the time with enough predictability that, unless a critical problem arises, there is no point in seeking information. Members who live in the small world will not cross boundaries of their world to seek information. Individuals will cross information boundaries only to the extent that:

1. the information is perceived as critical;
2. there is a collective expectation that the information is relevant; and
3. a perception exists that life lived in the round is no longer functioning.



### e. Sense-making theory

Sense-making theory has been developed by the USA based information behaviour and communication scholar, Brenda Dervin, through more than thirty years of research and critique (e.g. Dervin, 1976, 1980, 1983/2000, 1992, 1998, 2003; Dervin & Clark, 1999; Dervin & Foreman-Wernet, 2003). It must also be noted that “there are hundreds of other authors who have used sense-making in a variety of ways and contributed to its developments in both large and small ways, sometimes by contest, sometimes by communication, most often by extension and new implementation” (Dervin & Clark, 1999, p. 8).<sup>12</sup>

In the development of her sense-making theory Dervin suggests that many aspects of our experience cannot be clearly delineated in terms of naturally emergent dimensions of our experience. Activities such as human emotions, abstract concepts, mental activity, time, work and social practices cannot be fully understood in their own terms. Instead we must understand them in terms of other entities and experiences. In this way human information behaviour can be thought of as based on spatial and corporeal experiences, and this is the basis of her sense-making theory (for a comprehensive overview of the theory and examples of its use in a range of domains see Dervin & Clark, 1999).

Four major ways in which incoming information changes the existing knowledge structures and begin to ‘make sense’ are:

- appending (a new piece of information is added to the existing knowledge structure);
- inserting (a new component of knowledge is added);
- deleting (removal of a component which no longer has value), and finally
- sense-making, which can be thought of as using the metaphors of taking a journey using step making and gap bridging from a place where things are unknown to one where they are known and incorporated in one’s understanding (Author’s notes from Sense-making Master Class with Brenda Dervin July 13, 2006, University of Technology Sydney).

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<sup>12</sup> For a comprehensive guide to the range of contexts in which sense-making theory has been used and expanded see the sense-making studies website at <http://communication.sbs.ohio-state.edu/sense-making>

Furthermore:

Sense-making focuses on how humans make and unmake, develop, maintain, resist, destroy, and change order, structure, culture, organisation, relationships, and the self. The sense-making theoretic assumptions are implemented through a core methodological metaphor that pictures the person as moving through time-space, bridging gaps and moving on (Dervin, 2003, p. 332).

The Finnish information behaviour specialist Reijo Savolainen is an expert in the use of sense-making as a tool for understanding human information behaviour. He suggests that when seeking and using information :

the sense-maker relates him- or herself both bodily and cognitively to varying contextual demands emerging from the encounters with the actions, like walking on the road, to know and what knowledge about the problem do I already have, followed by the consideration of gap-bridging strategies and tactics. As in real life, anticipation precedes action in gap-bridging; the anticipation may be based on the earlier experiences of how different kinds of bridges helped to continue the journey. Gap-facing and gap-bridging are dealing with broader questions than merely seeking and using information if 'information' is seen in a narrow way, but when [information seeking] is used more broadly for things such as getting emotional support gap-bridging and it use as a metaphor for human information behaviour can be better understood. These information bridges can be built incorporating both cognitive and emotional elements. Sense-Making theory emphasises the role of the individual actors as creators of internal models and 'designers' of bridges across informational gaps. This is an orientational metaphor hence information use is associated with moving from not knowing to knowing (Savolainen, 2000, pp. 43-45).

Savolainen's (2000, p. 43) understanding can be diagrammatically represented thus:

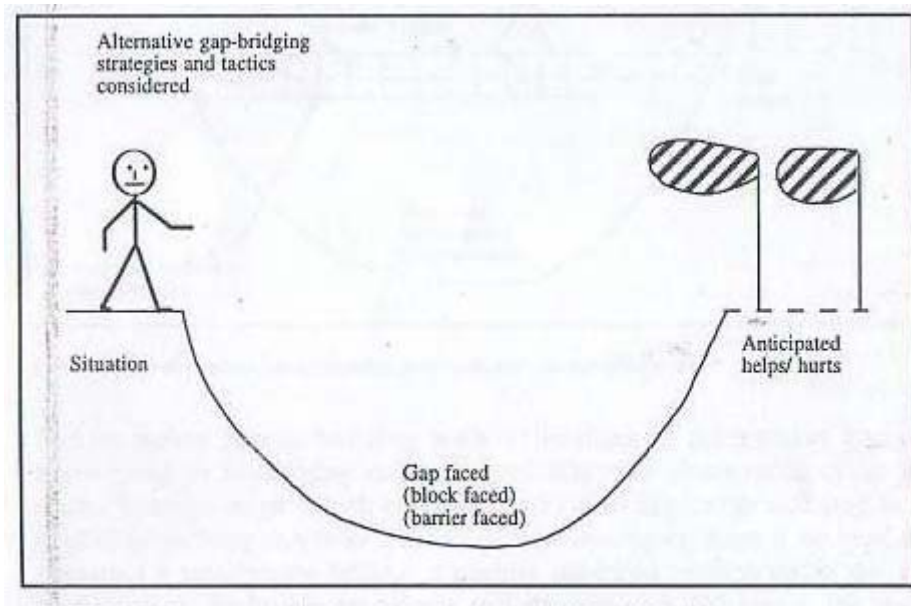


Fig. 1. The Gap

## f. Phenomenographical theory

In the development of her sense-making theory Dervin (2003, p. 332) asserts that “sense-making starts with the fundamental assumption of the philosophical approach of phenomenology – that the actor is inherently involved in her observations, which must be understood from her perspectives and horizons”. In this way sense-making and phenomenographical theory form part of the same continuum in the development of an understanding of human information behaviour.

Phenomenographers are interested in the relationship between people and phenomena-in-the-world. In using phenomenographical theory as a tool for expanding knowledge of human information behaviour the Swedish scholar Louise Limberg (2000) found that:

early phenomenographic studies showed that there are differences in learning outcomes based on an individuals’ ways of experiencing problems. Further research has also confirmed the idea that a person’s way of dealing with a problem or acting in a situation is connected with how they experience these problems or situations. That is, you cannot act other than in relation to the world as you experience it (p. 54).

A human being's ways of experiencing phenomena in the world may be different from how the world really is. For instance, the phenomenon of seeking help for a problem might be experienced in a particular way by men. This perception of the phenomenon may prevent or encourage use of information and help seeking, regardless of whether the society at large has set up services with the view to encouraging men to use them, and has communicated messages that information use and help seeking is seen as a good thing to do. In the same way, men may experience the phenomenon of risk taking and dangerous behaviours differently from how the world at large views them. The way that people act in a certain situation reflects how they experience the situation. The distinction between the two questions "what is help seeking?" and "how do men experience help seeking?" are examples of how phenomenography can be used to understand more about human information behaviour for different groups in the community.

Within the theories discussed above it is also necessary to consider various personal styles which individuals use to seek and use information, regardless of the approach undertaken within a theoretical framework. Some people are purposive foragers (Spink & Cole, 2006, p. 25) in times of need, others are reactive to life's demands and take a more eclectic approach to finding information, while others have a more considered and cognitive style so collect and retain information which they think may have a value later. Case (2007) cites studies which indicate that "women are more likely to be information seekers than men in the context of health matters" (p. 314). Similarly in a wide scale study of the everyday life health information behaviour of Icelanders Palsdottir (2003) found that women were found to seek more information than men, and they were more likely to consider the information useful. Still other studies show that the social demography of the seeker may impact on both information seeking style and the way information is used (Case, 2007, pp. 286-315). It is clear also that there is a large group in society who are 'information avoiders'.

Given the variety of theories in human information behaviour it clear that individuals will function informationally in complex ways both alone, and in groups, and these styles may vary depending on the circumstances of that aloneness (including the personality and temperament of the individual), the functioning of group behaviour, and the interrelationship between those two elements.

## **CRITIQUE OF HUMAN INFORMATION BEHAVIOUR FROM OTHER DISCIPLINES**

In earlier sections of this thesis exploration was undertaken of some of the historical and cultural features of Australian life which have coalesced to impact on the development of a particularly Australian masculinity. These features include the harshness of the landscape, the isolation and distance from other cultural influences, the esteem of war and sport, and the gendered nature of Australian society and roles of men and women within it. These features of Australian society have led to a particular male hegemony (Donaldson, 1993) within the culture which allows men to be considered using the psychological and sociological framework of a large group. Study of large groups suggests that in these settings individuals give up their “individual self, unique personality traits and moral values to be part of a large amorphous whole” (Schneider & Weinberg, 2003, p. 14).

Other writers have used similar theories to suggest that “sociability and formation of many kinds of bonds are the most eventful and intriguing characteristics of *Homo*” (Tiger, 2005, p. 50). Tiger suggests that there are particular differences in the way that men and women form and utilise these social bonds, and that these features impact on the relative worth of these bonds in sharing information and support. In Chapter 2 of this thesis it was suggested that evolutionary adaptiveness may contribute to particular types of information seeking and cognition of the relative availability of help and support, and willingness to engage with it.

Thus far, critique of human information behaviour has focused on theories from the discipline of information science. Within other disciplines a range of other theories have been developed to critique the way individuals and groups seek and use information personally and within the wider community. This has been in response to the increasing complexity of information delivery and uptake within the community. As outlined above, of particular relevance to this study is the role of information behaviour from the perspective of

- large group theory; and
- cognition and evolutionary adaptiveness.

## a. Large group theory

At times information is conveyed through groups in society for a variety of ends. It may be disseminated and used for the maintenance of group structures which may be damaging and alienating, both to individuals and groups as a whole. Schneider and Weinberg (2003), writing from a Jewish perspective, shed light on this negative element of the maintenance of social groups in terms of the use of information flow in supporting socially sanctioned violence, and the exclusion of particular social groups, or social types. Other writers have also shown interest in the role information behaviour in shaping the functioning and maintenance (or failure) of groups, “at the group level, information processing involves the degree to which information, ideas, or cognitive processes are shared, and are being shared, among group members and how this sharing of information affects both individual- and group-level outcomes “ (Hinsz, Tindale, & Vollrath, 1997, p. 43). As early as 1969 the UK scholar Lionel Tiger, with considerable criticism (and even death threats; see the introduction to the 3<sup>rd</sup> edition, 2005) from the feminist lobby attested to unique character of *Men in Groups*, and how this might inform our understanding and acceptance of sexual difference and male dominance in areas such as politics and war, work and play, and power sharing.

As discussed earlier in this, individual’s process and use information alone, but very often this activity is undertaken as a part of a group – either consciously or unconsciously.

All mental activity – from perceptual recognition to memory to problem solving – involves either representations from other people or the use of artifacts and cultural forms that have a social history. Culture, which includes the ways of thought, tools and artifacts of a group of people is both socially constructed and socially transmitted. It carries the past history of a group into the present and therefore influences how members of a social group understand their social, physical and spiritual worlds (Levine & Resnick, 1993, pp. 602-603).

It is this social history and social memory which impacts on information processing and uptake. Drawing on the sense-making theories of Brenda Dervin, this social history and social memory allows individuals and groups to append knowledge – that is, to build on knowledge structures already present, when seeking and using information.

Using large group theory, men in Australia could be considered to function as a social group with a shared social history which impacts on their understanding of masculinity and consequent masculine behaviours, regardless of where these behaviours may be enacted. There may be a male way of doing things, even a male way of using information within an help seeking episode.

### **b. Cognition and evolutionary adaptiveness.**

The role of attachment and evolutionary adaptiveness as possible explanations for styles of help seeking were discussed in Chapter 2. Attachment specialists suggest that:

information processing models describe how individuals represent (encode) and remember (retrieve from long term memory storage) attachment-related experiences, both at the conscious level (information in short-term memory) and the unconscious level (nonconscious, parallel processing) [and] unlike traditional cognitive models Bowlby expanded the concept of “information” to include emotional information (George & West, 2003, p. 437).

An explanation of the attachment theories of John Bowlby was discussed in Chapter 2 of this thesis. It is these emotional states, the impact of evolution on the acquisition of them, and their impact on information processing which has been the subject of much enquiry during the last 40 years (e.g. Childers, 1982; Dodge, 1991; Fine, 1984, Spring; Ford, 1986; Grunert, 1986; Hatchard & Toy, 1986; Ingwersen, 1984; Spink & Cole, 2006, 2007). Is there, for instance, an “information disposition”? (Childers, 1982, p. 104). Such concepts present considerable opportunities for cross disciplinary enquiry in the study of human information behaviour.

## **LINKS BETWEEN LIBRARY AND INFORMATION STUDIES AND OTHER DISCIPLINES**

While there are a number of robust theories of human information behaviour from within the discipline of library and information studies as suggested earlier in this chapter there is considerable scope for enhancing understanding of the concept using the research from other disciplines.

User studies are the stock in trade of much of the library and information studies profession. They have identified different patterns and styles of information use by males and females, even in the pre-primary school and early primary school years (Childress,

1985). More recent studies of information seeking have shown also shown gender difference in information seeking and use across the life span (e.g. M. Berger, Wagner, & Baker, 2005; Nicholas, 2004; Palsdottir, 2005) but librarians and information studies professionals have “generally eschewed the psychological advances [with regard to information seeking and use] of other fields” (Penland & Mathai, 1988, p. 209). Penland & Mathai suggest that the reasons for this disinterest in information processing psychology by librarians and information studies professionals have a number of motivations:

1. a belief in the “inapplicability” of such theoretical knowledge to the profession;
2. the apparent “denial” of any singular treatment for individuals; and
3. a belief in the “irrelevance” of measured behaviour as an indication of human motives. (p. 209)

The use of psychological and motivational science to better understand information seeking and use are the oft tools of those professions seeking to developing greater understanding about product choice, mass media use and political preference (as examples of such studies see Bettman & Zins, 1979; Grunert, 1986; Hoch & Deighton, 1989; Kaid, 2002; Noble & Noble, 1988; Rees & Paisley, 1968; Stead, Tagg, MacKintosh, & Eadie, 2005; Vogt & Fesenmair, 1998) which may account for the unwillingness of many library and information professionals discount this line of enquiry. Perhaps, many librarians and information studies professionals are reluctant to measure motives for information use as a gesture which allows their client group to use their services and products without critique, and to gain from exposure to them in a serendipitous and uncalculated way.

Notwithstanding this possible reluctance a small yet growing group of researchers from within the library and information profession have undertaken analysis of psychological determinates, social motivations and cognitive processing as factors in information seeking and use and have attempted to bring these issues to the attention of the wider profession (Fine, 1984, Spring; R. M. Harris & Dewdney, 1994; Hatchard & Toy, 1986; Ingwersen, 1984; Spink & Cole, 2006, 2007; T. D. Wilson, 1997). The conveners and delegates of the biennial *Information Seeking in Context* conferences are also attempting to critique information seeking and use in ways which attempt to understand more about psychological and cognitive processing as a factor within these behaviours, especially amongst diverse groups in society. In more recent time a growing number in the library and information professionals in European and North American researchers are engaged in this endeavour,



with a focus on information use in non library settings (K. E. Fisher et al., 2005; Information School University of Washington, 2008; McKechnie et al., 2002; McKechnie & Pettigrew, 2002). Similarly studies of this kind have been conducted by library and information professionals in Scandinavia (Palsdottir, 2005; Savolainen, 1995). In Australia, however, there has been little investment in this line of enquiry and this is a short coming which the current research seeks to address.

Another growing line of enquiry is the links between information behaviour and human evolution. Researchers working in the field of library and information science are beginning to examine these links to determine how evolution can inform enhanced understanding of how individuals and groups seek and use information (e.g. Bates, 2005; Madden, 2004; Spink & Cole, 2007; Stonier, 1997). This new inquiry combined with increased knowledge about the structure and functioning of human brains (see Chapter 2) provides potential for reconsidering much of the understanding of human information behaviour, and how evolution impacts upon the acquisition of knowledge and subsequent behaviour. As Spink & Cole (2007) point out “information behaviour is a uniquely human attribute that differentiates humans from other mammals due to unique attributes in the human brain [and] there are various theories as to why this is so” (p. 258). It is not the intention of this study to explore these evolutionary theories in detail but rather to alert the reader to the evolving nature of the understanding of human information behaviour and to put forward the proposition that there is a need for further research and enquiry of this important area within the study of library and information science. Such enquiry requires a multi-disciplinary approach and a re-evaluation of the content of much the teaching within this discipline in the sector.

With the advent of wide scale use of the emerging electronic technologies in the early 1980s the meta-disciplinary nature of information science was being investigated and documented. The Danish academic, Peter Ingwersen, then working with the European Space Agency in Italy, put forward the following diagrammatic understanding (Ingwersen, 1984, p. 84) of the scientific disciplines related to information science and how these are linked.

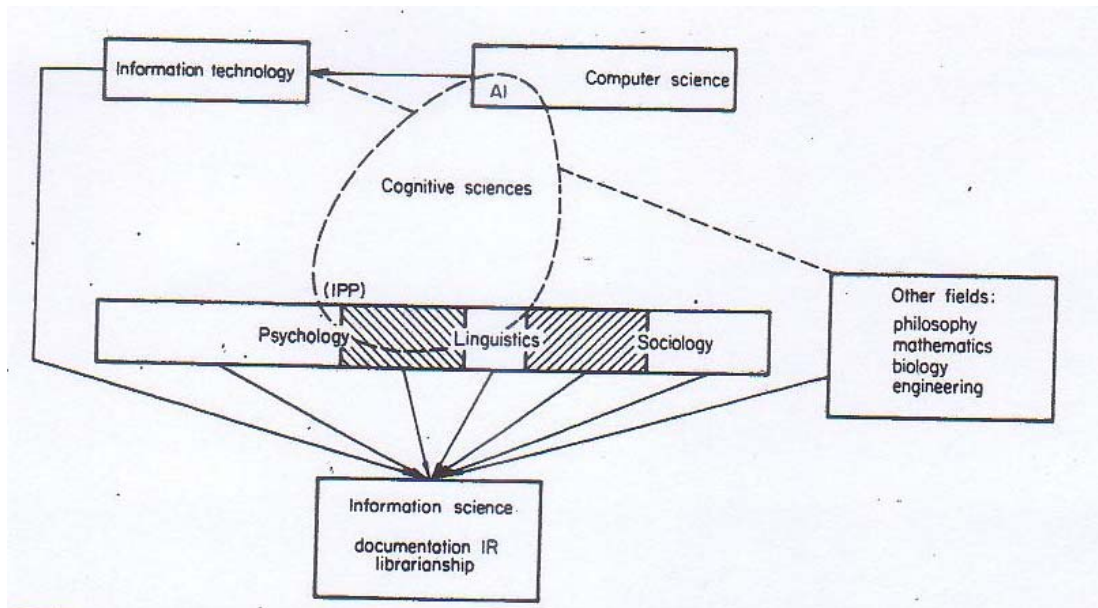


Fig. 2. Meta-disciplinary Nature of Information Science

There is even more scope to develop understanding of these linkages, especially in the area of sociology. Developing a greater understanding of the sociological underpinning to information seeking and use provides a unique opportunity for information professionals to contribute to the development of enhanced, and holistic, information delivery mechanisms within society. Harris & Dewdney (1994) show it is no longer enough to establish information services and develop information products and expect that, in an increasingly competitive information environment, these services and products will meet consumer need and be exploited to their maximum benefit both for individuals and society overall. A more holistic understanding of evolutionary and cognitive determinants of human information behaviour, and the way that information science meshes with other scientific disciplines, is required, especially in Australia where there has been little investigation of these phenomena. These interdisciplinary concepts and the need for library and information professionals in Australia to embrace them to better meet consumer need, will be explored in more depth in the final chapter of this study (Chapter 9).

## **MODELS OF INFORMATION BEHAVIOUR**

In order to document the complexity of tasks undertaken when humans seek and use information attempts have been made to represent the tasks in terms of visual models. In his extensive work which surveys the research on information seeking, needs and behaviour Donald Case (2007) documents seven models of information behaviour. This is

only a small number of extant models developed both by library and information professionals and by those from other disciplines. The models chosen by Case (2007) for review and a number of others have been reproduced here in order that the reader may gain greater depth of understanding of the complexity of the processes being reviewed. These models are presented as a way of deepening discussion of them, particularly for those from within the library and information sector in Australia who may not have been exposed to them and for professionals outside library and information studies who have benefited, or have the potential to benefit most, from the research at the core of this thesis and subsequent writing.

The models presented are:

1. Wilson first model (see Case, 2007, p. 123);
2. Krikelas model (see Case, 2007, p. 125);
3. Leckie, Pettigrew, and Sylvain model (see Case, 2007, p. 128)
4. Byström and Järvelin model (see Case, 2007, p. 130)
5. Savolainen model (see Case, 2007, p. 131)
6. Johnson model (see Case, 2007, p. 133)
7. Wilson second model (see Case, 2007, p. 137)
8. Foster model (Foster, 2004, p. 232)
9. Information Environment Model (Spink & Cole, 2001, p. 302)
10. Emotion and social information processing model (Dodge, 1991, p. 172)
11. Consumer information acquisition and processing model (Vogt & Fesenmair, 1998, p. 552)

## 1. Wilson first model

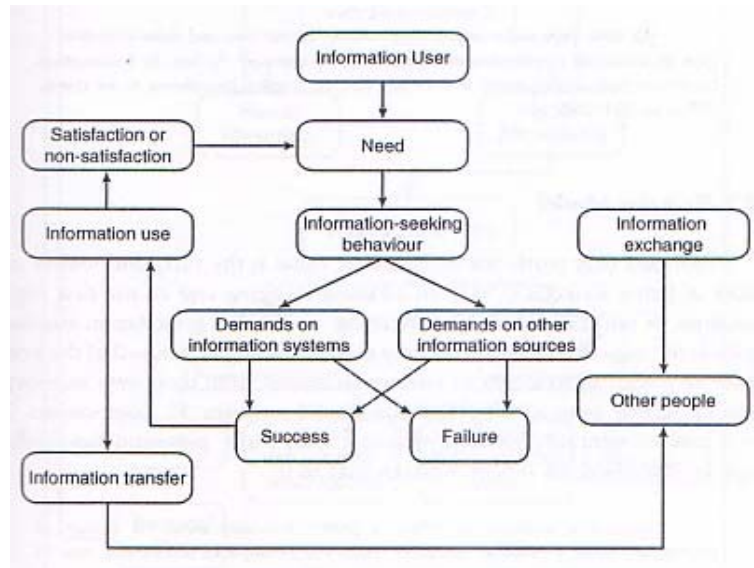


Fig. 3 Wilson 1st Model

Tom Wilson is a long term researcher, teacher and commentator in the field of human information behaviour, and has used many diagrammatic models to outline the progression and development of his theories over time. The model above was first published in 1981 (cited by Case, 2007, pp. 123-124) and seeks to show that

the information user has a need, which may (or may not) stem from his level of satisfaction (or dissatisfaction) with previously acquired information. [The model] suggests that the perceived need then leads the user into a cluster of activities, the most straightforward of which is to make direct demands on the sources or systems of information. The results of these demands lead either to success (in which the information is “used”) or to failure, which is presumed to be dead end, as information that is not “found” cannot be used (p. 124).

Another of Wilson’s models is presented later in this section.

## 2. Krikelas Model

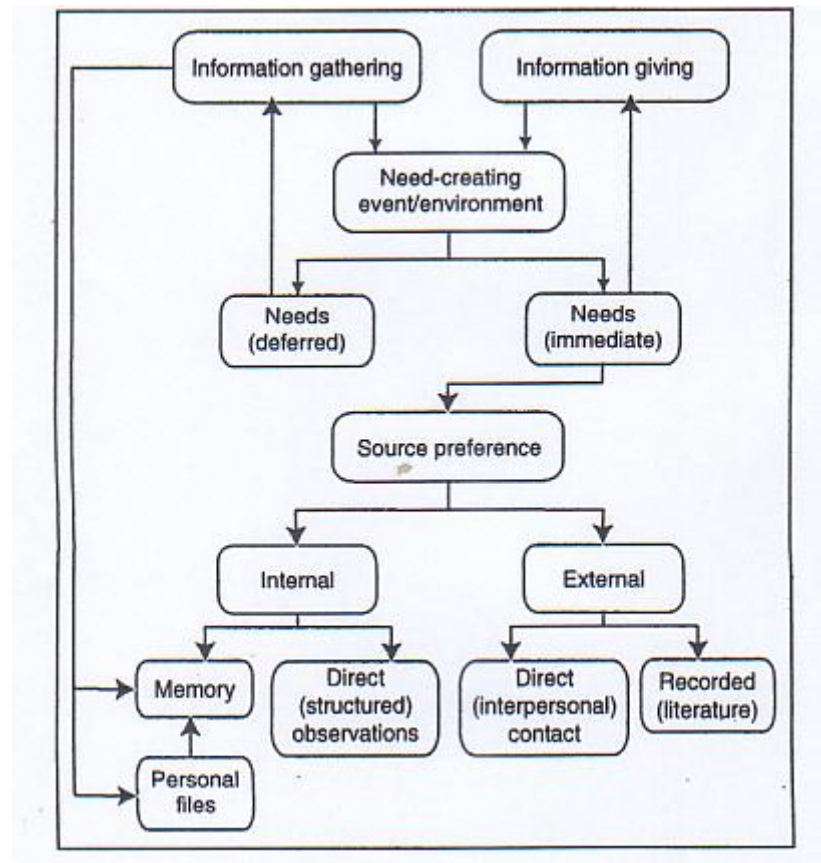


Fig. 4. Krikelas Model

In his overview of this model Case (2007) highlights the Krikelas model as one of the first diagrammatic models of information behaviour and its general nature in that it would apply to “ordinary life” with its emphasis on both “the importance of uncertainty as a motivating factor [for seeking information] and of the potential for an information seeker to retrieve an answer from their own memory or those of nearby persons” (p. 126-126).

### 3. Leckie, Pettigrew, and Sylvain model

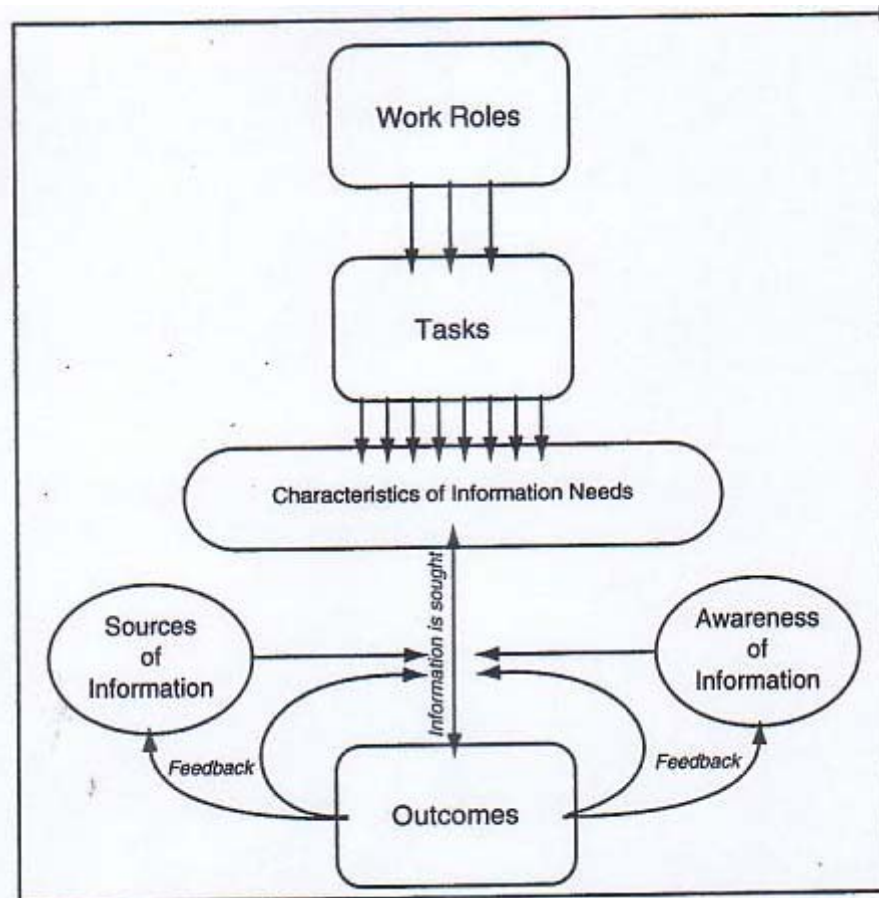


Fig. 5. Leckie, Pettigrew, and Sylvain Model

This model was developed as a result of research into the information behaviour of professionals and has a strong emphasis on work roles and tasks. The model is “depicted as flowing from top to bottom. The causal process [of information seeking] begins at the top with ‘work roles’, which in turn influence ‘tasks’ (Case, 2007, p. 127).

## 4. Byström and Järvelin model

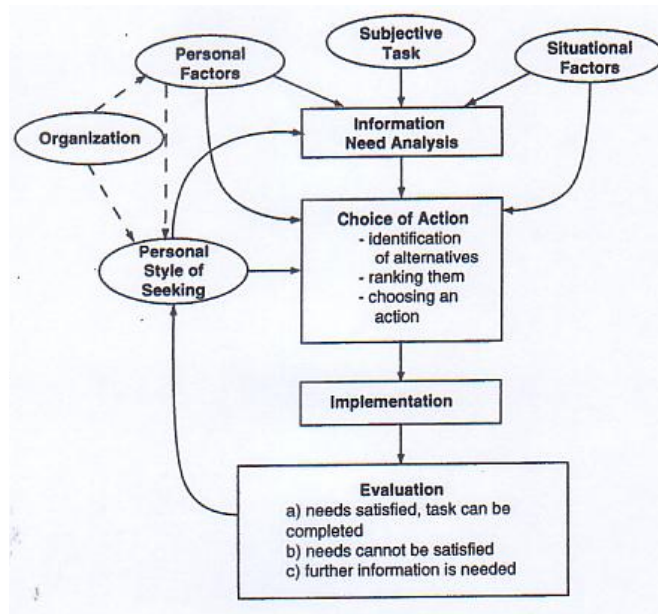


Fig. 6. Byström and Järvelin Model

In discussing this model Case (2007) points out that it

is structured as a feedback loop [and] begins with the task as perceived by the user, and the personal factors (e.g., education, experience, attitude, motivation, and mood) and situational factors (e.g., time available for performing the task) affecting the user. These factors affect how the user determines what information is needed, and then what actions (such as selection of a source) he or she takes to satisfy the need (p. 129).

## 5. Savolainen Model

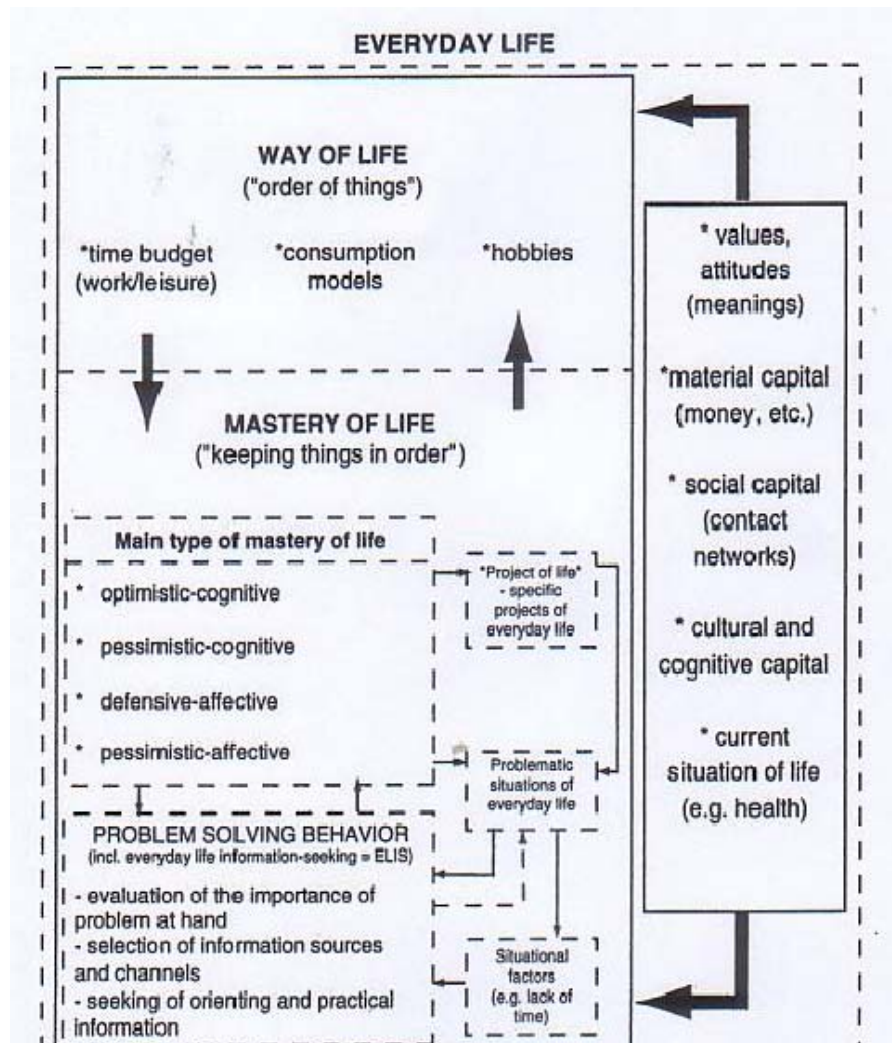


Fig. 7. Savolainen Model

Like Tom Wilson, Reijo Savolainen, is a well known and highly regarded information behaviour scholar, and the pair have engaged in wide scale collaboration, and contributed much to the literature, and understanding, of human information behaviour. This model by Savolainen has as its focus the use of information to assist in the world of the everyday, and as pointed out by Case (2007)

is more sociological than the others [in his review of models] as it incorporates concepts such as social capital and cognitive capital, and considers economic factors such as wealth ... it includes personal factors such as values, attitudes and psychological orientation towards life (optimistic versus pessimistic, cognitive versus affect) and the variety of situational factors like available time and current state of health (p. 132).



Concepts such as social capital, personal attitudes and psychological orientation towards life are quantifiably nebulous, and attempts at clear definitions fraught. Such problems, which lead to interpretation by researchers in ways that can distort understanding of task motivation and desired outcome, are discussed in detail in Chapter 5 of this study.

## 6. Johnson model

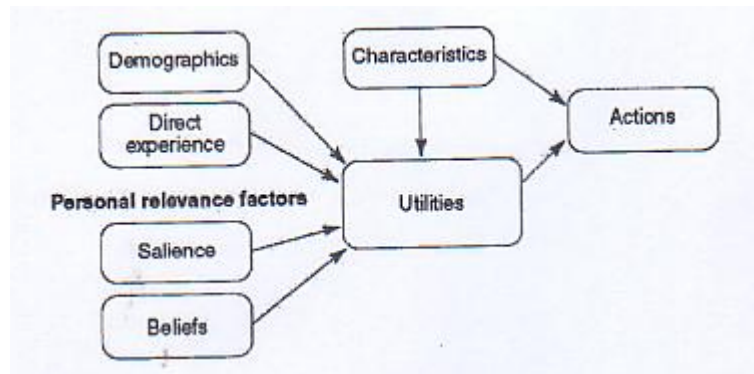


Fig. 8. Johnson Model

The Johnson model is strongly linked to the 'sense-making' work of Brenda Dervin (see earlier section in this chapter) in that he describes "how all information seeking takes place within a context [and] following Dervin [he] asserts that information seeking begins only when a person perceives a gap in his or her existing knowledge" (Case, 2007, p. 135). In this model this existing knowledge is mediated through the demographics of the seeker, their direct experience, existing beliefs and the perceived relevance (saliency) of the information source and provider.

## 7. Wilson second model

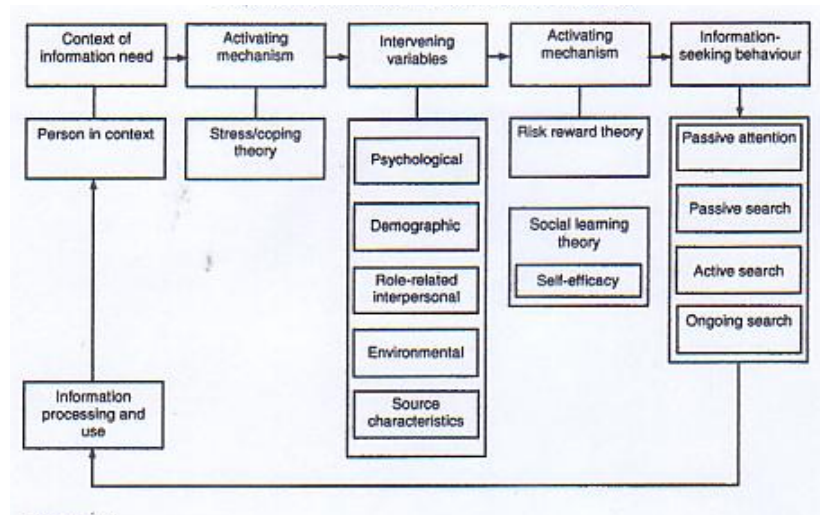


Fig. 9. Wilson Second Model

The Wilson model presented earlier in this section focuses on information need – that is what the seeker perceives his need to be. This second model focuses on information context – that is the situation in which the potential user is situated, his motivations, and a raft of psychological and demographic determinants. In his review of this model Case (2007) notes that “an important aspect of [the model] is that it recognizes that there are different types of search behaviours: passive attention, passive search, active search, and ongoing search” (p. 137). Calling on his earlier work on need “Wilson [also] implies that the information is evaluated as to its effect on need, and forms part of a feedback loop that may start the process of seeking all over again if the need is not satisfied” (p. 137).

## 8. Foster Model

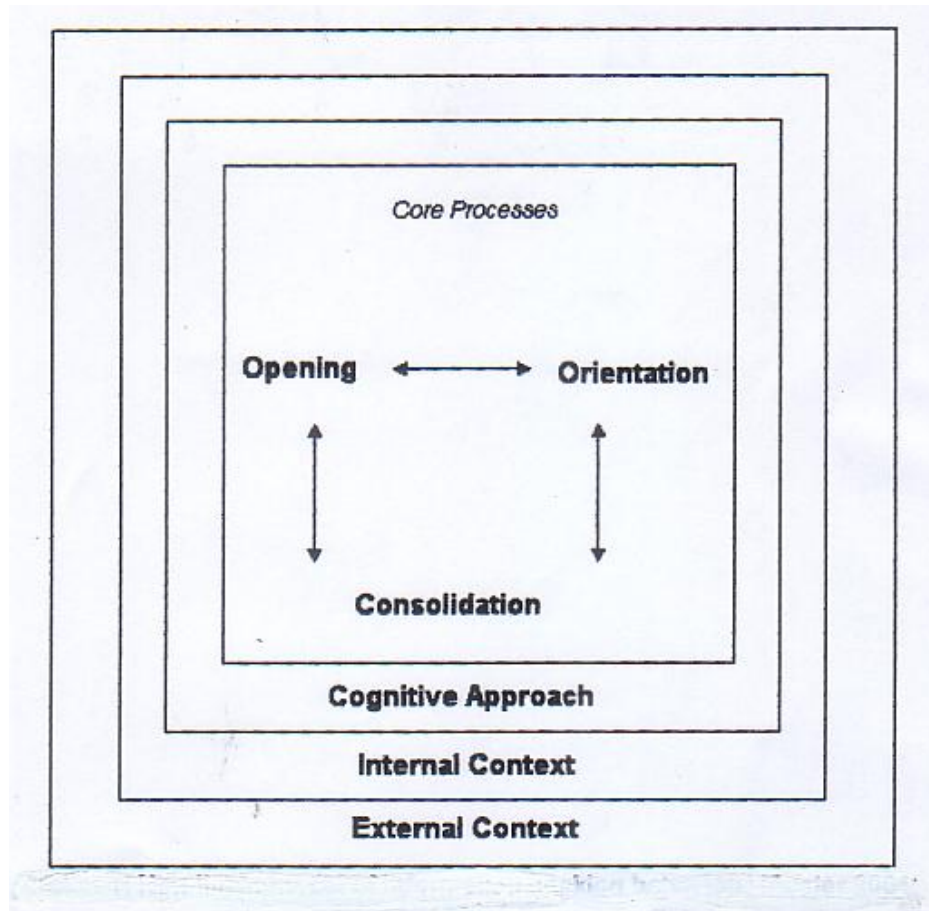


Fig. 10. Foster Model

This model was developed from the results of a study of information seeking behaviour of interdisciplinary academic and postgraduate researchers and shows “three core processes (opening, orientation, and consolidation) and three levels of contextual interaction (internal context, external context, and cognitive approach), each composed of several individual activities and attributes. This interactivity and shift shows information seeking to be non-linear, dynamic, and holistic and flowing” (Foster, 2005, n.p.).

## 9. Information environment model

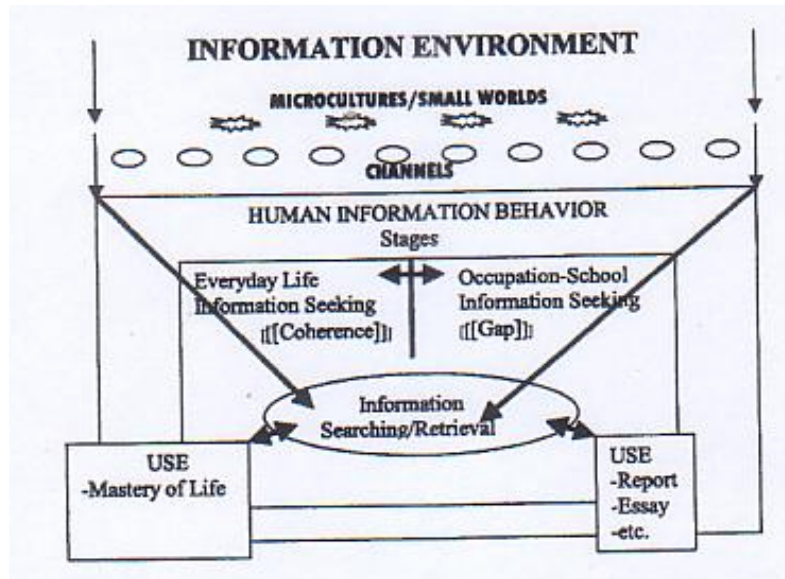


Fig. 11. Information Environment Model

This model shows the links between everyday life information seeking (ELIS) and occupation- school based information seeking. Spink & Cole (2001) suggest that the model shows

ELIS as hav[ing] a permeable relationship with an individual's occupational or school-related information seeking [in that] embedded within both ELIS and occupational or school-related information seeking are often systematic single or successive searching sessions [with] problem solving activities that lead to the production of reports, essays, proposals, and other work- or school-related activities. Systematic ELIS searching, on the other hand, may not start with a sense of coherence, and the information is used for Mastery of Life (p. 302).

## 10. Consumer Information Acquisition and Processing Model

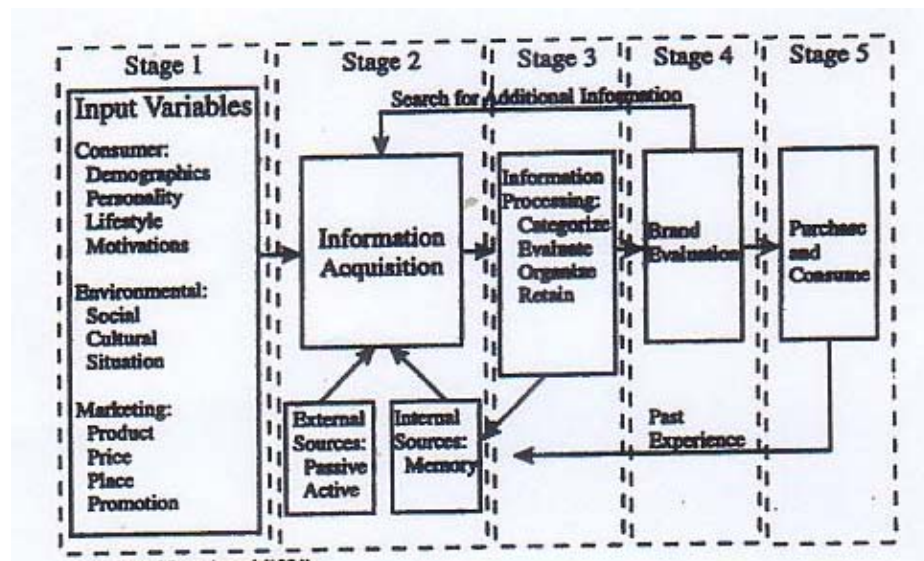


Fig. 12. Consumer Information Acquisition and Processing Model

This model was developed by Vogt and Fesenmair (1998) to describe the multiple stages individuals undertake before deciding to purchase a product. Like many of the other models presented it is multistaged with feedback loops. In the development of the model the authors suggest

search activities which occur unrelated to a specific purchase regardless of timing to some distant unplanned purchase would be considered activities extending beyond immediate functional needs ... acquired and processed information is [therefore] stored as an extension of memory so that when a need arises (for themselves or others) to evaluate a product, they can access these externally stored sources (Vogt & Fesenmair, 1998, p. 553).

Although this model was developed in an attempt to explain information seeking in the specific arena of recreation and tourism experiences there is a focus on stored memory and appending knowledge to existing cognitive processes. By substituting the two boxes on the right: “brand evaluation” for “behaviour evaluation”, and “purchase and consume” for “accessing services”, this model is readily adaptable to explain a range of information behaviours related to formal help seeking. The decisions required in order to access help from a service, or to access information from a formal source; be these services or

information sources a web site, help line, counseling service, or doctor is, in a real way, a consumer choice: a decision to become informed about possibilities and either to act on those possibilities or to store the knowledge within memory for later use. There is also the option to share this information with a third person whom the enquirer perceives would benefit from the information or help.

## 11. Emotion and social information processing model

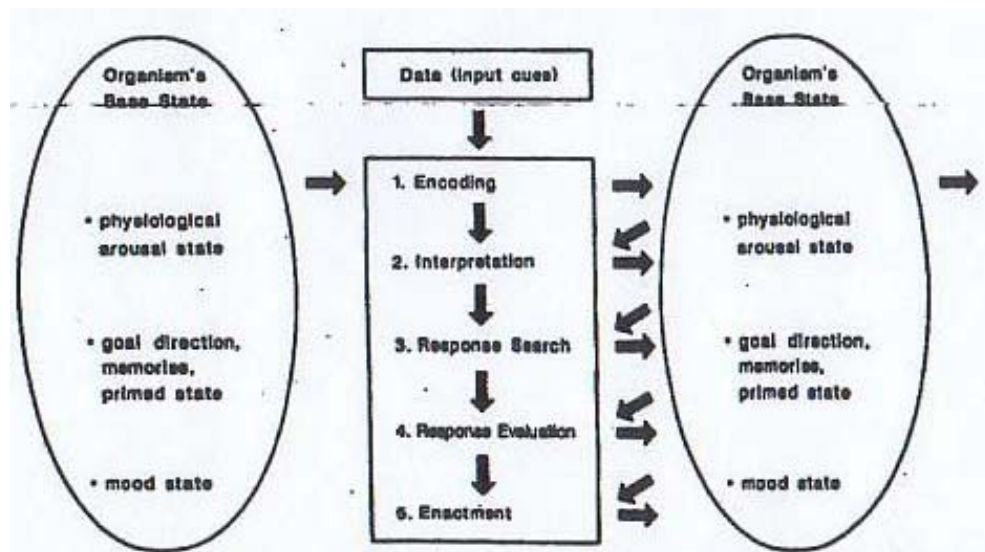


Fig. 13 Emotion and Social Information Processing Model

This model attempts to “understand emotion as a fundamental aspect of a more general information-processing model” (Dodge, 1991, p. 159). Dodge developed his model in response to the rather mechanistic understanding of information processing which aligned human information behaviour to computer information processing. He proposes that “all information processing is emotional, in that emotion is the energy level that drives, organizes, amplifies, and attenuates cognitive ability and in turn is the experience and expression of this activity” (p. 159). Dodge further concludes that “there is no such [information] act that is nonemotional; rather, emotion is a descriptor of experience and processing ability (such as “anxious” vigilance or “detached” problem solving)” (p. 159).

It was suggested earlier in this chapter that there may be, within individuals, an “information disposition” (Childers, 1982, p. 104). A model like Dodge’s has considerable scope for explaining information seeking and use pertaining to an help seeking episode, especially the decision not to seek help, or to seek help at a particular time, rather than

another, as the result of particular stimuli. Developing enhanced understanding of the role of emotional triggers and constraints in information seeking and use could provide vital new responses to the dilemma of information avoidance and consequent information poverty during times of acute information need.

All the models documented here show clearly that, regardless of the desired outcomes, from consumer behaviour (Vogt & Fesenmair, 1998), work based information seeking (Leckie, Pettigrew, & Sylvain, 1996 as cited by Case, 2007 p. 128) or research endeavors (Foster, 2005), information seeking and its use is not linear. Information seeking is also not cognitively based, especially as it relates to “mastery of life” (Spink & Cole, 2001, p. 302), but rather is the result of complex emotional responses to a range of internal and external stimuli (Dodge, 1991).

Case (2007, pp. 123-139) documents clearly the complex nature of the information seeking process by comparing the number of factors (or stages) in each:

MODEL NAME	DATE OF PUBLICATION	NUMBER OF STAGES
Leckie, Pettigrew, & Sylvain	1996	6
Johnson	1997	7
Byström and Järvelin	1995	9
Wilson	1981	12
Krikelas	1983	13
Wilson	1996/1999	14-20
Savolainen	1995/2005	15+

Table 2. Characteristics of Information Processing Models

It is interesting to note that of these models, the one with the least factors or stages is Leckie, Pettigrew, & Sylvain, 1996 which is a work based model used by professionals. Although there are 6 components to the model (within which there are a number of

variables) the developers suggest (p. 183-187) that there are only a small number of factors which influence the way that information is sought and used by professionals:

- sources of information available;
- awareness of information sources; and
- outcomes, expected and actual.

This small number of factors affecting information use by professionals suggests that in the work environment information needs are more contained, reliable sources more readily available and seekers more experienced with information seeking tasks. There is considerable contrast between the small number of factors involved in information seeking within professional settings and the high number undertaken in other settings, especially when seeking everyday life information.

Of the other models under review all have complex, non-linear pathways with multiple entry and exit points on a continuum of information seeking and use. Spink & Cole (2001, p. 302) show an unspecified (and it could be suggested limitless) number of micro cultures or small worlds from which individuals channel information to bridge gaps and find coherence to make sense of the information tasks which confront them. Foster's model (2004) is further developed in his later work (Foster, 2005) where he determined that "opening [the information behaviour process] was not as might logically be thought of as a starting point [but rather] opening was identified as corresponding to the process of moving from a state of orientation to actually seeking, exploring and revealing information" (n.p.). In Chapter 9 the psychological basis for this seeking, exploring and revealing of information will be discussed in terms of the 'real time' information behaviour of men who took part in the sense-making study reported in Chapter 7. In this review the narrative data will be compared with some of the diagrammatic models presented here to determine if those who took part in the study had patterns of information seeking and use which could be understood in terms of existing models, or if revised models are required to better document patterns of information seeking and use by Australian men engaged in a help seeking episode as a result of a stressful life event.

## **CONCLUSION**

This chapter has demonstrated, by the presentation of theories, diagrammatic models and discussion of the impact of evolutionary biology, that human information behaviour is a complex set of internal and external processes in which humans engage in order to make



sense of their informational world. It involves a range of information seeking methods, a similarly complex range of avoidance mechanisms and a variety of information use strategies. Not all people seek and use information in the same way, and it could be said that the range of strategies for achieving informational goals is as broad as the range of human personalities itself. The science of human information behaviour has much to say about methods of delivery, application to seeking, and models of use, but given the range of personality traits and sociological situations within humankind it is unlikely that the perfect information behaviour strategy will ever be developed. Individuals will do what individuals want to do at any given time to meet specific needs at specific times. Home is different from work, work is different from play, male is different from female, and one culture differs from another. In each of these informational environments individuals will behave differently. There will also be different strategies adopted within groups as across them.

The information needs of diverse groups in society, including men, and the account which must be made of these differences when designing information products and support services to assist them, will be discussed in the final chapter of this work. It is not one size fits all.

Response to the information needs of large groups within society, especially in response to perceived or actual social problems, is often to develop information products and services to inform the community using tools such as social marketing and public service announcements. The development and use of these information delivery strategies, and what can reasonably be expected from them in terms of information exchange, will be discussed in the following chapter, Chapter 4. The need to take account of the research of human information behaviour in the development phase of such initiatives will also be discussed.

# Chapter 4: Social marketing and help seeking behaviour

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## INTRODUCTION

Social marketing is a term first used in the 1970s (Kotler & Roberto, 1989; Kotler & Zaltman, 1971, July). It is a branch of marketing which seeks to influence social behaviors not to benefit the marketer, but to benefit the target audience and the general society. The term is used as “a catchall to include what the literature and experts variously refer to as public information, public education, public awareness, or public engagement campaigns” (Coffman, 2002, p. 5) and like all advertising, calls on a range of strategies to gain access to the community psyche. This technique has been used extensively over the last 25 years to ‘sell’ a wide range of social initiatives requiring behaviour change. These include: initiatives to curb smoking; use of seat belts; breast cancer screening; drink driving; sexual health; and donations to international aid programmes. With the advent of wide reach mass media social marketing has come to rely heavily on public service announcements or PSAs. “Public service announcements are a type of advertising, sponsored either for government agencies or other [socially orientated] organizations, to promote causes and activities generally considered socially desirable” (Murry, Stam, & Lastovicka, 1996, p. 2). While the mass media is an important conduit for these initiatives social marketing takes a wide range of forms including TV and newspaper advertisements, pamphlets for display at information centres, telephone help lines, letter box distribution of printed materials or promotional products, and advertising bill boards. Increasingly the Internet is being used to provide supportive information, and interactive responses, to these campaigns.

As discussed in Chapter 1, Australian men have poor outcomes for mental and physical health relative to Australian women. Australian men also report little knowledge of services and supports which have been developed to assist them when they are experiencing confronting issues in their lives, and are under stress (Alston & Hall, 2005; "'Machismo' as a barrier to health promotion in Australian males," 1998; Sayers et al., 2004). Successfully marketing health and support services and consequent help seeking to men is particularly problematic (Mahalik et al., 2003; Mansfield, 2003; Mechanic, 1978; A. B. Rochlen & Hoyer,

2005). It has been suggested that using “ a social marketing approach [for engaging men] provides a framework for using behavioural science theory to interpret audience data for the ultimate purpose of developing effective messages aimed at modifying evaluative attitudes, normative beliefs and perceptions of behavioural control” (A. B. Rochlen & Hoyer, 2005, p. 678). In this chapter the concepts of social marketing will be discussed and a variety of social marketing campaigns seeking to engage a range of intended audiences in Australia and elsewhere will be previewed. These are presented as examples of the style of some contemporary campaigns and the underlying premise of some of the high profile campaigns of recent time. These data are presented as background to discussion about what can be reasonably expected as outcomes from the financial and social investment in these campaigns, and the particular dilemmas of inducing wide scale behaviour change using this technique, particularly to men.

## **SOCIAL MARKETING CONCEPTS**

In her extensive evaluation and review of social marketing campaigns for Harvard University’s Family Research Project Julia Coffman (2002) identified two major groups of campaigns and their characteristics: individual behavior change and public will. The differences between these two types of campaigns were tabulated in the report and provide clarity about the differences in style of the two types of campaigns as found by Coffman and her research team.

<b>Campaign Type/Goal</b>	<b>Individual Behavior Change</b>	<b>Public Will</b>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• Influence beliefs and knowledge about a behavior and its consequences</li> <li>• Affect attitudes in support of behavior and persuade</li> <li>• Affect perceived social norms about the acceptability of a behavior among one's peers</li> <li>• Affect intentions to perform the behavior</li> <li>• Produce behavior change (if accompanied by supportive program components)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase visibility of an issue and its importance</li> <li>• Affect perceptions of social issues and who is seen as responsible</li> <li>• Increase knowledge about solutions based on who is seen as responsible</li> <li>• Affect criteria used to judge policies and policymakers</li> <li>• Help determine what is possible for service introduction and public funding</li> <li>• Engage and mobilize</li> </ul>

		constituencies to action
Target Audience	Segments of the population whose behavior needs to change	Segments of the general public to be mobilized and policymakers
Strategies	Social marketing	Media advocacy, community organizing, and mobilization
Media Vehicles	Public service/affairs programming: print, television, radio, electronic advertising	News media: print, television, radio, electronic advertising
Examples	Anti-smoking, condom usage, drunk driving, seat belt usage, parenting	Support for quality child care, after school programming, health care policy

Table 2: Harvard Family Research Project (Coffman, 2002)

By examination of these two different types of campaigns, *individual behaviour change* and *public will*, and the examples listed in Table 3, it becomes clear that the two types of campaigns, while different in emphasis, share some common outcomes. The impact of personal behaviour, and/or its enhancement, would, by most measures, benefit the wider community. As such, those campaigns may have a similar benefit to those targeting public will. Notwithstanding this blurring of definition, using Coffman's analysis, above, *public will* campaigns show the intent of wider reach than campaigns targeting *individual behaviour change*. Public will campaigns can act in two fold ways: they influence individuals to seek changes in public policy decisions of politicians and government officials, and they motivate individuals to enact change in their own behaviour. Consider, for instance, public will campaigns such as those run by overseas aid agencies (for example, World Vision Australia, 2007). These may motivate individuals and families to become donors to such programmes, but also motivate these same individuals and families to lobby politicians and government officials to adopt more generous policies with regard to overseas aid. Of particular relevance at this time are social marketing campaigns focusing on climate change,

responsible use of resources and recycling.<sup>13</sup> These campaigns encourage behaviour change at the personal level but also encourage individuals, families and businesses to become active in lobbying to encourage policy change at the local, national, and international level with regard to climate change and resource management issues.

While social marketing techniques are widely used to influence community attitudes in the Western World, and large sums of money are invested in the development of ever more sophisticated campaigns, there is wide scale and long term evidence (Hyman & Sheatley, 1947) that advertising is not a powerful force for motivating behavioural change (Elliot, 1989), that it is harder to sell brotherhood<sup>14</sup> than soap (Rothschild, 1979) and that social marketing information campaigns inevitably fail. Despite the advent of technologically sophisticated mass media marketing tools social researchers have continued to document the difficulties, and often poor outcomes, when using social marketing campaigns to facilitate behavioural change both in individuals and within the community at large (McKenzie-Mohr, 2004, 2007; Murry et al., 1996; Salmon, 1990; Wallack, 1981).

The reason for the failure of most social marketing information campaigns, notwithstanding wholesale government and community adoption of them, is complex but at the outset it is necessary to understand more about the way individuals and communities adopt change strategies.

The process by which people accept new ideas involves a complex series of acts that can be divided into five steps: awareness, interest, evaluation, trial and adoption... from the moment an individual becomes aware of an innovation until he decides to use it may involve a considerable period a time (Pace, Boren, & Peterson, 1975, p. 116).

This time lag between awareness of a new innovation, or style of behaviour, mirrors the pre-contemplation and contemplation phases of the *Stages of Change* programme (Prochaska, Norcross, & Diclemente, 1994) which is a widely used six stage program for overcoming addictions and damaging behaviours.

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<sup>13</sup> For a local example which uses a website, homebased information products, billboards and community activities see Eastern Metropolitan Regional Council at <http://www.rgang.org.au/>

<sup>14</sup> Brotherhood: the belief, feeling or hope that all men should regard and treat one another as brothers. Collins Dictionary of the English Language. Sydney, William Collins & Sons, 1979.

The failure of large scale social marketing campaigns to change the behaviour of large numbers of the population also needs to be considered in light of the ways that people adopt new ideas and innovation, and the role of the mass media in the adoption of such change. While “the mass media arouse interest in new ideas, methods, and projects early in the adoption process; interpersonal communication is especially influential in the actual decision to adopt” (Pace et al., 1975, p. 118). This concept is consistent with the small world theories of human information behaviour developed by Elfreda Chatman discussed in the previous chapter (Chatman, 1985, 1991a, 1991b, 1996). It is also consistent with a study conducted by the Australian Institute for Suicide Research and Prevention (2004) which showed the role of peers in information transfer relating to self harm in young people.

Furthermore:

Studies on diffusing new ideas to the general public appear to verify that, before being adopted, these ideas seem to move from the mass media to a group of people called ‘opinion leaders’ [named ‘legitimate insiders’ by Chatman]; these leaders in turn confirm this information by communicating it to those who adopt it later. Information disseminated by the mass media appears to service the primary goal of creating awareness of new ideas. However, later adopters, commonly consult with earlier adopters...if the later adopters question information from the media, they will seek out opinion leaders to confirm or deny aspects in doubt... research seems clearly to support the observation that when information is received at the stage of initial awareness, the mass media are obviously more efficient than interpersonal communication [peer networks] but the reverse is true for the stage of acceptance or adoption. (Pace et al., 1975, pp. 115-119)

Through this subsequent interpersonal communication, “individuals are able to appraise media messages, elaborate, question, or revise their prior understandings... but it is likely that people rely on a few close friends or family members who have similar positions, experiences and views” (Sotirovic, 2001, p. 275). These concepts of social change have been brought into main stream vocabulary to be known as “Tipping Points” by the popularisation of the work of Washington based journalist Malcolm Gladwell (2000) who, by calling on epidemiological studies showed that in a given process or system some people, and consequent methods of information transfer, matter more than others. He uses the terms

connectors, mavens (trusted expert) and salesmen to describe the different roles played by members of social subgroups to make, and influence, change.

In order to understand more about the success and failure of social marketing campaigns it is necessary to review the roles of mass media in planned social change. Australia has had numerous, and increasingly high profile, social marketing campaigns over the last three decades. The market research company Elliot and Shanahan Research, operating from Sydney, has been instrumental in the development of many of these campaigns on behalf of government agencies. Their studies have also documented that many things are possible with mass media campaigns, but changing behaviour is not one of them:

#### Possible

1. increase awareness of a problem or a behaviour
2. raise the level of information about a topic or issue
3. help form beliefs and attitudes especially where they are not held firmly
4. make a topic/issue more salient and sensitise the audience to other forms of communication
5. stimulate interpersonal influences via conversations with others (doctors, police, teachers, parents, friends etc.)
6. generate forms of self-initiated information seeking
7. reinforce existing beliefs, attitudes and behaviours
8. signpost the need to change by suggesting circumstances have altered
9. provide excuses for people to change because circumstances have changed.

#### Not Possible

1. change the existing beliefs, attitudes, and behaviours of the audience.

(Elliot, 1989, p. 8)

With these concepts in mind it appears that the mass media provide some opportunities for engaging large groups within the community to new ideas but has limited application in changing behaviour in the longer term. Using concepts of human information behaviour (see Chapter 3) it is also clear that those different groups in society use information in different ways. Taking account of these factors adds to the understanding of the efficacy, or otherwise, of social marketing campaigns and their applicability to special groups. Given the

wide scale use these campaigns, and their whole of community emphasis, it would be fair to propose that developers of campaigns (and those that fund them) take little account of the actual, rather than perceived, ways these diverse groups seek, use and share information. In considering a social marketing campaign to engage men about issues of physical and mental well being and consequent help seeking, it would be necessary to be clear about what is intended from such a campaign and what can be reasonably expected from men who are exposed to it. It would appear from the literature that any decision to engage in a social marketing campaign to change men's harming behaviours would need to be approached with caution both in terms of cost, and possible outcomes.

## **AUSTRALIAN AND INTERNATIONAL CAMPAIGNS**

Notwithstanding the evidence that social marketing campaigns have limited impact in changing behaviour, especially in the short term, government and community groups in Australia and internationally continue to invest large sums of money in such initiatives in an attempt to influence community attitudes, change behaviour and set social agendas. In recognition of the particular issues related to men's health and wellbeing in Western society, considerable government and community resources have been forthcoming in recent times for the development of information products and support services to inform men of issues impacting on health and wellbeing (e.g. Alston & Hall, 2005; Beyondblue, 2008; Fatherhood Institute, n.d.; LifelineWA, 2007; Mensline Australia, 2007).

Notwithstanding this investment, research from the numerous studies which have examined help seeking by men (for example, Griffiths, 1996; Horwitz, 1977; Kessler, Brown, & Broman, 1981; Mahalik, 2001; Mahalik et al., 2003; O'Brien, Hunt, & Hart, 2005; Thom, 1986; Tudiver & Talbot, 1999) show that men are often not aware of these information products or services and continue to have difficulty mobilising help when under stress. Likewise local studies have shown similar patterns of help seeking behaviour (Loney, 1995; Partridge, 1991; Sayers et al., 2004).

The mass media is a medium of choice for many social marketing developers. A wide variety of mass media marketing campaigns have been developed to inform the community at large, and different groups within it, of the worthiness of undertaking behaviour change to ameliorate the negative impact of some behaviour. Many of these campaigns have a strong male focus e.g. campaigns highlighting the dangers of drink driving and the unacceptability of domestic violence. Many campaigns targeting women have a health focus such as breast



cancer screening, and the risks of osteoporosis for older women. Some of the campaigns are also focused on specific age groups, such as children and young parents. There are numerous extant examples of social marketing campaigns targeting different groups within communities. There are also large numbers using a whole of community approach which seek to inform on a range of issues which have been identified as impacting on a large section of the general population. During the author's work in community agencies, particularly those who have been embarking on the task of seeking funding to embark on the development of such social marketing campaigns, the presentation of the complexity of engaging the community by the use of such campaigns has been illuminating, and like the presentation of models of information seeking and use presented in the previous chapter, have been 'ah-hah' moments in terms of policy direction and service delivery. Such is the pervasion of these campaigns within contemporary Australian life that those seeking to inform the public about health and wellbeing have developed the illusion that these campaigns are the only effective communication tools for changing behaviour. As analysis of the campaigns described below shows, such conclusions regarding efficacy and the cost/benefit of commissioning them can be questionable.

A range of local, national and international social marketing campaigns targeting general health and community concerns to diverse groups will now be presented. These campaigns have been chosen as examples of the wide breadth of the campaigns available across a wide range of domains within the community, and to outline some of the goals of the developers and funding bodies.

- **Quit campaign** – Western Australia, anti smoking, replicated in other states and internationally. The West Australian Quit Campaign has been running since 1984 and is conducted year round by Quit WA which operates from within the Population Health Division of the Department of Health, Western Australia. The statewide campaign aims to encourage and assist adult smokers to quit smoking by personal decision making legislative change, prohibition, community activities and wide scale advertising in all available formats (Western Australian Health Department, 2007).
- **Australia says No** – Australia, violence against women. A campaign sponsored by the Australian Government from 2004-2006 to provide information for young people,

parents and the community on identifying and avoiding abusive and violent relationships and where to find help (Australian Government, 2004).

- ***Let's look out for Australia*** – Australia, anti-terrorism. This campaign, introduced in 2003, features television, radio and print advertisements as part of the second phase of the Commonwealth Government's National Security Information Campaign. The campaign also distributed the *Let's Look Out for Australia* booklet and an emergency contacts card, which were delivered to all Australian households (Australian Government, 2007)
- ***Grim Reaper*** – Australia, AIDS awareness, introduced in 1987. A mass media advertising campaign to provide information about the danger of AIDS in the general community and highlight the risks of engaging in unprotected sex (Halliday, 2002, n.p.).
- ***Visible Brain*** – Roads & Traffic Authority NSW, drink driving, replicated in WA in 2006. A campaign featuring visuals of the impact of alcohol on brain function (NSW Road Transport Authority, 2007).
- ***Pitstop Campaign for Men's Health*** - Western Australia Mid west, general health and depression. A 2004/2005 campaign targeting rural men using mechanical metaphors to encourage regular health checkups. "Point of sale" advertising at rural field days and community activities combined with advertising in local media (Alston & Hall, 2005).
- ***BeActive*** – NSW, increase in physical activity. A mass-media statewide campaign to promote regular moderate-intensity activity was conducted during February 1998. The target group was adults aged 25-60 who were aware of the need for exercise but insufficiently motivated to take part in it (Bauman et al., 2001)
- ***Pitstop Campaign for Men's Health*** – UK, Liverpool, general health. Mass media campaign and community contact initiative targeting men who are reluctant to talk about health, hard to get to, don't like going to doctors etc. The campaign offered free health checks in a range of venues – pubs, social clubs, leisure centres etc – anywhere apart from doctors surgery (O'Brien et al., 2005).

- **BAM! Body and Mind** – USA, Centre for Disease Control and Prevention, mental and physical health for children 9–13 years. An online campaign for children marketed through schools and health services developed under the auspice of the U.S. Department of Health and Human Services (Centers for Disease Control and Prevention, n.d.-a).
- **Get Smart** – USA, Centre for Disease Control and Prevention, Know when antibiotics work. This campaign was launched in 1995 and in 2003 was renamed Get Smart: Know When Antibiotics Work in conjunction with the launch of a national media campaign. This campaign aims to reduce the rate of rise of antibiotic resistance by: promoting adherence to appropriate prescribing guidelines among providers, decreasing demand for antibiotics for viral upper respiratory infections among healthy adults and parents of young children, and increasing adherence to prescribed antibiotics for upper respiratory infections (Centers for Disease Control and Prevention, n.d.-b).

Many of the Australian campaigns have contained graphic images and confronting messages which have not always been well received by the community or social commentators. There have been calls for advertising materials to be removed from the **Quit, Australia Says No, Let's Look Out for Australia**, and **Grim Reaper** campaigns.<sup>15</sup> In the case of the **Let's Look Out for Australia** campaign, such was concern about the community disharmony which may have been generated by the campaign that a counter campaign was mounted which encouraged community members to return the home based advertising material to the Prime Minister.

While many in the community dislike and dispute the effectiveness of graphic advertising others disagree. For instance, Professor Ron Penny, Australia's leading AIDS pioneer describes "the Grim Reaper advertising as one of the most effective campaigns launched in Australia ... for the general public, its chilling image of the cowed Grim Reaper bowling balls to indiscriminately knock down women, men and children hit an emotional core ... prior to that no one had heard about it. That ad is once seen, forever remembered" (Halliday, 2002, n.p.). While this comment reflects the emotional response to the advertisement in question

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<sup>15</sup> As an example of concerns raised about graphic advertising around sensitive social issues see ABC Television 7.30 Report <http://www.abc.net.au/7.30/content/2006/s1789573.htm>

it does not indicate measured behavioural change and it is this aspect of social marketing which is the key to its success. Brand recognition is not enough. In a personal communication with the author Sydney based social marketing developer and evaluator Patrick Shanahan (Elliot, 1989, 1993; P. Shanahan, 1989; P. Shanahan, Elliot, & Dahlgren, 2000) made the well remembered observation “it is not the information which is important but what people do with it” (P. Shanahan, personal communication, May 2004).

The World Health Organisation (WHO) made mental ill health and suicide prevention priority areas in the early 1990s (see Chapter 6 for details and discussion). Since then there has been a wide range of social marketing initiatives highlighting mental ill health and depression in an attempt to de-stigmatise the conditions and to encourage individuals and their families to seek help. The campaigns have included mass media marketing, bill boards, home based information materials, telephone help lines and increasingly interactive websites using aspects of cognitive behaviour therapy (CBT) to allow self diagnosis and behaviour change. Moodgym is an Australia example of an Internet based intervention which uses CBT (Australian National University, 2007)

Examples of Australian and international social marketing campaigns highlighting mental ill health include:

- ***Beyondblue*** – Australia. *Beyondblue* was established in October 2000 as a national five-year initiative to create a community response to depression, moving the focus of depression away from a mental health service issue to one which is acknowledged and addressed by the wider community. It is a high profile campaign using mass media, billboards and advertising at community events together with relationship development with a wide range of community and business organisations. *Beyondblue* has as its mission “five priority areas for action (1) community awareness and destigmatisation; (2) consumer and carer participation; (3) prevention and early intervention; (4) primary care; and (5) targeted research” (Pirkis, 2004, p. 5). The project has received additional funding to 2010. The initiative has been successful in a range of these priority areas including in the “increase in the quantity and quality of information available about depression through media and educational sources... and gains in ‘depression literacy’”(Pirkis, 2004, p. 6). It has also been successful in receiving greater recognition for the role of GPs in supporting those with depression and bringing the issue of mental ill

health to the policy arena (Beyondblue, 2008). Before the commencement of *Beyondblue* limited base line data was available as to the awareness of depression in the community, and likely responses to mental ill health. This is a major flaw of the project and makes later measurement of the successes of the many of the priority areas difficult to evaluate. There were, however, 10,648 visits to the *Beyondblue* website from 7 May 2007 to 19 Dec 2007. These website visits would indicate considerable community awareness of depression, of *Beyondblue* more specifically, but visits to a website may or may not translate into action and behavioural change. With these difficulties in mind the independent review conducted in 2004 before the second wave of funding was granted concluded that:

Beyondblue's vision (i.e., a society that understands and responds to the personal and social impact of depression, and works actively to prevent it and improve the quality of life of everyone affected by it) is more ambitious than its mission, and involves substantial cultural change that has not yet been realised (Pirkis, 2004, p. 10).

- **See Me** – Scotland, de-stigmatise mental ill health. The *See Me* campaign was launched in October 2002 to challenge the stigma and discrimination around mental ill-health in Scotland.

*See Me* was developed in conjunction with various other government and community initiatives focusing on issues of mental ill-health. These initiatives were undertaken after the National Scottish Survey of Public Attitudes to Mental Health, Mental Wellbeing and Mental Health Problems. This study sought to examine the views and experiences of a representative sample of the adult Scottish population (reflecting age, gender, income, location, race and ethnic diversity) in relation to a spectrum of mental health related issues; and to compare findings with other relevant survey data from within UK and internationally. The National Scottish Survey of Public Attitudes to Mental Health, Mental Wellbeing and Mental Health Problems was repeated in 2004 and 2006 and refined to reflect changes in policy and service delivery (Braunholtz, Davidson, Myant, Mori, & O'Connor, 2007).

The *See Me* campaign combines an award-winning national publicity programme with local and national anti-stigma action developed in partnership with like-minded groups and individuals across all sectors of Scottish life. Individuals who have experienced stigma are involved in many aspects of the campaign. This includes those prepared to talk to the media about the impact stigma has had on their lives. This campaign was developed after community consultation (focus groups) and has been evaluated to determine reach into the community and reports of behaviour change in terms of changes to understanding of mental illness, use of language to describe people with mental illness, and a willingness to employ people with a mental illness (Scottish Executive, 2007). When evaluating the effectiveness of the campaign the 2006 evaluation (Braunholtz et al., 2007) point out that:

While the three surveys [2002, 2004, 2006] carried out to date have allowed the monitoring of trends in behaviour, experience and attitude across a range of mental health issues [and shown some positive developments], we need to recognise that attitudes and behaviours are multi-factorial. To test the correlations that have been found, and to establish causation, would require a different, longitudinal research design (pp. 14-15).

- ***Defeat Depression Campaign*** - UK. This campaign ran in the UK between 1991 and 1996 and included strategies to reduce the stigma associated with depression, education of the public about depression and encouragement of early help seeking. Newspaper and magazine articles, radio and television programmes, and other media strategies were used. Surveys of public attitudes were conducted in 1991, 1995 and 1997. There was no control group for the campaign and although attitudes changed during the campaign it is not possible to determine if these changes were the result of the campaign or the result of other stimuli in the community (Paykel, Hart, & Priest, 1998).

- ***Alliance Against Depression*** – Nuremburg, Germany. This campaign was part of the ongoing European Alliance against Depression (EAAD)<sup>16</sup>. In 2000 and 2001 base line data was collected by telephone surveys carried out in Nuremburg and Wurzburg to gain information about the beliefs and attitudes of the public towards depression and its treatment. In 2001 a city wide information campaign was undertaken in Nuremburg (but not in Wurzburg) to educate about the causes and treatment of depression, and to attempt to lower rates of suicide. Information delivery included: leaflets and brochures to homes, cinema spots, posters and billboards in public areas, displays at community events, and competitions for art work. This campaign is unique in that baseline data was collected (pre-campaign telephone surveys) and a control group was available (similar city where the campaign was not shown). Post campaign data was also collected. While there was some change in attitudes to some aspects of depression in Nuremberg, surprisingly there was also a change in the attitudes towards depression in the control city. As with the British campaign, this result shows that the public respond to other informational stimuli independently of, or simultaneously with, social marketing campaigns. What is also noteworthy with this campaign is that while a key focus was to change negative attitudes to the use of antidepressants, this was not achieved. Over 80% of survey respondents continued to hold negative views of efficacy of antidepressants after the campaign in the first follow up interview (10 months after commencement). Twelve months after the two year campaign there had been a reduction in suicide attempts in Nuremberg but not in Wurzburg, but no difference in completed suicide. It is unclear if this impact on suicidal behaviour was a honeymoon effect or was sustained over time (Hegerl, Althaus, Schmidtke, & Niklewski, 2006; Hegerl, Althaus, & Stefanek, 2003).

As is illustrated by these examples many social marketing campaigns are extant but their efficacy, and outcomes from them are in many cases questionable. This is due to lack of base line data, a clearly stated case for what is attempting to be achieved, a reliable control group and the development of tools for measurement of the efficacy of the campaign at its conclusion.

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<sup>16</sup> For a comprehensive overview of the European Alliance against Depression see <http://www.eaad.net/>

## **RATIONALE OF SOCIAL MARKETING CAMPAIGNS**

Social marketing campaigns operate to change behaviour and attitudes in a variety of ways: fear (such as the *Grim Reaper* campaign for AIDS awareness), appealing to the greater good (such as *Let's Look Out for Australia* campaign, although for the good of whom can be questionable) and a combination of reward and punishment or carrot and stick (such as the *QUIT* campaign which uses personal encouragement (carrot) with legislative changes which make certain behaviours unlawful (stick) such as smoking at work). Such campaigns, as a form of advertising, seek to achieve these ends by persuasion (O'Shaughnessy & O'Shaughnessy, 2004), social action (Pace et al., 1975) and threats to self-esteem (Raviv, Raviv, & Arnon, 1991). A major component of these strategies is the use of fear, either to the self (such as death by smoking), to one's loved ones (such as death from AIDS if one engages in unsafe sex) or fear for the entire community (such as the impact of climate change or terrorism). These fear based messages have two components:

- a threat component, that is, severity of the threat, or susceptibility of threat (can it happen to me?); and
- a recommended response, that is, does the response work? Can I do the requested response, and what blocks me from doing the response? (Heimann, 2004).

Elaborating on these concepts Heimann (2004) considers the likely response to both components:

1. Threat motivates action, efficacy determines nature of the action.
2. When threat is low, there is NO response to the message (it's not even processed, efficacy is not even considered).
3. When threat is high, and efficacy is HIGH, then people CONTROL THE DANGER and protect themselves.
4. When threat is high, and efficacy is LOW, then people CONTROL THEIR FEAR and ignore the message (all emphases in the original) (n.p.).

Furthermore, Heimann suggests that in a successful campaign:

1. It is critical to measure both INTENDED and UNINTENDED campaign outcomes, to see if there is NO response versus a FEAR control response, as these may look the same as NO response, when in fact fear, can be the beginning of a



behaviour change, although no change is measurable at the current time  
(emphasis in original) (n.p.).

The focus on research and constant evaluation of social marketing campaigns has also been a successful cornerstone of the work of Canadian environmental psychologist Dr Doug McKenzie-Mohr who has developed a marketing technique for community awareness campaigns called Community Based Social Marketing (CBSM). This approach encourages and supports behavioural change which is sustainable over time and results in long term positive outcomes at the community level.

The CBSM approach suggests that there are seven steps or tools for implementing effective behaviour change within groups in society:

1. commitment – the person must want to do it;
2. prompts – the person must be reminded to do it;
3. norms – the community must support the person doing it;
4. communication – the person must be able to communicate how they are doing it;
5. incentives – the person must be provided with incentives to do it;
6. removing external barriers – communities must remove external barriers to people doing it; and
7. design and evaluation – which must be the first, evolving and final step (McKenzie-Mohr, 2007).

Within the key step of design and evaluation McKenzie-Mohr (2004/2007) emphasises strongly that social marketing campaigns must be developed using real time initiatives, utilising the real time behaviour of targeted respondents to the campaign, rather than developing campaigns in an intellectual vacuum which is more about the needs and aspirations of the developers (or funding bodies) than community members who would benefit from changed behaviour. He suggests that there are four steps to this process:

1. identifying the barriers and benefits for individuals and groups in undertaking a new, or changed, behaviour;
2. developing a strategy that utilizes “tools” that have been shown to be effective in changing behaviour (within particular social groups);

3. piloting the strategy to test effectiveness, uptake, efficacy etc., and refining the campaign as required for maximum benefit; and
4. evaluating the strategy once it has been implemented across a community to test effectiveness, uptake, efficacy etc (McKenzie-Mohr, 2004, p. 1).

McKenzie- Mohr's concerns about the lack of rigour in the development of campaigns echoes those of other scholars who highlight the need for careful research on the information responsiveness of target audiences prior to development of social marketing campaigns to ensure that expectations of outcome are clear and can be met. As discussed in the evaluation of Australian campaigns targeting road safety by Elliot and Shanahan Research (Elliot, 1993), most campaigns are not evaluated or else use only a primitive non scientific approach to evaluation focusing on awareness of the campaign rather than behaviour change (p. iii). Elliot and Shanahan also found that most campaigns are of short duration. Considering the work of other researchers who suggest that the behavioural change is not a linear information/action process (Gladwell, 2000; Pace et al., 1975; Prochaska et al., 1994) this short duration is unlikely to achieve any behavioural outcomes unless other stimuli are present simultaneously. Long duration is rare for social marketing campaigns but the **QUIT** campaign stands out as one which has endured and evolved to ensure maximum impact, underpinned by ongoing evaluation and refinement. "The prevalence of daily smoking among the West Australian adult population has fallen significantly from 32% in 1984 when the campaign began to 21% in 2001"(Western Australian Health Department, 2007) and "in 2004 the Australian Institute of Health and Welfare estimated that only 17.4 per cent of people aged 14 years and over smoked daily" (Better Health, 2007) . The **QUIT** campaign contains many overt examples of threat and fear messages as discussed earlier in the work of Heimann (2004). Notwithstanding this long term and high profile campaign, and the significant behavioural changes which have been made about the issues of smoking, it is sobering to reflect on the lack of penetration of the messages of threat and fear embedded within the campaign for the 17% of the community who continue to smoke, or commence smoking, each year.

When considering the capacity to market behavioural change to men about their risk taking behaviours (both overt and covert) and possible consequent help seeking, it is wise to keep the statistics for smoking in mind and the role of social marketing in changing smoking behaviour from 32% of the population to 17% in a 25 year period. Although any suicide is a

tragedy, it is within the Australian community a relatively rare event, at a rate for men aged 25-44 of around 21 per 100,000 (depending on the year). In 2006 suicide was ranked 15<sup>th</sup> in causes of death in Australia overall. Notwithstanding the high rate of suicide in men compared to women, suicide by men was not ranked in one of the top 10 causes of death in 2006 (Australian Bureau of Statistics, 2008). In terms of raw numbers 1,398 men died from suicide in 2006 compared to 12,186 from heart disease and 4,665 from lung cancer. Notwithstanding these relative numbers of deaths, it will also be shown in Chapter 6 of this thesis that there is the possibility that many other deaths go unrecorded as suicide, and risk taking which does not lead to death also needs to be considered as behaviour worthy of change. Given the residual 17% of the community who choose to smoke after the highly visible, long term, carrot and stick **QUIT** campaign the capacity of a social marketing campaign to engender large scale behavioural change in Australian men in terms of their suicidal and risk taking behaviour, and consequent help seeking would need to be carefully considered using the most sophisticated research methods available. The efficacy and reach of such campaigns, and the impact on men who view them, will be considered in the data collected from the participants in the narrative studies at the core of this thesis which will be reported in Chapter 7 and 8 of this thesis

## **CONCLUSION**

As discussed in the introduction to this chapter social marketing may provide a framework for developing effective messages aimed at modifying evaluative attitudes, normative beliefs and perceptions of behavioural control in men. While this may be so, it is also the case that developing information products, including mass media campaigns, which engage Australian men, and lead to behavior change, will require initial, and ongoing, research into the information behaviour of men in order to find out more about what messages engage men and how these can be best delivered to them. Using the data presented in this chapter which demonstrates that the efficacy of social marketing campaigns is oftentimes questionable, it is clear that without this first and evolving process the cost/benefit of the financial investment and social worth of any information campaign may be difficult to demonstrate. Cost/benefit is an important consideration. As an example of the need for rigorous analysis of cost/benefit, in the 2008 Australian Federal budget (Australian Government, 2008) \$A20m was allocated for a mass media marketing campaign to change consumption patterns of ready mixed alcohol, particularly by young (often underage) women. The allocated funds will come from the existing health budget. Since the

announcement of this social marketing campaign, extensive media coverage has highlighted the difficulties in engendering change with such campaigns and the likely cost/benefit, given that the health budget is already under strain.

Many commentators<sup>17</sup> have highlighted the lack of base line data to support the need for such a campaign producing sales data which suggests that the highest consumers of these ready mixed alcohol products are older men. Still other reports have suggested that the consumption of these drinks will rise notwithstanding the investment in the campaign and associated increases to tax excise which will make them more expensive.

The example above highlights the need to be cautious about what can be achieved using social marketing to change perceived problem behaviours within society, and how 'top down' politically motivated campaigns may not achieve anticipated outcomes. A feasible approach to establishing a social marketing campaign targeting men about their health and wellbeing, and the cornerstone of the Community Based Social Marketing methodology discussed earlier, would be to engage with men about their current information needs, seeking and use. Dependent on the results of this enquiry, a social marketing campaign could be developed in response to the information gained from such a study, if this is what men say would work for them. Consequent information prompts and products could be developed in conjunction with such a campaign. This should ensure that the campaign had increased reach and the greatest chance of impact. Such an approach would be consistent with changing attitudes to social marketing initiatives.

The health communications field has been rapidly changing over the past two decades. It has evolved from a one-dimensional reliance on public service announcements to a more sophisticated approach. Rather than dictating the way that information is to be conveyed from the top-down, public health professionals are learning to listen to the needs and desires of the target audience themselves, and building the program from there. This focus on the 'consumer' involves in-depth research and constant re-evaluation of every aspect of the program. In fact,

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<sup>17</sup> The flagship ABC current affairs programme *Four Corners* analysed these issues in "On the Piss" which aired on ABC television on June 9, 2008. The ABC has also produced a comprehensive resource file of the commentary and supporting statistical data. To view the programme and preview the resources go to <http://www.abc.net.au/4corners/content/2008/s2267566.htm>

research and evaluation together form the very cornerstone of the social marketing process (Weinreich, 2005 n.p.).

Developing a change in help seeking behaviours in Australian men who are experiencing stressful life events will involve exposing men to information about new ways of thinking about their behaviour and values, and providing social supports, and prompts, to allow them to act on this new information. As discussed in Chapters 1 and 2 of this thesis, the construct of masculinity has been a significant part of Australian cultural development. Many Australians are beginning to question the impact of this construct on men's health and wellbeing. They are also questioning the portrayal of masculinity and maleness in the media and what impact this has on men, and the wider society more generally. A social marketing campaign may present significant opportunities to engage with men across a wide spectrum of Australian society about gender role conflict and the impact of these conflicts on their health and wellbeing.

As previously discussed in the outline of human information behaviour in Chapter 3, a response to social problems is often to develop information products and services to inform the community of how changing behaviours can lead to better personal, family, and community outcomes. Little account is taken of the cost/benefit of such projects and subsequent behavioural outcomes over time. Development of a social marketing campaign targeting Australian men experiencing stressful life events will need to take account of the existing literature on the impact of these campaigns, both in Australia and overseas. Such research would need to consider carefully what can reasonably be expected of campaigns targeting special groups (such as men), and to build into these campaigns realistic understandings of the barriers and benefits for Australian men in making such changes. Such research may provide valuable insights into ways to effectively engage men. It must be conducted in such a way as to ensure that the role, and efficacy, of social marketing is not overestimated, notwithstanding the predilection by policy makers and funding bodies for their use.

The research presented above questions the efficacy of information transfer via social marketing campaigns. Considerable research has shown, however, that information is readily transferred through social networks. This research has also shown that social networks can both support behaviour change or encourage behaviour maintenance. Social networks have also been shown to support wellbeing in a variety of ways, in a variety of

contexts. The next chapter, Chapter 5, will review the literature which pertains to social network support and the benefits to personal and community wellbeing of having access to such support. It will also explore how wellbeing is measured and reported. Data from the Household Income and Labour Dynamics in Australia (HILDA) Survey will also be presented which reports some of the measures used in this survey to identify the wellbeing of individuals and groups within Australian society, including men. These national data are provided as a backdrop to the discussion of the impact of social networks on wellbeing which will be undertaken in the narrative study with the select group of men who have experienced a stressful life event which reported in Chapter 7 and 8 of this thesis.

# Chapter 5: Social connectedness and its impact on help seeking

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## INTRODUCTION

There is much extant research which shows the correlation between the strength of the social network of individuals and their reported wellbeing, and that a poor social network can be predictor of the risk of mental and physical ill health (e.g., Bolton & Oatley, 1987; Cutrona, 1986, 1990; Cutrona & Russell, 1987; Fusilier, Ganster, Mayes, & Bronston, 1986; S. Henderson, 1977; Holahan & Moos, 1982; Short, 1996). Other researchers (e.g., Chatman, 1991b, 1996, 2000; Childers, 1982; Dervin, 1976, 1980, 1983/2000) have documented the relative worth of the social network, and the small world of the everyday, in supporting or hindering information exchange and emotional support between network members.

In order to provide a back drop to the role of social networks in supporting the information exchange relationships and wellbeing of the men who took part in the narrative study at the core of this thesis and reported in Chapter 7 this chapter of the thesis will examine a range of theoretical aspects of social connectedness and the way these concepts link with information exchange and wellbeing. For clarity, social connectedness, that is, the level to which people feel connected to others is a term closely related to the social network of individuals. In the literature discussed below, and in consequent commentary, these terms are used interchangeably.

To gain a deeper insight into the role of social connectedness and wellbeing in the Australian context, this chapter will also examine some of the wellbeing measures within the Australian Household panel survey: Household and Labour Dynamics in Australia (HILDA). Gender differences in the reporting of some of the wellbeing measures in the HILDA survey will be provided and discussion will be undertaken regarding the possible significance and implication of these differences in terms of the measures used. Research which examines the subjective nature of reports of wellbeing in such surveys will also be discussed.

## **THE ROLE OF SOCIAL RELATIONSHIPS AND SOCIAL CONNECTEDNESS ON WELLBEING**

Considerable investment is made in the wide scale collection of information about the social network of individuals, using such tools as the International Household Panel Surveys and many smaller local, national and international studies. The extrapolation of these data into commentary on wellbeing leads to considerable speculation about the relative merits of social network strength of men and women as there does appear to be gender differences in reported wellbeing, and mental and physical health in the Western world.

Interest in the role of social connectedness and friendship in supporting human life is long standing. The Ancients had the view that true friendship, and therefore its benefits and rewards, was only possible between high order males (Pahl, 2000). However, since the advent of second wave feminism in the 1970s there has been much commentary both in the academic literature and the popular press of the value, and superiority, of friendships between women in providing a buffer to social and emotional stress, and enhancing life (e.g., Chatman, 1991a; Horwitz, 1977; G. Murphy, 1998; Oliver, Pearson, Coe, & Gunnell, 2005; P. H. Wright, 1982; Zeldow & Greenburg, 1979).

Within the commentary on wellbeing, and its links to physical and mental health, there is considerable speculation on the role of gender in reported wellbeing and how different styles of responding to the need for social connectedness may impact on men and women (e.g., Berkman & Breslow, 1983a; Berndt, 1996; Fusilier et al., 1986; Spencer & Pahl, 2006; P. H. Wright, 1982; P. H. Wright & Scanlon, 1991). While some authors find that gender may be a factor in the relative strength of the links between social connectedness, subjective wellbeing and physical and mental health, other studies show that this becomes less than clear when factors such as temperament, education level, religiosity and income are controlled, and the length of the friendship is considered. This chapter will also consider the correlation between gender, social connectedness and wellbeing in terms of the various tools of measurement which are available, and how these measures are used, and the data from them reported.

As discussed in Chapter 1, within the Anglo Western countries of the UK, Australia, USA, South Africa, New Zealand, and English speaking Canada, women report higher levels of mental ill health but men suicide more often (this phenomenon is also explored in more



detail in the next chapter, Chapter 6). The role of perceptions of wellbeing in reported and diagnosed mental ill health may be able to enhance understanding these gender differences in response to stressful life events. When examining perceptions of wellbeing, what is notable in Australia, as will be demonstrated later in this chapter from data in the HILDA survey, men report higher wellbeing scores than women on a wide range of measures which creates a conundrum for those attempting to ameliorate the tragic impact of extreme stress; suicide. If men are not reporting a sense of poor wellbeing how can services respond to their needs, or indeed, should those who are reporting generally high wellbeing be a target audience for mental health services at all?

## **WHY MEASURE WELLBEING?**

In attempting to critique some of the dilemmas of measuring wellbeing and the use of the data which is collected from the various measurement tools, the UK researchers Liz Spencer and Ray Pahl (2006) succinctly describe many of the issues which confound those attempting to examine the complexities of the impact of social connection on wellbeing and mental health in the modern era and of the need to attempt such a task. They suggest that the necessity of the task falls into three broad categories:

1. The WHO claim that depression and other mental health disorders are the most rapidly growing form of ill health in recent years;
2. Politicians and policy makers have been alarmed by the supposed lack of civic responsibility and a retreat into self absorbed individualism by large sections of the community;
3. There are fears that particular types of personal relationships such as marriage, and permanent partnering, are in decline and have become fleeting and transient, and that people have become socially, and emotionally, isolated (Spencer & Pahl, 2006, p. 1).

Other authors have suggested that notwithstanding the worth of measuring wellbeing within the community in order to identify those groups in need, and offer supports to them:

there are important questions about precisely which measures of well-being should be used. Methodological challenges also arise about how to interpret

the evidence. Some specific factors arise [regarding the use of measures] that should be explored further given their potential policy relevance. These questions, in turn, give rise to other important questions about the distribution of well-being across society and the general public's views on well-being in policy (Dolan, Peasgood, & White, 2006, p. 9).

It is important to consider personal differences in response to surveys in a consideration of the value of wellbeing measures. Schwarz and Strack (1991) suggest that individuals vary in their capacity to recall information about life events which may impact on wellbeing and "accessible" information is not always used in forming a judgment. Furthermore, they suggest that it is not surprising that the overall relationship between objective conditions of living and subjective wellbeing is weak: the same event may influence subjective wellbeing in opposite directions, depending on its perceived "distance" to one's current situation (p. 33). Like styles of information behaviour reported in Chapter 3 of this thesis this difference may also be a factor of temperament. For example, events such as Christmas may engender feelings of wellbeing in those with an extroverted temperament and strong family ties, but feelings of dread and unhappiness in those who are more introverted, estranged from family, or socially isolated. Similarly, as Schwarz and Strack (1991) point out (p. 30-36), responsiveness to wellbeing surveys may be influenced by such things as question order, social context, mood states and perceived capacity to be self reliant and exercise a level of psychological autonomy. Schwarz and Strack report that it has even been shown that wellbeing scores are higher in personal interviews than in self administered questionnaires.

As discussed earlier in this chapter, there is wide scale interest in perceptions of wellbeing, both of individuals and communities, and indeed, of subsets of communities. Such matters are now considered integral to the development of public policy and the delivery of community services. In order to record these perceptions of wellbeing a variety of survey tools are used, and a variety of agencies, both public and private are engaged in the collection of these data. One major source of data about the perceptions of health and wellbeing are household panel surveys. These surveys are

longitudinal and measure behaviour and perceptions to a wide range of social issues of a large group of individuals and families over time. Many of household panel surveys conducted internationally share data in order that cross cultural comparisons can be made about the lives of citizens, and the impact of differences in social policy on a wide range of measures including; taxation, maternity leave, income support, social services, and family structure. Major international panel surveys are undertaken in Britain, the USA, Canada, Germany and Australia. The household panel survey underway in Australia is the Household Labour Dynamics in Australian (HILDA) survey.

In the following sections of this chapter the conduct of HILDA, other international panel surveys and some of the other tools used to measure and record community and individual wellbeing will be examined. Data from the HILDA survey will also be presented to show how these data can be used to indicate perceptions of well being as it relates to a range of domains, including gender. How these data may be used to show levels of social connectedness, and access to help and support in times of stress, will also be explored.

## **THE HOUSEHOLD, INCOME AND LABOUR DYNAMICS IN AUSTRALIA (HILDA) AND THE INTERNATIONAL PANEL SURVEYS**

The Household, Income and Labour Dynamics in Australia (HILDA) Survey is conducted by the University of Melbourne Institute of Applied Economic and Social Research under the auspice of Department for Families, Community Services and Indigenous Affairs. HILDA began in 2000 and was initially funded for eight waves. Data for each wave are collected annually; the data analysed in that year, and made available to scholars and researchers early in the following year. In the 2007 Federal budget funding was allocated to conduct the survey for a further four years (for a full explanation of the HILDA survey see Melbourne Institute of Applied Economic and Social Research, 2007a).

The HILDA Survey is a broad social and economic survey, with particular attention paid to family and household formation, income and employment. As the HILDA Survey has a longitudinal design, most questions are repeated each year. Nevertheless, within each survey wave, scope exists for asking questions on topics that will not be covered every year. The main additional topics to date are as follows:

Wave 1 – Family background and personal history variables (subsequently included in every New Person Questionnaire);

Wave 2 – Household wealth;

Wave 3 – Retirement and plans for retirement;

Wave 4 – Private health insurance, and youth; and

Wave 5 – Fertility and Partnering, Personality, Household Expenditure, Intentions and Plans.

The HILDA survey comprises 5 sections; A-E, with multiple questions within each section.

The sections within HILDA are:

- A. The Household Form;
- B. The Household Questionnaire;
- C. The Continuing Person Questionnaire;
- D. The New Person Questionnaire;
- E. The Self-Completion Questionnaire;

For the purposes of this study some aspects of the data from Wave 4 and Wave 5 will be reported. In Wave 4 12,408 individuals were interviewed and in Wave 5 there were 12,759 interviews (Melbourne Institute of Applied Economic and Social Research, 2007b, p. 10). In conjunction with the interviews conducted by trained staff (Sections A-D) within the HILDA survey there is a self complete questionnaire (SCQ) (Section E) which is left with the respondent for personal completion and return. The SCQ (Appendix 7) contains questions which may be considered of a more personal nature and which benefit from reflection and has 6 sections:

- A. General Health and Wellbeing;
- B. Lifestyle and Living Situation;
- C. Personal and Household Finances;
- D. Your Job and Work Place;
- E. Parenting;
- F. Demographic Data and Impressions of Living in Australia.<sup>18</sup>

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<sup>18</sup> To view the complete set of questionnaires from all Waves of HILDA see <http://www.melbourneinstitute.com/hilda/qaires/q4.html>

While data from the SCQ are collected from those who take part in the formal interviews, these data are collected anonymously and are not linked to responses collected by the interviews. Much of the material reported in this chapter is derived from this SCQ. The SCQ is a complex and detailed survey and many of the questions have multiple dimensions. The questions used for discussion in this chapter were chosen at random using words within the questions such as stress, happiness, and life satisfaction as primary selection tool. Questions about general health, alcohol consumption, smoking and family harmony were also chosen. This random sampling was used in order to provide examples of the way wellbeing is examined in the survey and how these questions, and participant responses, might shed light on the different ways that males and females perceive their wellbeing in Australia, and how they report stressful life events. Examination of the responses outlined in this chapter is not a scientific analysis nor was the selection of questions for reporting. Such analysis was outside the scope of this review and is represented here as a possibility for further enquiry. The data within HILDA provides a unique opportunity to gain a snapshot of Australian attitudes to a range of social issues, wellbeing is but one of these and its analysis presents a wide range of challenges for researchers, both in Australia and overseas.

HILDA is part of a series of International Panel Surveys conducted throughout the world. Panel data are obtained from surveys conducted in various countries which maintain a sample of individuals for the collection of repeated and additional measures of interest over time. An important dimension, which can also apply to a cross-sectional survey, is the collection of information on the parents, children and siblings, or in an employment survey, on co-workers. The features of other persons of interest at a point in time and over time and generations are important for understanding the behavior and outcomes of any one person during a lifetime. Panels may be time delimited or they may be of a steady state type, in which a mechanism is set out to refresh the sample to offset attrition or to bring in new cohorts over a future, indefinite period. Panels may have a short data collection periodicity, such as months or quarters of a year. HILDA and British Household Panel Study (BHPS) are examples of annual panels. They may also be biennial, such as the older cohorts of the National Longitudinal Surveys (NLS), the Health and Retirement Study (HRS) or the Panel Study of Income Dynamics (PSID) in USA (P. V. Marsden, in press).

Panel surveys in Germany and Canada are also part of this internationally recognised group of panels and form part of the Cross National Equivalent Files (CNEF), which are administered by Cornell University in the USA. The CNEF allow researchers to make comparative analysis of a range of data across the countries within the subscribing panels. At the time of writing, the wellbeing measures do not form part of the CNEF and comparative data is not available. All comparisons in this thesis are indicative only. The development of tools for cross national comparison is an important component of discussion regarding future research into the possible cultural components of help seeking and response to stressful life events which is undertaken in Chapter 9.

## **WHAT IS BEING MEASURED IN WELLBEING SURVEYS**

When considering the measurement of perceptions of wellbeing there is also the simple matter of definition. What is well-being, and how is it the same, or different, from life satisfaction and happiness? Researchers have recognized some of the differences in definition. They have attempted to consider them in analysis of the various contradictions in the reporting of wellbeing within the community at large, and within gender and across it. In general terms, happiness is seen as an emotion or feeling state, whereas life satisfaction refers to a cognitive, judgmental process (Lewinsohn, Redner, & Seeley, 1991, p. 141). A report of the 2002/2003 HILDA data suggests further “that two psychological variables central to the concept of well being are ‘life satisfaction’ and ‘stress’” (Headley, 2006, p. 6).

More complicated and scientific definitions abound (see, for example, Veenhoven, 1991). It is not the purpose of this work to examine these definitions in great detail but rather to highlight some of the concerns which become apparent when measures of wellbeing are used to critique the mental health of individuals and indeed, the community as a whole, and subsequently to develop social policy based on these findings. When confronted with such a conundrum, it is well to remember Humpty Dumpty in *Alice in the Looking Glass* who aptly reminds us that “when I use a word, it means just what I choose it to mean – neither more nor less” (Carroll, 1962 (1872), p. 75). Important issues arise when considering questions of definition of wellbeing from a variety of disciplines, and the implications of its use. It has been suggested (Dolan et al., 2006) that politicians and policy makers must take account of the way the various

measures can be used, and the data that can reasonably be extracted from them, when they make decisions on the needs and circumstances of individuals.

There is much current interest in the broader concepts of “happiness”, “satisfaction”, and “wellbeing” as alternatives to more traditional measures such as income and consumption in evaluating social and economic outcomes. In Australia, apart from HILDA there are a range of other studies which are attempting to measure social connection and critique its importance to wellbeing. In an attempt to measure social connection and its role in community and individual wellbeing, Deakin University in Victoria has established the *Australian Centre on the Quality of Life* and has developed *The Australian Unity Wellbeing Index* (Deakin University, 2007). On the website for the Deakin initiative there is a list of almost 20 national and international research centres undertaking similar work. Closer to home a major provider of insurance including private health insurance in Western Australia, HBF, has commissioned the HBF WA Wellbeing Survey (Paterson Market Research, 2007) in order to gain a snapshot of attitudes and expectations of Western Australians with regard to health and wellbeing. HBF, together with the leading Western Australian daily newspaper, *The West Australian*, has also commissioned two reports into the wellbeing of 18-24 year olds, the so called *iGeneration* (Paterson Market Research & West Australian Newspapers, 2004/2006). Such initiatives highlight not only the wish of service providers to find out more about the perceptions of wellbeing in the community, but also a willingness of the community to engage with the concepts of wellbeing and happiness and to air their views and aspirations about these issues.

Further examples of emergent terms are social capital, community cohesion, citizen participation, disenfranchisement, and mutual obligation. These terms are attempting to form a language about the relative worth of personal and community connection in protecting individuals from many of the perceived ills of modern life. How well they critique social engagement and social change, and how well members of the community, government and policy makers understand them, and the worth of analysis emerging from their use as measurement tools for the development of public policy is open for discussion. The role of the corporate sector, such as HBF, in the discussion and

analysis of the wellbeing measures and the dissemination of research findings from such studies is a challenging dimension to its study. It could be suggested that the corporate sector has entered this important area of community consultation in order to influence community engagement and economic activity in terms of particular product brands and perceptions of wellbeing which might be drawn from exposure to these products. If so, this adds to the complexity of the issues surrounding the use of the developing terminology about the issue of the role social connectedness and wellbeing, and its measurement. Humpty Dumpty is alive and well!

Within the research community influences on wellbeing are usually grouped, and measured, within seven broad headings:

1. income;
2. personal characteristics;
3. socially developed characteristics;
4. how we spend our time;
5. attitudes and beliefs;
6. relationships; and
7. wider economic, social, political and natural environment (Dolan et al., 2006).

Many of these measures are used in the HILDA and other panel surveys, but are also available as separate measures which can be used for a variety of purposes.

In terms of questioning related to wellbeing there are indications that not only does it matter what is being asked, by whom, and when to those considering their subjective wellbeing, it also matters how questions are being asked. There is considerable evidence from the existing literature on the similarities between different wellbeing measures and the extent of divergence in the determinants of well-being arising from the use of these different wellbeing measures (Peasgood, 2006).

The large applied literature on the topic of wellbeing and its measurement is based on the strong assumption that the subjective assessments generated by survey interviews have a direct relationship with “true” wellbeing at the time of the interviews. Life satisfaction is generally found to correlate with overall



happiness ... [but] there is minimal evidence [using the measures discussed] that overall happiness and life satisfaction are related to different personal, social and economic factors (Peasgood, 2006 (Chapter 3), p.3).

Voicing other concerns about what the measures may be reporting, Pudney (2006) suggests that there is a possibility that there may be a slow adjustment of people's perceptions of wellbeing to changes in their circumstances. In particular, that there may be some psychological inertia in moving away from an earlier assessment following a change in circumstances. Pudney investigates the presence of inertia in response to questions about perceptions of financial wellbeing in the British Household Panel Survey and finds strong evidence that perceptions adjust only slowly to changing circumstances which may lead to misleading conclusions about wellbeing. While the study at the core of this thesis (see Chapters 7 and 8) is not using income strength as a measure of wellbeing (other than the general measure of employment status) such findings of inertia in reporting wellbeing may be significant in a study of the response of Australian men to stressful life events, and their willingness to seek help at such times.

A startling example of this inertia, and of considerable relevance to this study, may be evident in a finding from the 2002/2003 HILDA data which examined levels of marriage satisfaction:

a high percentage of people, particularly men, who had separated or divorced in 2003, reported *high level of relationship satisfaction in the previous year* (italics in original); 52.8% of men and 40.5% of women who were about to split up reported relationship satisfaction scores in the 8-10 range [10 being highest]. The previous year even more of these people – 67% of the men and 50.1% of the women – had reported satisfaction levels in this range (Headley, 2006, p. 2).

It seems unlikely that those who took part in HILDA in those years were so dismissive of their marriages that they would make a decision to end them during a period of stress after reporting an 8-10 score of happiness a short time earlier. This leads to reflection about what response to the “marital satisfaction” question was actually revealing – previous happiness, unreported distress due to discomfort with the question,

unawareness of underlying marital issues – one can but speculate. As the report aptly notes “for those who were still well satisfied [8-10 scores] in 2002 [who then split in 2003], the split must have come as a considerable shock” (Headley, 2006, p. 2). Post separation suicide is a major contributor to high suicide rates in men in the 25-44 cohort in Australia (see Chapter 6 for detail of this phenomenon). With this in mind, it is worthy of note that the HILDA data survey (2001) shows that 49.3% of divorces were initiated by women while only 19.4% were initiated by men (Headley, 2006, p. 2).

Gaining insight into why so many men report high rates of marital wellbeing and satisfaction a short period before separation may provide valuable data, into not only the worth of wellbeing reports, but also on response to stressful life event. The role of inertia, as discussed above, may suggest a link between reported marital satisfaction and subsequent relationship breakdown, and a hyper-emotional response leading to suicide. This may be due to the inability of the respondent to quickly identify changes in mood states and identify risk for themselves. Such issues of inertia may indicate that respondents perceive they are more well than they are when reporting wellbeing.

## **HOW TO MEASURE WELLBEING**

Researchers (Dolan et al., 2006; Peasgood, 2006; Pudney, 2006) have also identified that the scales which are used to measure wellbeing will have an impact on reported wellbeing, as will how these reports are coded and scored. Examples of the various measures of wellbeing in general circulation include:

- Affectometer 2 Scale
- CASP 19 Scale
- Centre for Epidemiological Studies Depression (CES-D) Scale
- Day Reconstruction Method (DRM) Scales
- General Health Questionnaire (GHQ) Scale
- Happiness/life satisfaction Single-Item Measures
- Orientations to Happiness (OTH) Scale
- Personal Well-Being (PWI) Scale

- Positive and Negative Affect Scales (PANAS)
- Psychological Well-Being Scales(PWBS)
- Satisfaction with life scale (SWLS)

(for descriptions on the measures employed in these scales see, Dolan et al., 2006: Appendix A)

There is a range of wellbeing measures in HILDA, as there are in most of the international panel surveys. For the purposes of this thesis analyses of the respondent's reports to these measures have been randomly chosen. The intention is to give an overall impression of the differences in reporting by men and women, rather than to provide a scientific analysis of the worth of, and correlation between, the various measures. Such an analysis would provide opportunities for valuable future research and this will be discussed in the final chapter. From a policy perspective it is important to know whether different groups in the community would report having lower wellbeing if one measure is used as opposed to another (for a detailed analysis of the variance in reporting using the different measures see Peasgood, 2006).

There are interesting comparisons to be made, for instance, in reporting using the wellbeing measures in Wave 4 between men and women (see below) and the use of the newly introduced *Big Five variables* in Wave 5. The differences in gender reporting, both within waves and across waves, may arise for a number of reasons other than "true" wellbeing (however that is defined). In her analysis of gender differences in reporting of wellbeing in the British Household Panel Survey Peasgood (2006) comments:

gender differences between wellbeing measures may arise if women either experience, or have a greater willingness to report, emotional diversity and mental health problems. It is clearly important to be aware of these gender differences in the subjective wellbeing measures, which appear to suggest that the psychological health measures are picking up a slightly different concept to the evaluative measures of wellbeing, or at the very least are subject to different reporting issues (p.38).

There is no reason to suggest that these issues are any less relevant for the Australian panel. The issue of differences in perception of wellbeing between Australian men and women, and the ways that life satisfaction scores predict the wellbeing of Australian men and the lack of correlation of this data with their response to stressful life events, resulting in heightened suicide risk, is vexed. Could it be that men are simply being asked the wrong questions, or that researchers are focusing on the wrong answers?

### **HILDA DATA REPORTING WAVE 4 (2004)**

In the 2004 HILDA survey there were 4564 respondents in the 25-44 age cohort. Within HILDA is a Self Complete Questionnaire (SCQ) which is left with respondents to return in their own time. The SCQ contains a range of wellbeing measures and other survey tools which may require more reflection than the interviewer administered portion of the survey. In Wave 4 of HILDA there were 371 non returns of the SCQ. It is interesting to note that of these 371, 203 men and 168 women did not return the data i.e. of the non returns 54.7% were men and 45.3% were women. Given the reflective nature of many of the questions in the SCQ the gender difference in non return would, perhaps, continue to perpetrate the stereotypical notion that Australian men are less engaged with reflective questioning than women. But one could also draw the conclusion that as men are in paid employment in greater numbers than women that they have less time to complete the questionnaire. Without hard data it is impossible to explain adequately the reason for this gender difference in the non return figures, and it would be disingenuous not to consider time use as well as temperament and disposition in any analysis of the higher non return by men.

The HILDA data is supplied to researchers in a de-identified format suitable for analysis using the Statistical Package for the Social Sciences (SPSS). For the purposes of this study SPSS version 14 was used to analyse the data. Using SPSS the data were sorted for age group and gender. A variety of wellbeing questions from the Wave 4 questionnaires were selected for analysis to determine if there were differences in the way that men and women were reporting their subjective wellbeing. The responses to these questions were selected from the complete data set and all other data were discarded. Along with more general questions about mood states and wellness many of the questions chosen related to social connectedness. These questions were selected in order to determine what they may

reveal about the way men engage in information exchange relationships, and how these information exchange relationships support them in times of stress. For the purposes of this thesis, raw percentages were used to show variance in responses across gender. More sophisticated statistical analysis is possible as is cross tabulation with other variables such as ethnic background, region of residence, educational qualifications, religiosity etc to determine differences in response within gender, as well as across it. Such cross tabulation would be valuable work for future research. As indicated earlier, this section of the study is not intended to be quantitative or definitive, but rather it is intended to undertake preliminary investigation into how HILDA, and other wellbeing surveys, can inform understanding of men's social connectedness as it contributes to information exchange, both in the everyday, and in times of particular stress.

Using the methodology outlined above it was possible to show that there were similarities in the wellbeing scores for men and women in response to some measures. There were measures where men scored higher than women, and likewise, others where men scored lower. These differences are indicative only of the entire cohort and do not indicate distribution across the cohort. The questions have been edited for brevity and are not recorded in full due to their complexity (for the SCQ from Wave 4 of HILDA see Appendix 7).

A description of those responses which showed no gender difference, higher scores for men and lower scores for men respectively are reported below.

**a. Life satisfaction measures in HILDA where there was NO APPARENT GENDER DIFFERENCE**

- Satisfaction with current home
- Satisfaction with safety
- General health
- Control/autonomy in life
- Problem solving capacity
- Feeling able to change important things in life
- Feelings of helplessness
- Perceptions of being pushed around

- Perceptions of future independence
- Feelings of loneliness
- Belief in being able to do anything which is available
- Prosperity is adequate given current needs
- Mother in paid employment at 14
- Living with parents at 14
- Parents divorced or separated before 14
- Any siblings
- If oldest child

Notwithstanding the lack of gender difference in the variables above it is clear from the HILDA data that gender differences do occur in a wide range life satisfaction measures. These are listed below:

#### **b. Life satisfaction measures where MEN SCORE MORE POSITIVELY THAN WOMEN**

Men report being:

- more often employed
- more satisfied with life overall
- more satisfied with their employment opportunities
- more satisfied with their financial situation
- more satisfied with their neighbourhood
- more satisfied with their health as compared to a year ago
- more satisfied with the amount of free time they have

Men are MORE LIKELY than women to report that they:

- have feelings of vitality and full of life
- feel calm and peaceful

- have lots of energy
- are a happy person
- participate in physical activity once a week or more
- are a member sporting/hobby/community group
- are satisfied with their partner

Men are LESS LIKELY than women to report that they have

- been a nervous person some or most of the time
- have felt down in the dumps some or most of the time
- felt down
- felt worn out
- people visit as often as they would like

While the list of positive measures reported above shows men have higher life satisfaction than women there are a range of measures in the HILDA survey where men show less life satisfaction than women.

### **c. Life satisfaction measures where MEN SCORE LESS POSITIVELY THAN WOMEN**

Men smoke more often than women

Men drink alcohol more often than women

Men are less highly qualified than women (but less women have completed Year 12)

Men are LESS LIKELY than women to report

- being married or in a de-facto relationship. They are also more likely to never have had a relationship or been married
- feeling part of the community
- less frequency of getting together socially with friends/family not living with them
- "I seem to have a lot of friends"

- “I have someone to confide in”
- “I have no one to lean on in times of trouble”
- “There is always someone available to cheer me up”
- “I enjoy the time I spend with people”
- “When things are on my mind talking helps”
- “When I need someone to help me I can usually find someone”
- religion is important [Religiosity has been reported as promoting more satisfied and happier citizens (Melbourne Institute of Applied Economic and Social Research, 2006, p. 15)].
- that they have any children

Men are MORE LIKELY than women to report

- being less satisfied with their children
- having long term health conditions
- “I often need help and can’t get it”

It can be seen from these data that in Wave 4 (2004) of the HILDA survey men and women are expressing wellbeing in different ways, reporting different mood states and different perceptions of their social connectedness.

The following section will examine other measures of wellbeing which are reported in Wave 5 (2005).

### **HILDA DATA REPORTING WAVE 5 (2005)**

A feature of Wave 5 of HILDA (2005) was the inclusion in the self complete questionnaire, of a battery of items intended to measure the ‘Big-Five’ personality dimensions: extroversion (E); agreeableness (A); conscientiousness (C); emotional stability (ES); and openness to experience (O). The Big-Five is the most widely used personality measure in the field of social psychology (for an overview of the development and history of the Big Five see Digman, 1996)

Each of the Big-Five variables ranges in value from 1 to 7 and personality traits are measured by age and sex. As with most survey instruments measuring dimensions of



personality, the Big-Five instrument only has the capacity to measure personality dimensions as individuals perceive them. What one respondent may answer at the high end of score e.g. extroversion, another individual may answer more in the middle range, dependent on race, social class, community expectations etc. The notion of subjective wellbeing is particularly relevant in the use of this measurement tool and responses need to be considered as subjective only. There is no objective measure.

The Big-Five data collected in Wave 5 of HILDA indicate the following:

### **THE BIG-FIVE PERSONALITY DIMENSIONS IN HILDA WAVE 5 (2005)**

*Extroversion (E)* is consistently higher for females across all age groups. It also tends to be lower for older age groups.

*Agreeableness (A)* is consistently higher for females across all age groups. The older male age groups have higher levels of agreeableness compared with younger male age groups, whereas differences across female age groups are less clear.

*Conscientiousness (C)* is consistently higher for females across all age groups. Further, older age groups have higher levels of conscientiousness compared with younger age groups.

*Emotional stability (ES)* is higher for females across all age groups except for the 15–24 year old age group. Emotional stability also tends to rise with age, though these age effects are more marked among women.

*Openness to experience (O)* is higher for males across almost all age groups, the exception being the 15-24 year old age group. Older age groups also tend to have lower levels of openness to experience compared with younger age groups. (Melbourne Institute of Applied Economic and Social Research, 2007b, p. 20).

## **ANALYSIS OF HILDA DATA**

As discussed earlier in this chapter there is much current interest in the broader concepts of “happiness”, “satisfaction”, and “wellbeing” as alternatives to more traditional well being measures such as income and consumption for evaluating social

and economic outcomes. At first glance it is possible to draw the conclusion from the data presented above that reports of wellbeing are evenly spread between men and women, although women score more positively in the Big Five. As might be expected on some measures there is no measurable difference between wellbeing scores for men and women. It can also be seen that there are some where men score higher and some where men score lower and that these differences are evenly spread across the measures; 17 measures where there is no gender difference, 19 measures where men score more positively, and 18 measures where men score less positively.

While such analysis is reasonable, it is the breakdown of the reporting which is of value to this study rather than the “even” spread of gender difference and similarity. The purpose of this study is to examine the role of information exchange relationships within the context of help seeking for Australian men who are experiencing stressful life events. The data from life satisfaction measures where men score less positively than women sheds particular light on this issue and is worthy of detailed examination.

Grouped in this way it is apparent that while women exhibit lower mood scores, which is consistent with their higher reports of depression symptomatology (Ahn Lund & Frodi, 1996; J. Murphy, 1986; Vredenburg, Krames, & Flett, 1986; Weissman & Klerman, 1977), men exhibit lower scores of sociability and connectedness (Wave 4). These low scores of sociability and connectedness for men are consistent with the scores which show that men report less extroversion and agreeableness in the Big Five (Wave 5). It is also worthy of note that in the Big Five scores, Australian men score higher in the “open to experience” category which would account, at least in part, for their higher rates of risk taking behaviour.

Traditionally, wellbeing has been measured using factors such as income and consumption which were seen as indicative of superior social and economic outcomes, and hence increased wellbeing (Peasgood, 2006, p. 1). It is clear from the data from HILDA that Australian men score higher than women on these measures; they are in paid employment more often, they more often report that their income and employment opportunities are adequate, and they have higher mood states and are

generally full of life. On these traditional measures Australian men appear largely happy with their lot.

However, using alternative measures of wellbeing such as social connectedness a different picture on men's wellbeing emerges. Men appear socially isolated, disconnected from community life and with no one to help them in times of need, although, from their reports in the SCQ, they do not perceive themselves to be more lonely than women over all. These findings from the HILDA data are consistent with those found by the University of Essex using data from 9 waves of the British Household Panel Survey that "compared to women, men are more likely to report any social participation [including work] but they are also more likely to report low contact with friends, low neighbourhood attachment and low social support" (Peualin & Rose, 2003, p. 1).

A 1977 study in California (see C. S. Fischer & Phillips, 1982) found similar results in that men were more likely than women to have no, or only one, confidant, and that 20% of men named no confidants other than those in their household (e.g. spouse) compared to only 9% of women.

It is interesting to note that the men in these three studies men are not socially isolated in that they report more social contact through work and membership of clubs and associations than women, but this social contact does not appear to translate into feelings of emotional connection nor the perception of the availability of social support.

## **DISCUSSION**

In Chapter 2 the role of evolution in the development of human attachment systems was discussed. Social bonds are a form of attachment system and also have an evolutionary basis.

Social bonds are the basis of social interaction [which is] an evolved behaviour which has had an essential function in our species history. Social bonds having become a valuable component of the primate and human behavioural repertoire, are now necessary for persons to maintain a reasonable degree of affective comfort and operate effectively in the face of adversity (S. Henderson, 1977, p. 186).

The question is what happens to mental health and wellbeing when these evolutionarily necessary social bonds are weak and social support is perceived to be unavailable? Furthermore, how can the strength, and relative worth, of these bonds be measured, and how much, or many, are enough?

Many scholars have discussed and critiqued the role of social connection in supporting wellbeing and life satisfaction (for example, Berkman & Breslow, 1983b; Bille-Brahe & Jensen, 2004; Bolton & Oatley, 1987; Coyne, Ellard, & Smith, 1990; Cutrona, 1990; Cutrona & Russell, 1990; Fusilier et al., 1986; S. Henderson, Byrne et al., 1978; Sarason, Pierce, & Sarason, 1990). Such is the interest in the role of social connection in supporting human life the *Journal of Social and Personal Relationships* (2009) has recently devoted an entire issue to the topic reporting research of high profile international scholars.

The way that informal social networks can assist in supporting self care and provide a pathway to formal care when it is required is a secondary co-component of the worth of the social network. It is not just important in and of itself (the work of Goldberg & Huxley, 1980 was pioneering in examining the role of pathways into help and has been the foundation for many further studies). There is also the somewhat nebulous notion of the perception of social support. It has been shown in numerous studies that it is the perception of the availability of support which is of benefit to individuals not just the receipt of that support (e.g. Coyne et al., 1990; Lieberman & Mullan, 1978; Pudney, 2006; Reinhardt, Boerner, & Howowitz, 2006). That is, knowing that there are others to call on when in need is a significant enhancement to wellbeing in and of itself. It is not just the help is helpful when it is received, but rather that it might be.

Still other studies have shown the relative worth of both strong and weak ties in assisting individuals to feel supported in times of stress and to move to places of wellbeing and support (Burt, 1995; Eckenrode & Gore, 1981; Granovetter, 1973; S. Henderson, Duncan-Jones, McAuley, & Ritchie, 1978; Stone, 2001). While the worth of strong ties may seem obvious the worth of weak ties (Burt, 1995; Granovetter, 1973) lies in the fact that individuals can seek support from those outside the network who might provide new perspectives, alternative help seeking strategies, and fresh approaches to the problems at hand. There is also the issue of anonymity and confidentiality which may be an attractive benefit of weak ties to many.

A principal benefit of social networks is the communication of ideas through the exchange of resources and information. Dense networks have a number of distinct features: most, if not all, of the individuals are interconnected; the network facilitates communication by multiplying the number of information channels and reducing the number of intermediaries between network members; support is collective, as individuals are likely to co-ordinate their efforts in helping one another (Widmer, 2006). The value of dense networks for enhancing social support seems self evident but scholars (Chatman, 1991a, 1991b, 1996; Kernberg, 2003; Widmer, 2006) also point out that the dense network also acts as a deterrent to the introduction of new ideas and strategies for changing behaviour and this can be detrimental to wellbeing. The dense network reinforces normative behaviour for the group, and if a network member violates the expectations of the group by acting in ways which are counter to the maintenance of these values and expectations, group solidarity is threatened and change is less likely. In dense networks there are also those who hold power and act as gatekeepers in relation to what information is shared and what information is withheld in order that group solidarity can be assured. This concept was discussed as “large group theory” in Chapter 3 of this thesis and is an important concept for understanding how information is conveyed through social networks, and how some behaviour within these networks can become normative. In the Australian context an example of this phenomenon is the wide scale antipathy to behaviour by men which could be construed as homosexual (Seymour, 2001). This antipathy and the normative values of the society about this issue restrain men from behaving in ways which could be misconstrued as homosexual, even if such behaviour has the potential to enhance wellbeing. For instance, studies (Khorrami, 2001; Monroe, Baker, & Roll, 1997) have shown that homophobia is an obstacle to intimacy with other men for heterosexual men, therefore, it is reasonable to presume that such an obstacle would be salient in the levels of social connectedness in Australian men and have impact on their help seeking behaviour.

On the other hand, the value of loose networks lies in the “holes” in the structure of the network (Widmer, 2006, p. 981) and the capacity of these holes to mediate the flow of information between group members by allowing the flow of new ideas; members are able to act as brokers for new information and ideas (see Chapter 4 of this thesis for a description of the different roles played by members of social subgroups to make, and influence, change). The holes within a loose social group also create the necessity for

members to make a personal investment in time, energy and sociability in order to create and maintain discrete personal connections which increases exposure to new ideas information and resources. In a dense network social laziness is possible due to the relative certainty of the relationships. This, ironically, can lead these relationships to diminish in intimacy due to lack of engagement with them, and they are, therefore, less likely to be available in times of need.

When discussing social network and the benefits derived from them it is useful to consider some of the different types of networks that are present in a modern mostly urban society such as Australia. Pahl and Spencer (2004) in reporting a large scale study on friendship and social connectivity in UK have documented six distinctive types of personal communities and social networks:

1. Friend-like – more friends than family, wide range of types of people;
2. Friend-enveloped – friends outnumber family but partner/children at the centre;
3. Family-like – family members outnumber friends;
4. Family-dependent – family members outnumber friends, family very supportive;
5. Partner-based – family and friends play a minor role;
6. Professional-based – family and friends play a minor role (e.g. busy professionals, or those in institutional care such as the elderly).

As discussed previously, studies show that many men report spouses as their most important, and often only, confidant. Studies also continue to demonstrate that marriage, or a marriage-type relationship, enhance wellbeing, and improve both mental and physical health, especially for men (Kaplan & Kronick, 2006; Pirani, 2006; Tower & Krasner, 2006). With such data in mind it could be suggested that many men have Partner-based or Friend-enveloped social networks (2 or 5 above) and this would impact on the reported density of their social network overall. It may also account for the distress men encounter when their spouse is emotionally unavailable. Spencer and Pahl (2006) put forward the premise that “there is some scope to suggest that having a number of close friends somehow dilutes the power of the dominant confluent relationship” (p. 218). As will be reported in Chapter 6 of this thesis, separation and divorce considerably compromise wellbeing for Australian men, and many men appear to suffer from extreme stress at such times. The role of spouses in supporting and/or diluting social support and the implications for Australian men will be discussed in Chapter 9 of this thesis.

## **CONCLUSION**

This chapter has examined the impact of social relationships and social connectedness on wellbeing and discussed aspects its measurement. Using data from Wave 4 and Wave 5 of the Household and Labour Dynamics in Australia (HILDA) survey this chapter has highlighted possible differences in the reporting of social connectivity between men and women in Australia. In the final chapter of this thesis, Chapter 9, the value of social bonds of Australian men and the information exchange relationships embedded within them will inform discussion of the role of various information delivery mechanisms which might be available to men when they are under stress and how these informational supports might be activated. The role of library and information professionals in supporting these information delivery mechanisms will also be discussed in this final chapter.

The next chapter, Chapter 6, will present the final component of the literature review which acts as a prism for the narrative study of the help seeking behaviour of Australian men which forms the core of this thesis. In Chapter 6 the extreme outcome of poor help seeking, suicide and self harm statistics in Australia and internationally, will be discussed. A discussion of these data in light of the Australian social context presented elsewhere in this thesis will also be undertaken.

# Chapter 6: Extreme outcomes of poor help seeking: suicide and self harm in an international context.

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## **INTRODUCTION**

The distressing outcome of low levels of help seeking during stressful life events for many Australian men is suicide and self harm. At particular risk are men in the 25-44 age group where suicide has risen 44% since 1979 (Gambotto, 2003, p. 12). This chapter will provide an overview of some of the public health and philosophical concerns about phenomenon of suicide in Australian and internationally. It will also provide statistical comparisons across countries, and between genders. These data are provided in order to offer context to the discussion of information exchange relationships of men who are experiencing stressful life events which may place them at risk of harming behaviour. This chapter provides an overview only and should not be considered a complete review of either the philosophical, public health, or statistical literature. Suicidology is a complex area of academic enquiry and this chapter provides only a limited overview of introductory concepts as it attempts to shed light on the tragic outcome of extreme outcome of lack of help seeking by many Australian men. This chapter will also outline some of the issues pertaining to the subject of suicide and self harm which confront Australian men in particular, and Australian society more broadly.

In the year 1999, suicide accounted for 2.2 percent of all deaths among the 25, predominately western, countries that make up the global data. The contribution of suicide to total mortality amongst adolescent, young adult and middle aged males has increased considerably over the past four decades. For example, in the same context, suicide accounted for 6.6% of all deaths in young males (25-44) in 1960, 9.7% of all deaths in 1980, and 12.5% of all deaths in 1999 (DeLeo & Evans, 2004, pp. 15-16).

It is with these statistics in mind, and others presented in this chapter, that some of the underlying issues surrounding lack of help seeking by Australian men which were discussed in earlier chapters of this thesis will be explored. These data will form a backdrop to the



exploration of help seeking behaviour of the group of men who took part in the narrative study which is reported in the next chapter, Chapter 7. They will also inform the discussion undertaken in the final chapter of this thesis, Chapter 9.

## **PHILOSOPHICAL ISSUES**

The Encyclopedia Britannica defines suicide as “the human act of self inflicted, self intentioned cessation [of life]” (15th edition 1974 as quoted in Bille-Brahe, Kerkhof, DeLeo, & Schmidtke, 2004, p. 11). Western civilization is largely founded on Judeo/Christian principles and moral values, and within this tradition suicide presents considerable ethical dilemmas. ‘Thou shalt not kill’ is a central treatise within the tradition and the taking of one’s own life is condemned. Such was the strength of the moral code dictating behaviour related to suicide that until relatively recently within the Christian tradition, suiciders were denied burial rites within the church and were buried beyond cemetery walls (Thurston, 1908). St Augustine and St. Thomas Aquinas were two of the early Church fathers who established the theological underpinnings of Christian teaching, and Western thought, on the unavoidable sinfulness of suicide ((St Augustine (trans), 2003; St. Thomas Aquinas, 1273). This Catholic teaching was carried forward into the teaching and ceremonies of the post reformation churches. The act of Parliament establishing the *Book of Common Prayer* which provided the rubrics for the administration of the sacraments and other rites and ceremonies of the Church of England was passed January 21, 1549. In the preamble to the Order for the Burial of the Dead it states “here is to be noted, that the Office ensuing is not to be used for any that die unbaptized, or excommunicate, or have laid violent hands upon themselves” (*Book of Common Prayer*, c1918 reprint, p. 377). In recent times Christian teaching has reflected a deeper psychological understanding of suicide and the need for pastoral care and support to families rather than focusing on any sinfulness of the suicider. Such has been the strength of this change that in the Prayer Book of the Anglican Church of Australia provision is made for specific prayers for the use at the funeral of a suicider (*A Prayer Book for Australia*, 1995, p. 769).

While suicide is a taboo act within Western society it has long been documented. “*Mors voluntaris*, self killing or self murder have been some of the words used to describe the cause-of-death when someone has taken his own life. The word *suicida* (self-slayer) was used already by the end of the 11<sup>th</sup> century and later, during the 17<sup>th</sup> century, the word

*suicide* (said to be derived from the Latin *sui caedere*), was the commonly accepted term” (Bille-Brahe et al., 2004, p. 11).

Notwithstanding the taboos surrounding suicide, portrayals of suicide are numerous within the Cultural Canon. The Classical Canon has frequent suicides. Works such as *Groaning tears: ethical & dramatic aspects of suicide in Greek tragedy* (E. P. Garrison, 1995) provide contemporary insight into the role of the Greek classics in shaping the modern understanding of suicide and the way that moral and ethical discussion has changed over time. Apart from the mythical personages within the Classical Canon numerous Classical scholars were also suiciders, perhaps the most well known being Socrates with his bowl of hemlock in 399BC (for details see Hazel, 2000, p. 223). Within the Canon of English literature, suicide is also common. In the great works of Shakespeare (1975 (compilation)) there are more than ten suicides. It is obvious that passion and despair leading to suicide are commonplace in both Classical and English literature.

The popular press also has a fascination with the taking of one’s own life, and the more high profile the victim the greater the fascination. The media attention given to high profile celebrity suicides like those of INXS lead singer, Michael Hutchence in Sydney in 1997, and that of his former wife, Paula Yates, in 2000<sup>19</sup> when there was extensive coverage of these events both nationally and internationally in the print, television and Internet media. These are examples of the fascination with suicide within popular culture. Similarly, the death by drug overdose by media personality and former high profile Perth, Western Australia, based Australian Rules footballer, Chris Mainwaring, in October 2007 (when there was also extensive coverage in the print, television and Internet media<sup>20</sup>) has led to much speculation regarding his intention to suicide or not. The high profile death of Western Australian born actor Heath Ledger at his home in New York in January 2008 led to similar reporting and commentary. Such is the concern about media and popular cultural portrayal of suicide, and the risks of glorification and copycat scenarios, a range of protocols have been put in place for the reporting and portrayal of suicide (see for example, Pirkis & Blood, 2001; World Health Organisation, 2000). While these protocols seem effective for dealing with the suicide of ‘ordinary’ people, the wide scale, often salacious, and highly speculative

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<sup>19</sup> see Sydney Morning Herald, 1997, 2000; The Australian 2000, The West Australian 1997

<sup>20</sup> see The Australian, 2007; The West Australian, 2007

reporting of suicide by high profile members of the community would suggest that these protocols are honoured more in the breach rather than the observance. Surrounding high profile suicide there is often consequent speculation and discussion about the help seeking behaviour of the victim and the public policy implications which can be drawn from the failure to seek and obtain help. In Australia this commentary focuses on the both the role of individual behaviour and the accessibility and reliability of support services to support those members of the community who are experiencing severe emotional distress.

A seminal work on suicide is Emile Durkheim's *Suicide: a study in sociology* (1897/1951). Durkheim wrote that "the word suicide refers to all deaths that directly or indirectly are the outcome of a positive or negative act carried out by the deceased, who knew that act would have a fatal outcome" (as quoted in Bille-Brahe et al., 2004, p. 11). Furthermore Durkheim

employs masculine generic language to articulate suicide, and proceeds to inscribe upon them women's and men's acts of self-destruction. In addition, Durkheim also erases female data halfway through his work and critically evaluates those who pursued equality in his era, suggesting that instead, the traditional segregation of labour should protect the sexes against suicide (Jaworski, 2003, p. 131).

The issue of gender is still a point of contention in the critique of suicide within the community. On the one hand suicide is represented as a gender-neutral tragedy afflicting social groups in a series of cultural conditions. On the other hand, suicide is represented as a highly gendered activity with, for instance, methods of suicide being typified as masculine and feminine, the former being described as aggressive, the latter as passive (Jaworski, 2003, p. 131). In the same way help seeking behaviour, or the lack of it, is expressed as a highly gendered activity.

Historically and psychologically men and women have identified with particular qualities of masculinity and femininity, as if these qualities belonged exclusively to the domain of their sex. With the advent of second wave feminism in the 1960s and 1970s, together with an increasing critique on the social and environmental problems facing the world, in current psychological and sociological thinking the patriarchy and masculine attitudes have now become identified as the "dark side" of consciousness (for explanation see Pedersen, 1991, pp. 4-5). Pedersen attests that men, as carriers of the tradition of dominance have been

inextricably linked with the harmful and destructive effects of this dark side of consciousness which have resulted in a form of masculine masochism that men consciously, and unconsciously, perpetrate against themselves and each other. This masculine masochism is frequently acted out through risk taking, violence, and self-harm and in many cases suicide.

Considering the age of Durkheim's work it is sobering to reflect on how little some of the discussion about gender, help seeking behaviour and suicide has changed. A wide range of recent research (for example, Kposowa, 2000; Pirani, 2006; Tower & Krasner, 2006) has documented the protective benefits of marriage, especially for men. In their study of marital closeness, autonomy, mastery and depressive symptoms Tower and Krasner (2006, p. 429) show that "marital closeness was protective for husbands at all ages with its absence particularly problematic at younger ages". Returning to Jaworski's critique of Durkheim: "[he] acknowledges that marriage does not positively contribute to women's suicide rates, he nevertheless concludes that something must be sacrificed for the good of society. In this case, men benefit from being married rather than divorced, hence women's needs are put aside" (p 131). While Durkheim's work is now over 100 years old many of his suggestions about the protective role of marriage for men are supported by very recent studies such as those cited above. The protective nature of marriage for men, and the consequent care by women which is implied, is somewhat problematic for modern Western women and presents considerable challenges to both individual families and designers of public policy initiatives.

Apart from gender, other social conditions impact on the philosophical critique of suicide. A major social condition within this discussion is culture. Australia holds perhaps a unique position in Western culture in that its best known and much loved national song is a ballad about social honour and male suicide. The song, *Waltzing Matilda*, was derived from a poem from the foremost Australian balladeer, Banjo Patterson, and first recorded in London by the Queensland tenor John Collinson in 1927. It is a tale of a sheep rustler who would rather commit suicide than surrender to police. *Down came the squatter/ mounted on his thoroughbred/ up came the troopers, one, two, three/ "Who's that jolly jumbuck you've got in your tucker bag?" /You'll come a-Waltzing Matilda, with me/Up got the swagman and jumped into the billabong/ "You'll never catch me alive," said he.* (National Library of Australia, 2007)

Such a sentiment resonates strongly within the Australian male psyche which has “the characteristics of an anti-authoritarian morality, physical endurance and resourcefulness” (Loney, 1995, p. 45).

Even though Australia is now one of the most urbanised countries in the world, [this urbanization] is a post WWII phenomenon and many people have strong ties to the land and rural regions...There also exists within Australian popular culture the myth of *the bush*. These images provide fantasies of a world removed from many of the current dilemmas of modern life, where life is more simple and the values of personal resilience, community well being and shared experience are valued yet the facts are that rural communities are not only deeply affected by world events but have undergone great economic, demographic, social and other changes during the last three or four decades (Loney, 1995, p. 4).

This romanticised notion of ‘the bush’ or ‘the outback’ is prevalent too amongst the post World War II migrant population many of whom have come to Australia from crowded and impoverished circumstances, often under tyrannical regimes, and the perceived space and freedoms of the Australian landscape resonates with them (J. Carrol, 1982).

These myths and stories of non-Aboriginal Australia are usually about relationships with the land and its harshness and uniqueness. For European Australians there has been a need to make sense of a formidable environment which is a setting alien to most of the cultures that have settled in Australia. The early settlers cleared and developed the land in the 19<sup>th</sup> and early 20<sup>th</sup> centuries and in so doing developed qualities of self-reliance and endurance. These qualities have become embedded in the Australian psyche as those of ‘real Australians’ and, given the absence of women in these myths and stories of settlement, ‘real Australians’ has become particularly imbedded in the psyche of the culture as the attributes of ‘real men’ and the two terms have become synonymous.

The colonization of Australia depended on the creation of specific types of bodies and particular forms of embodiment. A strong, tough, resilient body which could endure heat and deprivation yet be ready to respond to the unpredictabilities of rural life was considered central to the dual goals of development and the creation

of national identity which pre-occupied nineteenth century thought. The central place of physicality in notions of Australian manhood is clear (Seymour, 2001, p. 67).

While rural settlement is largely complete in Australia, the harshness of the land and the myths of 'maleness' have been taken up by the mining industry. Images prevail in the media and advertising of 'real men' doing hot, hard, physical labour in isolated locations with enormous machinery. The mining industry in Australia is literally one of 'moving mountains' and the men who do it are considered mountainous within the culture, all the more so given the worth of mining to the Australian economy – real men do real jobs in order to create real wealth. The irony of this new myth within an increasingly internationalised workforce is that many of these machines are computer enabled, air conditioned and operated by women (Watson, Zeller, & McGill, 2004). This historical context and the continual portrayal of a particular type of anti-authoritarian robust 'maleness' within the culture cannot be underestimated as a precursor to one of the explanations for the low levels of voluntary help seeking and the high suicide rates within Australian men.

A number of other conditions impact on the particular masculinity scripts which are apparent within much of Australian cultural life. The role of sport as a forum for the embodiment of a particular type of 'maleness' has particular importance in the Australian context. As the example above of the mechanisation of the mining industry illustrates "physical strength has lost much of its importance in sustaining ideologies of masculine superiority, and the prevalence of automation, cybernation and robotics has almost eliminated the need for displays of physical prowess" (Rowe & McKay, 2003, p. 207). Rowe and McKay suggest that sport – especially the mass-mediated form – is one of the major contemporary sites where physical displays are paramount ... [and that] mediated sport can be viewed as one of the most significant social institutions for defining preferred and disparaged forms of masculinity" (p. 207). Media attention<sup>21</sup> given to the 'off-field' behaviour of high profile Australian sportsmen provides contemporary support to this

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<sup>21</sup> See The West Australian March 21-23, 2007 and The Weekend Australian Magazine October 29-30 as examples of this type of media coverage.

notion of the role of sporting 'heroes' as enacting particular masculinity scripts which resonate with the Australian community.

Similarly, valour in war is held in particular esteem in Australian culture. A day of memorial, ANZAC<sup>22</sup> Day, is marked as a national holiday. Many thousands of people attend ceremonies across the country to commemorate the war dead and honour veterans from all theatres of war in which Australia has been engaged since settlement and many of these ceremonies are held in locations overseas.<sup>23</sup> "The military and war have historically been central to the construction of gender and sexual identities in Australia, even outside the military" (Agostino, 2003, p. 110).

While notions of gender are influenced by many things it is clear that in the Australian context "that ideas related to work, the land, colonisation, nationhood, war and sport have played a particular role in underwriting a particular, durable construction of manhood in Australia" (Seymour, 2001, p. 70)

Of particular note in the consideration of a particular Australian masculinity as a risk factor low levels of voluntary help seeking and suicide, is the high rate of self harm for women in Australia but the low rates of completed suicide. Statistical data (see below) show that only 43% of hospitalised self harm victims in Australia are men but completed suicide rates are fourfold. Perhaps it could be suggested that succeeding in suicide is more important for Australian men than failing at it, or stepping back to seek help to ameliorate life stress. A failure is failure regardless of the arena in which it occurs?

A number of Australian researchers have discussed the concept of a particular Australian masculinity, using the term hegemonic masculinity (Connell, 1999; Donaldson, 1993). Donaldson critiques hegemony in terms of the Marxist thinking around issues of "winning and holding of power and the formation (and destruction) of social groups in the process ... hegemony involves persuasion of the greater part of the population, particularly through the media, and the organization of social institutions in ways that appear 'natural', 'ordinary', 'normal'" (Donaldson, 1993, p. 645). Donaldson, while acknowledging that the concept of hegemony "is a notion as slippery and difficult as the idea of masculinity itself"

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<sup>22</sup> Australian and New Zealand Army Corps

<sup>23</sup> See The West Australian April 23-26, 2008 and The Australian 24-26, 2008 for coverage of the 90<sup>th</sup> Anniversary of the battle of Villers-Brettoneux on the Western Front in 1918 as examples of these celebrations and memorial events.

(p. 644) suggests that in its “culturally idealized form, it is both a personal and a collective project, and is the common sense about breadwinning and manhood. It is exclusive, anxiety-provoking, internally and hierarchically differentiated, brutal and violent” (p. 645).

Issues of a particular Australian masculinity, and how this impacts on men’s health and wellbeing, will be discussed by those who took part in the study at the core of this thesis and will be reported in Chapter 7, 8 and 9.

## **INTERNATIONAL STATISTICAL DATA**

The main repository of world wide suicide statistics is held by the World Health Organisation (WHO). The WHO report that:

- In the year 2000, approximately one million people died from suicide: a "global" mortality rate of 16 per 100,000, or one death every 40 seconds.
- In the last 45 years suicide rates have increased by 60% worldwide. Suicide is now among the three leading causes of death among those aged 15-44 years (both sexes). These figures do not include suicide attempts which are up to 20 times more frequent than completed suicide.
- Suicide worldwide is estimated to represent 1.8% of the total global burden of disease in 1998, and 2.4% in countries with market and former socialist economies in 2002.
- Although suicide rates have traditionally been highest among the male elderly, rates among young people have been increasing to such an extent that they are now the group at highest risk in a third of countries, in both developed and developing countries.
- Mental disorders (particularly depression and substance abuse) are associated with more than 90% of all cases of suicide; however, suicide results from many complex sociocultural factors and is more likely to occur particularly during periods of socioeconomic, family and individual crisis situations (e.g. loss of a loved one, employment, honour) (World Health Organisation, 2007).

The WHO also provides country by country data but relies on the submitting countries to provide up to date figures. The compliance is variable e.g. in 2007 the data available for



Australia was for the year 2003; USA, 2002; New Zealand, 2000 and Zimbabwe, 1990. Such variance makes assessments of world wide trends difficult and public policy initiatives problematic.

In order to set Australian suicide statistics in an international context, international data from the WHO (World Health Organisation, 2007) follows. These data show that Australian male suicide rates fall in the middle range between the statistically high former Eastern European Bloc countries and the low rates of Southern European Latin men. As contrast the suicide rate for Albanian men in 2003 was 4.7 per 100,000, the same rate for Australian women. In the same year the rate for Australian men was 17.1 per 100,000.

**TABLE 3 Suicide rates per 100,000 by selected countries, year and sex**

Country	Year	Males	Females
Latest year available when compiled in 2007			
LITHUANIA	04	70.1	14.0
RUSSIAN FEDERATION	04	61.6	10.7
LATVIA	04	42.9	8.5
HUNGARY	03	44.9	12.0
JAPAN	04	35.6	12.8
REPUBLIC OF KOREA	04	32.5	15.0
BELGIUM	97	31.2	11.4
FRANCE	03	27.5	9.1
AUSTRIA	05	26.1	8.2
SWITZERLAND	04	23.7	11.3
NEW ZEALAND	00	19.8	4.2
GERMANY	04	19.7	6.6
SWEDEN	02	19.5	7.1
DENMARK	01	19.2	8.1
CANADA	02	18.3	5.0
UNITED STATES OF AMERICA	02	17.9	4.2
PORTUGAL	03	17.5	4.9
<b>AUSTRALIA</b>	<b>03</b>	<b>17.1</b>	<b>4.7</b>
IRELAND	05	16.3	3.2
NORWAY	04	15.8	7.3
SPAIN	04	12.6	3.9
UNITED KINGDOM	04	10.8	3.3
ITALY	02	11.4	3.1
GREECE	04	5.2	1.2
ALBANIA	03	4.7	3.3

The most striking feature of the data in Table 1 is that, even in countries where suicide is high, there is a marked difference between the rates of death of men and women. Research shows that “there is a high degree of consistency between males and females with regard to the relative contribution suicide makes to total mortality over the lifespan” (DeLeo & Evans, 2004, p. 15). These authors report that, given the disparity in suicide rates across gender, this finding may be surprising. However, it is necessary to also consider the relatively low rates of female death from other causes e.g. motor vehicle accidents and homicides, cerebrovascular disease, ischaemic heart disease, and bronchus and lung cancer. For both males and females, suicide is currently the second largest contributor to mortality among adolescents [after motor vehicle accidents] and the largest contributor to mortality among young adults [25-44]. The contribution of suicide to total mortality among adolescents, young adult and middle aged males has increased considerably over the past four decades. For example, suicide accounted for 6.6% of all deaths among young adult males (25-44) in 1960, 9.7% of all deaths in 1980, and 12.5% of all deaths in 1999. The contribution made by suicide to total mortality among older-aged males has remained the same from 1960-1999. The contribution made by suicide to total mortality among middle-aged females also increased between 1960 and 1999 but remained fairly consistent in other female age groups (for an comprehensive overview of relative causes of death in various age groups over time see DeLeo & Evans, 2004, pp. 15-20).

## **AUSTRALIAN STATISTICAL DATA**

Recent WHO statistics show average suicide rates in Australia at 20.1 per 100,000 for men compared to 5.3 for women (World Health Organisation, 2001). Males were almost 4 times more likely than females to die by suicide in 2005 (1,657 compared with 444 suicide deaths, respectively). In 2005 the highest number of suicide deaths for males was observed in the age group 30 to 34 years (207 suicide deaths), followed by males aged 40 to 44 years (203 suicide deaths)(Australian Bureau of Statistics, 2007).

Another recent report commissioned by the Australian Government (Steenkamp & Harrison, 2000) highlights the serious public health issue of male suicide. The report shows that in 1998, 80.1% of reported suicides in Australia were men and 5.6% were women (other possible suicides were delivered as open findings). Data on hospitalised self-harm indicate that there were a total of 25,120 episodes of hospital care concluded during the financial year 1997/98. This yielded an age standardised rate of 137.5 per 100,000 of

population. Of the total number of episodes, 43% were males. Overall, hanging was the most common method of suicide for both males and females in 1998. For males, motor vehicle exhaust gassing was the second most common method. Suicide by firearm formed only 10.1% of cases.

This report also shows that the suicide rate in Australia in 2005 for males standardized over all age groups was 16.4 per 100,000 while the corresponding rate for females was 4.3 per 100,000. Throughout the period 1995 to 2005 the male age-standardised suicide death rate was approximately four times higher than the corresponding female rate. The median age at death for suicide in 2005 was 41.4 years for males and 44.1 years for females. In comparison, the median age for deaths from all causes in 2005 was 76.8 for males and 82.9 years for females. The report suggests that the ongoing rise in suicide rates is largely due to an increase in suicide for males aged 20 to 39 years – rates for this age group have continued to increase since the late 1970s and since the early 1990s, the suicide rate for this age group has been the highest for all male age groups. The highest age-specific suicide death rate for males in 2005 was observed in the 30-34 years age group (27.5 per 100,000) and the lowest was in the 15-19 years age group (9.5 per 100,000). For females the highest age-specific suicide death rate in 2005 was observed in the 35-39 years age group (6.9 per 100,000) and the lowest in the 15-19 years age group (3.6 per 100,000). Rates for men aged 40 to 59 years have remained fairly stable over time, while the rates for men aged 60 years or more have shown a steady decline (Australian Bureau of Statistics, 2007; Steenkamp & Harrison, 2000).

A Queensland study (Australian Institute for Suicide Research and Prevention, 2004) reports that the 25-34 age group of Australian men has shown a rapid rise in suicide in recent years (23.2 in 1965 to 30.9 per 100,000 in 2002) after a peak at 40.9 deaths per 100,000 in 1997. This is accompanied by a decline in female mortality from suicide for the same age group, from 13.3 per 100,000 in 1965 to 7.1 in 2002.

The role of relationship breakdown as a factor in the high rates of suicide for men in the 25-44 age group has been suggested by a number of studies (e.g. Baume, Cantor, & McTaggart, 1998; Cantor & Slater, 1995). Results of a study in Queensland (Cantor & Slater, 1995) found that

separated (compared with married) males were six times more likely to suicide, and this was greater in younger age groups. Separated female suicide rates were not significantly elevated. [The research suggests that] males may be particularly vulnerable to suicide associated with interpersonal conflict in the separation phase (p.91).

There is also considerable community concern related to the issue of separated and divorced men who engage in familicide, that is, the murder of children and then subsequent suicide of the father in the context of a dispute or distress over custody and access to children after a relationship has broken down (see for example, Harris-Johnson, 2005).

The risk of suicide in men post separation is of particular concern when the issue is considered in light of the occurrence of far higher female initiated separation in Australia (Headley, 2006) (for detailed commentary on this issue see Chapter 5) . Due to the fact that little is known about what causes the high levels of distress in men post separation and at what point during the separation process this heightened distress occurs the Australian Institute for Suicide Research and Prevention (AISRAP) at Griffith University in Queensland is currently conducting a project which is examining the impact of separation on men's psychological health and development of suicidal behaviours. This information is crucial for the development of appropriate support for men who are going through separation (Griffith University, n.d.).

While the figures for suicide and self harm in Australia are significant in their own right and worthy of attention it is appropriate to consider that suicide deaths may be susceptible to misclassification because the intention of the deceased is not always clear (as in the high profile cases discussed earlier), or because social disapproval might prompt some cases to be recorded as 'accidental' or 'undetermined'. When considering the suicide figures for men in Australia it may also be necessary to consider the high rate of death from motor vehicle accident as containing numbers of unreported suicide. Deaths may result from deliberate dangerous driving and extreme risk taking rather than from circumstances beyond the control of one or more participants (Steenkamp & Harrison, 2000). The figures available for self harm report hospital admissions only and do not reflect out patient visits to either general practitioners or situations where family members offer care without recourse to the health system. These non-admissions need to be considered when evaluating the self-

harm figures over all or when discussing the motivation to seek help and where members of the community may perceive help to be most available.

When considering suicide statistics in Australia the method of collection of data is also worthy of note. In a letter to the *Medical Journal of Australia*, the head of the AISRAP, Professor Diego De Leo outlines some of the difficulties in collating accurate suicide statistics.

The ABS [Australian Bureau of Statistics] receives data from the state registries of births, deaths and marriages and cross checks them with the state coroners' offices. The Agreement between the two agencies has been decreasing in recent years... The ABS has acknowledged difficulties in getting reliable data for 2004 in a number of endnotes to its yearly report. Most of the problems were related to a very large backlog of cases still under investigation by coroners, a phenomenon which has been increasing in recent years...It is important to note that cases that are under investigation and those that end with an open verdict would not enter official suicide mortality data, as these are never reconciled (DeLeo, 2007, p. 157).

De Leo also concurs with Steenkamp & Harrison (2000) regarding misclassification (as above) and notes that "some underreporting in suicide statistics is virtually ubiquitous and has to be tolerated (eg. misclassification as accident, or disease related, particularly in the elderly; cover up because of stigma, sociocultural norms, or insurance reasons; or remoteness of location)" (DeLeo, 2007, p. 158). De Leo, together with his colleagues at AISRAP, has written elsewhere that when considering suicide statistics "nations witnessing rising death rates due to drug abuse need to monitor undetermined and accidental deaths as well as suicides" (Cantor, McTaggart, & DeLeo, 2001, p. 140).

If the statistics for reported self-harm and suicide in Australian men are significant public health issues other health outcomes are equally problematic. Men die in Australia, as in most of the Western world, on average 6 years younger than women. Compared with women, men in most age groups have higher mortality rates for stroke, diabetes, cancers, ischaemic heart disease, bronchitis, emphysema, injury, poisoning, accidents and drug dependence (Verrinder & Denner, 2000). Studies both in Australia and overseas have shown that men in countries with a dominant Anglo culture are also more likely than women to have unhealthy lifestyles, drink too much, smoke too much, eat a less healthy

diet and engage in risk taking and/or aggressive activities which affect their health outcomes (Connell, 1999; Griffiths, 1996).

## **SUICIDE PREVENTION STRATEGIES**

Since the mid 1990s the WHO has undertaken work to assist with the development of suicide prevention at both the international and national level. In this developmental work several key elements of effective suicide strategies were identified. These include:

- *Support from government policy,*
- *A conceptual framework,*
- *Well established aims and goals,*
- *Measurable objectives,*
- *Identification of organizations capable of implementing objectives,*
- *Ongoing monitoring and evaluation (italics in original) (DeLeo & Evans, 2003, p. 77).*

Furthermore, the United Nations advocated a number of activities and approaches that should be incorporated into a comprehensive national suicide prevention strategy including:

- *Promote the early identification, assessment, treatment and referral of persons at risk of suicidal behaviours for professional care;*
- *Increase public and professional access to information about all aspects of preventing suicidal behaviour;*
- *Support the establishment of an integrated data collection system, which serves to identify at-risk groups, individuals and situations;*
- *Promote public awareness with regard to issues of mental well-being, suicidal behaviour, the consequences of stress and effective crisis management;*
- *Maintain a comprehensive training programme for identified gatekeepers (e.g. police, educators, mental health professionals);*
- *Adopt culturally appropriate protocols for the public reporting of suicidal events;*
- *Promote increased access to comprehensive services for those at risk for, or affected, by suicidal behaviour;*

- *Provide supportive rehabilitative services to persons affected by suicide/suicidal behaviour;*
- *Reduce the availability, accessibility, and attractiveness of the means for suicidal behaviour;*
- *Establish institutions or agencies to promote and co-ordinate research, training and service delivery with respect to suicidal behaviour (italics in original) (DeLeo & Evans, 2004, pp. 79-80).*

These recommendations were in part a response to the work of researchers of the mid 1990s (for example, Gunnell & Frankel, 1994) which showed that : (i) only 2 out of 19 studies identified were randomised controlled studies, and (ii) the highest percentage of reduction in suicide rates was 4%. In other words, most of the proposed interventions for suicide were not effective, and most of the research that tried to evaluate that effectiveness was inappropriate (as reported by Bertolote, 2004).

National suicide prevention strategies differ in the target groups that are emphasised. For example, strategies in Norway and England focus strongly on the needs of high risk individuals, whereas both the Australian and New Zealand strategies have a broader public health focus. Australia's first national strategy and New Zealand's current strategy primarily address the needs of young people, while Finland, Norway, Sweden and Australia's second *National Suicide Prevention Strategy* have a life span approach (DeLeo & Evans, 2004, p. 81). Appropriately with its life span approach, Australia's second *National Suicide Prevention Strategy* is called 'Life: Living is for everyone (Dept of Health and Aged Care, 2000a).

Australia's second *National Suicide Prevention Strategy* was developed and administered by Commonwealth Department of Health and Aged Care (the department name was changed in 2004 to Department of Health and Ageing). The Strategy document was first produced in 2000 and reprinted in 2001 (Dept of Health and Aged Care, 2000a, 2000b). The framework is an action based response to suicide across the lifespan. The six action areas are:

- Action area one: Promoting wellbeing, resilience and community capacity across Australia
- Action area two: Enhancing protective factors and reducing risk factors for suicide and self harm across the Australian community



- Action area three: Services and support within the community for groups at increased risk
- Action area four: Services for individuals at high risk
- Action area five: Partnerships with Aboriginal and Torres Strait Islander peoples
- Action area six: Progressing the evidence base for suicide prevention and good practice (Dept of Health and Aged Care, 2000a, pp. iv, Book Three. For a detailed analysis of these action areas also see Book Three of the framework)

To support the initiatives outlined in the *National Suicide Prevention Strategy* and to support the spirit of the WHO guidelines, funding is offered on a competitive tender basis to community groups, academic institutions, and health care providers working in areas of suicide prevention. The aim of these strategies is to reduce the burden of suicide, both for the individual who experiences suicidal ideation and eventual death, and for their families and communities. Many of these funded initiatives have as a key strategy the promotion of the value of early help seeking. As men are significantly over represented in the Australian suicide statistics, and the reasons for this complex, relieving the burden of suicide for Australian men may go some way to improving their health and well being in a range of other domains. Such is the concern about men's health in Australia in November 2008 the Federal Government commenced the development of men's health strategy which included the appointment of high profile community leaders as men's health ambassadors as an attempt to alert men to the value of early help seeking and intervention to improve their health and well being (ABC Television, 2008; Department of Health and Ageing Australia, 2009). This initiative has not been without controversy and the Minister for Health and Ageing has had to revoke the appointment of two of the six appointees due to community concern about their stated views about homosexuality and domestic violence. The articulation of the masculinity scripts outlined earlier in this chapter, which can be observed as anti-homosexual and anti-women, by these high profile Australians has brought into sharp relief the particular challenges which Australian society faces in assisting men to be safe and well.

## **CONCLUSION**

The data presented in this chapter shows that Australian men are over represented in the suicide statistics compared to women. It has also shown that Australian men have high rates of suicide compared to men in many other countries, especially those in the southern European Latin region. Data has also been presented which shows that Australian men die prematurely from many other causes of ill health and accident.

The chapter has also outlined some of the historical and cultural precedents which may predispose Australian men to particular patterns of masculinity and help seeking in times of stress. With health outcomes which are anecdotally obvious and statistically measurable it would be expected that Australian men would be engaged in significant help seeking activities to ameliorate risk and improve health outcomes. The data presented in this chapter and elsewhere in this thesis shows that this is clearly not the case.

This Chapter outlining the statistics of suicide and self harm in Australia and internationally, together the other psycho-social and socio-cultural phenomena present in Australian society which have been discussed in the previous chapters, bring to a close the exploration of the scholarly literature for this thesis. This exploration has sought to provide a prism through which the narrative data of the help seeking men and the professionals who took part in the research which is reported later in this thesis can be examined in some context.

The next chapter, Chapter 7, will report on a local study which investigated the help seeking behaviour of a group of local men when they had experienced a stressful life event. Chapter 8 reports on a secondary study with this group of men and a group of professionals who offer support to men when they are experiencing stress which canvassed ideas for the development of information and support services which would readily appeal to Australian men. Analysis of both components of the local study in light of the previously presented scholarship will be undertaken in the final chapter, Chapter 9. In this final chapter the value of social bonds of Australian men and the information exchange relationships embedded within them will inform discussion of role of various information delivery mechanisms which might be available to men when they are under stress and how these informational supports might be activated. The role of library and information professionals in supporting these information delivery mechanisms will also be discussed in this final chapter.

# CHAPTER 7 – THE HELP SEEKING STUDY

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## **INTRODUCTION**

The aim of this chapter is to detail the findings of a local study which examined the help seeking behaviour and information exchange relationships of a group of Western Australian men who had experienced a stressful life event when aged 25-44. In conjunction with this 'help seeking study' these men were also consulted about ideas for effective strategies for engaging men about the benefits of early help seeking to improve mental and physical health outcomes. Another aspect of the consultation was how these strategies might be marketed so that Australian men may more readily access help as they require it across their life span. In addition this secondary stage of the study included consultation with a small group of professionals who offer information and support to men when they are experiencing stressful life events. The intent of this latter aspect of the study was to gather 'real time' input about effective strategies to engage men about the benefits of early help seeking from a section of the Australian community who are currently seeking to engage men when they are experiencing stressful life events, are undergoing periods of personal growth, or suffering mental ill health. It was considered that this data would offer particular insight into the help seeking behaviour of Australian men when they are experiencing stressful life events. This group of professionals included community and government providers with particular client foci, private practitioners, and generalist information providers. Both sections of the study were conducted between March and July 2007.

As the study evolved it became clear that the two sections were, in fact, discrete areas of enquiry and should be reported separately. The report on the findings from the 'help seeking study' only will be reported in this chapter, Chapter 7. The findings from the study into service development and marketing strategies will be reported in the following chapter, Chapter 8. Discussion of the findings from the completed study and how the results can be interpreted in light of the multi-disciplinary and exploratory literature review in the preceding chapters is presented in Chapter 9.

As outlined in earlier chapters of this thesis, in recognition of the particular issues related to men's health and wellbeing in Western society, considerable government and community resources have been forthcoming in recent times for the development of information products and support services to inform men of issues impacting on their health and wellbeing (Alston & Hall, 2005; Beyondblue, 2008; Fatherhood Institute, n.d.; Mensline Australia, 2007). Notwithstanding this considerable investment, research from the numerous studies which have examined help seeking by men (e.g. Griffiths, 1996; Horwitz, 1977; Kessler et al., 1981; Mahalik, 2001; Mahalik et al., 2003; 2003; Mechanic, 1978; O'Brien et al., 2005; Thom, 1986; Tudiver & Talbot, 1999) show that men are often not aware of these information products or services and continue to have difficulty mobilising help when under stress. Likewise local studies have shown similar patterns of help seeking behaviour (Loney, 1995; Partridge, 1991; Sayers et al., 2004).

While the rationale for increased delivery of information regarding personal and community wellbeing seems valid, as was shown in Chapter 3 and 4 of this thesis, much of the development of these information products and services takes little account of human information behaviour, and particularly that behaviour as it relates to different groups within the community. Research on information needs suggests that different groups in society seek and use information in different ways and

when considering the development of information products and services information researchers need to better understand the need for balance [in people's lives]. How do we balance information as a positive force in the lives of people against their desires to ignore it? (Chatman, 2000, p. 16).

Chatman further suggests that much of the information behaviour of individuals is mediated by the wish to achieve balance. That is, they feel the need for order so that they can continue to live in the relative calm of the normal world that constitutes their small world of emotional safety and predictability. If information undermines that order and balance it may be ignored.

Notwithstanding significant studies on the use of information by different groups in society (Chatman, 1985, 1991a, 1996, 2000; Dervin, 1976, 1980, 2003) the author's professional experience, and the critique of information campaigns by others in Australia, suggests that there is still a mindset within many service providers and the agencies which fund their programmes, that all people seek and use information in the same way, and that this

engagement leads to subsequent behaviour change.<sup>24</sup> As men are not readily using information and support services, and continue to have poor physical and mental health outcomes, the current development of information products and the methods of delivery of this information are clearly not leading to behaviour change.

The inclusion of a group of professionals who are offering support to men in times of stress as a component of the study examining information development and marketing was considered a significant line of enquiry which would allow data to be gathered on ways that closer synergy between men who need help and those that provide it can be developed. In the Australian context narrative data from the two groups who took part in the study, help seekers and professionals supporting them, presents a unique opportunity to show how the attitudes of care givers, and the way they provide their services, has considerable impact on the way those needing help perceive the availability and style of available help. This dual narrative also has the scope to better inform funding bodies about the way professionals in the helping industries see the models of care they are currently funded to provide, and how funding bodies might develop a more holistic view of what may be required in order to support particular groups in the community with particular needs, including men.

As discussed in Chapters 3 and 4 of this thesis, many of the information products available in Australia to assist men with life issues have been designed and delivered outside what may be considered a traditional library and information studies environment and “most campaigns are not evaluated or else [have] only primitive non-scientific approach to evaluation” (Elliot, 1993, p. iii). Given the propensity of government agencies to use community-wide initiatives to inform the public, and the apparent mismatch of these initiatives and men’s behaviour and wellbeing, it was considered that a study using the methodologies offered by the Human Information Behaviour school of thought, and information science more generally, could provide valuable insight into the role of these information interventions in men’s lives.

## **HELP SEEKING STUDY**

This study was conducted in order to gain a snapshot of the help seeking behaviour of a group of Western Australian men in relation to a specific stressful life event which they

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<sup>24</sup> for analysis of this issue in the Australian context see, Elliot, 1987, 1993; Noble & Noble, 1988; P. Shanahan, 1989; P. Shanahan et al., 2000.

identified as significant in their lives. This allowed an examination of men's attitudes and behaviour under these specific help seeking conditions in order to critique this behaviour in a precise way as it relates to a particular event rather than an examination of what men think they might do under certain circumstances in the future in terms of a hypothetical event. As reported in Chapter 3 men have largely been neglected in information needs research. An examination of the literature of information seeking (Case, 2007) has shown that although gender is the primary focus of a number of information seeking studies they "typically the focus is on women" (p. 314), and the few extant studies of the information behaviour of men focus on subgroups such as young homosexuals undertaking the process of coming out (see Case 2007 p. 307).

The first stage of the help seeking study was designed to document attitudes, behaviour and help seeking activities of a small group of Australian men (n=15) with a view to extrapolating this data in order to gain insight into what factors may influence the help seeking behaviours Australian men overall.

Preparation of the interview questions and subsequent self-completion questionnaire was informed by the extensive multi-disciplinary exploratory literature review in the preceding chapters of this thesis which examined a range of potential impacts on men's help seeking behaviour in Australia. Preparation of the survey instruments also drew on earlier client consultations conducted by LifelineWA. Discussion with the Manager, Counselling Services at LifelineWA and his staff also contributed to the preparation of questions within the interview and self-completion questionnaire.

## **PARTICIPANTS AND PROCEDURE**

The help seeking study had two phases. Phase One collected data about the help seeking behaviour of a group of 15 men who had undertaken a help seeking episode for a serious life event while aged 25-44. Phase Two collected information from this same group of men about aspects of their social connectivity, family life, religiosity and mood states. These aspects of life were considered relevant lines of enquiry as they are used as tools for the evaluation of well being and life satisfaction in other research (see Chapter 5 of this thesis for data on the measurement of wellbeing, and the use of various tools for this measurement).

As indicated in Chapter 1 of this thesis, the initial intention for the research was a focus on help seeking behaviour of men who may be at risk of suicide and self harm. In order to

undertake the research a Level A Ethics Clearance for Research with Humans was required in accordance with Curtin University of Technology and National Health and Medical Research Council guidelines (Appendix 1). As a result of the consideration of the Ethics Committee conduct of the research was changed to a study of the help seeking behaviour of men who had experienced stressful life events. Ethics clearance prevented the research from investigating suicidal ideation or behaviour and no specific questions about these behaviours were asked. Notwithstanding this lack of specific questioning with regard to suicidal behaviour, within the narrative interview one of the men revealed that he had tried to kill himself twice at age 32, and several others said that they had had suicidal thoughts as a result of a stressful life event.

It was also intended to investigate the help seeking behaviour of men who were 25-44. Changes to this intent of the research undertaking occurred during the phase of participant recruitment. At this phase of the research it became apparent that many men who were interested in taking part were those who were outside the intended age range for the study (25-44) but who had had a significant help seeking episode during that period in their lives. A decision was made to include these men in the study due to their capacity to reflect on their experiences. Additionally, their wish, oft times strongly expressed, was to take part in order that the research findings could be available to help younger men who may not yet have the benefit of that reflection.

### **PHASE ONE Men's Help Seeking Behaviour**

Phase One of the study collected data from a group of men who had a help seeking episode when under stress. Data were collected by interview in the following areas:

1. demography;
2. explanation of a serious life event for which the man had needed help;
3. how the man approached this help seeking episode;
4. the information tools, social supports and services which the man used most often when he needed help, for this primary episode, and at other times in his life; and
5. the informational gaps that the man experienced in this help seeking episode and at other times in his life.

## **PHASE TWO Self-Completion Questionnaire**

In Phase Two of the study the participants were provided with a take home self completion questionnaire and an addressed envelope, for mail back at a later date. The questionnaire contained a variety of questions related to the role of informal supports and social networks used by the men when they were in need of help. Components of the questionnaire were:

1. social network strength;
2. confidant availability;
3. religiosity/spirituality;
4. mood /mastery and autonomy.

The development and administration of the survey instruments, and consideration of the intended use of the collected data, were conducted in accordance with the procedure for a Level A Ethics Clearance in accordance with Curtin University of Technology and National Health and Medical Research Council guidelines (Appendix 1). As part of the process for Ethics clearance an information sheet, consent form, and survey instruments were designed for preview by the Ethics Committee before the study commenced (Appendix 2,3, 4, 5, and 8).

## **METHODOLOGY**

### **PHASE ONE Men's Help Seeking Behaviour**

Recruiting participants for the study presented considerable research challenges as it was not possible, due to funding and personnel constraints, to select a random sample. In order to overcome some of the difficulties in the research design and method, the support of a community agency in Perth, Western Australia was enlisted to assist with the study. As a result of this assistance a purposive sample of 15 men who had had a help seeking episode, who felt comfortable to discuss it and were willing to reflect on their experiences, were recruited using the existing contact database of the community agency. Some of these men had used the services of the agency, others had not. Potential participants responded to an email broadcast from the community agency alerting them to the scope of the research and the details for contact with the project. Initially 27 men made contact about the project. After follow up, 10 of these did not respond again when provided with further information.



Subsequently two other men, who had agreed to take part, cancelled their interview on the day it was to be held, citing pressure of work. Further attempts to reinstate these interviews were unsuccessful. The community agency also made a room available for those men who wanted to hold their interview in a neutral venue. Only one man took that option. All others were happy to meet in cafes, their workplaces, or their homes. The final number of men who were interviewed was 15.

As outlined earlier, it had been the intention of the research to seek data from men who were 25-44 years of age. During the recruitment phase men outside this age range who had had a significant life event for which they needed help during this period of their lives came forward and expressed a wish to take part in the study. These men were included in the study in order to give depth to the responses and to allow for a more reflective perspective to the study.

At the completion of the recruitment phase the ages of the help seeking men were

Participant 1	42
Participant 2	37
Participant 3	54, 40 when issues requiring help arose
Participant 4	50, 44 when issues require help arose
Participant 5	49, 40 when issues require help arose
Participant 6	32
Participant 7	50, 42 when issues require help arose
Participant 8	40
Participant 9	56, 30 when issues require help arose, needed long term help
Participant 10	59, 25 when issues require help arose, needed long term help
Participant 11	43
Participant 12	49, 32 when issues require help arose, needed long term help
Participant 13	63, 44 when issues require help arose
Participant 14	43
Participant 15	52, 43 when issues require help arose

In sum, 6 participants were 25-44 during the study, 9 were older but had a stressful life event for which they needed significant help during the years 25-44.

As a requirement of the ethics clearance for the project, participants were asked to sign the consent form (Appendix 4) to indicate their willingness to take part in the study, and to agree to the use of de-identified data from it in the preparation of this thesis and other papers which may arise from the study. Participants were also provided with the information sheet (Appendix 5) as a take home reference. This contained details of the Ethics Approval (Appendix 1), the scope of the project overall and the contact details of both the researcher and supervisor for reference if queries or questions arose at a later date. Other than contact to clarify points of uncertainty from the interview record, there has been no subsequent contact from the participants in regard to the study.

Phase One of the study was conducted by means of administration of a short questionnaire to gather demographic data (Appendix 2) and a sense-making interview (Dervin, 1983/2000, 1992) (see Appendix 3 for the flow of sense-making questions).

The interview varied in length from 30 minutes to 45 minutes and was dependent on the story that the man wished to tell, his capacity and willingness to reflect on his help seeking and the help seeking of Australian men more generally, and ways that men could be assisted to seek help more routinely. As would be expected some participants had greater capacity to reflect on their attitudes, behaviours and needs than others, and these interviews were longer and the responses were more detailed in terms of the component parts of the help seeking experience.

It was intended that the interviews be recorded and transcribed as a verbatim record but during the first interview the participant indicated that he was willing to discuss his help seeking but did not want a taped record of interview to be extant. Without a full transcription of all interviews a decision was made, in agreement with the participants, to record the interviews by note taking. A record of each interview was then typed and subsequently sent to the participants via email for agreement that it was a true and accurate record of the recorded data, and that the participant was happy with the content to be included in the study results. Four men made minor changes to the transcript. On return of the transcripts many of the men included thanks for the opportunity to take part.

They also noted how they had appreciated the opportunity to discuss their help seeking and suggest ways to improve this behaviour in other men, and how this had helped them see their own experiences in new light.

The 15 men who took part in the help seeking study discussed a range of issues for which they needed help in the years 25-44 .

Participant 1	Relationship breakdown, custody issues
Participant 2	Relationship breakdown, custody issues
Participant 3	Relationship breakdown
Participant 4	Relationship breakdown
Participant 5	Relationship breakdown, custody issues
Participant 6	Relationship breakdown, custody issues
Participant 7	Wife's alcohol addiction
Participant 8	Custody issues
Participant 9	Alcohol addiction
Participant 10	Death of wife, support with care of 2 year old son
Participant 11	Relationship issues
Participant 12	Tried to kill himself twice
Participant 13	Life threatening illness
Participant 14	Relocation to Australia to join wife's family and enhance her career
Participant 15	Relationship breakdown

These major help seeking episodes formed the basis for the interview. A full record of the interviews is at Appendix 9a.

### **PHASE TWO Self-completion Questionnaire**

Phase Two of the help seeking study collected data from the same 15 men by use of a self-completion questionnaire (Appendix 8). This questionnaire contained more personal and reflective questions than in the interview in Phase One and it was considered that the men may prefer to answer these questions while alone and with more time for this reflection. The self-completion questionnaire was delivered to the men at the conclusion of the Phase One interview and sought information pertaining to confidant availability, social network strength, mood/mastery/autonomy, and religiosity.

The participants were asked to return the self-completion questionnaire to a Post Office box in a pre-stamped pre-addressed envelope and all did so, on average, a week to 10 days after the interview. This data was then collated with the demographic data and the sense-making interview.

After the return of the take home questionnaire three participants were contacted again to follow up responses of note, or to answer questions which had arisen as a result of the correlation of the data from the sense-making interview and the take home questionnaire. As a result of this follow up two participants agreed to a secondary interview to discuss in greater detail aspects of the relationship between their responses to questions in the interview and those contained in the take home questionnaire.

## **FINDINGS**

### **PHASE ONE Men's Help Seeking Behaviour**

#### *Demographic data*

The demographic data collected using a questionnaire (Appendix 2) prior to the interview revealed that the men in the study came from a broad cross section of the Perth community. There were no rural men in this study. The demographic data from the 15 men showed the following:

- The age range of the men was 32-63 and all had experienced a significant life event, and needed help and support, during the 25-44 year age range.
- The educational level of the men varied across a range from completing Year 10 (leaving school age 15) to post graduate university qualifications.
- The place of residence varied, across a range from outer urban/semi rural to inner city.
- The work life pattern varied across a range from casual work, home duties, public service, professional, to owning a business.
- Only one of the participants did not have children.

- There were no men currently working in blue collar<sup>25</sup> industries, although a number had done so in the past.
- Of the relationships in which the men are involved only three of the 15 participants identified having had only one partner during his adult life; two of these relationships were no longer intact (so the men were single again) and the third had separated and reunited.
- Four of the men had been married or partnered 3 times or more. [Note: the term partner was used to identify significant relationship bonds; casual “dating type” relationships were excluded].

The sense-making interview began with a primary question: Can you give me an example of a time when you needed information to help you with important things in your life? This question then led to a range of questions about gaps, barriers and supports in the help seeking process, what worked, what didn't, who or what was most helpful, and lessons learnt along the way. It was made clear that information could mean what was obtained from people, as well as information tools such as books, websites, pamphlets etc. together with information obtained from community support agencies, either private or public.

#### *Help seeking experience and information sources used*

The sense-making interview allowed men to articulate their help seeking behaviour in their own way and in their own sequence. The questions in the interview schedule were to guide the interviewer but were not fixed. The first general question was: *Can you give me an example of a time when you needed information to help you with an important thing in your life.* The responses were:

- relationship breakdown (5)
- life threatening illness (1)
- addictions (self or partner) (2)
- parenting issues (8)
- death of spouse (1) , and
- re-location to a new country (1)

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<sup>25</sup> Manual or technical worker. Blue Collar (n.d) *Roget's New Millenium Thesaurus*, First Edition (V1.3.1). Retrieved February 18, 2008, from Thesaurus.com <http://thesaurus.reference.com/browse/bluecollar>

The responses total more than the 15 participants as many of the men identified that the need for help about the issue of their parenting co-existed with their need to gain help for the presenting problem e.g. relationship breakdown, addictions etc. These major help seeking episodes formed the basis for the interview.

The second general question in the interview was: *what was the gap you were trying to fill?*

The third was: *How did you think the information would help you?* The men were frank in their response to these first three questions in the interview and responses were interchangeable between them. All the men in the study indicated that identifying sources of information and filling the gaps in their information needs presented many obstacles.

Responses included:

- I didn't have a clue;
- I felt like a child crawling in the dark;
- I was deeply uncomfortable;
- I didn't know where to go;
- there were no pathways;
- it was a new area for me;
- I didn't know my rights;
- I had no knowledge;
- it was untrodden ground;
- I wanted more connection;
- I needed to know I was normal.

Other men indicated that their health was the impetus for seeking help.

Responses with this theme included:

- sick of being sick;
- suicidal thoughts and depression;
- my wife knew I was ill.

A fourth general question continued the sense-making interview. This question asked men to consider: *was it difficult to think of places and people who might be able to help you?*

Only three men indicated that the task was relatively easy. Two of these seemed to be men

with a clear articulation of their needs and with a strong social network. The third man in this group had a physical illness (which was later identified as life threatening) and his doctor was the obvious place for help, although he did admit to going the doctor only after the protracted intervention by his wife.

The men were also asked to indicate their first major sources of help and then secondary and subsequent sources in response to a question: *what did you do next?*

The primary source of help, or conduits to other help such as doctors and counselors was:

- family, friends and colleagues (including spouse) (11).

Other early sources used in the initial help seeking strategy were:

- pamphlets/leaflets (7);
- community agencies (6);
- phone books (5);
- doctor (3);
- mass media (2);
- Internet (1);
- church (1);
- employee liaison (1).

Many of these strategies were used in combination with each other, and obviously, some did not provide help in and of themselves, such as the phone books and mass media, but were rather conduits to those who may have been able to offer help.

Secondary sources of help were more varied:

- books (9)
- community agencies (7)
- men's groups (6)
- friends, family, colleagues (5)
- Internet (4)
- workshops/counseling (3)
- pamphlets/leaflets (3)
- religious groups (3)

- mandated information sessions (2)
- government agencies (2)
- lawyers (2)
- mass media (1)
- doctor (1).

These secondary sources of help were often used concurrently with primary sources e.g. men who were talking to friends and family or reading books as a primary source of help did not stop doing those things when they sought help from a secondary source.

Collation of the data shows that during a major help seeking episode the men in this study used the following tools as either primary or secondary sources of help. In order of importance these sources were:

- family, friends and colleagues (including their spouse);
- pamphlets/leaflets;
- community agencies;
- phone books;
- doctors;
- mass media ;
- Internet ;
- religious groups;
- employee liaison;
- books;
- men's groups;
- workshops/counseling;
- mandated information sessions;
- government agencies; and
- lawyers.

The relative worth and benefit of these sources of help will be outlined in the discussion section of this chapter.



## PHASE TWO Self-completion Questionnaire

The self-completion questionnaire (see Appendix 8) which formed Phase Two of the study had four broad themes:

confidant availability (Q1 – Q8);  
social network strength (Q9, 10, 11, 15, 16);  
mood/mastery/autonomy (Q12, 13, 17-22); and  
religiosity/spirituality (Q14).

The concepts of confidant availability and social network strength are overlapping and interdependent. The men included a person named as an available confidant as a person within the social network. This confidant was instrumental in many cases of facilitating the social network, and supporting mood. Confidants and members of the wider social network may also have been instrumental in decisions about religiosity and spirituality. The responses from the self-completion questionnaire were informed by the sense-making interview.

### *Confidant Availability*

These questions asked the participants to identify people who are available to help and support them in times of need and to report those to whom they are important in return.

Men in this study mostly identified women as their primary confidants and people of emotional importance. In response to the question: *is there a special person you feel close to?* all but one man answered “yes”, with the other answering “somewhat”. Eleven of these close people were women. For those men who did not answer “partner/spouse” (not necessarily live-in) to the question four men identified other females as the person special to them namely; sister, friend or ex-wife.

In response to: *are you special to someone*, all but one man answered “yes”, and many men identified more than one person, with women and children being predominant.

As far as those who have been available to offer support in the last 12 months the primary source of support was:

- women (9), with several identifying more than one woman e.g. wife and mother-in-law, partner and sister etc.

Other helpers in the last 12 months had been:

- mates;
- former work colleague;
- brother; and
- father.

The primary person they would most likely turn to for help was:

- a woman (9), usually their partner.

Others identified were:

- mates;
- friends;
- counselors;
- doctor; and
- father.

### ***Social Network Strength***

In response to the questions enquiring about the strength of their social network the men were asked to *identify the number of close relationships they have* through a range 1-2; 3-5; 6-10; or more than 10 (Q 9). They were also asked about the *frequency of social contact with family and friends* (Q 11).

The most common response was:

- 3-5 (10).

Other densities of the social network were:

- 1-2 (2);
- 6-9 (2); and
- 10 or more (1), although this man did indicate that many of these were friends and family with whom he was in touch by email or phone, and occasionally in personal contact, as they live overseas.

When asked to name *the people in their social network* (Q 10) 14 of the 15 men identified women within it, and often they named more than one. Most men in the study indicated that they only have 3-5 network members and with a woman named most often as part of the network the preponderance of women in these networks is obvious. The women

named were partners, sisters, mothers, father's wife, and ex-wife. Others named were male friends, brothers, fathers, work colleagues, and cousins (gender not specified).

With regard to sociability, the men were asked to *identify how often they get together with friends and family with whom they do not live* (Q 11). Options given were: weekly or more often; fortnightly; monthly; or less often than monthly. Responses were:

- weekly or more often (6);
- monthly (4)
- fortnightly (3)
- less often than monthly (2)

Eight men identified that they were a member of a club, an association, or a church (Q 15 – 16) with most meeting weekly or fortnightly. Notwithstanding these memberships men most of these men identified that they only had 3-5 people to whom they were close. One man in particular was in three identified clubs, associations or church groups which he attended regularly and one of them met weekly, yet he only identified 1-2 people to whom he was close, and one of these was his partner. Another man also indicated in the interview a strong professional, social and family network, and that he was part of a men's group which meets fortnightly, but in the self completion questionnaire he identified only 3-5 people to whom he felt close. In order to gain a deeper understanding of the links between attendance at groups and social network strength and closeness a secondary interview was undertaken with these two men. The results of these secondary interviews will be considered in the *Discussion* in this chapter.

### ***Religiosity***

Religiosity and spirituality have long been considered predictors of social network strength, community cohesion and wellbeing (Melbourne Institute of Applied Economic and Social Research, 2006) and participants in the current study were asked to *identify their religious/spiritual connection* (Q 14). Responses were:

- religious/spiritual (6)
- somewhat religious/spiritual (5)
- not religious/spiritual (4).

### *Mood/Mastery/Autonomy*

These questions in the self completion questionnaire asked participants *to identify their current mood*. The questionnaire also asked participants to answer questions *about their perceptions of how well they coped with the demands of daily tasks and how autonomous they were in decision making*. These concepts are known broadly as “mood, mastery and autonomy” (Tower & Krasner, 2006, pp. 431-432). Tower & Krasner cite numerous studies which show that mastery and autonomy have considerable impact on mood and that lack of autonomy is associated with depression. In Chapter 5 of this thesis other research was explored (Schwartz & Strack, 1991) which showed well being and mood states are impacted upon by one’s perceived capacity to be self reliant and exercise a level of psychological autonomy.

In earlier work Tower and her colleagues (1985-86) found that these concepts, and how they link with individuals in their relationships with others, are useful measures of wellbeing in that “the relative importance one assigns to each of these broad aspects of daily living ... guide thoughts, feelings and behaviours” (p. 186). Citing the work of Ryff and Keyes (1995, p. 101) Tower and Krasner (2006) suggest that high scorers in self determination [mastery] and independence [autonomy]

[are] able to resist social pressures to think and act in certain ways; regulate behaviour from within; evaluate self by personal standards, whereas a low scorer is concerned about the expectations and evaluations of others, relies on others’ judgments to make important decisions; [and] conforms to social pressures to think act in certain ways (p. 432).

As discussed earlier in this section the help seeking study was designed in such as way as to allow men to tell their own stories in their own way. The self completion questionnaire was integral to the ‘story telling’ approach used in the sense-making interview. The questions on mood, mastery and autonomy were intended to determine if there were links between mood, mastery and autonomy for the men in the current study and if there were correlates with their stated help seeking behaviours.

When the questions relating to mood/mastery/autonomy were designed and approved for use by the University Ethics committee it was anticipated that the men in the study would be aged 25-44, and that they would be engaged in help seeking in those years. When the study was undertaken six men were in the 25-44 age group, and nine men who took part

were older and had had significant help seeking experiences during the years 25-44, many of them over lengthy periods. Many of these men were in a different state of mind when the narrative data about their help seeking behaviour was collected. These men took part in the study to reflect on those experiences and to provide insight into what were the key elements of the help seeking episode in order that they may contribute to the well being of other men. Their own ongoing growth and personal development was also a major contributor to taking part and many men spoke clearly of the importance of that aspect of the study.

When designing this aspect of the study into men's help seeking behaviour the correlation between of mood, mastery and autonomy were considered valuable areas of exploration. It is not possible, however, to use these correlations retrospectively as mood, mastery and perceptions of personal autonomy change over time dependent of life circumstances.

Due to this change in the conduct of the study, after the design and approval of the self completion questionnaire, the bulk of men who took part in the study were reporting their help seeking behaviour from a considerable time after the event. It is not reliable to use measurements of mood, mastery, and autonomy retrospectively as indicators of past behaviour therefore the specific answers to these questions will not be reported.

Some general comments made by the men about the way mood, mastery and autonomy impacted on their help seeking experience will be considered in the *Discussion* in this chapter.

## **DISCUSSION**

This section will discuss the findings of the help seeking study and will be divided into two sections: Phase One – the men's help seeking behaviour; and Phase Two – the self completion questionnaire. The findings from the study will be discussed in terms of the literature presented earlier in this chapter and elsewhere in this thesis.

### **PHASE ONE Men's Help Seeking Behaviour**

This section reports on the findings from the responses to the sense-making interview.

#### **Help seeking experience and information sources used**

What is apparent from this study is that when the men were experiencing a major life situation most of them were unfamiliar with information and support services available to

assist them, and were resistant to the notion of seeking help during episodes of life stress. Men in this sample were uncertain about seeking help and were confused by the situation in which they found themselves. One man, an alcoholic, summed up the feelings of many of the men when he said: "I didn't know what would happen. It was large learning curve. I felt isolated". The men were also unclear about appropriate pathways they could use in order to make contact with information and support services in order to gain assistance. The pathways to the help they needed were either blurred or in most cases concealed both by their own lack of knowledge of resources or help, or by their reluctance to seek out what they knew to be available due to gender role strain (Pleck, 1995) and constructions of masculinity (Courtenay, 2000).

Friends and family were a major source of support for the men in this study, both in terms of being the first 'port of call' when distress occurred but also in the provision of practical help and information provision. The following comments show the strong response to this concept:

- the most important source of information for me is people - my friends, and regular contact with them is very important;
- the people were most useful. Just talking and finding out things;
- the emotional support I received from friends and family when my wife was killed was a comfort and my mother and mother-in-law took on the role of carers for my son so I could return to work for which I was very grateful. I definitely had to subcontract that role to them so I could work;
- I did badly on the friends support – I have lovely friends but I did not ask them for help soon enough. I thought I could manage on my own. That was the wrong approach.

These findings are consistent with other studies (e.g. Gottlieb, 1981; Stokes & Wilson, 1984) which show that help is mobilised in a variety of ways depending on the contextual circumstances of the help which is required. Social support is measured by those in need, not only by those who provided help but by those who were not called on. This decision not to call on certain people (who can be identified as potential helpers) is complex and not

well understood (Antonucci & Jackson, 1990; Nadler & Maysless, 1983; Short, 1996; Trivers, 1971).

Another key element of the men's help seeking experience was that for many men, women are the conduits to help. Again these responses were strongly felt and were emotional for some men. The following are typical of how men spoke of the types of ways they engaged with women around their distress and lack of help seeking skills:

- My wife was able to articulate issues, so she suggested we have counseling;
- I just wished my mum was about but she had passed away several years ago;
- I talked to my wife, she was a great resource, she provided a lot of information.

Studies have long shown that mothers have a considerable influence on their children's health attitudes and behaviours (for example, Mechanic, 1963). It is not surprising the many men carry this learning about the support and brokerage role of women forward into adult life.

Notwithstanding receiving help from friends and family other men were able to articulate that they also needed more formal support:

- There was a lot of sympathy from friends and family but no information to help me understand what was happening to me. Being taken to the pub is all very nice but it did not fix my problems;
- Good friends were supportive but they had no practical advice;
- I knew that I also needed evidence based information from professionals at Holyoake [community based alcohol treatment service]. I needed to know very precise information about the impact of his mother's alcohol problems on my son, particularly what I should do about him visiting his mother after our relationship ended.

Information from these formal information sources did not often meet the needs of men in the study. Many of the men were blunt in their descriptions of the help they received from formal sources:

- Information from the Child Support Agency is not helpful. It is very inflexible and about procedures rather than support. The information varies, it is inconsistent. I file it and refer to it. Information from Centrelink [Government agency for administration of benefits] is the same. They are constantly meddling. I just wish we could sort things out for ourselves;
- The lawyer was shocking!;
- Private legal services are not holistic. They work on precedence and these just ramp up expectations;
- I would rate the services at about 4/10. Good people trying to do good work but they are under resourced. It is disappointing that many of the services operate out of run down buildings and are obviously struggling. This does not give the right messages to clients and the community that the services are places of worth and value.

When seeking help, a major concern for the men in the study was credibility, both of the information and in terms of putting their personal credibility at stake by seeking help. This issue of credibility is linked closely with issues of personal privacy. Almost all the men mentioned credibility and privacy at some point in their interview. Examples of such comments were:

- It has been said that men live in quiet in desperation, they like privacy;
- The risk of the personal becoming public is an issue;
- Discretion and privacy are very important for men;
- The professional link [employee liaison officer] was important for me in getting help. Credibility at work is important to men. I am the same.

Several men spoke of the role their upbringing in their issues with privacy and help seeking with comments such as:

- All in all I am a private person brought up in an environment where asking for help was a weakness.



Given the recent trend of government and community agencies to use the World Wide Web as a tool for dissemination of information and for encouraging help seeking about personal wellbeing issues it is worthwhile to consider the comments of men in this study which included:

- I am concerned about the credibility of a lot of information on the web; I am not sure where it comes from. It seems better to use information from people who know me or from credible sources;
- the Internet is full of shit, too much filtering is required. I would rather use professionals with learned credible knowledge;
- the Internet can enhance problems, [men] need to know information is reliable and sound and this is not always the case on the Internet;
- I looked at websites on family breakdown. The websites were very high brow and simplistic. The information did not reflect how real people live their lives;
- there needs to be people contact not Internet, although privacy is an issue, people can provide that.

For other men, however, their own privacy and credibility needs were stronger than any concerns they have information quality and the credibility of the provider:

- I do not want to be seen as paranoid, weak, moaning, whinging or a hypochondriac by others so the WWW is a good place for me to avoid those fears while still finding out things I need to know;
- the Internet is very useful. It has a broad spectrum of information. There is privacy;
- the Internet seemed more private and I thought I could get more reliable information there.

The Internet is now a common tool for informing the public about issues related to health and wellbeing. Its use as a vehicle to inform and support hard to reach groups about stigmatized illness is an emerging area of study (e.g. M. Berger et al., 2005; Palsdottir, 2005). The use of Internet to deliver both education about the nature of mental illness (psycho-education) and specific interventions such as cognitive behaviour therapy have been shown to be effective in reducing symptoms of depression and enhancing wellbeing

(Christensen, Griffiths, & Jorm, 2004). This issue of “social honor” (Hatch, 1989) was a considerable issue for men in this study. As the literature discussed earlier in this thesis testifies, men are a hard to reach group in terms of information about health and wellbeing. While often contradictory the responses of the men in this study about the role of the Internet in their lives does support other studies that suggest that the Internet may be a valuable tool for informing and supporting hard to reach groups.

Notwithstanding the somewhat negative impression of information on the Internet overall, information professionals working in the traditional realms of libraries and books should be heartened by the number of men in the study who spoke candidly of their use of books and libraries as a major source of information and support:

- books from credible people are my information source of choice;
- I read books, my wife got these from the library and bookshops;
- I read books, from the library and bookshops;
- books are invaluable – wonderful tools which get passed around between men;
- books, I get these from the library;
- books, I went to the library;
- I bought books. I am not a booky person by nature but I needed a lot more information.

For some men books were suggested by those people from whom they sought help:

- I read books about manhood and parenting by Steve Biddulph. My counsellor suggested them.

An issue of considerable concern for the men was the likelihood that their concerns will not be taken seriously because information and support services are set up to meet the needs of women. The following comments were typical of the concerns men have about the provision of information and support within the community:

- I was apprehensive about getting the help I needed because women seem to get much more help;

- men don't seek help because they believe they won't be heard and that the services are set up to meet women's needs;
- men are skeptical of using services as they know women get more help.

This finding presents considerable challenges for providers of help and support to Australian men who are experiencing stressful life events and will be discussed in detail in Chapter 9. This discussion will be made in conjunction with the comments of service providers (Chapter 8) about the way support services are provided to men. The recruitment and training of those who work in support agencies, including information services, will also be discussed.

## **PHASE TWO Take Home Questionnaire**

This section discusses the findings from the responses to the self completion questionnaire which the participants completed after the sense-making interview and returned by mail. The discussion is grouped using the terms used previously: confident availability; social network strength; religiosity and mood/mastery/autonomy.

### **Confidant Availability**

The role of women as principal confidants for men in this study is apparent. Even for those men without a partner, women were important confidants: mothers, sisters and female friends were all indicated as confidants. This finding is consistent with other studies. In an examination of the impact gender role orientations and friendship Wright and Scanlon (1991) cite a variety of studies which show that “men tend to be more open, more self disclosing, and more intimate with their women friends than their men friends” (p. 552).

Chapter 2 of this thesis explored the possible links between patterns of human attachment and help seeking. In his study of the role of the social network as a function of attachment in later life Australian academic Scott Henderson (1977) suggests:

that most individuals require to receive a commodity ... conceptualized as care and support [and] it is useful to describe both of these as occurring in *quanta of attachment* [italics in original] which are transmitted during interpersonal transactions. [Henderson goes on to suggest that] variables to be considered [in the worth of the attachment transaction] are the perceived availability of the person, the total time spent in the interaction, the degree of affectional reciprocity, and the level of attention received from [the person] (p. 189).

The role women perform as confidants for men and how they relate to early attachment bonds is echoed by the findings from the questions on *Social Network Strength*.

### **Social Network Strength**

Most of the men in the study indicated that they have 3-5 people to whom they feel close, and in most cases one of these was their spouse or current female partner (there were no obviously homosexual men in this study). There is a common stereotype of Australian men as being very sociable and images of “boys around the Barbie (i.e. bar be que)” abound. These stereotypes have been fostered by a willingness of the community to embrace these masculinity scripts through their portrayal in popular culture, both within Australian and overseas (Knight, 2000; West, 2000). While these images may be useful marketing tools for the advertising industry, for most men in this study their social world revolves around women and their friends, and is organised around women’s brokering skills. Research from the Harvard Medical School (Pollack, 1998) shows that the role women have in brokering social engagement and support for men has its wellspring in the success, or otherwise, of the early attachment bonds a boy forms with his mother and:

that the absence of a close relationship with a loving mother puts a boy at a disadvantage in becoming a free, confident, and independent man, who likes himself and can form close and loving attachments in later life... boys benefit enormously from spending time in the loving environment created by his mother *and her friends* [emphasis in original] (p. 82).

Attachment theory and evolutionary biology as possible indicators of successful help seeking were explored in Chapter 2. In this chapter data were presented which shows that attachment continues across the lifespan and is not restricted to early infancy. In light of the research from Harvard Medical School which relates to boys in the USA the role of women, and their female friends, as supporting wellbeing in Australian boys and men needs to be considered. This issue, in conjunction with the scholarship related to attachment theory and evolutionary biology explored in Chapter 2, and its impact on men’s help seeking behaviour, will be discussed in detail in Chapter 9.

Initially the small size of the social network of the men in the current study seemed inconsistent with the literature from other studies. A Californian study of 1050 non black urban dwellers (the current help seeking study was also conducted with non black urban dwellers) in 1977 showed that numbers in the average social network were closer to 10 (C.

S. Fischer & Phillips, 1982). In the 19<sup>th</sup> British Social Attitudes survey (Park & Roberts, 2002) which surveyed 3,500 randomly selected respondents found that 56 % of men have 10 or more close friends (although 17% said they have no best friend at all). In another study reported in the Sunday Times (UK) (Dobson & Iredale, 2005) it was suggested “it takes a network of 18 close friends and relatives to provide an average person with the emotional and practical support to get through day-to-day life” (p. 11). While these numbers are higher than for the current help seeking study, it is important to consider what those in these networks mean to the people who have identified them. Spencer and Pahl (2006, p. 45), in discussing their study of personal networks in UK, make the point that it is important when considering such studies to consider “those who are important to them [the participants] at the time, rather than all the people they know no matter how tenuous the connection”. Spencer and Pahl draw on the work of others to indicate that personal communities typically consist of 3-6 socially close intimate ties, 5-15 less strong but still significant ties, and approximately 1000 acquaintances and latent (but often still mobilisable) relationships (Wellman & Gulia, 1999).

When considering the issues of the social network strength of participants in the current help seeking study, it is important to reflect on the way the question was asked and how that might have informed the responses. As discussed in the exploration of the role social network strength and the way impacts upon perceptions of wellbeing presented in Chapter 5, the way questions are asked in social research has a direct bearing on the responses received. In this study the question asked was: *In general how many close relationships do you have – people that you feel at ease with, can talk to about private matters, and/or can call on for help?* On reflection the wording of this question is quite specific. It does not ask about the size of the social network or how many friends the men had, but rather the question is specific in terms of words such as “close relationships”, “at ease with” and “private matters”.

In their study of personal communities and their role in the lives of individuals, Pahl and Spencer (2004) purposively recruited 60 people in the UK to determine network strength and density. As part of this research participants were asked to name

20 people who are important to you now ... and the meaning and role of friends and friend-like relationships were explored in a number of ways through out the interview by discussing the way in which names were allocated to different circles

[with self at the centre], by comparing relationships with friends and family, by exploring the role of the personal communities in providing various forms of social support, and by establishing detailed accounts of the formation and development of selected friendships (p. 206).

By conducting the research in this way that study was able to gather more detailed data on what different types of relationships mean and how they might, or might not, be mobilised for help and social support.

Two men in the current help seeking study clearly identified strong social ties and membership of numerous clubs, associations or church groups in the sense-making interview but when returning the self completion questionnaire, answered 1-2, and 3-5 close relationships respectively. In order clarify these contradictions secondary data was gathered from these two men; one a recovering alcoholic, and the other who ended his marriage due to his wife's alcoholism.

The first man who took part in the secondary interview (participant 9) was a middle level public servant and previously a blue collar worker in the mining industry. He suggested that for him there was a great difference between friendship and socialising. He indicated that the social engagement he participated in with his clubs or other groups related to activities at the heart of a shared interest not around personal matters. This comment is consistent with findings in the British Social Attitudes survey (Park & Roberts, 2002) which also found that friendship and friendliness may have very different meaning for different groups. For this man, the difference between friendship and socialising was related to the issue of trust and he specifically mentioned a willingness to borrow or lend money as an indicator of the depth of relationships. If there was trust at that level then the person was a close friend, if not they were something less, and therefore he would not discuss private matters with them or ask for help. He also indicated that, by and large, "men do not need that type of support anyway". He suggested men go to experts and they find a fit between the problem and the solution and then act upon it e.g. a doctor if they are ill or an accountant to discuss money matters. Like many men in the study, this man needed to know that the help he was getting was credible, and it was his view that professional sources were more reliable than friends for help and support and they also came without the burden of reciprocity. The financial exchange was without ongoing obligation and commitment which might be burdensome in the future.

The dilemma of reciprocity in the giving and receiving of help is well documented in the literature (for example, Antonucci & Jackson, 1990; A. R. Berger & Janoff-Bulman, 2006; J. D. Fisher et al., 1983; Reinhardt et al., 2006). Another Australian study (Short, 1996) has shown social class has a large bearing on the willingness of people to engage in informal economic exchange with higher class people less likely to do so. For the purposes of Short's study, informal economic exchange means economy as social support rather than purely monetary exchange. Earlier in his life this man had been a blue collar worker and may have used different strategies for informal economic exchange in that period of his life when the ability to purchase help was, perhaps, less possible financially.

The second man who took part in a follow up interview (participant 7) indicated that, although he has a large social network, during the turbulent time surrounding his wife's alcoholism and the care of his young son he had, almost deliberately, condensed his close, and helping, network to 3-5 people. The role of his mother had become increasingly important in ways he had not mobilised at other times in his adult life. He spoke in moving ways about the need to keep the network small in order to limit the "noise" of conflicting advice and help. He needed a clear pathway to help and support and more than 5 voices would have been too many, even if others may have had "better solutions". He also spoke about trust as a major factor in this decision. While he valued his large group of friends, he saw their role in his life as quite different from that which he needed during the difficult emotional and practical situation in which he found himself at that particular time. As with the first man in the secondary interview, this style of help seeking behaviour, and choice of a particular style of social network to assist with it, is consistent with the literature especially in terms of "optimal matching" (Cutrona, 1990, p. 3). This concept is best understood as the need to find help from those whom one believes will provide the type of support which best matches the event at hand due to the fact "the particular components of social support that impact on health and illness vary dependent upon the types of stresses being confronted by the person" (Cutrona & Russell, 1987, p. 62). Similarly it can be suggested that "event sequence, operant illness beliefs, structural conditions and human agency interpenetrate the occurrence and timing of pivotal actions and denouncement of a help-seeking episode" (Uchara, 2001, p. 519). What this man needed was a particular type of help at a particular time, and he identified what he believed to be optimal matches between his need and the support available, and chose accordingly.

While, on initial analysis, the fact that most men in this study have indicated they only have 3-5 close relationships, may indicate that they are suffering some level of social and emotional isolation. However, it may indicate, after reviewing the follow up interviews with the two men above, that the men have been particularly discerning in the way they have answered the question on social network strength. They may have much larger social networks than indicated, but the low numbers given show a relative strength in these particular relationships, and the capacity to use them in a particular way. Using the data in this way it would appear that the men in the current study have similar patterns of relating to those identified above by Wellman & Gulia (1999). That is, personal communities typically consist of 3-6 socially close intimate ties, 5-15 less strong but still significant ties, but with much larger numbers in a wider network that may be called upon for specific types of support. In retrospect it may have been worthwhile to ask a subsequent question in the current study to determine if there was a wider network available to men for different purposes, as well as the usual 3-5 people they identified, and this would be a valuable component of future research.

Notwithstanding the interpretation of the data in the current help seeking study the challenge is to ensure that individuals not only have a strong social network but also one that includes a diversity of ties (Spencer & Pahl, 2006) in order for the aforementioned "optimum matching" (Cutrona, 1990, p. 3) to occur in times of stress. Spencer and Pahl (2006) use the work of American epidemiologists (Cohen, Doyle, Skoner, Rabin, & Gwaltney, 1997) to suggest that "the relative risk from mortality among those with less diverse networks is comparable in magnitude to the relationship between smoking and mortality of all causes" (p. 28).

One of the men in the current study suggested "in terms of information delivery .... I would build on existing social networks. Encourage men to have a consistent social network of 4-5 people that they trust". It would appear that he is half right. Men need this consistent 4-5 people, but they also need a larger, more diverse group, that can be mobilised at different times for different needs. The second man who took part in the secondary interview had this approach. He had a large network from which he chose 3-5 people who could most meet his need for help in his current circumstances. It is unknown if more of the men had such a strategy, but given the well documented benefits of, not only, a small secure network but a larger diverse one, this is obviously grounds for further research and discussion on men's social network mobilisation during times of stress.



It is noteworthy that only one man mentioned extended family in his network e.g. cousins, and none of the men mentioned their children, notwithstanding that some of the men had adult children. These findings also present considerable scope for further research, especially in the area of cross cultural considerations of social network strength and availability of help.

### **Mood/Mastery/Autonomy**

Although specific data from the *Mood/Mastery/Autonomy* section of the questionnaire will not be reported here due the older age of nine of the participants than was envisaged during the research design (as discussed earlier in this chapter), there are some general points which can be made. As discussed in Chapter 5, many of the survey instruments to measure wellbeing relate to perception, and perceptions vary between people, and over time among individuals themselves. By example, a chance encounter with one of the participants only three months after his interview revealed that an event had occurred in his life which would now change his responses to the *Mood/Mastery/Autonomy* questions in the survey. As a result of this event he felt much more in control of his situation and more able to cope with the demands in his life.

In the same way social network strength can vary over time depending on circumstances in others' lives as well as in one's own, as well as in the society at large, and this can have considerable impact on one's perceptions of *Mood/Mastery/Autonomy*. For instance, the recent, and growing, trend of flyin/flyout employment policy in Australia, to allow resources companies in Australia to respond to high demand for labour in remote areas of the country, has dramatically changed expectations of family structures, friendship networks, and work life balance.<sup>26</sup> Such macro changes have a profound impact on the lives of individuals and these changes will have different impacts on different people. Such macro changes can happen without notice.

Similarly life at the micro level can change without notice. The sudden death of a spouse, an injury, unexpected unemployment are all examples of the way life can suddenly change for

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<sup>26</sup> For a detailed discussion of how this phenomenon is impacting on men and their families see Galliegos, D. (2006) Fly-in fly-out employment: managing the parenting transitions. Perth: Centre for Social and Community Research, Murdoch University

individuals and have consequent impacts both on their well being and their perceptions on it. These types of events may also impact on the way an individual interfaces with the community and uses the resources in it.

In these ways qualitative research of the kind used in this help seeking study is intended to provide a snapshot from which some interpretations may be made. They are neither definitive nor permanent. Notwithstanding issues of permanence, the responses to such a study do reveal something of lives of individuals which may give some windows to the lives of others from which conclusions can be drawn.

## **CONCLUSION**

This chapter has reported on a study of the help seeking behaviours of 15 Australian men. These men use a variety of help seeking strategies when they are under stress – some men are information seekers, some are avoiders; some men are obviously foragers, others want directive help; some believe the Internet is valuable, others do not. However there are common themes within many of the help seeking episodes:

1. men are resistant to early help seeking and prefer to act autonomously;
2. men are not generally aware of the supports and services available in the community to assist them and enhance their wellbeing when under stress, or more habitually;
3. women provide a pivotal role in supporting these men into help, and encouraging them to adopt more positive behaviours which will enhance wellbeing;
4. men use a variety of information tools, and as yet the Internet is not generally a respected source of supportive information;
5. men use family and friends as principal sources of help and support;
6. men prefer small cohesive networks as adjuncts to their help seeking; and
7. privacy and credibility, both perceptions of their own and that of the provider, are key determinants of decision to seek help for men.

The next stage of this study documents the responses to questions regarding the development and marketing of support and information services for men. This information was sought from the men 15 who took part in the sense-making interview in the first stage of the study, reported in this chapter, and from 6 professionals working in community and government agencies which provide information and support to men. This stage will be

reported in the following chapter, Chapter 8. The findings of the study will then be extrapolated in order to gain further insight into what factors may influence the help seeking behaviours of Australian men overall and how this help seeking might be enhanced through the development of information services and information products which meet men's needs.

# Chapter 8 – Development and marketing of an information and support service for Australian men: a conceptual study

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## **INTRODUCTION**

This chapter will detail the findings of a study which sought to canvass the views of a group of men (n=15) for their ideas on effective strategies to engage men around the issue of early help seeking to enhance mental and physical health. These men had had a help seeking episode and were the same group who participated in the help seeking study reported in Chapter 7. Views were also sought on to how these strategies might be marketed effectively so that men will access help more readily.

In addition a small group of service providers (n=6) who offer information and support to men, across a range of domains, were also consulted. This part of the study was undertaken to determine what services these providers now offer and how they market these services within the constraints of budget and marketing expertise. This group of professionals was also offered the opportunity to provide input on the issue of more effective strategies to engage men in order to enhance help seeking by men when they are experiencing stressful life events, and for personal and emotional growth at other times, if the constraints of budget and expertise were removed. This group included community and government providers with particular client foci, private practitioners, and generalist information providers. In the Australian contexts where agencies providing help and support are often small and funded by cyclical grants tied to the electoral cycle such an exploration of the perceptions of both sides of the caring dynamic, help seeker and helper, was considered a valuable strategy for the collection of valuable data on the help seeking experience of Australian men.

## **THE CONCEPTUAL STUDY**

### **Participants and procedure**

#### **PHASE ONE Interviews with Help Seeking Men**

The men who took part in this study were recruited via their participation in the help seeking study documented in Chapter 7. All the men in this group agreed to take part in this secondary component.

#### **PHASE TWO Interviews with Service Providers**

The service providers who took part in the study were recruited using the data base of the community agency which assisted in the recruitment of the help seeking men. Word of mouth and direct approach to those known to be working with men, or providing generalist information services were also employed. Eleven approaches were made but six of these declined due to pressure of work, a belief that they had nothing to offer to the project, and an unwillingness to take part in an interview process because they didn't feel comfortable in that setting. It was more difficult to recruit private practitioners than those working in community or government agencies. All of the clinical practitioners were men. Three female practitioners were approached to take part but they declined. The Manager of the generic library based service, who took part in the study, was a woman.

The work role of the service providers who took part in the study were:

- Professionals working in private psychology practices (2);
- Professionals working in self directed mentoring and support services (2);
- Professionals working in community based (not for profit) agencies (2);
- Professionals working in library based services (1);
- Professionals working in government agencies (1)

The number of work roles is greater than the study participants (n=6) as the two private psychologists combined this role with work in a government agency or work in a community based (not for profit) agency.

As a requirement of the ethics clearance for the project, practitioners who consented to interview were asked to sign the consent form (Appendix 4) to indicate their willingness to take part in the study, and to agree to the use of data from it in the preparation of the research thesis and other papers which may arise from the study. Participants were also provided with the Information Sheet (Appendix 5) as a take home reference which contained details of the Ethics Approval (Appendix 1), the scope of the project overall. The contact details of both the researcher and supervisor were provided for reference if queries or questions arose at a later date. Other than contact to clarify points of uncertainty from the interview record, there has been no subsequent contact from the participants in regard to the study.

## **METHODOLOGY**

### **PHASE ONE Interviews with Help Seeking Men**

Data was collected by engaging the men in a semi structured interview in which they were asked to consider:

1. the type of information products and tools they might use if these were available, and
2. ways to promote information products and tools produced by information and support services to make them more appealing to men, and increase help seeking.

The record of interview was typed and sent to the participants via email for agreement that it was a true and accurate record of the recorded data. Minor changes and elaboration of responses were made by four men and these alterations were added to the record (see Appendix 9b for the record of interview).

Matters pertaining to the ethics clearance for this stage of the study were adhered to by the provision of the consent documents signed in the help seeking study (for details of these procedures see Chapter 7).

The interview varied in length from 30 minutes to 45 minutes and was dependent the willingness of each man to reflect on his help seeking and the help seeking of men more generally, and ways that men could be assisted to seek help more routinely.

## **PHASE TWO Interviews with Service Providers**

Data was collected by engaging the service providers in a semi structured interview in which they were asked to consider:

1. what services were currently being offered to men by them or their agency?;
2. how did they market these services?; and
3. if resources (human and financial) were not restrained what type of service would they develop to assist men and how would they market it?

The interviews also gave the practitioners an opportunity to reflect on their information provision and support to men, and to discuss matters of general concern about engaging with men and supporting them in times of stress. Notes were made at the interview. The record of interview was then typed and sent to the participants via email for agreement that it was a true and accurate record of the recorded data. Minor changes and elaboration of responses was made by two practitioners and these alterations were added to the record (for full record see Appendix 11).

The interviews with the service providers were less structured than those with the help seeking men and information was forthcoming which was outside the specific scope of the thesis topic. This material was omitted from the record of interview and has been omitted from analysis of the data. The interviews lasted between 45 and 60 minutes.

## **FINDINGS**

### **PHASE ONE**

#### **Developing an information and support service for men – help seeking men**

The priority concerns for the 15 help seeking men in terms of the provision of information and support can be grouped around four major topics:

- Service design
- Role of the Internet
- Supporting each other

- Supporting the next generation

The major concerns of the men are outlined below. For a full account of the men's responses see Appendix 8b).

### *Service design*

- An information/support service would have information and advice about the whole of life questions: e.g., parenting small children, parenting teenagers, drug and addictions (kids and self), ongoing support for older children having issues like divorce, own health, relationship breakdown, re-partnering in later life, partner's health issues (e.g. menopause – what do blokes know about that?) – we need a lot of stuff and it changes over time.
- A service like the one's provided to rape victims would be good. A service where the people know how men feel and provide practical and emotional support in ways that meet their needs rather than dismissing concerns.
- Triage, to direct men to the right place. This could be done over the phone – but as long as the person was culturally appropriate and not from a bloody call centre in India!! The triage person could then direct men to information and help they need. This could be another professional – doctor, counselor, legal advisor etc – but it could also be credible sources on the web, DVDs, books, leaflets and pamphlets, or support groups.
- The way Lifeline works is ideal. It has information and people. It is central and accessible. It has books, pamphlets and the information is very available. The groups they run are very helpful. They are educational but also provide the company of other men who are in a similar situation so you don't feel so isolated.
- A service should be non-clinical - sterile doesn't work - put the service in a bar! No seriously, it should be homey and comfortable men don't want to feel like they are going somewhere for sick people just because they have a few problems.
- There needs to be male providers. Not Iron John types, just ordinary blokes. They could take it up to the men and get them to address what is really going on. It would need to be drop in to provide face to face work - we don't need psychologists on the end of the phone.
- It should operate using a hub approach with reps on the road like the vans which do breast screening for women. There should be counsellors and doctors so it provides all the care men need. Visible and out there, getting men through the door. There should be a lot of workshops and these should be free of charge



- It needs to feel like it a place of safe company.
- There needs to be men’s magazines in the waiting rooms – this is a really big gripe of mine!
- There needs to be on the ground services with different ways of doing business. It isn't one size fits all - there needs to be a variety of approaches. The fit has to be right to make sure that men get what they need and keep coming back.
- Men are happy to have advice. They don’t just want empathy they also want instructions on what to do. They need directive help.
- The service has to be trustworthy and confidential. Men need help to feel comfortable before we talk about ourselves. It has to be welcoming. I think men respond best to a one stop shop, they don’t like to get the run around. Men need to be seamlessly directed to appropriate help. We are pretty unmotivated about personal things and just give up if we have to forage for stuff.
- The service should have a central place for day to day needs and a property in an outer area for retreat style work where men can go to really focus on men's physical and emotional health, and focus in a setting which is away from everyday stuff.
- It needs to emphasise rights and responsibilities to the fore. Men need to be able to go to a place of comfort and be held a little and supported. They need to be supported in a way that they don’t do anything rash.
- They [the staff] have to be able to be conversational and gain trust. Doctor’s surgeries are not friendly and there is always too long to wait - that puts men off. Going to see the doctor is not a pleasant experience, it should not be like that.

### *Role of the Internet*

- Build information supports around the WWW. Provide easy links to a range of sites with information to help men find what they need.
- Develop a WA Men's Centre as a virtual community. Develop an interactive website using blogs and wikis, which is self monitoring by the men who use it. This virtual community would allow them to form loose networks around issues on different subjects and learn from other men. They could tap into the work of international gurus who would be linked into the site. The site could be a clearing house for what is going on for men in various geographical locations and if men need practical support like counselling or medical care

other guys using the virtual Men's Centre could offer advice about where to go and who to see about particular problems.

- Use cognitive behaviour therapy (CBT) - men respond to practical things, they want to know what to do, and CBT has been proven to work in a wide range of settings. There would be a website, and this could include CBT to get men familiar with the language around the issues that confront them. They think they are the only one's feeling this stuff, the web site would help them to understand that this is not the case. Along with the website there needs to be a well staffed phone line where men can ring and get more information and support. The link between the web site and engagement with others is important. Link men up with a support group in their area. This could be done via the phone. While social networks can reinforce bad as well as good behaviours there would be strong messages in these networks that to change is to grow.

### *Supporting each other*

- Men need to understand what is normal and what is not. It needs to emphasise that it is normal to seek help, that it is normal to feel crap sometimes. Men need to know that seeking help is normal. It is important for men to hear this. Men need to know what they need to get checked and when. It cannot be nebulous. Women seem more skilled at this with breast screening and the other regular check ups they have. Not sure why men won't do this.
- If I had had support from other men who had been through it that would have helped. I think support services for men should reflect this need.
- Men need other men. Other men are a great resource.
- Perception of gayness<sup>27</sup> is an issue for many men. Men need to feel comfortable with what is being offered.
- A spider web approach using mentors and people who know things to be a resource for other men.

### *Supporting the next generation*

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<sup>27</sup> Of, related to, or having an emotional and physical attraction to the same sex. Retrieved June 17, 2008 from <http://gaylife.about.com/od/gaydictionary/g/gaydefinition.htm>

- We must resource the next generation. Don't hide things from young men. Encourage boys to understand that they won't always be able to manage, that is unrealistic. Teach them to understand that asking for help is normal.
- Get to boys much earlier, under 14, after that they go stupid. Start in primary school with boys. But Health Ed needs to be done by sensitive people. Boys need kindness and then they will respond to messages and take them on board. Boys need to learn from other men.
- Teach boys in schools to be more aware of their need for help, tell them that they don't have to manage on their own. Start at an early age and keep telling them.
- There needs to be an emphasis on rituals, especially for boys. Many boys are lost in the culture and older men could guide them and encourage them and help prevent a lot of problems occurring later.
- High school would be a good time to resource boys about what to expect from marriage and relationships. Tell them "Don't rush in". By the time most people have decided to marry it is a done deal so they would not respond to information then. Young men need more knowledge about how relationships work. Pre-marital courses should be offered – young men would go to those as they know it would help them later.
- The culture is difficult for boys. They find it hard to express themselves. They don't understand that you can learn by talking to others. Boys are not allowed to be expressive in the culture. People think that it is men do not allow this but it is woman too. They want men to "be my rock", this places huge expectations on men to behave in certain ways.

One man had very clear suggestions on engaging men which built on the ideas of the other interviewees around the issues of supporting the next generation and of moving beyond a crisis driven approach to men's needs. He suggested a whole of government coordinated approach similar to that offered by the *Office of Women's Interests* and his response provides a model for the development of information and support services to men.

- We need a National Office of Men's Wellbeing which would offer a wide range of information and support to men and provide policy support to government around issues that affect men.
- Positive discrimination is needed to attract men into roles such as primary school teachers, counselors and carers. More money needs to be paid to people in these roles in order to attract men to them.
- A major initiative would be to co-ordinate a life skills training programme for men and boys.

- It would have two parts: a training programme for boys 13-15; and another for men 20-25.
- The programme for young men would teach them emotional intelligence, life skills, that they do not need gangs and how to be verbal about their feelings and needs. It should be run outside the school system and use 'wise men' as mentors and supporters. This programme could be modeled on Arne Rubenstein's *Pathways to Manhood* and should not have a religious backing.
- The programme for 20-25 year old men would need a high profile leader with a high public image and constant exposure, with a leadership structure which would support this person to maintain focus. It would focus on life skills planning and pre-marital advice (e.g. that they will have a relationship with a woman who is their partner not their mother).
- Both these programmes should be at least partly funded from the public purse such as through Medicare. The cost benefits in terms of community well being and reducing the burden of relationship breakdown would be substantial.

The issue of supporting the next generation was one of particular sensitivity for many of the men and included the need to support boys in their transition to manhood by the development of culturally appropriate initiation rituals. There was a consensus that many of the problems men experience in later life develop from a sense of being lost and somewhat redundant in the post modern era where women have ascendancy and men's traditional roles are under threat. Several men made mention of the shaming of masculinity which has occurred since the rise of feminism and the distress they feel that men are not portrayed positively in the culture.

An overarching theme within the four major areas of concern was general antipathy about the perception of women's preferential treatment by service providers. While this sense that "women get a better deal" was very strong there also appears to be considerable regard for the way women can make their way through the maze of services and agencies which are available to offer help and support. The men also articulated the need to have women assist their help seeking. Their comments included:

- Women need to be involved too, they are persuasive. It was my wife's tenacity that got me to get help. It saved my life;
- Men respond to prompting from women so putting the word out through women's networks is also important;

- To reach men use the women's grapevine – women are very persuasive.

### **Marketing an Information and Support Service for Men – The Help Seeking Men**

After articulating their ideas of what an effective information and support service for men would look like men were invited to discuss ideas for marketing such a service in ways which would resonate with men, and provide meaningful encouragement to use it. In this discussion three major concerns arose:

- Information delivery strategies;
- Marketing tools and strategies; and
- Difficulties in engaging men

There was not a consensus of views about what would work to engage men, and some of the men were at a loss to indicate anything which would work to encourage early help seeking, identifying that men are crisis driven and will always need care delivered in that way. However, there was a general view that for any service to be successful it should incorporate:

- the Internet as a vehicle for information provision and marketing; and
- use of high profile, highly respected men in promoting health and wellbeing issues to men in general, and the marketing of specific support initiatives and information delivery strategies in particular.

Responses from the men within the three major areas of concern are listed below.

#### *Information delivery strategies*

- Men need good information in a variety of formats.
- Proforma documents which simplify things during legal processes.
- The information needs to be independent and unbiased.
- Whatever advertising/promotion is used should be realistic and show that providers of services actually know how people really live their lives. For example, the glossy material from the Family Court is amazing in its simplistic message. People don't live like that.

- The programme should be marketed to show the benefit and it should be a matter of pride to have done it. Taking part would be seen as a positive "I really want to do that" experience. Men who don't take part would be the "odd ones out".
- Have a lot of advertising and in a low key, sustained way which will bring about cultural change. Short term blasts of information do not work for men, the information needs to be constant and continuing.
- Work place training as an information source is really important.
- Men need information earlier.
- Resource GPs so that they can direct men to the service for more comprehensive help, especially if genetic information has been identified.
- Genetic information is very important. Men need to be told that things run in families; anxiety, alcoholism, heart disease etc; and they need to take account of this in their life style choices and getting help. This takes some of the blame away too - it is just how it is, so work with it not against it. Men would know it is not their fault they might be ill if there is a family history; that would mean they would respond more readily. It is important not to blame men; that puts them off.
- Posters on backs of buses are great tools for advertising to men. Nothing else to do but stare at the damn thing – something sinks in!
- A mass media campaign advertising the programmes and supports offered.
- Print, radio and TV advertising.
- Bill boards – but they need to show clearly what the message is. Phone numbers should be clear, they should show blokey blokes. Messages should be clear.
- Short advertorial type articles in magazines and newspapers would act as prompts to get help. Well written short articles in men's magazines like *FHM*, *GQ* and *Ralph* would help men hook into things. The information needs to be mixed up with all the other stuff that men are into.
- Large clear posters telling men specific things work best: "heh mate, are you crook - get checked"; "how long is it since you have been to the doctor, go now". Men respond to very clear and directive messages.

- Ads in sports pages of newspapers, men's magazines, sports channels on Fox. The ads need to be linked to the things men do naturally e.g. you change the oil in your car, get your cholesterol checked too!
- Put information where men are – beer mats, work place notice boards – don't expect men to look for stuff, it just has to be there.
- The information needs to be put in places that men go to: sporting venues, pubs, gyms, workplaces.
- There needs to be health warning on alcohol. Men need to be told that alcohol and drugs are more dangerous for some people. They need to be told that some personalities are more susceptible to mental health problems.
- Post card size pick up cards advertising the service could be printed and placed in the places that men gather - child care centres, pubs, doctor's surgeries etc.

### *Marketing tools and strategies*

- Use other men. The stories of other men who are like them would prompt them to get help and support. The message has to be that there are a lot of options for help and it is ok to try different things. Fit is everything. We need good stories about men in the community. Stories about men in their families and communities and the good things they do. We need stories about single guys and their kids, how they are managing and the positive things that are happening.
- Word of mouth through existing networks is the most effective marketing tool. Grass roots, person to person, marketing would let guys know about the service/programmes.
- Men could be referred to it by professionals so getting the word out to them would be an effective marketing tool.
- Men like to do things – camps, camp fires, men in sheds, war games. All these things should be incorporated in marketing and activities.
- There are too few places for men to gather to do these things together. We need to create these spaces. Men would warm to marketing around events and shared spaces.
- A financial incentive could be offered to encourage men to go to training programmes. A tax credit perhaps or a voucher system.

- Search engine marketing put the WA Men's Centre at the top of the list when men are web browsing.
- The high profile leader [of the initiative] would be the major marketing tool. The image and credibility of that person would be used to attract men to take part. This person would be a man's man and men would be able to clearly identify with his values and attitudes.
- A well known media/sportsman could give a service a high profile. Men would respond to that and want to be part of it. It would help them keep the information in their mind if a sports person was part of it.
- The service would need a major sponsor with a high profile that men would identify with. It would need a figure head, someone from a high profile sport like footy. Someone who typifies the Aussie male and is yet MAN enough to step outside the stereotypical mould. Definitely not a politician or ex politician, there is no trust in the community for those people. It should be someone with a blend of sport and spirituality.
- Naming is important, there needs to be a perception created that this is something positive. It needs to engage men by being real about what men are really doing. It needs to use high profile sports/media personalities which men respect to engage them. Men have insecurities about being seen as weak so these high profile people need to name depression and provide role models for men. The issues need to be mainstreamed. They are shown on programmes like Australian Story (ABC) but not enough men watch this sort of programme.
- Men need role models for their journey. You would need to Semi Hollywoodise the service, Chesty Bond<sup>28</sup> it with high profile Aussie blokes who could give the message "I had troubles, do you have troubles". Or: "I had troubles in the past but only fixed them by facing-up to them and seeking outside help. We're all here to help each other. Seek the help you want from others. You may not find it at your first try, but if you keep asking and seeking, you will find it."
- Marketing a service for men should show men doing positive things for themselves and their community – practical things. Empowerment through the group, helping needy people, challenging things – men respond to that sort of image.

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<sup>28</sup> Muscular character created to promote Bond's Singlets, Chesty has become an Australian Icon and cult hero, see <http://www.dinkumaussies.com/ICONChestyBond.htm>.



- It should show men supporting other men and kids in outdoor recreation. This is empowering and assists with parenting. Men like to be physical and it is good for kids too. It is a win win.
- Any marketing needs to reflect what is really happening in men's lives and the things they like to do.
- Get Unions involved. Develop health and wellbeing programmes at work – this is the place men spend most of their time. Get men at work through HR departments. The corporate catchment is largely untapped and has huge potential to engage men. It could be through referral or just by having the information available to men who may be seeking resolution to HR issues.
- It has to have a simple name like Men's Help so it easy to find in the phone book or on the Internet with Google. Men hate foraging for stuff.
- We could do more to harness the knowledge of older men if we could link older and younger men together to support each other that would be great.
- Use someone evolved as a figurehead, but still a man's man. Use men who are perceived successful in their career/home life/family life, someone like Jamie Oliver,
- Humour is always good – Billy Connolly type person. Men who can get other men to get out of their comfort zone (even momentarily/temporarily). Use humour and music together. A hint of folk and good lyrics. Maybe a catchy tune that encompasses men's issues. Innuendos and connotations. Blokes relate to that.
- And one for "those blokes" with tunnel vision and single mission.....If men could become better men within themselves they wouldn't need to spend excessive amounts of time and money looking for just sex all the time. It would come looking for THEM. Become the magnet.

### *Difficulties in engaging men*

- It is hard to promote things to men as they are very single minded. For instance if they are reading a men's magazine they do would not read ads about other things to do with things of a more personal nature, like custody issues. They only focus on the things that matter at the time.
- TV ads don't work. Men think it is some sort of government bullshit – electioneering.

- Prompts, like beer coasters, magnets etc don't work. Blokes don't see stuff. They don't look at peripherals, they only concerned with what they are doing in the moment – the peripherals 10-15% outside that activity do not get noticed.
- I don't think they would go to websites either, and paper based products [brochures etc] are not helpful, men just don't read them. Men just need to pick up the phone.
- Advertising, bill boards and things like that might work, men are scared to ask for help and need to be prompted. But they do have tunnel vision and don't see things they don't think they need. They don't engage with advertising because they think they are being sold something. Media campaigns would help but they could be dismissed if the family did not see the need. Perhaps this is cultural.
- It has to be direct and without gimmicks. Men do not respond to mass media campaigns - the mind just goes blank around them. I can read the paper and it will have 100 ads and I don't see any of them.
- There would need to be a hook which would get men in but I am not sure what that would be, many men respond to things that are not necessarily good for them – beer, bad food, stuff like that – so that would send all the wrong messages. The hook would have to be really savvy, but I don't know what it would be.
- Work place training is hard, people hate training, they just want to get on with their jobs. In private enterprise there is a sick leave attitude to problems – go home, sort it out, and come back when you are feeling better. This needs to change.

It is clear from the responses that in terms of provision of information and support to men it is not one size fits all. Different men have different needs and require a range of information tools and services to assist them. There were, however, several overarching issues within the responses:

- the need for privacy;
- the role of women in assisting men with their help seeking and community networking; and
- the necessity for men's particular needs to be acknowledged and respected by services and information providers, and given similar political and community support as services designed for women.

## PHASE TWO

### Developing an Information Service for Men – service providers/practitioners

The service providers in this study offer support to men using a variety of strategies:

- face to face counseling/therapy for men and their families;
- short courses;
- group work;
- drop in/adhoc information provision;
- pamphlets, newsletters and brochures;
- brokering support with other agencies;
- social and recreational activities for men and their children;
- men's retreats; and
- web based information .

There is also the view that a service should include a component of stakeholder liaison within the agencies providing services in order to develop more coordinated and cohesive supports for men.

The service providers identified a range of concerns which highlight the difficulties they have in providing information and services to men which readily engage them and encourage early help seeking.

The main themes of these concerns were:

- Cultural constraints;
- Service design and information delivery strategies; and
- Negative images of men in the media.

#### *Cultural constraints*

These cultural constraints were discussed in detail in earlier chapters of this thesis and relate to the specific notions of masculinity where permeate Australian society. The service providers who took part in this study expressed concerns that the particular way that

masculinity is expressed in Australia hinders men's capacity to identify emotional needs and ask for help. Their concerns about this issue included:

- men are afraid of, but want, intimacy with other men;
- men are greatly impacted upon by socialisation;
- shame may be a factor in men not using services;
- departure from convention is threatening for Australian men;
- men need to be engaged at a younger age;
- Australian men are not very good at reflection.

### *Service design and information delivery strategies*

The service providers who took part in this study acknowledged that there had been attempts in recent time to support men in times of emotional distress both by information provision and service delivery. The service providers were, however, concerned that much of this information and support did not meet men's needs. Their concerns about this issue included:

- most information currently available to men is "deficit based";
- most relationship education is overly intellectual and men do not respond well to this type of support;
- engaging constructively is an essential part of the helping process, the Internet cannot do this;
- mentoring works for men;
- pathways to help need to be improved;
- the reward structures in the counseling/helping professions need to be changed to attract more men to these professions;
- there is a definite lack of coordination of services.

### *Negative images of men in the media*

Like the help seeking men who took part in the earlier part of this study, the service providers expressed considerable concern about the way men, and masculinity more generally, are portrayed within the media. Their concerns about this issue included:

- media images of men focus on the 15% of men who are dysfunctional;
- there are many contradictory messages about the way men can live effective lives, especially around men and work, family law and work/family policy;
- trying to motivate men by shaming does not work;
- improving understanding of what distress looks like is a key to helping men.

## Marketing Help and Support Services to Men – service providers/practitioners

With regard to effective marketing strategies to engage men, the service providers offered a variety of responses:

- efficient and economical marketing of the service through GPs, hospitals, schools, libraries etc;
- resourcing women – they prod, pressure and threaten men to seek help and support;
- engage men through community education by talking to community groups where men gather;
- educate boys and provide a vocabulary around the issue of self care;
- engage the mass media to provide testimony of high profile and respected men such as sportsmen;
- mass media campaigns must have well targeted and positive messages – negative messages will not work;
- develop programmes around issues of transitions for young men – moving into the workforce, marriage, parenthood etc;
- there needs to be a hook – what’s in it for them;
- men need practical activities with helpful messages imbedded;
- peer identification is the key to success.

Overall the service providers were skeptical of the capacity to market information and support services to men in ways that would promote early help seeking. In their view:

- men are crisis driven – they will only seek help when all else fails;
- bums on seats is the hard part for programmes. I have no idea how to get more men to attend;
- early help seeking is pretty much a lost cause except for a small group of men.

With regard to the service design and marketing of help and support services to men there is considerable synergy between the responses of the two groups who took part in this conceptual study: the help seeking men and the service providers. The responses and the implications of them will be discussed in the next section.

## DISCUSSION

This study canvassed the views of the 15 help seeking men and 6 professionals supporting men in their work roles in two areas of enquiry:

1. Development of information services for men; and
2. Marketing of information services, and help seeking more generally, to men.

There was considerable consistency between the concerns about these two issues for both the help seeking men and the service providers and their testimonies confirm what previous studies have indicated: “successfully marketing mental health services to men presents a considerable challenge to mental health agencies, community programs, and individual practitioners” (A. B. Rochlen & Hoyer, 2005, p. 675).

There were four general themes in the responses from both the help seeking men and the practitioners:

1. **Women play a vital role** in supporting men’s help seeking behaviour. This support is actively sought by the help seeking men in this study. Practitioners agree that the prodding and pressuring by women is an important component of men’s help seeking.
2. Men want the media to explore and document **positive images of masculinity** and desist from promoting the notion that all men are “drongos, losers, pedophiles and drug addicts”. These positive images need to be portrayed in reporting, advertising, and in representations of men in drama and situation comedies. Images of men need to be continuously positive and credible in order to engage men and keep them engaged.
3. **Men need multiple access points to help**. These access points should be offered dependent on the help they need, their personal disposition and temperament, and the ways that these helps and supports mesh with other things which are occurring in their lives.
4. **There needs to be a “good fit”** between men, the services they would visit and the information they would use, and this “fit” is individual. One man summed this up very clearly: “the fit has to be right. If it works stick with it, if it doesn't find something that does. Fit is very important”.

There was a lack of consensus as to which marketing tools might engage men. What some men thought would be effective marketing tools others thought would not be successful. The service providers also reinforce many concerns of the help seeking men and are largely,

not clear about effective ways to market services, and early help seeking, to men in ways that will engage them. These concerns of the service providers support the findings of other studies from their peers which indicate the difficulties of marketing mental health initiatives and early help seeking to men (e.g., Jorm, 2000; Mahalik et al., 2003; Mechanic, 2002; A. B. Rochlen & Hoyer, 2005).

There were two areas of strong confluence in the responses of the help seeking men and the service providers in this study about the issue of marketing information and support to Australian men:

1. information needs to be provided in **distinctly masculine ways** by using high profile sports/media personalities to engage men, both with their own stories of seeking help and with the need for men to engage in behaviours which enhance well being overall.
2. there is a **failure of Australian society to recognise men's needs** and to offer appropriate supports.

This second theme stems from the considerable anger from the help seeking men in the study regarding their perception that women receive preferential treatment and the inability of service providers to take men seriously. The following comments are indicative of these views:

- Many people also hold the view that men "know stuff" and should be able to do things for themselves and this stops them seeking help, but this is changing. When men do ask it is hard to find someone who understands. There is a suspicion of men's distress and people do not hear the emotion being disclosed. People make inappropriate suggestions about where to go and what to do. Men do not want to go to places where their distress would be recorded, especially hospitals and welfare departments.
- There needs to be an acceptance that men and women are different and have different needs.
- It is awful to feel like you are just another statistic – another man who can't get his shit together.

The theme of women driving the social agenda was common and many of the help seeking men spoke of the role of feminism in hindering their self perception. They also spoke of their perceptions that maleness and masculinity had become almost derogatory terms

within Australia where expressions of normal masculine behaviour are often condemned and how this not only impacted upon men's wellbeing but also on their help seeking behaviour for fear that their motivations and underlying concerns would be dismissed.

As discussed elsewhere in this thesis there have been particular masculinity scripts dominant in Australia which have developed as a result of the conditions of European settlement and the colonial and post colonial eras. As such "the creation of the hard, strong, emotionless, give-it-a-go man working alongside other men in the egalitarian context of the bush is clearly articulated in Australian history, literature, poetry and art" (Seymour, 2001, p. 67). These images are seen as contradictory to the demands of the modern era which places a stronger emphasis on cultured behaviour and emotional expression.

Men spoke of this problem in the following ways:

- men are confused about things. At the moment there is a lot less distinction between men and women. Masculinity is blurred and this is a problem for men. What is expected of us?;
- men need to be given permission to be men. Men shouldn't have to be tamed;
- feminism, which was in some ways liberating for me (so that I didn't feel locked into having to be a macho bloke) also fed a view that there was little to like about men and masculinity. So for some time I journeyed through my emotional life primarily in the company of, and through the eyes of, women;
- there is currently an over reaction to issues of sexual abuse and this is changing the way people think about men. They are afraid of them and see risk everywhere;
- in the 1990s I felt I shouldn't be getting together with other men - that it was wrong for men to want to be together, not because of the gayness thing, but just because women made men feel bad wanting to be with other men.

The service providers who took part in the study also commented about the "feminisation" of the helping professions as a possible barrier to help seeking and suggested strategies such as positive discrimination to attract more men into the profession to overcome barriers for men. Increasing financial reward for helping roles, especially within community agencies, was also raised as a way of increasing male participation in the helping professions and removing perceived barriers to help seeking by men.



Several men were able to clearly articulate the role of a peer group in supporting unhealthy behaviours:

- [to help men] change attitudes of peers who don't have problems. Men in groups deny the problems that other men are having and tell them they don't have these problems [like drinking too much] or that is their partner's fault so the denial continues;
- Men relate to other men but it is important that they get the right messages - things like honour and respect.

These notions of "social honour" (Hatch, 1989) abound in the men's conversations and are strongly linked to concerns about privacy as was discussed in the help seeking study reported in Chapter 7.

It is clear from the responses that both the help seeking men and service providers share many concerns about developing and marketing information and support services, and the promotion of early help seeking. These can be summarised as follows:

- men are crisis driven and this needs to be acknowledged as part of the help seeking behaviour of men, and services need to be developed in ways that take account of it;
- the role of women in assisting men's help seeking needs to be acknowledged as part of the help seeking behaviour of men, and services need to be developed to take account of it;
- peer identification is the key to the success of any service;
- engage men through work and other places where they gather;
- men are not generally reflective and need active, group based activities to share with other men to facilitate help seeking;
- media images need to emphasise positive images of men;
- changes need to be made in the way boys are parented and supported in the culture to provide opportunities for positive, protective, behaviours to develop.

## CONCLUSION

This chapter has reported on a study to canvass ideas for the development and marketing of an information and support service for men which will engage men, and lead to early help seeking. The participants were help seeking men (n=15) and service providers (n=6) who offer help and support to men, either as private practitioners or through their agencies.

There are five clear findings from the study:

1. men are “notoriously” difficult to reach via normal social marketing tools;
2. men require information and support in a variety of formats with a variety of access points;
3. women are a key conduit for delivery of information to men;
4. issues of privacy and social honour are paramount in men’s decision to seek help and the choice of help they seek; and
5. boys need to be parented and supported in ways which provide vocabulary and skills around issues of well being and protective behaviours, and this support needs to be provided more readily by older men.

The implications of both stages of the local study (Chapters 7 and 8) will be discussed in detail in Chapter 9. This discussion will be informed the data presented in earlier chapters of this thesis:

- an exploration of the possible impact of attachment and evolutionary biology on help seeking (Chapter 2);
- theories of human information behaviour and an exploration of how these might impact on the ways in which individuals and groups access information and support (Chapter 3);
- the theories of social marketing and how exposure to it can influence behaviour (Chapter 4);

- the measurement of social connectedness and its impact on wellbeing (Chapter 5);  
and
- the statistics which indicate the extreme end of poor help seeking; suicide and self harm (Chapter 6).

In this final chapter the exploration of these multi disciplinary component of the thesis will be extrapolated in order to gain further insight into what factors may influence the help seeking behaviours of Australian men overall and how this help seeking might be enhanced through the development of information services and information products which meet men's needs. The implications for the education and training of those who develop information services and products will also be discussed.

# Chapter 9: Discussion and Research Implications

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## **INTRODUCTION**

This thesis has reported the outcome of a study to examine the role of information exchange relationships within the context of help seeking by Australian men who have experienced a stressful life event. The study examined this topic with particular reference to the help seeking experiences by men aged 25-44. To add depth and context to the study, the study also drew on the experiences of help seeking of men who are now outside this age group, but who had a significant help seeking episode when they were aged 25-44 years. Research by others shows that men are poor users of information services and supports, and do not seek help readily when they are experiencing stressful life events. The current research sought to extrapolate that data by examining the “real time” help seeking behaviour of the men in the study, and to canvass opinions from the men about strategies they might have employed to enhance their help seeking and how other Australian men might also be supported in their help seeking during stressful life events. The research also sought the views of a group of professionals who offer help, care and information to men who are experiencing stressful life events about the ways that Australian men can be supported and encouraged to seek help more routinely.

An extensive exploratory multi-disciplinary literature review was also undertaken in order to shed light on some of the psycho-social and socio-cultural impacts on men’s help seeking in the Australian context. The multi-disciplinary research examined these concepts from a variety of sociological, psychological and anthropological viewpoints. As poor help seeking by Australian men oft times leads to the tragedy of suicide and self harm statistical data on this phenomenon was also examined.

The literature revealed that different groups in society use information in different ways. By developing an understanding of the different information exchange relationships within different sections of the community, particularly as they relate to help seeking, service providers specifically, and information practitioners who support these agencies more particularly, will be better able to develop information delivery strategies that engage these

diverse groups, including men. There is also considerable scope for funding agencies to become more cognisant of the needs of help seekers in order that services can be funded to meet real, rather than perceived, need. Enhancing this knowledge base was the key intent of the research reported in this thesis using the premise that information is not an end in itself but rather a tool which must be acted upon to achieve personal and community change.

This line of enquiry falls within the study of information needs research. Such multi-disciplinary research was considered necessary within the field of library and information studies in order to enrich the profession and lead to the development of information products and information delivery strategies which better reflect the information needs of the community at large in the world of the everyday, and of specific groups within it: particularly men.

It is the ultimate goal of this research to support and reinforce the premise that “information and knowledge have impact only to the extent that they result in action” (Chatman, 2000, p. 9). In so doing aspects of help seeking behaviour of Australian men were explored and the following propositions examined:

- c) Australian men under utilise information prompts, products and services which are available to facilitate help seeking and enhance their wellbeing;
- d) This under utilisation is a result of particular patterns of information behaviour which are the result of a range of psycho-social and socio-cultural influences which impact upon the lives of Australian men, and Australian society more broadly.

Taking account of prior scholarship into human information behaviour, suicide and self harm, attachment theory and evolutionary biology, social marketing and social network theory, the primary objectives of this study will be to:

- 6. investigate if aspects of cultural learning impact on the ability of Australian men to mobilise social support, use information resources and seek help;
- 7. investigate if aspects of cultural learning impact on the ability of Australian men to recognise and respond to emotional distress;
- 8. examine perceptions of well being and social connectedness as they relate to men in Australia as factors in men responding to emotional distress;

9. examine models of human information behaviour as an explanation for the level of responsiveness by men to information resources and support services which are available to offer help in times of stress; and
10. investigate what might be done to remediate men's lack of information seeking when they are under stress, and how these remediation strategies might be marketed to men.

## **THE PROPOSITIONS**

Within both government and community services in Australia there exists considerable skill for measuring behaviours and social outcomes for the population. Response to this social analysis is often to develop information products and services to inform the community of how changing potentially damaging behaviour can lead to better personal, family, and community outcomes. These initiatives take a number of forms and include TV and newspaper advertisements, pamphlets for display at information centres, telephone help lines, letter box distribution of printed materials or promotional products, and advertising bill boards. Increasingly these initiatives are linked to informational and interactive websites via the Internet. While this rationale for increased information delivery seems valid it takes little account of human information behaviour, and particularly that behaviour as it relates to diverse groups. That is, what people do or don't do, with information when they receive it. There is a presumption within many who seek to inform the community that all people seek and use information in the same way, and that this engagement leads to subsequent behaviour change.

As reported earlier in this thesis it has been widely documented that men are reluctant to seek help and are poor users of community support services available to assist them in times of physical and emotional stress. These services also attempt to further engage men by the development and distribution of information products, including websites. There are also many extant studies which show that social networks perform a key role in supporting both mental and physical health. These supportive social networks also include intimate marriage like relationships which have been shown for over 100 years, in numerous studies, to be protective for men's mental and physical health

The help seeking behaviour of a group (n=15) of men in Western Australia was examined in order test awareness and use of support services and information products which are

available within the community to assist help seeking. This help seeking behaviour was examined in light of the social connectivity of the men in the study in order that data on the role of social networks as pathways to help might be tested and better understood.

To facilitate analysis the propositions three interwoven concepts were examined:

1. Australian men under utilise information prompts, products and services which are available to facilitate help seeking and enhance wellbeing;
2. this is a result of particular patterns of information seeking; and
3. this is a result of low levels of social connectivity and supportive social network.

This research indicates that the first and second of these propositions reflects accurately the help seeking behaviour of the men who took part in the study. The third proposition does not appear to be an accurate reflection of the behaviour of the men in the study, although these men did demonstrate a particular style of social connectivity which impacts on their help seeking, in both positive and negative ways.

In light of these data the research objectives will be analysed in detail and the implications of the study discussed. Limitations of the study will also be discussed. Recommendations will be made on ways to act on the findings of the research and suggestions for further enquiry will be made.

## **RESEARCH OBJECTIVES**

This thesis has five research objectives. These will be discussed in light of the findings of the study.

### **Research Objective One**

*Investigate if aspects of cultural learning impact on the ability of Australian men to mobilise social support, use information resources and seek help.*

A sense-making interview (Dervin & Foreman-Wernet, 2003) was conducted in order to gather data from the men in the study regarding their help seeking and use of information resources. A take home self completion questionnaire was used to gather further data on social supports available to the men and the mobilisation of that support in times of stress.

The concept of the social network, and its role in supporting help seeking and behaviour change, together with the relative 'smallness' in the numbers of people who offer such

support and whose opinion is valued and used, was eloquently discussed by the men who took part in the current study (see Chapter 7 and Appendix 9a). This dimension of men's help seeking was also highlighted by the professionals who took part in the secondary component of the study. Of particular note is the strong place of women within the men's social network, and the perception that these women are instrumental in assisting men locate sources of help and information when they are under stress. Of most importance to the men in mobilising help and support is their female partner, whether residing in the same household or not. This finding confirms that of other recent studies (Pirani, 2006; Tower & Krasner, 2006) that marriage, or marriage like relationships, are protective for men in a wide range of physical and mental health domains. Other supportive women for the men in this study were mothers, ex-wives, sisters and female friends.

This finding is closely aligned to the recent study of marital closeness, autonomy, mastery and depressive symptoms of 1,163 married people in the USA (Tower & Krasner, 2006). Here it was found that "marital closeness was protective [for depressive symptoms] for husbands at all ages and its absence particularly problematic at younger ages" (p. 425). The finding that men rely on women to broker help and support presents considerable challenges for the care and support of men. There is significant statistical evidence (Melbourne Institute of Applied Economic and Social Research, 2006) that women are more likely to initiate separation and divorce within Australian couples and that separation and divorce heighten suicide risk for men (Cantor & Slater, 1995). If men rely on women to broker help and support and the significant woman in their lives is unavailable, and there are no other women to whom a man is adequately attached, this may present considerable risk factors for men in terms of their emotional and physical wellbeing.

Much of Australian society operates along gender lines and women, largely, take on the major tasks of parenting in the early years of a child's life (Biddulph, 1997, 2002; Connell, 1995; Harris-Johnson, 2005). Studies from Australian and overseas (S. Henderson, Byrne et al., 1978; Manne, 2005; Mechanic, 1961, 1963) have long shown that mothers have a strong role in determining the illness behaviour, and coping strategies which support matters of health, of their children. The impact of this cultural learning has been shown to continue to have impact on the behaviour of men in the current study.

The role of other men in offering social support and as tools for mobilising help were also discussed by the help seeking men in this study. While the men were, largely, not using



male relatives and friends as primary conduits to care, they increasingly found that male support was valuable to them once a help seeking episode had begun, and consequent to it. During the help seeking episode many of the men formed relationships with other men in ways they had not done so previously, e.g. through men's groups and educative workshops, and found these to be supportive environments for their continuing personal growth and wellbeing. The service providers who took part in the study concurred that this is common pattern of supportive engagement for men and many of the agencies in which they work are now offering men's groups as part of their support programmes, and are seeking dialogue with their funding bodies in order to gain additional monies undertake this new work.

Cultural learning in Australian society is strongly biased against homosexuality (Seymour, 2001). Men in the study were articulate in the way that this cultural learning impacts on their relationships with other men. They suggested that this presented considerable barriers to their willingness to be emotionally intimate with other men, especially about sensitive matters. This was also a factor in their recognition of responsiveness to emotional distress.

The research presented here therefore shows that the way that Australian men mobilise social support and seek help is impacted upon by cultural learning. However, the way that cultural learning impacts upon their information use remains unclear.

## **Research Objective Two**

*Investigate if aspects of cultural learning impact on the ability of Australian men to recognise and respond to emotional distress.*

Engaging in help seeking requires an admission of vulnerability and a willingness to respond to emotional distress by engaging the support of others. The men, and the professionals, in this study stated clearly that these behaviours pose considerable challenges for Australian men. These challenges are strongly linked to issues of "social honour" (Hatch, 1989, p. 341), privacy and personal credibility. Professional credibility was also a factor in men's willingness to respond to emotional distress. Men in the help seeking study, and the professionals, indicated that work forms a significant component of ego strength for Australian men and the inability to function adequately at work, or to be seen as drawing attention due to underperformance, or taking sick leave, was a factor in responding to emotional distress for many men.

Homophobia was also a significant deterrent to help seeking for men in this study. The men used terms such as “man’s man” to describe themselves or to articulate images of masculinity they wished to see portrayed within the culture. Any perception of “gayness” in articulating emotional distress was seen as negative and as bringing personal credibility into doubt. This perception by others, and the wish to be seen as emotionally coping and strong of heart, were strongly felt by the men in this study. It is seen as a mark of Australian masculinity to emulate these behaviours. One man summed up the thinking of many of the men in the study when he said, “I do not want to be seen as paranoid, weak, moaning, whinging, or a hypochondriac by others”.

The wish to portray this unique style of Australian masculinity, and enact the particular styles of masculinity articulated by men in this study has become a cultural stereotype which is recognised as Australian maleness both in Australia and overseas. After the untimely death of Australian screen star Heath Ledger in January 2008 it was suggested by a writer from the USA that Ledger’s success, and that of other Australian men in the USA film industry in recent times, was due to the fact that:

the wimp factor in its homeland compels Hollywood to look to the likes of Heath Ledger and Russell Crowe whenever it needs a machismo-exuding hero ... Hollywood is suffering a macho deficit, and is having to turn to what many still perceive as a land of beer-swilling, sheep shearing men in denim to find its cowboys and cads... Ledger’s death has lowered Hollywood’s bloke quota (O’Neill, 2008).

Given that Ledger’s death occurred as a result of an accidental overdose of drugs prescribed for anxiety and depression, and the death by suicide of other high profile Australian men in recent years (see Chapter 6), it could be argued that cultural learning, and the value placed on a particular machismo, is of considerable concern in terms of their help seeking, and men’s health and well being overall.

This objective was investigated to determine if aspects of cultural learning impact on the ability of Australian men to recognise and respond to emotional distress. The local study and research conducted elsewhere shows that cultural learning is a significant factor in developing the capacity, and willingness, to recognise and respond to emotional distress. It is clear from the data collected from both the help seeking men and the professionals who took part in this study that aspects of cultural life in Australia, particularly the esteem of the

particular masculine machismo outlined above, impact on recognition and response to emotional distress by Australian men.

### **Research Objective Three**

*Examine perceptions of well being and social connectedness as they relate to men in Australia as a factor in men responding to emotional distress.*

In order to undertake this research objective aspects of the sense-making interview and the take home self completion questionnaire contained questions relating to social connectivity and perceptions of wellbeing. To investigate how perceptions of wellbeing and social connectivity within this group of men correlated with those of men in the wider Australian community aspects of the Household and Labour Dynamics in Australian Survey (HILDA) were also investigated (see Chapter 5).

There is a range of wellbeing measures in HILDA, as there are in most of the similarly conducted international panel surveys. For the purposes of this thesis, examination of the respondent's reports to these measures within HILDA was not undertaken scientifically but rather, the intention was to give an overall impression of the differences in reporting of perceptions of wellbeing by men and women. The data in the HILDA survey, and in all the international panel surveys, is dense and complex, and detailed exploitation of these data is outside the scope of the current research. It was not intended in the current exploration to provide a scientific analysis of the worth of, and correlation between, the various measures but to adopt a more "suck it and see" approach to the data in order explore if this line of enquiry would present opportunities for future research. Sophisticated statistical analysis of gender differences in social connectivity and mobilization of social support provides many opportunities for future research, as does cross tabulation with other variables such as ethnic background, region of residence, educational qualifications, religiosity etc. to determine differences in social connectivity both within gender, as well as across it.

A preliminary examination of the wellbeing measures in HILDA in Wave 4 (2004) shows that Australian men and women vary in their responses to different lines of questioning about their well being. Australian men in that Wave of HILDA showed a definite bias against wellbeing as it relates to the social connectivity of friendship (as distinct from socialising). These men also report having less community connection and that they are less likely to have someone to confide in than do women in the survey. The men who took part in Wave 4 of HILDA also report that they are less likely than women to be married or in a defacto

relationship, to gain the protective wellbeing benefits associated with religiosity, or to have someone they can call on to help them in times of stress.

These findings from the Australia wide HILDA survey are supported by the findings from the local study. The men in the local study were consistent in their articulation of the fact that their inability to mobilise help and support from their social networks was a major hindrance to their help seeking. They felt unable to do this largely due to issues of shame, privacy and credibility. This finding presents considerable challenges in terms of engaging men in early help seeking and in part explains the reason for the men mobilising help and support via their primary relationships with women. The challenges of engaging men in early seeking was also highlighted by the professionals who took part in the study, with one articulating it thus: "I think early help seeking for [Australian ] men is pretty much a lost cause, except for a small group of men". (Participant 4 – Professional Group)

Research presented earlier in this thesis reports that social isolation and loneliness have been shown to place individuals at risk from a wide range of mental and physical health problems. It must be said that, although they perceive that they lack adequate personal support, the men who took part in the HILDA survey and in the local study did not indicate that they are socially isolated; in fact the reverse. The men in Wave 4 of HILDA reported that they were more satisfied with life over all than women; that they were members of sport/hobby/community groups more often than women and they were happier than women. What appears to be being reported by these men is that men perceive they lack a **particular type of social connection**. This was also reported by men in the local study. The particular type of social connection which these men perceive they do not have is that which they need when they need help with personal matters of a specific kind; matters which may cause embarrassment, issues where they perceive there will be a loss of esteem within the community, or where their particular needs may be discounted. This particular type of social connection was summed up by one man in the current study "there is a difference between friendship and socialising" (Participant 9). (This difference was labeled variously by men in the local study as a concept related to trust). This type of social connection, and its consequent assistance with help seeking, was most often provided by women as the men perceived that women were more skilled at brokering this type of help. Of particular note is that professionals who took part in the study also agreed that women are skilled at brokering help and support for their men, and men rely on them to do it. It is unclear if men harness this type of support from women because of the primary caring role

provided by women in most families in Australia or whether women do, in fact, have particular skills in brokering help which are different from those of men and which make it easier for them to receive help both for themselves, and their partners.

Of considerable concern is the widely held view of both the help seeking men, and again significantly, the professionals, that when brokering this help, particularly from formal services, women get “a better deal” than men, are more likely to have their concerns taken seriously. Both the help seeking men and the professionals also suggested that women are more likely to receive the help they need when they ask for it. The implication of this finding is of particular concern for the providers of help and support to men, and those agencies which provide funding for the delivery of such support.

Research objective three investigated if perceptions of wellbeing and social connectedness as they relate to men in Australia are a factor in men responding to emotional distress. Results from the local study and Wave 4 of the HILDA data show that men have social connection in terms of sociability. What they appear to lack is a form of social connection which can assist mobilisation of help during stressful life events, and which allows emotional intimacy and vulnerability. The men and the professionals, who took part in the local study, suggest that women are a major source of this type of supportive social connection for Australian men.

#### **Research objective four**

*Examine models of human information behaviour as explanation for the level of responsiveness by men to information resources and support services which are available to offer help in times of stress.*

There are a range of extant diagrammatic models which attempt to represent the steps undertaken when seeking and using information. These models are derived from the study of human information behaviour by researchers working in the field library and information studies and in many other disciplines. Eleven of these models were presented in Chapter 3 as examples of the way that researchers are seeking to graphically describe the way individuals seek and use information. Of the eleven models reviewed, ten have complex, non-linear pathways with multiple entry and exit points on the continuum of information seeking and use. Spink & Cole (2001, p. 302) show an unspecified (and it could be suggested limitless) number of micro cultures or small worlds from which individuals channel information to bridge gaps and find coherence to make sense of the everyday information

tasks which confront them. Such a model has considerable synergy with the information behaviour of men in the local study. Foster's model (2004), further developed in his later work (Foster, 2005), determines that "opening [the information behaviour process] was not as might logically be thought of as a starting point [but rather] opening was identified as corresponding to the process of moving from a state of orientation to actually seeking, exploring and revealing information" (n.p.).

The model which is the most linear and has the least number facets is that of Leckie, Pettigrew, and Sylvain model (Case, 2007, p. 128). This model was developed to document the information seeking behaviour of professionals in a work environment. The small number of factors affecting information use by professionals suggests that in the work environment, information needs are more contained, reliable sources more readily available and seekers more experienced with information seeking tasks. There is considerable contrast between the small number of factors involved in information seeking within professional settings and the high number undertaken in other settings, especially when seeking everyday life information, such as diagrammatically represented by the Savolainen model (Model 5, Chapter 3). The development of information tools to inform the public about life choices and to encourage personal and community well being, occurs within professional settings. However, the use of this information occurs within the world of the everyday where information behaviour is more complex.

The 15 men in the help seeking study were universal in their view that when they needed help and information to support them through a stressful life event they did not know where to go for that help. They were not aware of informational supports to available to assist their help seeking and the pathways to help were not readily obvious. Neither were the men aware of, or engaged with, the social marketing initiatives which were discussed in Chapter 4 of this thesis. Many of these initiatives been developed to provide the information about sources of help which the men said they lacked. A review of the concepts of social marketing and an exploration of some of high profile campaigns was undertaken in order to canvas their efficacy with the men who took part in the help seeking study. Responses such as "I didn't have a clue", "I felt like a child crawling in the dark" and "there was no clear pathway" to questioning regarding their help seeking strategies are indicative of the problematic nature of beginning a help seeking episode for men in this study, and how the social marketing campaigns which refer to sources of help and support

are not informing men, notwithstanding their, oftentimes, significant development costs and high profile.

As outlined in Chapter 1, there is also considerable investment in the development of community and government agencies in Australia in a wide range of domains to promote and support health and wellbeing. These agencies provide both a range of social and emotional supports, and wide range of information tools to enhance this work. These information tools now include web pages which can be accessed via the Internet. Many of the large, well funded, agencies have sophisticated advertising campaigns in the mass media and “point of sale” type information prompts at community events. Many of these agencies also promote their services by direct sponsorship of community events. The responses of the men in this study suggest that like the investment in social marketing campaigns, investment in these other strategies for providing information to men has been not been successful in engaging them, or men in general.

The development of information tools to support community wellbeing is undertaken by professionally based developers, many of them highly skilled and with large budgets. *Beyondblue; the national depression initiative* discussed in 5 of this thesis is an example of such a high profile, high budget, initiative. The fact that men in this study do not know about these initiatives highlights a miss-match between the efficacies of information dissemination strategies developed from within professional settings and the information needs of members of the community to whom the strategies are directed. This miss-match is clearly shown when one considers that not one of the men in this study identified high profile agencies such as *Beyondblue* as a possible source of help and information during a stressful life event. Nor was *Beyondblue* identified as a model for the development of support and information services for men.

As shown by the Savolainen model (Model 5) and Information Environment model (Model 9) presented in Chapter 3 of this thesis models of information behaviour developed to critique everyday life information have a large number of processes embedded within them. Models which have been developed to explain professional or work-based information behaviour show few steps and low complexity. The ineffectiveness of information products in promoting service delivery options and health and wellbeing more generally to men, even when such initiatives have receive considerable financial resources from the community, is of concern. While further research is needed about why men are

not responding to these attempts at information exchange it could be suggested that when developing such information products, professionals may be bound by their own work-based information behaviour and show little understanding of how individuals seek and use information in the world of the everyday. This may hinder the development of information dissemination strategies which are effective in the world of the everyday, especially for men.

In order to maximise impact of information, developers need to become more cognisant of the way that individuals use information in the world of the everyday. The men and professionals who took part in the local study indicated that the best way to undertake this task with regard to men was to have multiple access points for entry to services, and to understand more about the reactive nature of men's help seeking. They also indicated that it is necessary to understand, and accept, that help seeking is also not always progressed to conclusion – men will often seek only that information and help that diminishes immediate need and may not, as a matter of course, seek information and support in order to resolve problems in their entirety. Time restraints, emotional barriers to change, perceptions of ego strength, and maintaining equilibrium in their lives were all cited as reasons for not wanting to make wholesale change. There was also a view from many of the participants in both components of this study that men would often rather sort out life issues in their own way and in their own time. This reason for not completing help seeking tasks and taking advice was often not suggested as one of denial or avoidance, but rather as a strategy in and of itself. "Working things out for myself" was a matter of pride for many men and stated as "what men like to do". Having regard for these views, another model of information behaviour has been developed and is discussed later in this chapter.

Research objective four examined models of human information behaviour for an explanation of the level of responsiveness to information resources and support services by Australian men. This research has shown that men do not use linear strategies for sourcing information and help. They may not always complete help seeking tasks as single episode in their lives, preferring to use some information as a support to their own efficacy. From the responses of both the help seeking men and the professionals who took part in this study, there currently appears to be a miss-match between the way information and support is offered and delivered to Australian men, and the way that men use this information and support.



## Research Objective Five

*Investigate what might be done to remediate men's lack of help seeking and use of information products when they are under stress, and how these remediation strategies might be marketed to men.*

As a secondary component of the local study into help seeking behaviour, the help seeking men were canvassed regarding their views as to what might be done to remediate men's lack of help seeking and use of information products. The men were asked to reflect on how these strategies might be marketed to men. A group of professionals working in support services attempting to engage and assist men when they are under stress and need help were also canvassed with similar questioning.

There are five clear findings from this aspect of the study:

1. men are "notoriously" difficult to reach via normal social marketing tools;
2. men require information and support in a variety of formats with a variety of access points;
3. women are a key conduit for delivery of information to men;
4. issues of privacy and social honour are paramount in men's decision to seek help and the choice of help they seek. This needs to be accepted and understood by service providers; and
5. boys need to be parented and supported within the community in ways which provide vocabulary and skills around issues of well being and protective behaviours. This support needs to be provided more readily by older men, both formally and informally.

Many of these findings are consistent with what the help seeking men indicated were their own patterns of help seeking during the sense-making component of the study.

An important secondary finding is that the generalist information service operating from within a library and information service was poorly resourced in terms of staff expertise to meet the particular needs of men. However, notwithstanding this lack of expertise in this particular service, many of the men indicated that they did seek information on issues confronting them in "books from a library". This engagement with libraries during stressful life events presents significant opportunities for the library and information profession in Australia to examine their outreach to men, and how this might be undertaken more effectively.

Research objective five sought to investigate what might be done to remediate men's lack of help seeking and use of information products when they are under stress, and how these remediation strategies might be marketed to men. The research conducted as part of this objective indicates that new model/s of human information behaviour may better explain the help seeking behaviour of Australian men. These new model/s may also inform what might be done to market information and support to men more effectively together with the key times in the help seeking episode where this marketing can be most salient.

## **THE WELLSTEAD HELP SEEKING MODEL**

As a result of the data collected from the men in the help seeking study and the professionals working in information and support roles in the community, a model of help seeking has been developed which allows enhanced understanding of the steps which Australian men may undertake when engaging in a help seeking episode. This model has been developed in consideration of the other models presented in Chapter 3, the literature of suicidology, and the psycho-social and socio-cultural literature explored in other chapters in this thesis. It has also been developed using the framework of behavioural change generally known as *Stages of Change* (e.g., Prochaska, Diclemente, & Norcross, 1992; Prochaska et al., 1994). This new model relates specifically to information seeking, needs and use during periods of life stress. It takes account of research reported elsewhere in this thesis which suggests that during such periods of life stress mental health may be seriously undermined and this may result in risk taking causing personal harm, including suicide.

Prochaska, Diclemente & Norcross have written extensively about their work in a range of health and behaviour change contexts.<sup>29</sup> These authors call their six stages of change a program not a model, thus emphasising their analysis of the long term nature of behaviour change. The six stages to the *Stages of Change* programme are:

- Precontemplation
- Contemplation
- Preparation

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<sup>29</sup> For a list of the major works using the Stages of Change program in a range of health and behaviour change context see Prochaska, Diclemente & Norcross, 1994, pp 290-294.

- Action
- Maintenance
- Termination.

This behavioural change programme was developed in response to

the old action paradigm, wherein change was assumed to occur dramatically and discretely [which] has dominated behaviour change programs for three or four decades. Following this model, clients are enrolled in relatively brief programs designed [to solve a variety of problems]. If they fail to take or maintain action, the clients themselves are blamed for a lack of willpower or motivation. (Prochaska et al., 1994, pp. 14-15).

As has been discussed earlier in this chapter, the major missing component from these lineally designed programmes is that they fail to take account of the non-linear ways that individuals gather information to support their lives. The new model takes account of the particular help seeking strategies outlined by the men and professionals who took part in this study. All the participants in this study indicated that the help seeking behaviour of many Australian men involves denial and avoidance as well as periods of regression and stagnation, during which they are either doing nothing in terms of their need for help, or trying to work things out for themselves. As reported in Chapter 6 of this thesis Australian men also engage in significant risk taking and this behaviour can be indicate particular coping strategies. There was general agreement from those who took part in this study that all these components of a help seeking episode need to understood and accounted for if programmes offered to help and support men are to be effective in supporting them during stressful life events and supporting periods of growth and change.

As is evident in the text of the Wellstead model of help seeking there is a stage prior to precontemplation: denial. While this concept is discussed by Prochaska and his colleagues (Prochaska et al., 1994, pp. 82-83) it is not listed as a stage within that programme. The concept of denial, and even ignorance that a problem exists, and the role of these life stages in men avoiding information and support were discussed openly by all those who took part in this study, both help seeker and professionals. For some of the men in the local study this was anecdotally called the “I don’t want to talk about it” or “stop having a go at me” phase. Given the strength of this avoidance phase within the information behaviour of the men in this study denial has been included as a distinct phase in the new model. The

professionals who took part in the study also agree that this phase can be protracted for many men and is major obstacle to early help seeking by Australian men, and cajoling and prompting by women, especially spouses, is a major factor in men moving beyond it.

The new model, the Wellstead help seeking model is shown below. This model draws on the sociological and emotional state of the potential information user. The new model has aspects in common some of the models previewed in Chapter 3 of this thesis.

Like the Byström and Järvelin model (Model 4 Chapter 3) the new model involves feedback loops and information seeking is impacted upon by attitude, motivation and mood.

Similarly, the new model has components in common with the Savolainen model (Model 5 Chapter 3) which also indicates the impact of personal values such as psychological orientation towards life. Wilson's second model (Model 7 Chapter 3) also places the information seeker in context highlighting the role of stress and coping strategies together with the concepts of risks and reward which may impact on information seeking decisions. The phenomena of risk and reward are also at the heart of the reflections by Elfreda Chatman (2000, p. 16) about the way information users seek balance in their lives and how information must be seen as a positive force before reluctant information seekers will act.

The new model has been made taking account of the narrative data collected from the help seeking men and professionals who took part in the sense making study and the work of many others researchers as reported in Chapter 3 and elsewhere in this thesis. It also calls on the professional experience of the author and her work within community agencies in Western Australia seeking to offer help and support to men during stressful life events.

The model also takes account of the fact that coercion to seek help, even at times when stress is evident to others, can result in Australian men engaging in bizarre behaviour and non compliance of strategies put in place to assist them. This is notwithstanding the fact that it is often bizarre behaviour which leads to coercion to seek help, often by close family members. The complexities of bizarre behaviour and coercion have considerable implications for services providing support to men, and for family and friends who seek to offer guidance during periods of stress.

The men in the help seeking study and the professionals who had input into it identified clearly that men rely heavily on women during help seeking episodes. The links between coercion into help and bizarre behaviour by men needs to be considered carefully in light of

this finding, particularly if the help seeking episode is one which results from family breakdown. The complexity of needs and emotions surrounding men's help seeking during such periods is complex particularly if they perceive that they are being coerced to seek help they do not need, or that that services are not sensitive to men's needs. The 2007 Federal Government initiative to reform the Family Law Act and establish Family Relationship Centres to support families during family breakdown has been in part a response to men's concerns about coercion and help seeking about Family Law matters.<sup>30</sup> New research is currently being undertaken by Griffith University in Queensland, Australia which is investigating spousal homicide as the extreme end of the bizarre behaviour which may result from men's response to coercion by their partner to obtain help when under extreme stress.<sup>31</sup>

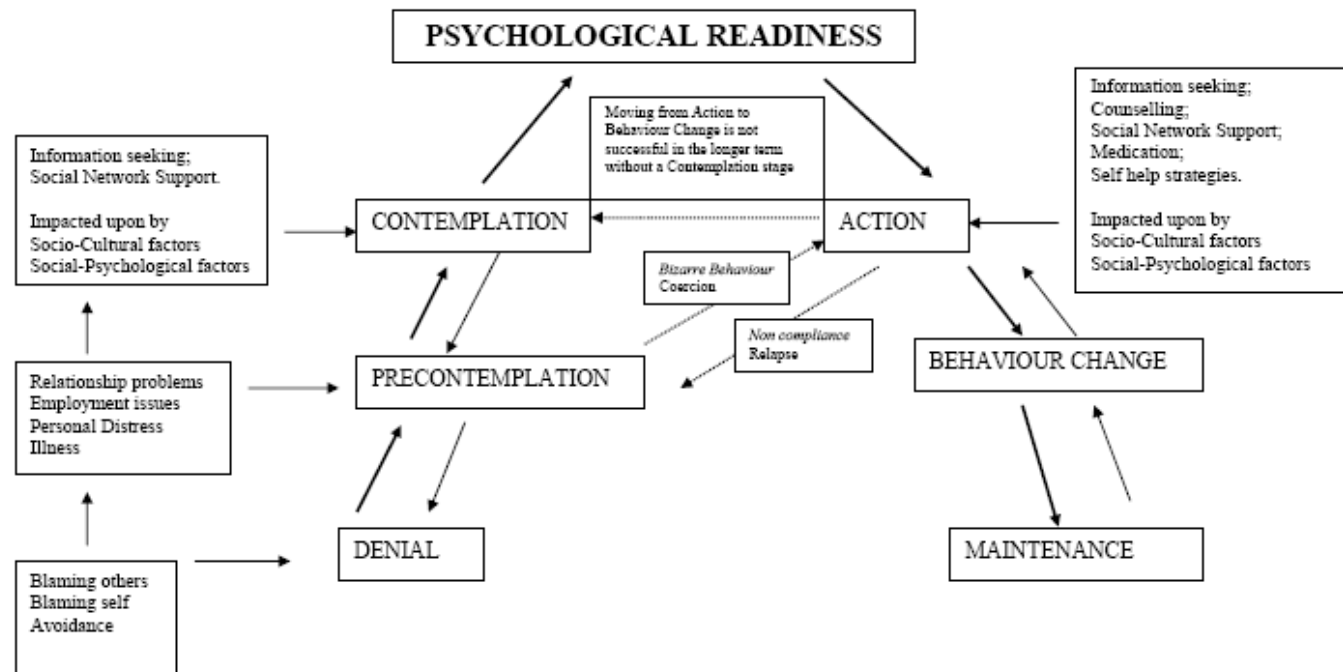
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<sup>30</sup> See <http://www.familyrelationships.gov.au/> for rationale and operation of this initiative.

<sup>31</sup> This project is being undertaken by Key Centre for Ethics, Law, Justice and Governance and the Violence Research Program Griffith University. The research team is headed by Professor Professor Paul Mazerolle and began in early 2009.

Fig. 13 Wellstead Help Seeking Model

WELLSTEAD HELP SEEKING MODEL



The Wellstead Help Seeking Model shows the complexity of the help seeking experience during times of distress. Taking account of the testimony of men in this study it begins with **denial** characterized by blaming self or others for problems, or avoiding the situation altogether. This period may also be one of ignorance where awareness that a problem exists is absent.

Many of the men in this study indicated that they became aware that they needed help when external factors began to impinge on their lives such as comments from work colleagues, feeling unwell or increased strain in relationships. This phase is documented as **pre-contemplation** and as indicated by the dual arrows there is drift between this stage and denial. It needs to be acknowledged that help seeking is difficult and “blissful ignorance” may be preferable to “becoming informed” (Buckland, 1988).

The next stage of the model is one where awareness of the problem is becoming clearer and **contemplation** for change begins. In this stage information seeking begins to occur and there may be greater engagement with formal support from information products and services or those from within the social network who can offer information, or help. Men in this study indicated that the need to “feel normal” was integral to their help seeking behavior and, hence, this stage is strongly impacted upon by socio-cultural and psycho-social factors. Like the pre-contemplation and denial phases there may also be drift back to previous stages at the contemplation phase. Taking action may require too much investment, or change in life decisions, and help seeking is not progressed at the current time.

The stage where **action** can take place requires a level of **psychological readiness** to embark on the tasks required for change. During this action phase information seeking begins in earnest and a range of other help seeking initiatives may take place including counseling, social network support, medication, and self help strategies. Like the pre-contemplation stage this stage is strongly impacted upon by socio-cultural and psycho-social factors such as temperament, educational background and family expectations.

After a period of action where help seeking strategies are engaged **behaviour change** may occur, but again it may not due to the complexity of the issues confronting the help seeker. Change at this time may be too difficult and non-compliance may occur. If help seeking strategies are successful a period of **maintenance** will develop and equilibrium will be restored.

This model shows clearly the non-linear progression of help seeking and how moving from action to behaviour change and maintenance is unlikely to be successful in the longer term without a contemplation stage. In this contemplation stage those experiencing problems or feeling distress can become knowledgeable about their circumstances and develop appropriate strategies for change. While coercion can be helpful in getting support to individuals in need it is unlikely that such coercion will result in long term change. It also runs the risk of developing resentment and bizarre behaviour.

Examination of the model allows for greater understanding of when information, help and support may be most effective. Providing information to an individual who does not believe they need it, or will ever need it, will not result in action. Providing information, help and support which does not take account of socio-cultural and psycho-social factors is also unlikely to result in action. The implications of the issues of readiness to accept and use information, and the development of appropriate information delivery strategies are discussed later in this chapter.

## **LIMITATIONS TO THE STUDY**

There were a number of limitations to the help seeking component (Part One of the local study) of this research. These included: the sample size was very small; the participants were purposively recruited; there were no rural men in the study; and there were no blue collar men in the study, although 4 of the participants were working in blue collar industries when the help seeking episode took place. As far as was possible to tell from the questions asked, there were also no homosexual men in this study.

Similar limitations occurred in the conceptual study for development and marketing of help seeking to men (Part Two of the local study). The conceptual study was also limited by the purposive recruiting of the professionals who took part and by the fact that all these professionals were providing services to urban men.

The study examined aspects of the Australian household panel survey (HILDA). This data was not exploited to its full potential due to the scope of the data and the complexities of exploiting it within the context of the current study. The wellbeing measures in HILDA and the data contained within them are such that they offer significant scope for stand alone research. Time and space restrictions of this thesis rendered such a project impossible. More complex exploitation of the HILDA data would have presented considerable



opportunities to gain greater depth of understanding of the value of social connectivity in the lives of Australian men and how this may impact on their mobilisation of support when under stress. Use of data from other international panel surveys and the rigorous exploitation of it would have provided considerable opportunities to explore cultural aspects of social connectedness and wellbeing, and to compare the behaviour of Australian men with men from other countries. Such research would also allow the findings to make a contribution to the Cross National Equivalent Files (CNEF) within the international panels since these data are not currently available on the CNEF.

## **SUMMARY OF FINDINGS**

The ten major findings of this study are:

1. avoidance of formal help is common among Australian men due to cultural learning and a particular Australian machismo;
2. Australian men perceive that information and support services have been established to support the needs of women and that men's needs are not taken seriously by these agencies;
3. Australian men rely on the significant women in their lives, especially spouses, to broker help and support;
4. Australian men are crisis driven and reactive in their help seeking behaviours and do not routinely engage in early help seeking;
5. Australian men require information and support in a variety of formats with a variety of access points. It is "not one size fits all" when delivering support services and information to men;
6. Australian men are particularly difficult to reach through social marketing campaigns;
7. Australian men do not respond to messages which blame them and attempt to shame them into changing their behaviour;
8. information products offering help and advice about issues of personal wellbeing do not readily engage Australian men;
9. Australian men have small cohesive friendship networks which exist in tandem with larger groups with which they socialise. The friendship networks are important sources of information exchange about personal matters, the larger social networks are not; and

10. Australian men take pride in working things out for themselves.

Three further findings have particular relevance for library and information professionals:

1. print resources are an important source of information during help seeking episodes for Australian men;
2. the Internet is not currently a trusted or valued source of information for Australian men during help seeking episodes; and
3. human information behaviour is not well understood by the developers of information products which are provided proximate to support services for Australian men.

These three findings also have relevance for service providers when they are developing proximate information products to support their service delivery.

These findings will now be discussed in light of the evidence presented in the previous chapters this thesis.

## **DISCUSSION**

It must be restated that Australian men face particular issues related to their health and wellbeing. Compared with women, men in most age groups have higher mortality rates for stroke, diabetes, cancers, ischaemic heart disease, bronchitis, emphysema, injury, poisoning, accidents and drug dependence. In tandem with these leading causes of death, men also suicide in Australia at the rate of 20.1 per 100,000 compared to 5.3 for women. In 2005 the highest number of suicide deaths for males was observed in the age group 30 to 34 years followed by males aged 40 to 44 years. Studies also reveal that the 25-34 age group of Australian men has shown a rapid rise in suicide in recent years (23.2 in 1965 to 30.9 per 100,000 in 2002) after a peak at 40.9 deaths per 100,000 in 1997. This has been accompanied by a decline in female mortality for the same age group, from 13.3 per 100,000 in 1965 to 7.1 in 2002 (see Chapter 6).

This research initially intended to investigate the help seeking behaviour of men aged 25-44 who may have been at risk of suicide or self harm but an ethics clearance was denied for

this direct line of enquiry. The research therefore focused on men who had had a stressful life event in their 25-44 years. The data from this study cannot be extrapolated accurately to determine if help seeking during a stressful life event is the same or different from help seeking when one is at risk of suicide or self harm. However given the commentary of the men and professionals who took part in this study some patterns of help seeking, and avoidance of help, can be reasonably determined. Making a contribution to understanding more about the factors which will contribute to saving the lives of Australian men is ultimately the WHAT and the WHO of this research.

The role of relationship breakdown as a factor in the high rates of stress and suicide for men in the 25-44 age group has been suggested by a number of studies and separated (compared with married) males are six times more likely to suicide, and that this was greater in younger age groups. Female suicide rates are not significantly elevated after separation or divorce. Men also engage in other behaviour post separation and divorce which may lead to poor health. High rates of alcohol consumption and drug taking, poor sleep patterns, and poor diet are common in this group. Five of the men in this study indicated that they needed help and support during a relationship breakdown and eight needed help to assist them with custody and parenting issues related to a relationship breakdown. Clearly, even in the small sample of men who took part in this study, relationship breakdown is a significant stressor in men's lives in Australia.

It should be noted that despite the trend for men to suicide more often than women, women report more mental ill health than men, and engage in self harm requiring hospitalisation more often than men. They are also more frequent users of community agencies offering help and support to individuals reporting mental health issues. The figures for hospitalised self harm do not, however, take account of hospitalisation from less obvious self harm incidents such as road trauma, interpersonal violence, and illicit drug use where men are significantly over represented in the statistics. Other researchers have suggested that many of these hospital episodes are in fact a result of deliberate self harm by men.

### **Help Seeking**

Notwithstanding the disturbing statistics on male health in Australia, the study at the core of this thesis and other research has shown that men are reluctant to seek help for episodes of mental and physical ill health. This thesis has also reported that men perceive

that support services are designed to meet women's needs. The men in this study suggested that these perceptions by themselves and other men, in part, account for men's poor help seeking during episodes of ill health or stress. This perception leads to a judgment that their needs will not be given the same credence as those of women and men's needs will not be taken seriously.

In evaluating barriers to information exchange, scholars have shown that "the result of failed information exchanges is frustration and confusion on the part of the help seeker" (R. M. Harris & Dewdney, 1994, p. 5) and that these failed information exchanges are common when individuals seek help from service providers. Men in this study also report that they feel a level of blame from policy makers and service providers for their reluctance to seek help when under stress. Harris and Dewdney (1994) also comment that:

despite the fact that these problems [of failed information exchanges] can be reasonably attributed to failures in the help system, normally, when information transfer failures occur, the help seeker rather than helper is tagged with blame in the client exchange relationship. There is a tendency on the part of many in the formal helping network to see members of the public in need of 'fixing' – through more education, for example – while the system remains unchanging, its representatives confident that they are doing what needs to be done (p. 5).

Harris and Dewdney made these findings in response to a study to investigate how formal help systems fail battered women in Canada. The men in the local study perceived that support services are set up for women and, as such, cannot meet men's needs. If this Canadian finding is representative of the response to Australian women seeking help, one can speculate what response services do actually make to men engaging in a help seeking episode.

It is critical to consider this responsiveness to distress as:

the vast majority of suicide attempters [have] had contact with health care facilities during the 12 months before the attempt [but] half of them were without a treatment contact during final 30 days before the attempt ... [Those] who commit suicide are not regarded as being at high immediate risk at the final contact with mental health services (Fekete, Osvath, & Michel, 2004).

If men are to be encouraged to seek help more readily when experiencing stressful life events it is essential that services respond adequately and appropriately to these expressions of need, and assist men to articulate their emotional states accurately so that appropriate help can be delivered to them.

With this the perception of women receiving more help in mind, it is worthwhile to revisit aspects of the scholarly literature to develop greater awareness and objectivity. Help seeking is a term which first began to appear in the literature in the 1960s. In the indexing and abstracting service Psychological Abstracts (*Psychological abstracts.*, 1927 - ) the term Help Seeking Behaviour is not used until 1978. A broader term Social Behaviour was used from 1967. Self Referral was not used until 1991. The indexing and abstracting service Sociological Abstracts (*Sociological Abstracts*, 1952 -) does not use terms to describe Help Seeking until 1965 and use is very limited until the late 1970s. Until the 1980s none of the scholarly writing indexed by these bibliographical tools related to men and there were only very small numbers of citations on the subject of men and help seeking until the late 1990s. Before this time the indexed material which offered a critique of help seeking was strongly weighted towards women's help seeking, and in the early years in particular shows a strong bias towards women leaving difficult relationships and finding help and support in a world removed from men.

### **Female Dominance**

In terms of men's perceptions that support services are not set up to meet their needs, this examination of the citations within the scholarly literature is significant. If this writing is representative of the concerns of professionals working in various helping industries, then in view of the help seeking literature, those concerns have been dominated by the needs of women over many decades. If women are the concern, or at least have been until recent time, it is reasonable to suggest that the services have indeed been set up to meet women's needs, as the help seeking men and professionals who took part in this study suggest. The fact that men are now being invited to use such services does not alter this fundamental premise. Without wide scale cultural and organisational change, or indeed the demonstrated delivery of particular services for men, it is reasonable for men to predict that the services are operating for the needs of women.

While men and women may need similar outcomes from help when they are under stress, the focus of support services on female needs is an important consideration for an

examination of men's help seeking behaviour in Australia. The men in this help seeking study indicated that they needed help delivered in particular masculine ways (see Chapter 7 and 8) and they suggested that support services are resistant to appreciating these particularities. This thesis has documented research from the Household Income and Labour Dynamics (HILDA) survey and from other household panels operating internationally (see Chapter 5). This difference in interpersonal need between men and women has been well documented from data from the British Household Panel Survey (BHPS).

Men and women have very different views of what really matters in life. Women are far more likely than men to regard family ties and family events as important; whereas men are more likely than women to mention events to do with employment. Women also appear to be much more concerned with things that happen to other people. In particular, women are more likely than men to talk about other family members, especially their children (Buck, Gershuny, Rose, & Scott, 1994, pp. 263-264).

These findings may be replicated from data from the Australian panel if similar questions were asked within it.

If men and women have very different views on what really matters in life it would be likely that they would approach those things that matter from a different perspective and that this would impact upon their behaviour in a wide range of domains, including how they mobilise help and support. If men perceive that support services are focusing on those areas of life, and consequent behaviour that matters to women, it is not surprising that men are not using these services. Earlier in this thesis the concept of "optimal matching" (Cutrona, 1990, p. 3) in regard to the mobilisation of help was discussed. This concept refers to the need of individuals to optimally match their choice of help to their specific needs in order to receive help which has the greatest chance of alleviating distress. With this in mind it is not surprising that men do not seek help from services which they perceive, and the literature clearly demonstrates, have been set up to meet women's needs over the last 4 decades. The literature demonstrates that it is only since the late 1990s that there has been some interest in men's help seeking and the development of support services to specifically meet their needs. This exploration is a new, and still limited, area of interest.

Optimal matching is strongly linked to normative behaviour – that is, the behaviour which individuals think is normal in given circumstances. Many of the men in the help seeking

study spoke of wanting to know that the feelings that they were having when distressed were “normal” and that they would be considered “normal” within the culture more broadly when they embarked on an help seeking episode. If men perceive that what is normal for men is not being readily articulated, and reinforced, by support services in the community, again, it is not surprising that they do not use them.

### **Social Bonds**

The literature of human attachment and evolutionary biology was discussed in Chapter 2 to provide depth to this study of help seeking by Australian men. The Australian academic Scott Henderson has undertaken considerable work in the area of social bonds, help seeking and attachment. When he reviewed the work of leading attachment theorist John Bowlby, Henderson suggested that:

Bowlby concludes that human beings of all ages are at their happiest and most effective when they are confident that there are one or more trusted persons behind them who will come to their aid should difficulties arise. Such a person provides a secure base from which to operate (S. Henderson, 1977, p. 187).

Furthermore, Henderson (1977) suggests that this secure base is required across the life span and is provided by a range of individuals within a person’s life including those in the helping professions with whom individuals can develop trusting relationships and develop “attachment ideation”(p. 189) . Henderson suggests that in “Western communities the main attachments are with a *few highly discriminated persons*” (emphasis added) (p.187). The way that individuals choose those highly discriminated persons is complex. Given that a perception of the possibility of an optimal match between need and response is at the core of the human attachment system, it is hardly surprising that men will not seek care from a source where they do not think they will get it. What is of particular importance here is the issue of perception of help being available either from formal services or from within a social network. Research shows that the perception that help will be available in times of need is as valuable as receipts of help (Reinhardt et al., 2006; Sarason et al., 1990). A redesign of services to better meet men’s needs may not increase use of services, but well being in men may increase due to the perception that help is readily available when they need it. Such are the complexities of help seeking episodes and the information exchange relationships which develop as a result of them. The perception of the availability of support, rather than the use of it, also provides considerable challenges to those agencies

that provide financial support to the development and maintenance of support services and whose accountability measures may require measurement of client response in specific and quantifiable ways.

### **The Human Brain**

Closely linked to the issue of attachment across the life span is the developing investigation of the science of the human brain (see Chapter 2). With sophisticated digital imaging it has been possible to discern that male and female brains are activated in different ways by different stimuli. It has also been possible to determine that different areas of the brain are dominant in men and women. The help seeking men and the professionals who took part in this study were clear that men respond to informational stimuli in reactive ways, that they do not regularly store or append knowledge about matters of personal wellbeing and that they do not observe information on the periphery of their immediate experience. Others have named this as “caveman stuff” (O'Brien et al., 2005). While many may find such language derogatory to men, this allusion to the primitive past and the impact that this has had on male behaviour was mentioned consistently by participants in the local study, the help seeking men and the professionals alike. The men were also concerned that in the modern era there is the lack of understanding of the particular ways that men want to engage with society and there has been some attempt to gentrify and feminise men.

### **Being a Man**

The commentary from those who took part in this study demonstrates that men want to undertake supportive and self nurturing activities which involve many traditional male activities. Camp fires, rough play and war games are all examples of activities suggested as ways to offer self care activities to men. The men in this study were also articulate in discussion of the need for young boys to be similarly engaged in these types of particularly masculine activities with older men as a way of understanding themselves and coping with the demands of the masculine life. These activities were suggested as the key to effective transition for young men into adulthood and as a vehicle for successful information exchange about health and wellbeing. There are complex dilemmas in tension here. While the men in this study articulated the need for information and support to be provided in ways



which resonate with the particular style of Australian masculinity, others have suggested that these particular styles of masculinity may, in fact, be harmful to men and prevent them from readily accessing help and support (Connell, 1999; Jorm, 1996)

As outlined above and elsewhere in this thesis, undertaking successful information exchange relationship about issues of health and wellbeing with Australian men is fraught with cultural and social tensions. Both the help seeking men in this study and the professionals who took part were in agreement that engaging Australian men with information products around issues of health and wellbeing is problematic.

### **Social Marketing**

Social marketing is an oft used tool for alerting the community to issues of health and wellbeing. Concepts of social marketing have been discussed at length in Chapter 4 and in light of what the help seeking men and the professionals revealed in this study, social marketing focusing on health and wellbeing has to date not been successful in engaging Australian men. In terms of men's perception of helping services, and their needs for particularly masculine forums for engagement about personal care issues, it could be suggested that social marketing has not been successful in engaging men because it is not offering them appropriately masculine options for self care.

To be successful in engaging men a social marketing campaign would need to encompass a variety of strategies. Using concepts from an enhanced understanding of human information behaviour as it relates to men, a social marketing campaign could be developed which takes account of the actual, rather than the perceived way, men seek, use and share information. Using the scholarship of community based social marketing, such a campaign could be developed in conjunction with men who have the information need and who would be using the information in their daily lives. It could be developed as a pilot programme with rigorous testing of responsiveness and uptake, and supported by appropriate information prompts in other domains. With development based on empirical data, testing of effectiveness and appropriate links to services providing support in masculine ways, men may more readily engage with social marketing which seeks to inform them around issues of personal care.

Central to this thesis is the premise that information is only useful when it is acted upon. The men in this study, and recent research on social marketing, clearly indicate that

without sophisticated development which has clear and definable intent, baseline data and sophisticated evaluation social marketing initiatives will continue to fail (McKenzie-Mohr, 2007). Given the responses from participants in this local study, and other research presented in this thesis, this is particularly so of campaigns which seek to increase information exchange with men about health and well being.

The propensity of agencies to use the Internet as a tool for engaging men about issues of health and well being and to increase information exchange also needs to be closely considered. Many men in this study were openly hostile towards resources on the Internet and many spoke of lack of trust in the source of information as a reason for not engaging with the material presented. Receiving information from a trusted source was a primary concern for all the men in this study. To date, for most men in this study, the Internet is not a trusted source. In typically Australian parlance the strong theme around this issue is that “the Internet is full of shit!” The men in this study ranged in age from 32-63 and as the Internet evolves younger men may not be so wary of its content with regard to help and support and agencies may develop more sophisticated information exchange tools. Health researchers such as Professor Ken Resnicow and his colleagues working at the School of Public Health at the University of Michigan have shown that tailored electronic interventions such as personalised emails from a respected source have considerable scope for engaging specific hard to reach groups about issues of health and wellbeing (author’s notes from seminar conducted by Professor Resnicow while he was Healthway Visiting Fellow in Perth, Western Australia in 2005). These personalised emails can be used in tandem with other interventions such as counseling and motivational interviewing, and act as prompts to continue a changed behaviour over time.

While existing support services, social marketing initiatives and the Internet were not seen as trusted sources of information or as supportive to men’s help seeking over all, three other sources of help were considered of primary importance to men receiving the care and information they need in times of the stress. The major source of help and/or conduit to formal care for the men in this study was women. Primarily this woman was the man’s spouse. Men in this study spoke eloquently and sometimes with considerable emotion about the often life saving role of the women in their immediate network – spouses, sisters, mothers and friends – in assisting them into care. Other key sources of help were close friends and family, and traditional information resources such as books.

An evaluation of the Third National Scottish Survey of Public Attitudes to Mental Health Problems, Mental Wellbeing and Mental Health Problems (Braunholtz et al., 2007) made similar findings. The major sources of information about mental health problems were personal contacts, television news, and current affairs. Television soaps, newspapers, magazines, leaflets and books were also common sources of information (p.11). The Internet was not named as a source of information in the Scottish report.

Earlier in this chapter models of human information behaviour were discussed. The model with the least steps and complexity was a model based information seeking and use during employment. This has particular relevance to Internet use. Work based developers of information products are no doubt, like most professionals, using the Internet extensively in their employment. This may be clouding their judgment about the routine use of the Internet in the world of the everyday and leading to the development of information resources which do not meet the needs of the average citizen, especially particular groups with particular needs.

## **IMPLICATIONS FOR SERVICE DELIVERY**

The implications of these findings for those who are seeking to engage men about issues of self-care and help seeking during stressful life events are considerable. It appears that men's needs are not being met in a number of ways because service providers are:

- continuing to invest most of their resources in developing support services which operate within a feminist model, or at least did in the past;
- continuing to develop social marketing campaigns which use shame and blame as potential motivators; and
- continuing to invest heavily in the development of Internet based resources offering information and support about matters of personal wellbeing.

With these concerns in mind, and with the considerable statistical evidence extant which shows Australian men have men's poor health and well being, men in the 25-45 age group need to be recognised as a special group for targeted mental and physical health interventions. A priority should be given to developing promotional materials and service development to meet their specific needs. At the February 2008 meeting of Healthway, the

principal deliverer and funder of public health awareness campaigns in Western Australia, a range of position statements on various health domains were ratified. The position paper for mental health states that “Healthway supports a whole of population approach to mental health promotion although some programs may focus on population subgroups” (Healthway WA, February 2008). The priority target groups are listed are youth, groups disadvantaged by income and education, indigenous populations, ethnic groups and rural and remote groups. This omits the statistically obvious needs of the high risk group; ‘average’ men in the 25-44 age group, particularly those experiencing stress related to relationship breakdown. The whole of community approach to mental health promotion favoured by Healthway also fails to take account of the research on social marketing which indicates that whole of community approaches do not change behaviour, although they have some scope for changing attitudes.

### **The Role of Library and Information Services**

Library and information service professionals in Australia also need to do more to use their training and skills to support men’s help seeking, and hard to reach groups more generally. The study of human information behaviour and the application of this research have great potential to support the development of emerging information products and services in non-library settings. Significant employment opportunities are available within support services seeking to engage the community with information resources to support the world of the everyday. A study of graduate employment outcomes for graduates from the library and information studies courses 1998-2002 from university where this current study is being undertaken (Genoni & Smith, 2005) does not list everyday life information services as a category of employment, nor does it list the more traditional term of community information services. There is a category “other information work” but this is unspecified. Graduates of library and information studies have a considerable contribution to make in the development of information products for groups in the community with particular needs. They also have much to offer in terms of the effective dissemination of these products into the community, and evaluation of their effectiveness. Such ends could be met more successfully by the adoption of a wider a platform of engagement by the professional associations which support library and information professionals. In the publication of recent action plans the Australian Library and Information Association (ALIA) (Australian Library and Information Association, 2008) has as Object b: To promote and improve the services provided by all kinds of library and information agencies. This document could be

enhanced by a specific statement regarding the role of professionals in supporting the development and dissemination of high quality information products to support the everyday life of average citizens, particularly at this time with the proliferation of Internet based resources which can be accessed readily from sites outside libraries.

Scholars in the field of everyday life information have been airing these concerns for some time. As early as 1977 Brenda Dervin whose sense-making theory forms the methodological centre of this thesis, suggested that there are serious implications for the library and information profession if it continued to see itself in terms of a normative view of information and service. She suggest as early as 1977, before the introduction of the Internet that this normative view of information and service does not work for most individuals and increasingly:

more and more comprehensive and complex information systems are organized using more and more sophisticated technology. In the meanwhile support for library activities dwindles and study after study shows that, despite their allegiance to the value of objective information, very few citizens use libraries to obtain that valued commodity (Dervin, 1977, p. 21).

In a similar vein the human information behaviour specialist Elfreda Chapman, whose work also informs much of the scholarship in this current study, and her colleague Victoria Pendleton suggest that:

information professionals might reexamine the world of information from small world perspectives ... [as this provides ] a rich and fruitful approach to the investigation of social worlds that fall outside traditional public library use ... [and that this] will add to the role of the public library [and the profession more generally] in responding to factors that constitute information behaviour (Chatman & Pendleton, 1998, p. 732).

Chatman and Pendleton suggest that library and information professionals fail to take account of the information needs of non library users and that this approach to information needs, programs and services seems to “indicate that we cater to the ‘users’ because ‘they’ are like ‘us’ and therefore understand the world of libraries” (p. 743). They also make the sobering observation that those who don’t use libraries to meet their information needs

also “share a world view about ‘us’ and the manner in which they may approach us [or not approach us] for needed information” (p. 743-744).

In light of the findings of the study into the help seeking and information exchange relationships of men experiencing stressful life events and the supporting scholarship in this thesis a number of recommendations will be made. The recommendations fall into three categories:

1. initiatives which will increase support to men and enhance men’s help seeking and information exchange relationships;
2. initiatives that apply specifically to library and information professionals; and
3. suggestions for further research.

## **RECOMMENDATIONS**

1. Initiatives which will increase support to men and enhance men’s help seeking and information exchange relationships.
  - A proactive response to supporting Australian men’s health and wellbeing should be undertaken. As a matter of urgency, funding should be allocated to the development of support services, and proximate information products, that reflect the needs of Australian men. Within these services delivery initiatives the particular stressors that men experience during relationship breakdown should be adequately acknowledged and men should be supported appropriately at those times.
  - This initiative should, in consultation with men in community settings, develop a wide ranging, long term, high profile information campaign which highlights positive masculinity. This campaign should be supported by appropriate information prompts which are available across the community to increase awareness of the issues embedded in the campaign and to facilitate uptake of these messages. Longitudinal data should be generated as a result of the campaign to measure its effectiveness and reach over time.
  - The campaign should recruit high profile, highly respected, male role models, who may change over time, to market the campaign and its messages. These

high profile figures should seek to engage with the wider community, particularly the mass media, about the particular difficulties men experience in their lives. These figure heads should be recruited from social arenas which men respect. Political figures should be used with caution <sup>32</sup>.

- The needs of men should be included in all social policy initiatives and men should receive equal input into policy development as do other groups in the community e.g. women, children, aged, indigenous and ethnic groups.
  - Education programmes which support positive parenting should be mandatory for all parents. The particular needs of men and boys should be addressed in these programmes to facilitate enhanced information exchange with boys and men throughout their lives. These programmes should be integrated in pre-natal and early childhood services.
  - Programmes should be developed which increase mental health literacy in boys and young men. These programmes should be developed in conjunction with men in community settings and administered by them. They should be offered at key transitional times in young men's lives and be funded by government.
2. Initiatives that apply specifically to Australian library and information professionals.
- The study of human information behaviour should be an underlying principle of all library and information studies courses in Australia, especially as it relates to different, and hard to reach, groups in society.
  - The information needs of non-library users should become a significant area of scholarship within the profession in Australia, especially as those needs relate to different, and hard to reach, groups in society.

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<sup>32</sup> It is worthy of note that since the narrative component of this research was undertaken, and this initiative suggested by those who took part in it, the Australian government has undertaken a project called "Men's Ambassadors" which has recruited high profile Australian men to engage with men about their health and wellbeing. This initiative has not been without controversy and two of the initial recruits have resigned after making sensitive comments about homosexuality and domestic violence which were seen as undermining the scope of the initiative. For more information about the Men's Ambassador programme see <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr08-nr-nr160.htm>

- Library and information professionals in Australia should market their skills in non-library environments and routinely seek work in settings which support the information needs of citizens in everyday life. Their skills will support the development of information products and dissemination of them which takes account of human information behaviour and result in enhanced community well being. Such work will ensure that the long standing social justice focus of the professional is enhanced and maintained.
- Tertiary institution administrators in Australia should support library and information studies as a meta-discipline. Recognition should be made of the unique contribution that an understanding of human information behaviour can make other areas of scholarship such as: health informatics, particularly public health marketing and evaluation; social informatics, particularly the role of emerging information dissemination tools such as the Internet and Information Communication Technologies in the world of the everyday; and other information related disciplines such as media, advertising, and journalism. Initiatives should be undertaken to develop these partnerships for enhanced learning and penetration of the information outputs in all these related disciplines.
- Professional associations that support library and information professionals in Australia should engage in rigorous advocacy and policy debate on issues related to information use of citizens in the world of the everyday, and develop strategies for ensuring this debate and analysis has penetration into public policy initiatives.
- Libraries in Australia should re-embrace everyday life information or community information as a mainstream initiative. Provision of these services should be well resourced, well managed and given a high profile.

### 3. Further research

- A wide scale, whole of community, study of the information needs of Australian men about issues of health and wellbeing should be undertaken to inform the development of information and support services for men. This study should



also seek to explore in depth the supportive role that women play in men's lives, especially as that support relates to issues of health and wellbeing, in order that this phenomenon can be better understood.

- Data from the Household and Labour Dynamics in Australia (HILDA) and the international household panel surveys should be rigorously exploited to gather data which assists in the development of a better understanding of factors that impact on men's social connectedness and perceptions of their wellbeing.
- Rigorous research should be undertaken on the impact of relationship breakdown on men in Australia and this scholarship should inform public policy in this arena.
- Rigorous research should be undertaken into the impact of out-of-home child care on Australian society, particularly as it relates to the making and breaking of attachment bonds later in life, and this scholarship should inform public policy in this arena, particularly as it relates to the health and wellbeing of boys and men across the lifespan.

## **CONCLUSION**

This thesis has shown that in terms of developing supportive information exchange relationships for Australian men who are experiencing stressful life events there is a considerable job of work to be done. This endeavour should be undertaken by those providing services which support individual and community wellbeing, and by those information professionals who design and disseminate proximate information products. This need should also be the concern of policy makers and tertiary education administrators in Australia.

At the core of this thesis is the testimony of a group of Australian men who have needed help during a stressful life event, and of a group of professionals who are seeking to engage and support men at such times in their lives. It was the intention that the stories of these men would inform the supporting scholarship and offer particular insights into the health and wellbeing of Australian men. To that end it is appropriate for the one of those

participants (a professional providing help and support to men) to offer the concluding remarks to this thesis.

*Most of the information currently available to men is deficit based, and most of the relationship education is overly intellectual. Men do not generally respond to these types of messages and support. There are also a wide range of problems confronting men (and the community more generally) at a policy level which provide mixed messages about the way to live effective lives. These contradictory messages for effective living occur around family law policy, work/family policy, parenting leave and part time work arrangements. There needs to be recognition that those deficits in policy supporting men around these issues cause real distress for men. There needs to be a change in culture and policy around men's lives and particularly around post-separation issues. There needs to be more services to support men. These services need to be genuinely oriented towards men, and men need to be encouraged and supported to use them.*

Every reasonable effort has been made to acknowledge the owners of copyright material. I would be pleased to hear from any copyright owner who has been omitted or incorrectly acknowledged.

# REFERENCES

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(2009). *Journal of Social and Personal Relationships*, 26(1), Entire issue.

ABC Television. (2008). Govt appoints men's health ambassadors. Retrieved April 15, 2009, from <http://www.abc.net.au/news/stories/2008/11/25/2429032.htm>

Adam, K. S. (1994). Suicidal behaviour and attachment: A developmental model. In M. D. Sperling & H. Berman (Eds.), *Attachment in adults: Theory, assessment and treatment*. (pp. 275-298). New York: Guildford Press.

Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help-seeking. *American Psychologist*, 58, 5-14.

Agostino, K. (2003). Men, identity and military culture. In S. Tomsen & M. Donaldson (Eds.), *Male troubles: looking at Australian masculinities* (pp. 108-131 +234-236). Melbourne: Pluto.

Ahnlund, K., & Frodi, A. (1996). Gender differences in the development of depression. *Scandinavian Journal of Psychology*, 37, 229-237.

Ainsworth, M., Blehar, M., Waters, E., & Wall, S. (1978). *Patterns of attachment: a psychological study of the Strange Situation*. Hillsdale: Erlbaum.

Alcoholics Anonymous Australia. (2008). *Welcome to Alcoholics Anonymous*. Retrieved June 20, 2008, from <http://www.aa.org.au/>

Alston, E., & Hall, C. (2005). *Pit stop: Gentleman check your engines : A spanner in the works*. Paper presented at the 6th Rural Health Conference. Good health - good country: from conception to completion. .

Antonucci, T. C., & Jackson, J. S. (1990). The role of reciprocity in social connectedness. In B. R. Sarason, I. G. Sarason & G. R. Pierce (Eds.), *Social Connectedness: An Interactional View*. New York: Wiley-Interscience.

Attman, D. (1987). The myth of mateship. *Meajin*, 46(2), 163-174.

Australian Bureau of Statistics. (2007). *Suicides, Australia, 2005 (3309.0)*. Retrieved December 12, 2007, from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3309.02005?OpenDocument>

Australian Bureau of Statistics. (2008). *Causes of death. Australia 2006*. Retrieved May 12, 2008, from [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/A8CB1F4BD5385085CA2574100010092A/\\$File/33030\\_2006.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/A8CB1F4BD5385085CA2574100010092A/$File/33030_2006.pdf)

Australian Government. (2004). *Australia say's no*. Retrieved January 20, 2008, from <http://www.australiasaysno.gov.au/>

Australian Government. (2007). *Attorney General's Department*. Retrieved January 25, 2008 from [http://www.ag.gov.au/agd/WWW/attorneygeneralHome.nsf/Page/Media\\_Releases](http://www.ag.gov.au/agd/WWW/attorneygeneralHome.nsf/Page/Media_Releases)

Australian Government. (2008). *Budget 2008-2009. Health and Hospitals Reform — National Binge Drinking Strategy — education and information campaign*. Retrieved May 12, 2008, from <http://www.budget.gov.au/2008-09/content/bp2/html/expense-16a.htm>

Australian Institute for Suicide Research and Prevention. (2004). *Suicide in Queensland 1999 - 2001; Mortality rates and related data*. Brisbane Australian Institute for Suicide Research and Prevention.

Australian Library and Information Association. (2008). *About us* Retrieved February 2, 2008, from <http://alia.org.au/about.us.html>

Australian National University. (2007). *The MoodGym training program* Retrieved January 22, 2008, from <http://moodgym.anu.edu.au/>

Barnes, L. S., Ikeda, R. M., & Kresnow, M. (2001). Help-seeking behaviour prior to nearly lethal suicide attempts. *Suicide & Life - Threatening Behaviour*, 32, 68-75.

Bates, M. J. (2005). Information and knowledge: an evolutionary framework [Electronic Version]. *Information Research*, 10, 4 (paper 239) Retrieved December 3, 2007 from <http://informationr.net/ir/10-4/paper239.html>.

Bauman, A. E., Bellew, B., Owen, N., & Vita, P. (2001). Impact of an Australian mass media campaign targeting physical activity in 1998. *American Journal of Preventative Medicine*, 21(1), 41 - 47.

Baume, P., Cantor, C. H., & McTaggart, P. (1998). *Suicides in Queensland: a comprehensive study 1990-1995*. Brisbane: Australian Institute for Suicide Research and Prevention.

Baxter, J. (2002). Changes in the gender division of labour in Australia, 1986-1997. In T. Eardley & B. Bradbury (Eds.), *Competing Visions: Refereed Proceedings of the National Social Policy Conference 2001*, (pp. 64-74). Sydney: Social Policy Research Centre, University of New South Wales.

BBC. (2007). *Science & Nature: human body & mind* Retrieved July 16, 2007, from [http://www.bbc.co.uk/science/humanbody/sex/add\\_user.shtml](http://www.bbc.co.uk/science/humanbody/sex/add_user.shtml)

Belsky, J. (1986). Infant daycare: a cause for concern? *Zero to Three*(September), 1-7.

Belsky, J. (1991). Modern evolutionary theory and patterns of attachment. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research and clinical applications*. (pp. 141-161). New York: Guilford.

Belsky, J. (1994). Attachment: theory and evidence. In M. Rutter & D. Hay (Eds.), *Development through life: a handbook for clinicians* (pp. 373-402). Oxford: Blackwell.

Belsky, J. (2007). *Early child care: its risks and chances*. Paper presented at the International Attachment Conference. University of Minho, Braga, Portugal.

Belsky, J., & Rovine, M. (1988). Non-maternal care in the first year of life and the security of infant-parent attachment. *Child Development*, 59, 157-167.

- Berger, A. R., & Janoff-Bulman, R. (2006). Costs and satisfactions in close relationships: the role of loss-gain framing. *Personal Relationships*, *13*, 53-68.
- Berger, M., Wagner, T. H., & Baker, L. C. (2005). Internet use and stigmatized illness. *Social Science and Medicine*, *61*, 1821 - 1827.
- Berkman, L. F., & Breslow, L. (1983a). *Health and ways of living: the Alameda county study*. New York: Oxford University Press.
- Berkman, L. F., & Breslow, L. (1983b). The health effects of extended family, friends and community ties. In *Health and ways of living: the Alameda county study*. New York: Oxford University Press.
- Berndt, T. J. (1996). Exploring the effects of friendship quality on social development. In W. M. Bukowski, A. F. Newcomb & W. W. Hartup (Eds.), *The company they keep: friendship in childhood and adolescence* (pp. 346-365). New York: Cambridge University Press.
- Bertolote, J. M. (2004). Bridging the chasm between public health and philosophy. In D. DeLeo & R. Evans (Eds.), *International suicide rates and prevention strategies* (pp. v). Cambridge, MA: Hogrefe & Huber.
- Better Health. (2007). *Better health channel*. Retrieved January 7, 2008, from <http://www.betterhealth.vic.gov.au>
- Bettman, J. R., & Zins, M. A. (1979). Information format and choice task in decision making. *Journal of Consumer Research*, *6*(2), 141-153.
- Beyondblue. (2008). *Beyondblue: the national depression initiative*. Retrieved November 6, 2008, from [www.beyondblue.org.au](http://www.beyondblue.org.au)
- Biddulph, S. (1997). *Raising boys* (New ed.). London: HarperCollins.
- Biddulph, S. (2002). *Manhood: an action plan for changing men's lives* (3rd edition ed.). Sydney: Finch Publishing.
- Bille-Brahe, U., & Jensen, B. (2004). The importance of social connectedness. In D. DeLeo, U. Bille-Brahe, A. Kerkhof & A. Schmidtke (Eds.), *Suicidal behaviour: theories and research findings* (pp. 197-208). Cambridge: Hogrefe & Huber.
- Bille-Brahe, U., Kerkhof, D., DeLeo, D., & Schmidtke, A. (2004). Definitions and terminology used in the WHO/EURO multicentre study. In A. Schmidtke, U. Bille-Brahe, D. DeLeo & A. Kerkhof (Eds.), *Suicidal behaviour in Europe: results from the WHO/EURO study on suicidal behaviour* (pp. 11-14). Cambridge: Hogrefe & Huber.
- Biomedicine. (2008). *Biomedicine*. Retrieved May 13, 2008, from <http://www.bio-medicine.org/>
- Birkel, R. C., & Reppucci, N. D. (1983). Social networks, information seeking and the utilization of services. *American Journal of Community Psychology*, *11*(2), 185-205.
- Birmingham, J. (1995). *How to be a man*. Potts Point: National Library of Australia.

Bittman, M. (1995). Changes at the heart of households: family responsibilities in Australia 1974-1992. *Family Matters*, 40, 10-15.

Bolton, W., & Oatley, K. (1987). A longitudinal study of social connectedness and depression in unemployed men. *Journal of Advanced Nursing*, 17, 453-460.

*Book of Common Prayer*. (c1918 reprint). Oxford: Humphrey Milford.

Bowlby, J. (1969). *Attachment and Loss. Vol 1 Attachment*. New York: Basic Books.

Bowlby, J. (1977a). The making and breaking of affectional bonds. I. Aetiology and psychopathology in the light of attachment theory. An expanded version of the fiftieth Maudsley lecture. *British Journal of Psychiatry*, 130, 201 - 210.

Bowlby, J. (1977b). The making and breaking of affectional bonds. II. Some principles of psychotherapy. An expanded version of the fiftieth Maudsley lecture. *British Journal of Psychiatry*, 130, 421 - 431.

Bowlby, J. (1988). *A secure base*. New York: Basic Books.

Bowlby, J., & Ainsworth, M. (1992). The origins of attachment theory. *Developmental Psychology*, 28(5), 759 - 773.

Braunholtz, S., Davidson, S., Myant, K., Mori, I., & O'Connor, R. (2007). *Well? What Do You Think? (2006). The third national Scottish survey of public attitudes to mental health, mental well-being and mental health problems*. Edinburgh: Scottish Government Social Research.

Bretherton, I. (1987). New perspectives on attachment relations: security, communication, and internal working models. In J. D. Osofsky (Ed.), *Handbook of infant development* (pp. 1061-1100). New York: Guilford.

Bretherton, I. (1990). Communication patterns, internal working models, and the intergenerational transmission of attachment relationships. *Infant Mental Health Journal*, 11(3), 237 - 252.

Brewer, M. B., & Caporeal, L. R. (1990). Selfish genes versus selfish people: sociobiology as origin myth. *Motivation and Emotion*, 14, 237-243.

Buck, N., Gershuny, J., Rose, D., & Scott, J. (Eds.). (1994). *Changing households: the British Household Panel Survey 1990-1992*. Colchester, Essex: University of Essex.

Buckland, M. K. (1988). Becoming informed. In *Library services in theory and context* (pp. 115-129). Oxford: Pergamon Press.

Bunting, M. (2004). *Willing slaves: how the overwork culture is ruling our lives*. London: HarperCollins.

Bunton, R., & Crawshaw, P. (2002). Consuming men's health: risk, ritual and ambivalence in men's lifestyle magazines. In S. Henderson & A. Peterson (Eds.), *Consuming health: the commodification of health care* (pp. 187-203). London: Routledge.

Burgess, R. G. (1984). *In the field: an introduction to field research*. London: George Allen & Unwin.

Burns, T., Eichenberger, A., Eich, D., Ajacic-Gross, V., Angst, J., & Rossler, W. (2003). Which individuals with affective symptoms seek help? Results from the Zurich epidemiological study. *Acta Psychiatrica Scandinavica*, *108*, 419-426.

Burt, R. (1995). *Structural holes: the social structure of competition*. Cambridge, MA: Harvard University Press.

Buss, D. M. (1995). *The evolution of human desire: strategies of human mating*. New York: Basic Books.

Cantor, C. H., McTaggart, P., & DeLeo, D. (2001). Misclassification of suicide--the contribution of opiates. *Psychopathology*, *34*(3), 140-146.

Cantor, C. H., & Slater, P. J. (1995). Marital breakdown, parenthood and suicide [Version of this paper presented at the Australian Association of Marriage and Family Counsellors. Conference (1995: Brisbane ).] [Electronic Version]. *Journal of Family Studies* *1*, 91-102. Retrieved November 20, 2007 from <http://scientific.thomson.com/>.

Carrol, J. (Ed.). (1982). *Intruders in the bush*. Melbourne: Oxford University Press.

Carroll, L. (1962 (1872)). *Through the looking-glass and what Alice found there*. London: The Folio Society.

Case, D. O. (2007). *Looking for information: a survey of research on information seeking, needs and behaviour* (2nd ed.). London: Academic Press.

Cassidy, J. (1999). The nature of the child's ties. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research and clinical applications*. New York: Guilford Press.

Cassidy, J., & Shaver, P. R. (Eds.). (1999). *Handbook of attachment: theory, research and clinical applications*. New York: Guilford Press.

Centers for Disease Control and Prevention. (n.d.-a). *BAM Body & Mind* Retrieved January 8, 2008, from <http://www.bam.gov/>

Centers for Disease Control and Prevention. (n.d.-b). *Get smart: know when antibiotics work* Retrieved January 8, 2008, from [http://www.cdc.gov/drugresistance/community/campaign\\_info.htm](http://www.cdc.gov/drugresistance/community/campaign_info.htm)

Central Intelligence Agency. (2007). *The world fact book* Retrieved January 10, 2008, from <https://www.cia.gov/library/publications/the-world-factbook/index.html>

Chatman, E. A. (1985). Information, mass media use and the working poor. *LISR*, *7*, 97-113.

Chatman, E. A. (1991a). Channels to a larger social world: older women staying in contact with the great society. *LISR*, *13*, 281-300.

- Chatman, E. A. (1991b). Life in a small world: applicability of gratification theory to information-seeking behavior. *Journal of the American Society for Information Science*, 42(6), 438-499.
- Chatman, E. A. (1996). The impoverished life-world of outsiders. *Journal of the American Society for Information Science*, 47(3), 193 - 206.
- Chatman, E. A. (2000). Framing social life in theory and research. In L. Hoglund & T. D. Wilson (Eds.), *New review of information behaviour research: studies of information seeking in context* (pp. 3-17). Cambridge: Taylor Graham.
- Chatman, E. A., & Pendleton, V. (1998). Small world lives: implications for the public library. *Library Trends*, 46(4), 732-752.
- Chen, C. C., & Herson, P. (1982). *Information seeking: assessing and anticipating user needs*. London: Neal-Schuman Publishers.
- Childers, T. (1982). Personal maintenance and personal growth. In G. P. Sweeney (Ed.), *Information and the transformation of society* (pp. 102-111): North Holland Publishing Company.
- Childress, G. T. (1985). Gender gap in the library: different choices for girls and boys. *Top of the News*, 42(1), 69-73.
- Christensen, H., Griffiths, K. M., & Jorm, A. (2004). Delivering interventions for depression by using the internet: randomised controlled trial [Electronic Version]. *BMJ Online*. Retrieved 23 January, 2008 from <http://www.bmj.com.dbgw.lis.curtin.edu.au/archive/>.
- Ciechanowski, P. S., Katon, W. J., Russon, J. E., & Dwight-Johnson, M. M. (2002). Association of attachment style to lifetime medically unexplained symptoms in patients with Hepatitis C. *Psychosomatics*, 43(3), 206-213.
- Circle of Security. (2008). *Circle of Security: early intervention program for parents and children*. Retrieved May 13, 2008, from [www.circleofsecurity.org](http://www.circleofsecurity.org)
- City of Melville. (2005). *More about men: healthcare guide*. Perth: Men's Health and Welfare Group, City of Melville.
- Clark, M. (1962-1987). *A history of Australia (6 vols)*. Melbourne: Melbourne University Press.
- Clausen, J. A., Pfeffer, N. G., & Huffine, C. L. (1982). *Help-seeking in severe mental illness*. New York: Monographs in Psychosocial Epidemiology.
- Coffman, J. (2002). *Public communication campaign evaluation: an environmental scan of challenges, criticisms, practice, and opportunities* Retrieved August 3, 2006, from <http://www.gse.harvard.edu/hfrp/content/pubs/onlinepubs/pcce/pcce.pdf>
- Cohen, S., Doyle, W. J., Skoner, D. P., Rabin, B. S., & Gwaltney, J. M. (1997). Social ties and susceptibility to the common cold. *Journal of the American Medical Association*, 277, 1940-1944.
- Cohn, D. A. (1990). Child-mother attachment of 6 year olds and social competence at school. *Child Development*, 61, 152-162.



Connell, R. W. (1995). *Masculinities*. Oxford: Polity.

Connell, R. W. (Ed.). (1999). *Men's health: a research agenda and background report*. Canberra: Department of Health and Aged Care, Australia.

Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being. *Social Science and Medicine*, 50, 1385-1401.

Coyne, J. C., Ellard, J. H., & Smith, D. A. F. (1990). Social connectedness, interdependence, and the dilemmas of helping. In B. R. Sarason, I. G. Sarason & G. R. Pierce (Eds.), *Social connectedness: an interactional view*. New York: Wiley-Interscience.

Cronin, H. (1991). *The ant and the peacock*. Cambridge: Cambridge University Press.

Cutrona, C. E. (1986). Behavioural manifestations of social connectedness: a microanalytic investigation. *Personality and Social Psychology*, 51(1), 201 - 208.

Cutrona, C. E. (1990). Stress and social support - in search of optimal matching. *Journal of Social and Clinical Psychology*, 9(1), 3 - 14.

Cutrona, C. E., & Russell, D. W. (1987). The provisions of social relationships and adaption to stress. *Advances in personal relationships*, 1, 37-67.

Cutrona, C. E., & Russell, D. W. (1990). Type of social connectedness and specific stress: toward a theory of optimal matching. In B. R. Sarason, I. G. Sarason & G. R. Pierce (Eds.), *Social connectedness: an interactional view*. New York: Wiley-Interscience.

D'Arcy, C. D., & Schmitz, J. A. (1979). Sex differences in the utilization of health services for psychiatric problems in Saskatchewan. *American Journal of Psychology*, 24, 19-27.

Darwin, C. (1871). *The descent of man*. London: John Murray.

Davis, D., Shaver, P., Widaman, K. F., Vernon, M. L., Follette, W. C., & Beitz, K. (2006). "I can't get no satisfaction": insecure attachment, inhibited sexual communication, and sexual dissatisfaction. *Personal Relationships*, 13(4), 465-483.

Deakin University. (2007). *The Australian Unity Wellbeing Index*. Retrieved August 1, 2007, from [http://acqol.deakin.edu.au/index\\_wellbeing/index.htm](http://acqol.deakin.edu.au/index_wellbeing/index.htm)

DeFranc, W., & Mahalik, J. R. (2002). Masculine gender role conflict and stress in relation to parental attachment and separation. *Psychology of Men and Masculinity*, 3, 51-60.

DeLeo, D. (2007). Suicide mortality data need revision. *Medical Journal of Australia*, 186(3), 157-158.

DeLeo, D., & Evans, R. (2003). *International suicide rates: recent trends and implications for Australia*. Canberra: Department of Health and Ageing.

DeLeo, D., & Evans, R. (2004). *International suicide rates and prevention strategies*. Australia: Hogrefe and Huber.

- DeLeo, D., & Heller, T. (2004). Who are the kids who self-harm? an Australian self-report school survey. *The Medical Journal of Australia*, 181(3), 140-144.
- Department of Health and Ageing Australia. (2009). National Men's Health: National Men's Health Policy. Retrieved April 15, 2009, from <http://www.health.gov.au/menshealthpolicy>
- Dept of Health and Aged Care, A. (2000a). *Life: A framework for prevention of suicide and self-harm in Australia*. Retrieved December 18, 2007, from <http://www.livingisforeveryone.com.au/>.
- Dept of Health and Aged Care, A. (2000b). *National Mental Health Strategy: promotion, prevention and early intervention for mental health*. Canberra: Commonwealth of Australia.
- Dervin, B. (1976). The everyday information needs of the average citizen: a taxonomy of analysis. In M. Kochen (Ed.), *Information for the community* (pp. 19-38). Chicago: American Library Association.
- Dervin, B. (1977). Useful theory for librarianship: communication, not information. *Drexel Library Quarterly*, 13, 16-32.
- Dervin, B. (1980). Communication gaps and inequities: moving toward a reconceptualization. In B. Dervin & M. J. Voight (Eds.), *Progress in communication sciences Vol II* (pp. 74): Alblex Publishing Co.
- Dervin, B. (1983/2000). *An overview of sense-making research: concepts, methods and results to date*. Paper presented at the International Communication Association Annual Meeting, Dallas.
- Dervin, B. (1992). From the mind's eye of the user: the sense-making qualitative-quantitative methodology. In J. Glazier & R. R. Powell (Eds.), *Qualitative research in information management* (pp. 61-84). Englewood; Colorado: Libraries Unlimited.
- Dervin, B. (1998). Sense-making theory and practice: an overview of user interests in knowledge seeking and use. *Journal of Knowledge Management*, 2(2), 36-46.
- Dervin, B. (2003). Chaos, order, and sense making: a proposed theory for information design. In B. Dervin & L. Forman-Wernet (Eds.), *Sense-making methodology reader: selected writings of Brenda Dervin* (pp. 325-340). Cresskill, N.J.: Hampton Press.
- Dervin, B., & Clark, K. D. (1999). Exemplars of the use of sense-making methodology (meta-theory and method) [Electronic Version]. *Electronic Journal of Communication*, 9, n.p. . Retrieved June 20, 2007 from <http://communication.sbs.ohio-state.edu/sense-making/>.
- Dervin, B., & Foreman-Wernet, L. (Eds.). (2003). *Sense-Making methodology reader: selected writings of Brenda Dervin* Cresskill, NJ: Hampton Press.
- DeVaus, D. A. (1991). *Surveys in social research*. Sydney: Allen & Unwin.
- Dewey, J. (1927). *The public and its problems*. Ohio: Swallow Press.
- Dewey, J. (1928). *Democracy and education*. New York.

Digman, J. M. (1996). The curious history of the Five-Factor Model. In J. S. Wiggins (Ed.), *The Five-Factor model of personality: theoretical perspectives* (pp. 1-20). New York: Guilford.

Dobson, R., & Iredale, W. (2005, October 5). We all get by with a little help from our friends. *The Sunday Times*, p. 11.

Dodge, K. A. (1991). Emotion and social information processing. In J. Garber & K. A. Dodge (Eds.), *The development of emotion regulation and dysregulation* (pp. 159-181). Cambridge: Cambridge University Press.

Dolan, P., Peasgood, T., & White, M. (2006). *Final report for Defra. Review of research on the influences on personal well-being and application to policy making*. Sheffield: Centre for Well-being in Public Policy, University of Sheffield.

Donaldson, M. (1993). What is hegemonic masculinity. *Theory and Society*, 22, 643-657.

Donnelly, K. (2007). *Dumbing down*. Sydney: Pan MacMillan Australia.

Duncan, G. J., Brooks-Gunn, J., & Klebanov, P. K. (1994). Economic deprivation and early childhood development. *Child Development*, 65, 296-318.

Durkheim, E. (1897/1951). *Suicide: a study in sociology*. New York: Free Press.

Eagly, A. H. (1987). *Sex differences in social behavior: a social-role interpretation*. Hillsdale, NJ: L Erlbaums Associates.

Eckenrode, J., & Gore, S. (1981). Stressful events and social supports: the significance of context. In B. H. Gottlieb (Ed.), *Stressful events and social supports*. Beverly Hills: Sage.

Eibl-Eibesfeldt, I. (1989). *Human ethnology*. New York: Aldine de Gruyter.

Eisler, R. M. (1995). The relationship between masculine gender role stress and men's health risk: The validation of the construct. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men* (pp. 207-225). New York: Basic Books.

Elliot, B. (1989). *Effective road safety campaigns: a practical handbook* (No. CR80). Sydney: Elliot and Shanahan Research.

Elliot, B. (1993). *Road safety mass media campaigns: a meta analysis* (No. CR118). Sydney: Elliot and Shanahan Research.

Elliott, G. (2009, May 23-24). Cell, cell, cell ... saviour Sol preaches his mobile makeover. *The Weekend Australian*, p. 27.

Fatherhood Institute. (n.d.). *Fatherhood Institute*. Retrieved June 20, 2008, from <http://www.fatherhoodinstitute.org/>

Feeney, J. A. (1998). Adult attachment and relationship-centred anxiety: responses to physical and emotional distancing. In *Attachment Theory and Close Relationships*. New York: The Guilford Press.

Feeney, J. A. (1999). Adult romantic attachment and couple relationships. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: theory, research and clinical applications* (pp. 355-377). New York: Guilford.

Fekete, S., Osvath, P., & Michel, K. (2004). Contacts with health care facilities prior to suicide attempts. In D. DeLeo, U. Bille-Brahe, A. Kerkhof & A. Schmidtke. (Eds.), *Suicidal Behaviour: Theories and Research Findings* (pp. 301-311). Cambridge: Hogrefe & Huber.

Fine, S. (1984, Spring). Research and the psychology of information use *Library Trends*, 441-459.

Fischer, C. S., & Phillips, S. L. (1982). Who is alone? Social characteristics of people with small networks. In L. A. Peplau & D. Perlman (Eds.), *Loneliness; A sourcebook of current theory, research and therapy*. New York: Wiley - Interscience.

Fischer, E. H., & Turner, J. L. (1970). Orientations to seeking professional help: development and research utility of an attitude scale. *Journal of Consulting and Clinical Psychology*, 35(1), 79-90.

Fischer, E. H., Winer, D., & Abramowitz, S. I. (1983). Seeking Professional Help for Psychological Problems. In A. Nadler, J. D. Fisher & B. M. DePaulo (Eds.), *New Directions in Helping - Volume 3 - Applied Perspectives on Help-Seeking and -Receiving* (Vol. 3, pp. 163-185). New York: Academic Press.

Fisher, J. D., Nadler, A., & Whitcher-Alagna, S. (1983). Four conceptualizations of reaction to aid. In *New directions in helping* (Vol. 1, pp. 51 - 85): Academic Press Ltd.

Fisher, K. E., Erdelez, S., & McKechnie, L. (Eds.). (2005). *Theories of information behavior*. Medford, NJ: Information Today.

Fitzsimons, P. (2009). *Charles Kingsford Smith and those magnificent men*. Sydney: HarperCollins Publishing.

Fonagy, P. (2000). The development of psychopathology from infancy to early adulthood: The mysterious unflooding of disturbances in time. *Paper presented at the 7th Congress of the World Association for Infant Mental Health, Montreal*.

Ford, N. (1986). Psychological determinants of information needs: a small-scale study of higher educational students. *Journal of Librarianship*, 18(1), 47-62.

Foster, A. E. (2004). A non-linear model of information seeking behaviour. *Journal of the American Society for Information Science*, 59(3), 321-340.

Foster, A. E. (2005). A non-linear model of information seeking behaviour [Electronic Version]. *Information Research*, 10. Retrieved July 27, 2007 from <http://informationr.net/ir/10-2/paper222.html>

Freud, S. (1912-38/1953-1966). *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 4-24). London: Hogarth Press.

Fusilier, M., Ganster, D., Mayes, B., & Bronston, T. (1986). The social connectedness and health relationship: is there a gender difference? *Journal of Occupational Psychology*, 59, 145-153.

- Gambotto, A. (2003). *The eclipse: a memoir of suicide*. Sydney: Broken Ankle Books.
- Garrison, E. P. (1995). *Groaning tears: ethical and dramatic aspects of suicide in Greek tragedy*. Leiden: Brill.
- Garrison, G. (1982). The changing role of the public library as information agency. In B. Katz & A. Clifford (Eds.), *Reference & information services; a new reader* (pp. 134-147). New Jersey: Scarecrow Press.
- Genoni, P., & Smith, K. (2005). Graduate employment outcomes for qualifying library and records management courses at Curtin University of Technology, 1998-2002 [Electronic Version]. *Australian Library Journal*, 54, n. p. . Retrieved January 20, 2008 from <http://alia.org.au/publishing/alj/54.4/full.text/genoni.smith.html>.
- George, C., & West, M. (1999). Developmental vs social personality models of adult attachment and mental ill health. *British Journal of Medical Psychology*, 72, 285-303.
- George, C., & West, M. (2003). The adult attachment projective: measuring individual differences in attachment security using projective methodology. In M. Hilsenroth, D. Segal & M. Hersen (Eds.), *Objective and projective assessment of personality and psychopathology*. New York: John Wiley & Sons.
- Gladwell, M. (2000). *The tipping points: how little things make a big difference*. New York: Little Brown & Co.
- Goldberg, D. P., & Huxley, P. (1980). *Mental illness in the community: the pathways to psychiatric care*. London: Tavistock.
- Good, G., & Mintz, L. B. (1990). Gender role conflict and depression in college men: evidence for compounded risk. *Journal of Counseling and Development*, 69, 17-21.
- Good, G., Robertson, J., Fitzgerald, L., & Stevens, M. (1996). The relationship between masculine role conflict and psychological distress in male counseling centre clients. *Journal of Counseling and Development*, 75, 44-49.
- Good, G. E., Dell, D. M., & Mintz, L. B. (1989). Male role and gender role conflict: relations to help-seeking in men. *Journal of Counseling Psychology*, 36, 295-300.
- Good, G. E., & Wood, P. K. (1995). Male gender role conflict, depression, and help seeking: do college men face double jeopardy? *Journal of Counseling and Development*, 74, 70-75.
- Goodey, J. (1997). Boys don't cry: masculinities, fear of crime and fearlessness. *British Journal of Criminology*, 37(3), 401-418.
- Gottlieb, B. H. (1981). *Social networks and social connectedness*. Michigan: Sage Publications.
- Granovetter, M. S. (1973). The strength of weak ties. *American Journal of Sociology*, 78, 1360-1380.

Gratton, P. (1986). Information as a social need: the public librarian's view. In *Information '85: using knowledge to shape the future* (pp. 52-56): ASLIB.

Greenberg, M. S., & Westcott, D. R. (1983). Indebtedness as a mediator of reactions to aid. In J. D. Fisher, A. Nadler & B. M. DePaulo (Eds.), *New directions in helping*. (Vol. 1, pp. 85-112). New York: Academic Press.

Greenley, J. R., & Mechanic, D. (1976). Social selection in seeking help for psychological problems. *Journal of Health and Social Behaviour*, 17, 249-262.

Griffith University. (n.d.). *Australian Institute for Suicide Research and Prevention* Retrieved October 24, 2008, from <http://www.griffith.edu.au/health/australian-institute-suicide-research-prevention>

Griffiths, S. (1996). Men's health: unhealthy lifestyles and an unwillingness to seek medical help. *British Medical Journal*, 312, 69-70.

Grover, R., & Glazier, J. (1985). Implications for application of qualitative methods to library and information science research. *LISR*, 7, 247-260.

GROW Australia. (n.d.). *About GROW*. Retrieved July 20, 2007, from <http://www.grow.net.au/>

Grunert, K. G. (1986). Cognitive determinants of attribute information usage. *Journal of Economic Psychology*, 7, 95-124.

Gunnell, D., & Frankel, S. (1994). Prevention of suicide: aspirations and evidence. *British Medical Journal*, 308, 1227-1233.

Halliday, C. (2002, n.p.). Top ads? The creators have their say [Electronic Version]. *The Age Online*. Retrieved December 12, 2007 from <http://www.theage.com.au>

Hamilton, M. (2006). *What men don't talk about*. Sydney: Penguin.

Haney, R., Harris, M. H., & Tipton, L. (1976). The impact of reading on human behavior: the implications of communications research. In *Advances in Librarianship vol 6* (pp. 139-216).

Harris-Johnson, C. (2005). *Come with daddy: child murder-suicide after family breakdown*. Perth: University of Western Australia.

Harris, J. (Writer) (1992). *Brain sex* [video] based on the book by Anne Moir and David Jessel [video]. In A. Moir (Producer). USA: Marcom Projects.

Harris, R. M., & Dewdney, P. (1994). *Barriers to information: how formal help systems fail battered women*. Westport, CT: Greenwood Press.

Hatch, E. (1989). Theories of social honor. *American Anthropologist*, 91, 341-353.

Hatchard, D. B., & Toy, P. (1986). Librarians' view on the psychological barriers problem. *Australian Academic & Research Libraries*, 17, 203-206.

- Hazan, C., & Shaver, P. (1987). Romantic love conceptualised as an attachment process. *Journal of Personality and Social Psychology*, 52, 511-524.
- Hazel, J. (2000). *Who's who in the Greek World*. New York: Routledge.
- Headley, B. (2006). *Families, income and jobs: a statistical report of the HILDA survey*. Melbourne: Institute of Applied Economic & Social Research.
- Healthway WA. (February 2008). *Healthway's position on Mental Health Promotion*. Perth: Healthway.
- Hegerl, U., Althaus, D., Schmidtke, A., & Niklewski, G. (2006). The alliance against depression: 2-year evaluation of a community-based intervention to reduce suicidality. *Psychological Medicine*, 36(9), 1225-1233.
- Hegerl, U., Althaus, D., & Stefanek, J. (2003). Public attitudes towards treatment of depression: effects of an information campaign. *Pharmacopsychiatry*, 36, 288 - 291.
- Heimann, D. (2004). Use of fear appeals in public health campaigns and in patient/provider encounters [Electronic Version]. *Communication Initiative Network* Retrieved December 18, 2007 from <http://www.comminit.com>
- Henderson, C. (1988). Social justice: a public library controversy. *APLIS*, 1(2), 104-109.
- Henderson, S. (1977). The social network, support and neurosis: the function of attachment in adult life. *British Journal of Psychiatry*, 131, 1977.
- Henderson, S., Byrne, D. G., Duncan-Jones, P., Adcock, S., Scott, R., & Steele, G. P. (1978). Social bonds in the epidemiology of neurosis: a preliminary communication. *British Journal of Psychiatry*, 132, 463 - 466.
- Henderson, S., Duncan-Jones, P., McAuley, H., & Ritchie, K. (1978). The patient's primary group. *British Journal of Psychiatry*, 132, 74 - 86.
- Hewett, J., & Durie, J. (2009, May 30-31). Wake up call: Sol's successor changes the ring tone. *The Weekend Australian*, p. 27
- Hinde, R. A. (1982). The place of attachment in human behavior. In C. M. Parkes & J. Stevenson-Hinde (Eds.), *Attachment: some conceptual and biological issues* (pp. 60-76). New York: Basic Books.
- Hinsz, V. B., Tindale, R. S., & Vollrath, D. A. (1997). The emerging conceptualization of groups as information processors. *Psychological Bulletin*, 121(1), 43-64.
- Hjorland, B. (2000). Information seeking behaviour: what should a general theory like like. In L. Hoglund & T. D. Wilson (Eds.), *The new review of information behaviour research: studies of information seeking in context* (pp. 19-34). Cambridge: Taylor Graham.
- Hoch, S. J., & Deighton, J. (1989). Managing what consumers learn from experience. *Journal of Marketing* 53(2), 1-20.

- Holahan, C., & Moos, R. (1982). Social connectedness and adjustment: predictive benefits of social climate indices. *American Journal of Community Psychology, 10*, 403-415.
- Horn, J. (1998). Qualitative research literature: a bibliographic essay. *Library Trends, 46*(4), 602-615.
- Horwitz, A. (1977). The pathways in psychiatric treatment: some differences between men and women. *Journal of Health and Social Behaviour, 18*, 169-178.
- Hyman, H. H., & Sheatley, P. B. (1947). Some reasons why information campaigns fail. *Public Opinion Quarterly, 11*, 412-423.
- Information School University of Washington. (2008). IBEC Information behaviour in everyday contexts. Retrieved October 20, 2008, from <http://ibec.ischool.washington.edu/about.php>
- Ingwersen, P. (1984). Psychological aspects of information retrieval. *Social Science Information Studies, 4*, 83-95.
- Jaworski, K. (2003). Suicide and gender: reading suicide through Butler's notion of performativity. *Australian Studies. Voicing Dissent: New Talents 21C*, 76.
- Jones, B. (1982/1990). *Sleepers wake: technology and the future of work*. Melbourne: Penguin.
- Jorm, A. F. (2000). Mental health literacy: public knowledge and beliefs about mental disorders. *British Journal of Psychiatry, 177*, 396-401.
- Jorm, A. F. (Ed.). (1996). *Men and mental health*. Canberra: National Health and Medical Research Council.
- Kahn, R. L., & Antonucci, T. C. (1980). Convoys over the life course: attachment, roles and social support. In *Life-span development and behaviour, vol 3*. New York: Academic Press.
- Kaid, L. L. (2002). Political advertising and information seeking: comparing exposure via traditional and internet channels. *Journal of Advertising, 31*(1), 27-35.
- Kandel, I. L. (1937). *The free library movement and its implications*. Sydney: The Movement.
- Kaplan, R. M., & Kronick, R. G. (2006). Marital status and longevity in the United States population. *Journal of Epidemiology and Community Health, 60*, 760-765.
- Kempson, E. (1986). Information for self reliance and self determination: the role of community information services. *IFLA, 12*(3), 182-191.
- Kernberg, O. F. (2003). Socially sanctioned violence: the large group as society. In S. Schneider & H. Weinberg (Eds.), *The large group revisited: the herd, primal horde, crowds and masses* (pp. 125-149). London: Jessica Kingsley Publishers.
- Kessler, R. C., Brown, R. L., & Broman, C. L. (1981). Sex differences in psychiatric help-seeking: evidence from four large-scale surveys. *Journal of Health and Social Behaviour, 22*(March), 49-64.



- Khangure, E. (1997). *An historical analysis of information needs research*. Unpublished PhD, Curtin University of Technology, Perth.
- Khorrami, S. (2001). *Men and secrets: homonegativity and homophobia as barriers to intimacy among heterosexual men*. Unpublished PhD, Alliant International University, San Diego.
- Knight, J. (2000). Australian Tourist Commission: Shrimp On The Barbie campaign. In *Encyclopedia of major marketing campaigns* (Vol. 1, pp. 126-129). New York: Gale.
- Kobak, R. R. (1999). The emotional dynamics of disruptions in attachment relations: implications for theory, research, and clinical intervention. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: theory, research and clinical applications* (pp. 21-44). New York: Guilford.
- Konner, M. (1982). *The tangled web: biological constraints on the human spirit*. New York: Holt, Rinehart, & Winston.
- Kotler, P., & Roberto, E. L. (1989). *Social marketing: strategies for changing behavior*. New York: Free Press/Macmillan.
- Kotler, P., & Zaltman, G. (1971, July). Social marketing: an approach to planned social change. *Journal of Marketing*, 35, 3-12.
- Kposowa, A. J. (2000). Marital status and suicide in the National Longitudinal Mortality Study. *Journal of Epidemiology and Community Health*, 54, 254-261.
- Leaf, P. J., & Bruce, M. L. (1987). Gender differences in the use of mental health-related services: a re-examination. *Journal of Health and Social Behaviour*, 28(June), 171-183.
- Learned, W. S. ([1924]). *The American public and the diffusion of knowledge*. New York: Harcourt, Brace & Co.
- Leckie, G. J., Pettigrew, K. E., & Sylvain, C. (1996). Modeling the information seeking of professionals: a general model derived from research on engineers, health care professionals and lawyers. *Library Quarterly*, 66, 161-193.
- Levell, D. (2009). A flying start. *Qantas: the Australian way*(June), 40-44.
- Levine, J. M., & Resnick, L. B. (1993). Social foundations of cognition. *Annual Review of Psychology*, 44, 585-612.
- Lewinsohn, P. M., Redner, J., & Seeley, J. R. (1991). The relationship between life satisfaction and psychological variables: new perspectives. In F. Strack, M. Argyle & S. H. Schwartz (Eds.), *Subjective well-being: an interdisciplinary perspective* (pp. 141-172). Oxford: Pergamon Press.
- Library Association (London). (1969-). LISA: Library & information science abstracts. Retrieved January 28, 2008, from [http://www-md3.csa.com.dbgw.lis.curtin.edu.au/ids70/quick\\_search.php?SID=542c805789e6e5f7718a23d0860147e9&tab\\_collection\\_id=0](http://www-md3.csa.com.dbgw.lis.curtin.edu.au/ids70/quick_search.php?SID=542c805789e6e5f7718a23d0860147e9&tab_collection_id=0).
- Library Trends*. (1952-). Urbana, Illinois: University of Illinois Library School.

Lieberman, M. A., & Mullan, J. T. (1978). Does help help? The adaptive consequences of obtaining help from professionals and social networks. *American Journal of Community Psychology*, 6(5), 498 - 517.

LifelineWA. (2007). *dads@lifeline*. Retrieved January 10, 2008, from [www.lifelinewa.org.au](http://www.lifelinewa.org.au)

Limberg, L. (2000). Phenomenography: a relational approach to research on information needs, seeking and use. *New Review of Information Behaviour Research*, 1, 51-67.

Loney, A. (1995). *Help-seeking attitudes and behaviour in a small agricultural shire of Western Australia*. Unpublished Masters Thesis, Curtin University of Technology, Perth.

Lowe, I. (1990). Access to information: technological and social issues. *Australian Library Journal*, 34, 330-339.

MacGeorge, E. L. (2003). Gender differences in attributions and emotions in helping contexts. *Sex Roles*, 48(3/4), 175-182.

'Machismo' as a barrier to health promotion in Australian males. (1998). (1998). In T. Laws (Ed.), *Promoting men's health - an essential book for nurses* (pp. 15-29). Melbourne: Ausmed.

MacIntyre, S., & Clark, A. (2004). *The history wars* (2nd ed.). Melbourne: University of Melbourne Press.

Madden, A. D. (2004). Evolution and information. *Journal of Documentation*, 60(1), 9-23

Mahalik, J. R. (2001). A cross-national and cross-sectional comparison of men's gender role conflict and its relationship to social intimacy and self-esteem. *Sex Roles*, 45(1/2), 1-14.

Mahalik, J. R., Good, G. E., & Englar-Carlson, M. (2003). Masculinity scripts, presenting concerns, and help seeking: implications for practice and training. *Professional Psychology: Research and Practice*, 34(2), 123-131.

Manne, A. (2005). *Motherhood: how should we care for our children*. Melbourne: Allen & Unwin.

Mansfield, A. K. (2003). "Why won't he go to the doctor?": The psychology of men's help seeking. [Electronic Version]. *International Journal of Men's Health*, 2, 93-109. Retrieved June 30, 2008 from <http://www.mensstudies.com/content/x765rx148107/?p=4124cd7b3ca84fb589077bc64fee7684&pi=15>.

Marcella, R., & Baxter, G. (2000). The information needs and the information seeking behaviour of a national sample of the population in the United Kingdom, with special reference to citizenship. *Journal of Documentation*, 55(2), 159-183.

Marris, S. (2008, February 5). Information flow critical for a productive society. *The Australian*, p. 4.

Marsden, J. (1998). *Secret men's business: manhood: the big gig*. Sydney: Pan McMillan Australia.

- Marsden, P. V. (in press). Panel surveys: conducting surveys over time. In P. V. Marsden & J. Wright (Eds.), *The Handbook of Survey Research*. New York: Academic Press
- Marvin, R., & Britner, P. A. (1999). Normative development: The ontogeny of attachment. In J. C. P. R. Shaver (Ed.), *Handbook of attachment: Theory, research and clinical applications* (pp. 44-67). New York: The Guildford Press.
- Maunder, R. G., Panzer, A., Viljuer, M., Owen, J., Human, S., & Hunter, J. J. (2006). Physician's difficulty with emergency department patients is related to patient's attachment style. *Social Science and Medicine*, *63*, 552-562.
- McKechnie, L., Baker, L. C., Greenwood, M., & Julien, H. (2002). Research method trends in human information literature. *New Review of Information Behaviour Research*, *3*, 113-125.
- McKechnie, L., & Pettigrew, K. E. (2002). Surveying the use of theory in library and information science research: a disciplinary perspective. *Library Trends*, *50*(3), 406-417.
- McKenzie-Mohr, D. (2004). *Community based social marketing: quick reference* Retrieved January 20, 2008, from <http://www.cbsm.com/Reports/CBSM.pdf>
- McKenzie-Mohr, D. (2007). *Community based social marketing*. Retrieved January 20, 2008, from <http://www.cbsm.com>
- McMullen, P. A., & Gross, A. E. (1983). Sex differences, sex roles, and health-related help-seeking. In D. B. M, A. Nadler & J. D. Fisher (Eds.), *New Directions in Helping - Volume 2 - Help-Seeking* (Vol. 2, pp. 233-263). New York: Academic Press.
- Mechanic, D. (1961). The concept of illness behavior. *Journal of Chronic Diseases*, *15*, 189-194.
- Mechanic, D. (1963). The influence of mothers on their children's health attitudes and behavior. *Pediatrics*, *444*-453.
- Mechanic, D. (1975). Sociocultural and social-psychological factors affecting personal responses to psychological disorder. *Journal of Health and Social Behaviour*, *16*, 393 - 404.
- Mechanic, D. (1978). Sex, illness behaviour, and the use of health services. *Social Science and Medicine*, *12*, 207-214.
- Mechanic, D. (2002). Removing barriers to care among persons with psychiatric symptoms. In *International Suicide Rates and Prevention Strategies* (Vol. 21, pp. 137 -1247). Millwood: Health Affairs.
- Melbourne Institute of Applied Economic and Social Research. (2006). *Household, income and labour dynamics in Australia (HILDA) Survey Annual Report 2005*. Melbourne: University of Melbourne.
- Melbourne Institute of Applied Economic and Social Research. (2007a). *The Household, Income and Labour Dynamics in Australia (HILDA) Survey*. Retrieved May 13, 2008, from [www.melbourneinstitute.com/hilda/](http://www.melbourneinstitute.com/hilda/)

Melbourne Institute of Applied Economic and Social Research. (2007b). *Household, income and labour dynamics in Australia (HILDA) Survey Annual Report 2006*. Melbourne: University of Melbourne.

Mensline Australia. (2007). *Men's Line Australia* Retrieved November 6, 2008, from [www.menslineaus.org.au](http://www.menslineaus.org.au)

Midgley, C. (2006, August 19-20). Why we're hemispheres apart. *Weekend Australian*, p. 26 *Inquirer*.

Mikulincer, M., & Florian, V. (1998). The relationship between adult attachment styles and emotional and cognitive reactions to stressful events. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships*. New York: The Guilford Press.

Modern girls get stuck into violence. (2006, April 22). *The West Australian*, p. 45.

Moller-Leimkuhler, A. M. (2002). Barriers to help-seeking by men: a review of sociocultural and clinical literature with particular reference to depression. *Journal of Affective Disorders*, 71(1-3), 1-9.

Monroe, M., Baker, R. C., & Roll, S. (1997). The relationship of homophobia to intimacy in heterosexual men. *Journal Of Homosexuality*, 33(2), 23+.

Mueller, E., & Cooper, C. (1986). *Process and outcome in peer relationships*. New York: Academic Press.

Murphy, G. (1998). Why women are less likely than men to commit suicide. *Comprehensive Psychiatry*, 39, 165-175.

Murphy, J. (1986). Trends in depression and anxiety: men and women. *Acta Psychiatrica Scandinavia*, 73, 113-127.

Murry, J. P., Stam, A., & Lastovicka, J. L. (1996). Paid versus donated media strategies for public service announcement campaigns. *Public Opinion Quarterly*, 60(1), 1-29.

Nadler, A., & Mayselless, O. (1983). Recipient self-esteem and reactions to help. In J. D. Fisher, A. Nadler & B. M. DePaulo (Eds.), *New Directions in Helping: Volume 1 - Recipient Reactions to Aid* (Vol. 1, pp. 167-188). New York: Academic Press.

National Library of Australia. (2007). *Who'll come a Waltzing Matilda with me?* Retrieved May 12, 2008, from [www.nla.gov.au/epubs/waltzingmatilda/](http://www.nla.gov.au/epubs/waltzingmatilda/)

Nicholas, J. (2004). Help-seeking behaviour and the internet: an investigation among Australian adolescents [Electronic Version]. *Australian e-Journal for the Advancement of Mental Health*, 3, Retrieved January 25, 2008 from <http://www.auseinet.com/journal/vol2003iss2001/index.php>.

Noble, G., & Noble, E. (1988). On the use and misuse of mass media by governments. *Australian Journal of Communication*, 12, 1-15.

NSW Road Transport Authority. (2007). *The brain campaign* Retrieved January 22, 2008, from <http://www.rta.nsw.gov.au/roadsafety/alcoholdrugs/campaigns/index.html>

O'Brien, R., Hunt, K., & Hart, G. (2005). 'It's caveman stuff, but that is to a certain extent how guys still operate': men's accounts of masculinity and help seeking. *Social Science and Medicine*, 61, 503-516.

O'Neil, J. (1981). Male sex role conflicts, sexism and masculinity: psychological implications for men and women, and the counseling psychologist. *Journal of Counseling Psychology*, 9, 61-80.

O'Neill, B. (2008, January 30). Aussie blokes make much better American symbols. *The Australian Opinion*, p. 8.

O'Shaughnessy, J., & O'Shaughnessy, N. J. (2004). *Persuasion in advertising*. London: Routledge.

Oliver, M. I., Pearson, N., Coe, N., & Gunnell, D. (2005). Help-seeking behaviour in men and women with common mental health problems: cross-sectional study. *British Journal of Psychiatry*, 186, 297-301.

Osherson, S. (2001). *Finding our fathers: how a man's life is shaped by his relationship with his father*. Chicago: Contemporary Books.

Pace, R. W., Boren, R. R., & Peterson, B. D. (1975). *Communication behaviour and experiments: a scientific approach*. Belmont; CA: Wadsworth Publishing Co.

Pahl, R. (2000). *On friendship*. Cambridge UK: Polity Press.

Pahl, R., & Spencer, L. (2004). Personal communities: not simply families of fate or choice. *Current Sociology*, 52(2), 199 - 221.

Palsdottir, A. (2003). Icelandic citizens' everyday life health information behaviour [Electronic Version]. *Health Informatics Journal*, 9, 225-240. Retrieved February 5, 2008 from <http://jhi.sagepub.com.dbgw.lis.curtin.edu.au/cgi/reprint/9/4/225>.

Palsdottir, A. (2005). *Health and lifestyle: Icelanders' everyday life information behaviour*. Unpublished PhD Thesis, Abo Akademi Finland, Abo (Turku).

Park, A., & Roberts, C. (2002). The ties that bind. In A. Park, J. Curtice, L. Thomson, L. Jarvis & C. Bromley (Eds.), *British social attitudes: the 19th report* (pp. 185-211). London: Sage Publications.

Partridge, J. M. (1991). *An examination of the communication behaviour of farmers in a rural area of Western Australia in order to assess the role of the local public library in meeting their informational, educational, inspirational and recreational needs*. Unpublished Masters Thesis, Curtin University, Perth.

Paterson Market Research. (2007). *HBF WA Wellbeing Research Report. A report on the wellbeing of Western Australians* Perth: HBF.

Paterson Market Research, & West Australian Newspapers. (2004/2006). *The iGeneration Report*. Perth: HBF.

Paykel, E. S., Hart, D., & Priest, R. G. (1998). Changes in public attitudes to depression during the Defeat Depression Campaign. *British Journal of Psychiatry*, 173, 519-522.

- Peasgood, T. (2006). *Measuring wellbeing and public policy*. Unpublished PhD, Imperial College, London.
- Pedersen, L. E. (1991). *Dark hearts: the unconscious forces that shape men's lives*. Boston/London: Shambhala Publications.
- Pehrsson, D., & McMillen, P. (2005). A bibliotherapy evaluation tool: grounding counselors in the therapeutic use of literature [Electronic Version]. *The Arts in Psychotherapy* 32, 47-59. Retrieved February 2, 2008 from <http://www.sciencedirect.com.dbgw.lis.curtin.edu.au/science>.
- Penland, P. R., & Mathai, A. (1988). Interpersonal information processing. In M. S. Middleton (Ed.), *Information and referral in reference services* (pp. 209-225). New Jersey: Haworth Press.
- Peualin, D. J., & Rose, D. (2003). *Social capital for health: investigating links between social capital and health using the British Household Panel Survey*. Colchester: Institute for Social and Economic Research, University of Essex.
- Pirani, C. (2006, August 11). Marriage blokes' life insurance. *The Australian*, p. 25.
- Pirkis, J. (2004). *Beyondblue: the national depression initiative 200-2004. An independent evaluation report*. Melbourne: Program Evaluation Unit University of Melbourne.
- Pirkis, J., & Blood, R. W. (2001). *Suicide and the media. A critical review*. Canberra: Publications Production Unit (Public Affairs, Parliamentary and Access Branch).
- Pleck, J. H. (1995). The gender role strain paradigm: an update. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men* (pp. 11-32). New York: Basic Books.
- Pollack, W. (1998). *Real boys: rescuing our sons from the myths of boyhood*. New York: Random House.
- A Prayer Book for Australia*. (1995). Sydney: Broughton Books.
- Prochaska, J. O., Diclemente, C. C., & Norcross, J. C. (1992). In search of how people change: application to addictive behaviours. *American Psychologist*, 47, 1102-1114.
- Prochaska, J. O., Norcross, J. C., & Diclemente, C. C. (1994). *Changing for good: a revolutionary six-stage program for overcoming bad habits and moving your life positively forward*. New York: William Morrow.
- Psychological abstracts*. (1927 - ). Lancaster, PA: American Psychological Association.
- Pudney, S. (2006). *The dynamics of perception: modelling subjective wellbeing in a short panel* (ISER Working Paper No. 2006 -27). Colchester: University of Essex.
- Raviv, A., Raviv, A., & Arnon, G. (1991). Psychological counselling over the radio: listening motivations and threat to self esteem. *Journal of Applied Psychology*, 21(4), 253-270.

- Rees, M. B., & Paisley, W. J. (1968). Social and psychological predictors of adult information seeking and media use. *Adult Education Journal*, *XIX*(1), 11-29.
- Reinecke, I. (1987). Information justice. *Australian Library Journal*, *31*(1), 34-44.
- Reinhardt, J. P., Boerner, K., & Howowitz, A. (2006). Good to have but not to use: differential impact of perceived support and received support on well-being. *Journal of Social and Personal Relationships*, *23*(1), 117-129.
- Ripley, A. (2005, March 7). Who says a woman can't be Einstein? *Time*, 47-52.
- Robertson, J. M., & Fitzgerald, L. F. (1992). Overcoming the masculine mystique: preferences for alternative forms of assistance among men who avoid counseling. *Journal of Counseling Psychology*, *39*, 240-246.
- Rochlen, A. B., & Hoyer, W. D. (2005). Marketing mental health to men: theoretical and practical considerations. *Journal of Clinical Psychology*, *61*(6), 675-684.
- Rochlen, A. B., & O'Brien, K. M. (2002). Men's reasons for and against seeking help for career-related concerns. *Journal of Men's Studies*, *11*(1), 55.
- Rothman, A. J., & Salovey, P. (1997). Shaping perceptions to motivate healthy behavior: the role of message framing. *Psychological Bulletin*, *121*(1), 3-19.
- Rothschild, M. L. (1979). Marketing communications in non-business communications or why it's so hard to sell brotherhood like soap. *Journal of Marketing*, *43*(Spring), 11-20.
- Rowe, D., & McKay, J. (2003). A man's game: sport and masculinities. In S. Tomsen & M. Donaldson (Eds.), *Male troubles: looking at Australian masculinities* (pp. 200-216 + 243-248). Melbourne: Pluto Press.
- Rutherford, T. (2005, March 9). Check for riots is in the male. *The West Australian*, p. 23.
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited *Journal of Personality and Social Psychology*, *69*, 719-727.
- Salmon, C. T. (1990). Information campaigns: balancing social values and social change. *Sage Annual Review of Communication Research*, *18*, 19-53.
- Sarason, B. R., Pierce, G. R., & Sarason, I. G. (1990). Social connectedness: the sense of acceptance and the role of relationships. In B. R. Sarason, I. G. Sarason & G. R. Pierce (Eds.), *Social connectedness: an interactional view* (pp. 97-121). New York: Wiley-Interscience.
- Savolainen, R. (1995). Everyday life information seeking: findings and methodological questions of an empirical study. In M. Hancock-Beaulieu & N. Pors (Eds.), *The first British-Nordic Conference on Library and Information Science*. Sheffield: University of Sheffield.
- Savolainen, R. (2000). Incorporating small parts and gap bridging: two methodological approaches to information use. In L. Høglund & T. D. Wilson (Eds.), *New review of information behaviour research: information seeking in context* (pp. 35-67). Cambridge: Taylor Graham.

Sayers, M. R., Miller, K. M., & Ministerial Council for Suicide Prevention (WA). (2004). *Help seeking behaviours of suicidal men aged 17-35 years: a consumer consultation and participation pilot project*. Perth: Ministerial Council for Suicide Prevention.

Schneider, S., & Weinberg, H. (Eds.). (2003). *The large group revisited: the herd, primal horde, crowds and masses*. London: Jessica Kingley Publishers.

Schoppe-Sullivan, S. J., Diener, M. L., Mangelsdorf, S. C., Brown, G. L., McHale, J. L., & Frosch, C. A. (2006). Attachment and sensitivity in family context: the roles of parent and infant gender. *Infant and Child Development*, 15(4), 367.

Schwartz, S. H., & Strack, F. (1991). Evaluating one's life: a judgement model of subjective well-being. In F. Strack, M. Argyle & S. H. Schwartz (Eds.), *Subjective well-being: an interdisciplinary approach* (pp. 27-48). Oxford: Pergamon Press.

Scottish Executive. (2007). *See me ... let's stop the stigma of mental health* Retrieved February 5, 2008, from <http://www.seemescotland.org.uk/about/index.php>

Seymour, W. (2001). Strong men, straw men and body-less bodies: revisiting Australian manhood. *Journal of Australian Studies: The Showgirl and the Strawman*, 71, 67-72.

Shakespeare, W. (1975 (compilation)). *The complete works of William Shakespeare*. New York: Avenel Books.

Shanahan, A. (2007 September 15-16). The sexual revolution robbed us of our fertility. *Weekend Australian*, p. 20.

Shanahan, P. (1989). Public communication campaigns: an Australian perspective. *unpublished paper*.

Shanahan, P., Elliot, B., & Dahlgren, N. (2000). *Review of public information campaigns addressing youth risk-taking*. Hobart: National Youth Affairs Research Scheme.

Shiflett, L. (1983). Editorial. *Library & Information Science Research*, 5, 125-126.

Short, P. (1996). Kinship reciprocity and vulnerability: social relations in the informal economy. *Australian Journal of Social Issues*, 31(2), 126 -145.

Shrodes, C. (1950). *Bibliotherapy: A theoretical and clinical-experimental study* Unpublished Doctoral Dissertation, University of California, Berkeley.

Simpson, J. A. (1999). Attachment theory in modern evolutionary perspective. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: theory, research and clinical applications* (pp. 115-161). New York: Guildford Press.

Slattery, L. (2008, February 5). A fraternity built on oversensitivity. *The Australian*, p. 12.

Snyder, I. (2008). *The literacy wars: why teaching children to read and write is a battleground in Australia*. Sydney: Allen & Unwin.



*Sociological Abstracts*. (1952 -). San Diego, CA: CSA.

Sotirovic, M. (2001). Values, communication behaviour, and political participation. *Political Communication*, 18(3), 273-300.

Spencer, L., & Pahl, R. (2006). *Rethinking friendship: hidden solidarities today*. Princeton/Oxford: Princeton University Press.

Spink, A., & Cole, C. (2001). Introduction to the special issue: everyday life information-seeking research. *Library & Information Science Research*, 23, entire issue.

Spink, A., & Cole, C. (2006). Human information behaviour: integrating diverse approaches and information use. *Journal of the American Society for Information Science and Technology*, 57(1), 25-35.

Spink, A., & Cole, C. (2007). Information behavior: a socio-cognitive ability [Electronic Version]. *Evolutionary Psychology*, 5, 257-274. Retrieved December 7, 2007 from <http://www.epjournal.net/filestore/EP05257274.pdf>.

Spratt, D. (1999). Sex differences in the brain [Electronic Version]. *Neuroendocrinology briefings* 7. Retrieved October 30, 2007 from [http://www.neuroendo.org.uk/downloads/briefing\\_7.pdf](http://www.neuroendo.org.uk/downloads/briefing_7.pdf).

Sroufe, L. A., Carlson, E. A., Levy, A. K., & Egeland, B. (1999). Implications of attachment theory for developmental psychopathology. *Development and Psychopathology*, 11(11), 1-13.

St Augustine (trans). (2003). *City of God* (G. R. Evans & H. S. Betterson, Trans.). Essex, UK: Penguin Classics.

St. Thomas Aquinas. (1273). *Summa Theologica*.

Stead, M., Tagg, S., MacKintosh, A. M., & Eadie, D. (2005). Development and evaluation of a mass media theory of planned behaviour intervention to reduce speeding. *Health Education Research*, 20(1), 36-50.

Steenkamp, M., & Harrison, J. E. (2000). *Suicide and hospitalised self-harm in Australia*. Adelaide: Australian Institute of Health and Welfare.

Stokes, J. P., & Wilson, D. G. (1984). The inventory of socially supportive behaviours: dimensionality, prediction, and gender differences. *American Journal of Community Psychology*, 12(1), 53 - 69.

Stone, W. (2001). *Measuring social capital* (Research Paper # 24). Melbourne: Australian Institute of Family Studies.

Stonier, T. (1997). *Information and meaning: an evolutionary perspective*. London: Springer-Verlag

Summers, A. (1975). *Damned whores and God's police*. Melbourne: Penguin.

Theodroe, H., & Lloyd, B. F. (2000). Age and gender role conflict: a cross-sectional study of Australian men. *Sex Roles: A Journal of Research*, 42(11/12), 1027-1042.

Thom, B. (1986). Sex differences in help-seeking for alcohol problems: 1. The barriers to help-seeking. *British Journal of Addiction*, *81*, 777-788.

Thompson, A., Hunt, C., & Issakidis, C. (2004). Why wait? Reasons for delay and prompts to seek help for mental health problems in an Australian clinical sample. *Social Psychiatry and Psychiatric Epidemiology*, *39*, 810-817.

Thompson, R. A. (1999). Early attachment and later development. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research and clinical applications*. (pp. 265-286). New York: Guildford Press.

Thurston, H. (1908). Christian Burial. In *The Catholic Encyclopedia Vol III*. New York: Robert Appeltan Company.

Tiger, L. (2005). *Men In Groups* (3rd ed.). USA: Transaction Publishers.

Tomsen, S., & Donaldson, M. (Eds.). (c2003). *Male trouble : looking at Australian masculinities*. North Melbourne., Victoria: Pluto Press Australia.

Tower, R. B., & Krasner, M. (2006). Marital closeness, autonomy, mastery and depressive symptoms in a US Internet sample. *Personal Relationships*, *13*, 429-449.

Tower, R. B., & Scarr, S. (1985-86). The measurement of three lifestyle values: resourcefulness, responsibilities and relations to others. *Imagination, Cognition, and Personality*, *5*(2), 167-189.

Townsend, H. (1994). Boys will be boys. In *Real men: what Australian men really think, feel and believe* (pp. 60-83). Sydney: HarperCollins.

Transport Accident Commission. (n.d.). *TAC road safety news* Retrieved Decembet 20, 2007, from [www.tacsafety.com.au](http://www.tacsafety.com.au)

Trivers, R. L. (1971). The evolution of reciprocal altruism. *Quarterly Review of Biology*, *46*, 35-57.

Tudiver, F., & Talbot, Y. (1999). Why don't men seek help? Family physicians' perspective on help-seeking behaviour in men. *Journal of Family Practice*, *48*, 47-52.

Turner, P. (1991). Relations between attachment, gender, and behavior with peers in the preschool. *Child Development*, *62*, 1475-1488.

Uchara, E. S. (2001). Understanding the dynamics of illness and help-seeking: event-structure analysis and a Cambodian-American narrative of spirit invasion. *Social Science and Medicine*, *52*, 519 - 536.

Veenhoven, R. (1991). Questions on happiness, classical topics, modern answers, blind spots. In F. Strack, M. Argyle & S. H. Schwartz (Eds.), *Subjective well-being: an interdisciplinary perspective* (pp. 7-26). Oxford: Pergamon.

Veroff, J. B. (1981). The dynamics of help-seeking in men and women: a national survey study. *Psychiatry*, *44*, 189-200.

- Verrinder, A., & Denner, B. J. (2000). The success of men's health nights and health sessions. *Australian Journal of Rural Health, 8*, 81-86.
- Vogt, C. A., & Fesenmair, D. R. (1998). Expanding the functional search model. *Annals of Tourism Research, 25*(3), 551-578.
- Vredenburg, K., Krames, L., & Flett, G. (1986). Sex differences in the clinical expression of depression. *Journal of Sex Roles, 14*, 37-49.
- Wagner, M. K. (1992). *Information as power in personal social service transactions*. Unpublished PhD Thesis, University of Illinois, Urbana.
- Wallack, L. M. (1981). Mass media campaigns: the odds against finding behaviour change. *Health Education Quarterly, 8*(Fall), 209-260.
- Watson, D., Zeller, L., & McGill, C. (2004). *A woman's place is in the mines*. Washington: US Department of Labor.
- Weinfield, N. S., Sroufe, L. A., Egeland, B., & Carlson, E. A. (1999). The nature of individual differences in infant-caregiver attachment. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: theory, research and clinical applications* (pp. 68-88). New York: Guilford.
- Weinreich, N. K. (2005). *What is social marketing?* Retrieved March 28, 2006, from <http://www.socialmarketing.com>
- Weiss, R. (1969). The fund of sociability. *Transaction 6*(9), 36-44.
- Weissman, M. M., & Klerman, G. L. (1977). Sex differences and the epidemiology of depression. *Archives of General Psychiatry, 34*, 98-111.
- Wellman, B., & Gulia, M. (1999). The network basis of social support: a network is more than the sum of its ties. In B. Wellman (Ed.), *Networks in the global village: life in contemporary communities*. Oxford: Westview Press.
- Wellstead, P. (2004). *The role of information as an agent of social change. An examination of information behaviour and knowledge management within projects which support participative democracy, advocacy and community wellbeing*. Unpublished Masters Thesis, Curtin University of Technology, Perth.
- West, R. (2000). This is a man's culture: masculinity and Australian national identity in Crocodile Dundee. In R. West & F. Lay (Eds.), *Subverting masculinity: hegemonic and alternative versions of masculinity in contemporary culture* (pp. 44-66). Amsterdam: Editions Ropopi.
- Western Australian Health Department. (2007). *QuitWA*. Retrieved January 20, 2008, from <http://www.quitwa.com>
- Widmer, E. D. (2006). Who are my family members: bridging and binding social capital in family configurations. *Journal of Social and Personal Relationships, 23*(6), 979-998.

- Wildemuth, B. (1990). A method for inducing process models from qualitative data. *LISR*, 12, 329-340.
- Wildemuth, B. (2002). Effective methods for studying information seeking and use. *Journal of the American Society for Information Science and Technology*, 53(14), 1218-1222.
- Wilson, I. (2006). *Lost world of the Kimberley: extraordinary new glimpses of Australian's Ice Age*. Sydney: Allen & Unwin.
- Wilson, P. (1973). Situational relevance. *Information Storage and Retrieval*, 9(457-471).
- Wilson, T. D. (1997). Information behaviour: an inter-disciplinary approach. *Information Processing & Management*, 33(4), 551-572.
- Wilson, T. D. (2000). Human information behaviour [Electronic Version]. *Informing Science*, 3, 49-56. Retrieved December 43, 2007, from <http://inform.nu/Articles/Vol2003/v2003n2002p2049-2056.pdf>.
- Wilson, T. D., & Allen, D. K. (Eds.). (1999). *Exploring contexts of information behaviour. Proceedings of the second international conference on research in information needs, seeking and use in different contexts*. Cambridge: Taylor Graham.
- Wilson, T. D., & Streatfield, D. (1981). Structured observation in the investigation of information needs. *Social Science Information Studies*, 1, 173-184.
- Wisch, A. F., Mahalick, J. R., & Hays, J. A. (1995). The impact of gender role conflict and counseling technique on psychological help seeking in men. *Sex Roles: A Journal of Research*(July).
- World Health Organisation. (2000). *Preventing suicide: a resource for media professionals* (No. WHO/MNH/MBO/00.2). Geneva: Mental and Behaviours Disorders, Department of Mental Health, World Health Organisation.
- World Health Organisation. (2001). *Suicide prevent (SUPRE)*. Retrieved December 18, 2007, from <http://who.int/mental.health/prevention/suicide>
- World Health Organisation. (2007). *Suicide prevention*. Retrieved December 18, 2007, from [http://www.who.int/mental\\_health/prevention/suicide/suicideprevent/en/](http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/)
- World Vision Australia. (2007). *World Vision Australia* Retrieved December 20, 2007, from <http://www.worldvision.com.au/>
- Wright, P. H. (1982). Men's friendships, women's friendships and the alleged inferiority of the other. *Sex Roles*, 8(1), 1-20.
- Wright, P. H., & Scanlon, M. B. (1991). Gender role orientations and friendship: some attenuation, but gender differences abound. *Sex Roles*, 24(9/10), 551-566.
- Wright, R. (1994). *The moral animal*. New York: Vintage.

Zanetti, C. (2007). *Efficacy of the circle of security in a middle class sample in Perth, Western Australia*. Paper presented at the International Attachment Conference. Changing troubled attachment relation: views from research and clinical work.

Zaslow, M. S., & Haynes, C. D. (1986). Sex differences in children's responses to psychosocial stress: toward a cross-context analysis. In M. Lamb, A. Brown & B. Rogoff (Eds.), *Advances in developmental psychology* (pp. 298-337). Hillsdale, NJ: Erlbaum.

Zeldow, P. B., & Greenburg, R. P. (1979). Attitudes toward women and orientation to seeking professional help. *Journal of Clinical Psychology*, 35, 473-479.

**Department of Information Studies**

**The help seeking behaviour of Australian men during stressful life  
events: an exploration of information exchange relationships**

**Peta Veronica Wellstead**

**Volume 2  
Appendices**

**This thesis is presented for the Degree of  
Doctor of Philosophy  
Curtin University of Technology**

# APPENDICES

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- Appendix 2 Demographic Questionnaire
- Appendix 3 Anticipated Flow of Sense Making Questions
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- Appendix 9 Interviews with Help Seeking Men
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- Appendix 10 Self Completion Responses
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## APPENDIX 1



Office of Research and Development

memorandum

<b>To</b>	Dr Kerry Smith Media and Information
<b>From</b>	Dr Stephan Millett, Executive Officer, Human Research Ethics Committee
<b>Subject</b>	Protocol Approval HR 139/2006
<b>Date</b>	13 December 2006
<b>Copy</b>	Peta Wellstead Media and Information Graduate Studies Officer, Division of Humanities

**Human Research Ethics Committee**

TELEPHONE 9266 2784  
FACSIMILE 9266 3793  
EMAIL hrec@curtin.edu.au

Thank you for your application submitted to the Human Research Ethics Committee (HREC) for the project titled "*The role of information exchange relationships within the context of help seeking for Australian men at risk of suicide and self harm, with particular references to those aged 25-44*". Your application has been reviewed by the HREC and is approved.

- You are authorised to commence your research as stated in your proposal.
- The approval number for your project is **HR 139/2006**. Please quote this number in any future correspondence.
- Approval of this project is for a period of twelve months **12-12-2006 to 11-12-2007**. To renew this approval a completed Form B (attached) must be submitted before the expiry date **11-12-2007**.
- If you are a Higher Degree by Research student, data collection must not begin before your Application for Candidacy is approved by your Divisional Graduate Studies Committee.

Applicants should note the following:

It is the policy of the HREC to conduct random audits on a percentage of approved projects. These audits may be conducted at any time after the project starts. In cases where the HREC considers that there may be a risk of adverse events, or where participants may be especially vulnerable, the HREC may request the chief investigator to provide an outcomes report, including information on follow-up of participants.

The attached **FORM B** should to be completed and returned to the Secretary, HREC, C/- Office of Research & Development:

When the project has finished, or

- If at any time during the twelve months changes/amendments occur, or
- If a serious or unexpected adverse event occurs, or
- 14 days prior to the expiry date if renewal is required.
- An application for renewal may be made with a Form B three years running, after which a new application form (Form A), providing comprehensive details, must be submitted.

Regards,

Dr Stephan Millett  
Executive Officer  
Human Research Ethics Committee

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Please Note: The following standard statement must be included in the information sheet to participants:  
*This study has been approved by the Curtin University Human Research Ethics Committee. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University of Technology, GPO Box U1987, Perth. 6845 or by telephoning 9266 2784 or by emailing hrec@curtin.edu.au*



## APPENDIX 2

### DEMOGRAPHIC QUESTIONNAIRE

Code

Interview

In this interview I am going to ask you some questions about the ways you get help and gather information in your everyday life. I will also ask you some questions about the people and places that are most useful to you when you need to find out things to help you make decisions. I am also interested in the different types of information you use and those that you don't. There are no right or wrong answers please answer in any way that works for you.

Before we talk about the way you use information and get help I would like to ask a few questions about you.

1. How old are you?

\_\_\_\_\_

2. Where were you born?

\_\_\_\_\_

3. Where were your parents born?

Mother \_\_\_\_\_ Father \_\_\_\_\_

4. What sort of relationship do you have?

Married                      Divorced

Partner whom I live with

Partner whom I don't live with

Widowed                      Single

5. How many children do you have? \_\_\_\_\_

6. Age & Sex of your children:

Boys \_\_\_\_\_ Girls \_\_\_\_\_

7. How are you employed?

Employed full time      Employed part time

Unemployed              Casual

Own business

8. What is your highest qualification?

Year 12 or less              Trade/TAFE

Bachelor                      Post Graduate

9. Where do you live?

Inner city                      Suburbs

Outer city/semi rural

Regional Town

Rural                              Remote

### APPENDIX 3

#### FLOW OF SENSE MAKING QUESTIONS – HELP SEEKING MEN

We all need information to assist us make decisions in life. I am now going to ask you some questions about the way you use information, what is helpful, what is not, and what would make it easier to find and use the information you need.

THE EVENTS		THE GAPS		THE HELPS
Can you give me an example of a time when you needed information to help you with important things in your life?	→	Why did you need this information, what was the gap you were trying to fill?	→	How did you think the information would help you?
How did you go about finding out what you needed to know?	→	When you began thinking about what you needed did you find it hard to think of where to go for information and help?	→	When you thought about it were there people, places or information tools which seemed the most likely to be able to help?
Why did you choose these particular people, places or information tools to help you?	→	Was it difficult to think of people, places or information tools which might be able help you?	→	Why did you think these particularly people, places or information tools might be able help you?

How did you approach these people, places or information tools?	→	Was it difficult to access these people, places or information tools?	→	Did you get what you needed from these people, places or information tools?
If you received information which you thought would be useful what did you do with it?	→	What were the gaps in the information you received?	→	In what ways was the information helpful?
If you did not receive information you needed what did you do next?	→	Was it difficult to access these new people, places or information tools?	→	Did you get what you needed from these people, places or information tools?
When you think about your information needs what type of people, places and information tools do you think of most often?	→	What are the barriers you face when trying to access information?	→	Overall what type of people, places and information tools are most helpful for men like you when they need help to make decisions?

## APPENDIX 4



### CONSENT FORM

Department of Media and Information, Curtin University.

Title of project: How do 25-44 year old men find information and support when they are experiencing difficult personal situations.

- I understand the purpose and procedures of the study.
- I have been provided with the participant information sheet.
- I understand that the procedure itself may not benefit me.
- I understand that my involvement is voluntary and I can withdraw at any time without problem.
- I understand that no personal identifying information like my name and address will be used and that all information will be securely stored for 7 years before being destroyed.
- I have been given the opportunity to ask questions.
- I agree to participate in the study outlined to me.

Name	Signature	Date
------	-----------	------

Investigator	Signature
--------------	-----------

*This study has been approved by the Curtin University Human Research Ethics Committee. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University of Technology, GPO Box U1987, Perth, 6845 or by telephoning 9266 2784*

NOTE: The official of title of this research will be: The role of information exchange relationships within the context of help seeking for Australian men at risk of suicide and self harm, with particular reference to those aged 25-44

## APPENDIX 5



### PARTICIPANT INFORMATION SHEET

Department of Media and Information, Curtin University.

**Title of project:** How do 25-44 year old men find information and support when they are experiencing difficult personal situations.

My name is Peta Wellstead. I am currently completing research for my PhD in the Department of Media and Information at Curtin University of Technology in Perth.

My research is investigating the pathways men take to gather information and support when they are experiencing difficulties in their lives. The research is trying to find out what role information plays in supporting men when they are seeking help and ways that information can be provided more effectively.

Many men say that they do not know what information and services are available to support them and this research is hoping to find out more how information can be provided in ways that engage men especially when they are under stress.

The research is also trying to find out more about the part played by family, friends and colleagues in providing support and information, and how these people can make men more aware of services available to help them.

Your involvement in the project will assist in an investigation about what might be done to assist men to seek information more effectively. Your experiences and opinions will be valuable to the project even if you have had negative experiences when using information products and support services or if you have chosen not to use them at all.

Participation will include a 1½ hour meeting with Peta Wellstead at the Lifeline offices in Murray Street Perth, or in a suitable other place if you prefer. I am available to travel to visit you if this is more convenient. We would like to find out some things about:

- what pathways you have used to gain help and support, including from people you know;
- what information and support was useful and what was not;
- difficulties you encountered in finding information and support;
- what information and support you would like in the future, and how it should be provided.

In order to find out if different groups of men prefer different types of information I also need to know some personal details about you e.g. your age, education level, family background etc.

The interview will be taped to help with translation/deciphering and you will be given a copy of the interview to check and make changes. When the interviews are complete the information will be brought together with other studies to see if there are any patterns in the way men use friends, family, colleagues to link with more formal information and support and if men can be offered information in more effective ways. This data will be published in my PhD thesis and may be used as part of journal articles and conference presentations in other places. No personal information about you will be reported in any of these places. You may be given an alias or a participant number to make the writing clear and readable.

I will be asking you questions about the way you used information when you were experiencing a distressing episode in your life such as a marriage breakdown, unemployment or a period of depression as well as the way you find information in your everyday life. If any of the questions have been upsetting for you Counsellors at Lifeline are available to assist you. If you need assistance at any time after the interview please phone Lydia on 9261 4451 or email [dads@lifelinewa.org.au](mailto:dads@lifelinewa.org.au)

If you have questions about the research you can contact my supervisor Dr Kerry Smith at Curtin University on 9266 7217 or email [ksmith@curtin.edu.au](mailto:ksmith@curtin.edu.au)



**Please note:**

- Taking part is voluntary and you can pull out at any time without any problem.
- Your withdrawal will not affect you in any way.
- Your privacy is greatly respected and any information that could identify you will be removed and all tapes will be erased.
- The interviewer has signed a confidentiality form and cannot share information about you with any person.
- All information will be stored confidentially with a code at Curtin University of Technology for 7 years. After this time the information will be destroyed.

If you have any questions before or after the interview, please call Peta Wellstead on 9379 8562 or email [petaw@space.net.au](mailto:petaw@space.net.au)

Thank you very much for your time. Please keep this letter for your information.

## APPENDIX 6 HILDA DEED OF LICENCE

Table of Contents

**Deed of Licence**

The Commonwealth of Australia as represented by the Department of Families, Community Services and Indigenous Affairs

Name of Student: Peta Wellstead

and

Name of Supervisor: Kerry Smith

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## Parties

The Commonwealth of Australia as represented by the Department of Families, Community Services and Indigenous Affairs (FaCSIA)

Name of Student: Peta Wellstead  
Type of Student: Ph.D  
Organisation: Curtin University of Technology  
Name of Student's Supervisor (Supervisor): Kerrey Smith  
Position of Student's Supervisor: Senior Lecturer  
Organisation: Curtin University of Technology

## Background

- A The Student (the Student Licensee) has requested access to data (Data) from FaCSIA's Confidentialised and Unclassified household and person level unit record datasets from the Household, Income and Labour Dynamics in Australia (HILDA) Study.
- B FaCSIA HILDA datasets are an important part of FaCSIA's investment in longitudinal data collection.
- C The Student Licensee is conducting a specific research program under the supervision of the Supervisor (the Supervisor Licensee).
- D The Student Licensee has requested access to the HILDA confidentialised unit record datasets (HILDA datasets) for a specific research project.
- E The Supervisor Licensee has agreed to be responsible for ensuring that the Student Licensee understands and complies with the privacy, security, intellectual property, non-disclosure and use requirements notified to it by FaCSIA and as specified in clauses 5, 8, 9, 10 and 11 of this Deed.
- F FaCSIA has agreed to grant access to the HILDA Datasets to the Student Licensee for a specific research project to be conducted by the Student Licensee under the supervision of the Supervisor Licensee and that is of interest to FaCSIA in meeting its strategic priorities.
- G FaCSIA requires, and the Student Licensee and Supervisor Licensee agree, that it is necessary to take all reasonable steps (including the execution of this Deed) to ensure that the confidentiality and privacy of the Datasets is strictly maintained and that the Student Licensees' right to access and use the Datasets is clearly set out.

## **Operative provisions**

### **1 Purpose of the Deed**

- 1.1 The purpose of the Deed is to ensure that, in relation to the Data:
- 1.1.1 the Data is effectively utilised for Approved Research; and
  - 1.1.2 appropriate Data security arrangements are specified and adhered to.

### **2 Term of the Deed**

- 2.1 The Deed takes effect on and from the Commencement Date and, unless terminated in accordance with the Deed, will continue in force perpetually.

### **3 Licence**

- 3.1 FaCSIA grants a non-exclusive, non-transferable and, unless otherwise specified in Schedule 1, royalty-free licence to the Student Licensee to use, copy, adapt and modify the Data for the purposes and for the term set out in this Deed.
- 3.2 FaCSIA has nominated the Melbourne Institute to manage its rights under the licence in clause 3.1 and this Deed and to act as the first point of contact for the Student Licensee.
- 3.3 The Student Licensee must immediately notify the Melbourne Institute each time there is a change in employer or supervisor. Upon such notification, FaCSIA reserves the right to reconsider and propose a change to the terms and conditions of the licence granted under clause 3.1, or to terminate the licence in accordance with clause 16.1. The Melbourne Institute will notify the Student Licensee of any proposed changes to the licence terms and conditions. FaCSIA can terminate this Deed if the parties cannot agree on changes required by FaCSIA.

### **4 Licence Fee**

- 4.1 The Student Licensee must pay the Licence Fee to the Melbourne Institute prior to obtaining access to the Data.
- 4.2 The Licence Fee is GST inclusive and the Melbourne Institute will provide a tax invoice as soon as reasonably practicable.

### **5 Data Use**

- 5.1 The Data, or part thereof, may be used for the purposes of the Approved Research only. The Student Licensee must:

## Deed of Licence

---

- 5.1.1 notify the Melbourne Institute of the research that will be conducted, and notify the Melbourne Institute each time there is a change to the research topic from that specified in the order form; and
  - 5.1.2 not use the Data, or part thereof, for any other research, without the prior written consent of the Melbourne Institute.
- 5.2 The Student Licensee can:
- 5.2.1 modify the Data, or part thereof, in order to undertake data analysis, including by creating new derived data items, aggregating or manipulating the data (**Derived Data**);
  - 5.2.2 copy/reproduce the Data, or part thereof, for the purposes of Approved Research, but cannot copy/reproduce the Data, or part thereof, for any other reason (eg give copies of the Data, or part thereof, to non-approved users); and
  - 5.2.3 publish Derived Data, so long as this data does not disclose Confidential Information, including Personal Information.
- 5.3 The Student Licensee must not:
- 5.3.1 perform any matching, sharing, merging or linkage of any of the Data, or part thereof, with any non-HILDA datasets without the prior written consent of FaCSIA; or
  - 5.3.2 publish any part of the Data in a form which discloses Confidential Information, including Personal Information.
- 5.4 The Supervisor Licensee must ensure that the Student Licensee understands and complies with this clause 5.

## 6 Provision of Data

- 6.1 FaCSIA or the Melbourne Institute will use its best endeavours to arrange the provision of the Data to the Student Licensee as soon as possible after the date of signature of this Deed.

## 7 FaCSIA responsibility for Data

- 7.1 The Data, or part thereof, are provided to the Student Licensee on an 'as is' basis and FaCSIA and the Melbourne Institute are not responsible for their accuracy, quality or fitness for purpose.

## **8 Security**

- 8.1 The student Licensee, must comply at all times with any security requirements notified to it by FaCSIA or the Melbourne Institute, and with the following security requirements:
- 8.1.1 Access to the unit record data must not be provided to any other individuals or organisations.
  - 8.1.2 The unit record data must be stored either on a password protected stand-alone computer or on a password protected drive on a computer network.
  - 8.1.3 The password should be eight characters long, and contain a mix of upper and lower case characters, and numerics or symbols.
  - 8.1.4 Only the individual/s authorised to use the dataset will have access to the password protected drive.
  - 8.1.5 The password must be kept confidential.
  - 8.1.6 Users must ensure that there is an effective means of limiting entry during both operational and non-operational hours to room(s) where the unit record data is used or stored (e.g. room is locked when authorised person not there).
  - 8.1.7 The CD or other format on which the unit record data is provided must be stored in a locked container.
  - 8.1.8 Any unit record output from the project must be stored in a locked container and shredded when no longer required.
  - 8.1.9 The keys or combinations to lockable containers where the unit record data are kept must not be given to unauthorised people.
  - 8.1.10 A record must be kept of all people who have been issued with keys and/or combinations.
  - 8.1.11 No attempt should ever be made to match the unit record data from the HILDA Survey with any other unit record data.
  - 8.1.12 Should it be requested, staff from the Melbourne Institute must be granted access to the Student Licensee's premises for the purpose of making a physical inspection to ensure the security measures specified above are in place.
- 8.2 The Supervisor Licensee must ensure that the Student Licensee understands and complies with this clause 8.

## 10 Non-disclosure

- 10.1 In consideration of FaCSIA disclosing the Confidential Information to the Student Licensee, the Student Licensee acknowledges and agrees with FaCSIA:
- 10.1.1 that all Confidential Information is secret and confidential, is the property of FaCSIA, and is of value to FaCSIA, and that any Confidential Information disclosed to the Student Licensee is only disclosed pursuant to the terms of this Deed;
  - 10.1.2 to keep Confidential Information secret and confidential at all times;
  - 10.1.3 that it must not, other than with the prior written approval of FaCSIA (which may be granted or withheld in FaCSIA's absolute discretion);
    - (a) use;
    - (b) disclose;
    - (c) divulge;
    - (d) make a digital or any other copy of;
    - (e) transmit electronically (including via e-mail); or
    - (f) deal with,any Confidential Information, nor allow any other act, matter or thing to be done or occur, whereby any Confidential Information may be ascertained or used by, or disclosed or communicated to, any other person, except in accordance with the terms of this Deed; and
  - 10.1.4 that it must observe and be bound by the provisions of this Deed.
- 10.2 For the avoidance of doubt, the Student Licensee acknowledges and agrees that it must not in any circumstances disclose or communicate Confidential Information on the Internet.
- 10.3 The Student Licensee must:
- 10.3.1 take all reasonable steps and do all reasonable things necessary, and do all things that may be reasonably required by FaCSIA to keep the Confidential Information, including all documents, and all other things recording, containing, setting out or referred to any Confidential Information, under effective control of the Student Licensee, and protected from any unauthorised use or access;
  - 10.3.2 immediately notify FaCSIA if the Student Licensee becomes aware of any unauthorised access to, or use or disclosure of, any Confidential Information;
  - 10.3.3 subject to **clause 10.4**, upon termination of this Deed, or if otherwise required at any time by FaCSIA to do so, deliver up to FaCSIA, or at the



## 10 Non-disclosure

- 10.1 In consideration of FaCSIA disclosing the Confidential Information to the Student Licensee, the Student Licensee acknowledges and agrees with FaCSIA:
- 10.1.1 that all Confidential Information is secret and confidential, is the property of FaCSIA, and is of value to FaCSIA, and that any Confidential Information disclosed to the Student Licensee is only disclosed pursuant to the terms of this Deed;
  - 10.1.2 to keep Confidential Information secret and confidential at all times;
  - 10.1.3 that it must not, other than with the prior written approval of FaCSIA (which may be granted or withheld in FaCSIA's absolute discretion);
    - (a) use;
    - (b) disclose;
    - (c) divulge;
    - (d) make a digital or any other copy of;
    - (e) transmit electronically (including via e-mail); or
    - (f) deal with,any Confidential Information, nor allow any other act, matter or thing to be done or occur, whereby any Confidential Information may be ascertained or used by, or disclosed or communicated to, any other person, except in accordance with the terms of this Deed; and
  - 10.1.4 that it must observe and be bound by the provisions of this Deed.
- 10.2 For the avoidance of doubt, the Student Licensee acknowledges and agrees that it must not in any circumstances disclose or communicate Confidential Information on the Internet.
- 10.3 The Student Licensee must:
- 10.3.1 take all reasonable steps and do all reasonable things necessary, and do all things that may be reasonably required by FaCSIA to keep the Confidential Information, including all documents, and all other things recording, containing, setting out or referred to any Confidential Information, under effective control of the Student Licensee, and protected from any unauthorised use or access;
  - 10.3.2 immediately notify FaCSIA if the Student Licensee becomes aware of any unauthorised access to, or use or disclosure of, any Confidential Information;
  - 10.3.3 subject to **clause 10.4**, upon termination of this Deed, or if otherwise required at any time by FaCSIA to do so, deliver up to FaCSIA, or at the

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- 11.1.5 not to transfer such information outside Australia, or allow parties outside Australia to have access to it, without the prior written approval of FaCSIA or the Melbourne Institute;
  - 11.1.6 immediately to notify FaCSIA or the Melbourne Institute when the Student Licensee becomes aware of a breach of any obligation concerning security, use and disclosure of personal information relating to an officer or employee of FaCSIA by itself;
  - 11.1.7 to notify FaCSIA or the Melbourne Institute of, and co-operate with FaCSIA or the Melbourne Institute in the resolution of, any complaint alleging an interference with privacy; and
  - 11.1.8 to indemnify FaCSIA and the Melbourne Institute in respect of any loss, liability or expense suffered or incurred by FaCSIA and/or the Melbourne Institute arising out of or in connection with a breach of the obligations of the Student Licensee under this Deed or any misuse of information or disclosure in breach of an obligation under the Act, except to the extent that the loss, liability or expense is directly caused by a negligent or wrongful act or omission of FaCSIA or the Melbourne Institute or any of its officers or employees.
- 11.2 This clause 11 will survive the termination of this Deed.
- 11.3 The Supervisor Licensee must ensure that the Student Licensee understands and complies with this clause 11.

### 12 Legal requirements

- 12.1 The Student Licensee must comply with the law in force in the Australian jurisdiction(s) in which the Approved Research is undertaken and all law in force at the Commonwealth level, including but not limited to:
- 12.1.1 the *Social Security Act* 1991;
  - 12.1.2 the *Crimes Act* 1914;
  - 12.1.3 the *Privacy Act* 1988; and
  - 12.1.4 the Information Privacy Principles.

### 13 Indemnity

- 13.1 The Student Licensee agrees to indemnify FaCSIA and the Melbourne Institute from and against any:
- 13.1.1 liability incurred by FaCSIA or the Melbourne Institute;
  - 13.1.2 loss of or damage to property of FaCSIA or the Melbourne Institute; or

- 13.1.3 loss or expense incurred by FaCSIA or the Melbourne Institute in dealing with any claim against it including legal costs and expenses on a solicitor/own client basis and the cost of time spent, resources used or disbursements paid by FaCSIA or the Melbourne Institute;

arising from:

- 13.1.4 any act or omission by the Student Licensee in connection with this Deed;
  - 13.1.5 any breach by the Student Licensee of its obligations or warranties under this Deed;
  - 13.1.6 any use or disclosure by the Student Licensee of Personal Information held or controlled in connection with this Deed; or
  - 13.1.7 the use by FaCSIA of the Student Licensee Material as permitted under this Deed.
- 13.2 The Student Licensee's liability to indemnify FaCSIA and the Melbourne Institute under **clause 13.1** will be reduced proportionately to the extent that any negligent act or omission of FaCSIA or the Melbourne Institute contributed to the relevant liability, loss or damage, or loss or expense.
  - 13.3 The right of FaCSIA and the Melbourne Institute to be indemnified under this **clause 13** is:
    - 13.3.1 in addition to, and not exclusive of, any other right, power or remedy provided by law, but FaCSIA and the Melbourne Institute are not entitled to be compensated in excess of the amount of the relevant liability, loss or damage, or loss or expense; and
    - 13.3.2 a severable right exercisable separately by each of FaCSIA and the Melbourne Institute.
  - 13.4 This **clause 13** will survive the termination of this Deed.

## **14 Applicable law**

- 14.1 This Deed will be governed by and construed in accordance with the laws of the Australian Capital Territory and the Student Licensee agrees to submit to the non-exclusive jurisdiction of the courts of the Australian Capital Territory in respect of all matters arising under, or in relation to, this Deed.

## **15 No exclusion**

- 15.1 This Deed does not exclude the operation of any principle of law or equity intended to protect and preserve the confidentiality of the Confidential Information.

- 15.2 The rights and remedies provided under this Deed are cumulative and not exclusive of any rights or remedies provided by law.

## 16 Termination of Deed

- 16.1 This Deed may be terminated by either party providing at least one month's prior notice in writing.
- 16.2 FaCSIA may terminate the Deed by notice in writing, with effect from the date in the notice, if the Student Licensee fails to remedy a breach of the Deed within 30 days of being given notice by FaCSIA requiring the breach to be remedied.

## 17 Notices

### Giving notices

- 17.1 A notice, consent, information, application or request that must or may be given or made to a party under the Deed is only given or made if it is in writing and:
- 17.1.1 delivered or posted to that party at its address set out below; or
  - 17.1.2 faxed to that party at its fax number set out below.

If a party gives the other party 3 business days' notice of a change of its address or fax number, a notice, consent, information, application or request is only given or made by that other party if it is delivered, posted or faxed to the latest address or fax number.

#### Department

Name: Branch Manager  
Research and Analysis Branch  
Commonwealth of Australia as represented by the  
Department of Families, Community Services and Indigenous  
Affairs

Address: PO Box 7788  
Canberra Mail Centre ACT 2610

#### Melbourne Institute

Name: Administrative Assistant  
HILDA Survey  
The Melbourne Institute of Applied  
Economic & Social Research

Address: Level 7, 161 Barry Street  
The University of Melbourne VIC 3010

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**Student**

Name: [Insert name]

Peta Wellstead

Type of Student: [Insert position title]

Ph.D

Address: [Insert postal & delivery address]

PO Box 368  
Guildford WA 6935

Fax: [Insert fax number]

08.6.2.78.2704

**Supervisor**

Name: [Insert name]

Kerry Smith

Position: [Insert position title]

Senior Lecturer  
Medic & Information

Address: [Insert postal & delivery address]

GPO Box U1987  
Perth 6001

Fax: [insert fax number]

08.9.2.66.3166

**Time notice is given**

17.2 A notice, consent, information, application or request is to be treated as given or made at the following time:

17.2.1 if it is delivered, when it is left at the relevant address;

17.2.2 if it is sent by post, 2 business days after it is posted; or

17.2.3 if it is sent by fax, as soon as the sender receives from the sender's fax machine a report of an error free transmission to the correct fax number.

If a notice, consent, information, application or request is delivered, or an error free transmission report in relation to it is received, after the normal business hours of the party to whom it is sent, it is to be treated as having been given or made at the beginning of the next business day.

**18 Miscellaneous**

**Assignment**

18.1 Except as expressly permitted by the Deed, a party must not assign any of its rights under the Deed without the prior written consent of the other party. That consent may be given or withheld at a party's absolute discretion.

**Costs**

18.2 Except as otherwise agreed by the parties in writing, each party must pay its own costs in relation to preparing, negotiating and executing the Deed and any document related to the Deed.

**Entire agreement**

- 18.3 This document contains everything the parties have agreed on in relation to the matters it deals with. No party can rely on an earlier document, or anything said or done by another party, or by a director, officer, agent or employee of that party, before the Deed was executed, save as permitted by law.

**Execution of separate documents**

- 18.4 This document is properly executed if each party executes either the Deed or an identical document. In the latter case, the Deed takes effect when the separately executed documents are exchanged between the parties.

**Further acts**

- 18.5 The parties will promptly do and perform all acts and things and execute all documents as may from time to time be required, and at all times will act in good faith, for the purposes of or to give effect to the Deed.

**No agency or partnership**

- 18.6 No party is an agent, representative, partner of any other party by virtue of the Deed.

**No authority to act**

- 18.7 No party has any power or authority to act for or to assume any obligation or responsibility on behalf of another party, to bind another party to any agreement, negotiate or enter into any binding relationship for or on behalf of another party or pledge the credit of another party except as specifically provided in the Deed or by express agreement between the parties.

**Severability**

- 18.8 If a clause or part of a clause of the Deed can be read in a way that makes it illegal, unenforceable or invalid, but can also be read in a way that makes it legal, enforceable and valid, it must be read in the latter way. If any clause or part of a clause is illegal, unenforceable or invalid, that clause or part is to be treated as removed from the Deed, but the rest of the Deed is not affected.

**Time for action**

- 18.9 If the day on or by which something is required to be done or may be done is not a business day, that thing must be done on or by the next business day.

**Variation**

- 18.10 No variation of the Deed will be of any force or effect unless it is in writing and signed by the parties to the Deed.

**Waiver**

- 18.11 The fact that a party fails to do, or delays in doing, something the party is entitled to do under the Deed, does not amount to a waiver of any obligation of, or breach of obligation by, another party. A waiver by a party is only effective if it is in writing. A written waiver by a party is only effective in relation to the particular

obligation or breach in respect of which it is given. It is not to be taken as an implied waiver of any other obligation or breach or as an implied waiver of that obligation or breach in relation to any other occasion.

## 19 Definitions and interpretation

### Definitions

19.1 In the Deed the following definitions apply:

**Approved Research** means research that is not designed for or aimed at achieving a profit or other commercial benefit.

**Commencement Date** means the date of execution of this Deed by the Student Licensee.

**Confidential Information** means, in relation to FaCSIA, information that:

- (a) is by its nature confidential;
- (b) is designated by FaCSIA as confidential;
- (c) is personal information under the *Privacy Act 1988*, protected information under section 23(1) of the *Social Security Act 1991*, or protected information under Division 2 of Part 6 of *A New Tax System (Family Assistance) (Administration) Act 1999*;
- (d) the Student Licensee and Supervisor Licensee knows or ought to know is confidential,

and includes:

- (e) the Data, if in a form which discloses any of the information referred to in paragraphs (a)-(d) above;
- (f) information comprised in or relating to any Intellectual Property of FaCSIA or third parties; or
- (g) information relating to the internal management and structure of FaCSIA,

but does not include information which:

- (h) is or becomes public knowledge other than by breach of this Deed, other confidentiality obligations or the *Privacy Act 1988*, the *Social Security Act 1991*, or *A New Tax System (Family Assistance) (Administration) Act 1999*; or
- (i) the Student Licensee or Supervisor Licensee can establish by written evidence has been independently developed or acquired by the Student Licensee or Supervisor Licensee without breach of any obligation of confidence.

**Confidentialised** means the removal of names, addresses (including postcodes) and dates of birth from the HILDA datasets.

**Data** means the FaCSIA Confidentialised and Unclassified household and person level unit record datasets from the Household, Income and Labour Dynamics in Australia (HILDA) study as updated from time to time.

**Deed** means this deed of licence.

**Document** includes:

- (a) any paper or other material on which there is writing;
- (b) any paper or other material on which there are marks, figures, symbols or perforations having a meaning to persons qualified to interpret them; and
- (c) any article, material or media from which sounds, images or writings are capable of being reproduced with or without the aid of any other article or device.

**FaCSIA** means the Commonwealth Department of Families, Community Services and Indigenous Affairs.

**Intellectual Property** means copyright (and all associated rights, including moral rights), and all rights in relation to inventions, registered and unregistered trade marks (including service marks), registered and unregistered designs, and circuit layouts, and any other rights resulting from intellectual activity in the industrial, scientific, literary or artistic fields.

**Licence Fee** means an amount notified by the Melbourne Institute to the Student Licensee or Supervisor Licensee, or otherwise publicly announced, prior to execution of this Deed by the parties.

**Licensee Material** means the materials specified in clause 9.4.

**Order Form** means the form that users fill out in conjunction with the licence when applying for access to the HILDA dataset.

**Melbourne Institute** means the Melbourne Institute of Applied Economic and Social Research at the University of Melbourne, Australia.

**Personal Information** means information or opinion (including information or opinion forming part of a database) whether true or not, and whether recorded in a material form or not, about a natural person whose identity is apparent or can reasonably be ascertained from the information or opinion.

**Unclassified** means the security classification of the Data and has the same as that provided in the Australian Commonwealth Protective Security Manual.

#### **Interpretation**

19.2 In the Deed, unless the context otherwise requires:



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- 19.2.1 a reference to any law or legislation or legislative provision includes any statutory modification, amendment or re-enactment, and any subordinate legislation or regulations issued under that legislation or legislative provision;
- 19.2.2 a reference to any agreement or document is to that agreement or document as amended, novated, supplemented or replaced from time to time;
- 19.2.3 a reference to a clause, part, schedule or attachment is a reference to a clause, part, schedule or attachment of or to the Deed unless otherwise stated;
- 19.2.4 an expression importing a natural person includes any company, trust, partnership, joint venture, association, corporation, body corporate or governmental agency;
- 19.2.5 a reference to a business day means a day on which all banks are open for business generally in Canberra, Australian Capital Territory;
- 19.2.6 if the day on which any act, matter or thing is to be done under the Deed is not a business day, that act, matter or thing may be done on the next business day; and
- 19.2.7 a covenant or agreement on the part of two or more persons binds them jointly and severally.

### Execution

Date: ...../...../.....

Signed, sealed and delivered by [insert name of Commonwealth officer who will sign deed] for and on behalf of THE COMMONWEALTH OF AUSTRALIA as represented by the Department of Families, Community Services and Indigenous Affairs in the presence of:

.....  
Signature of witness

.....  
Signature of authorised officer

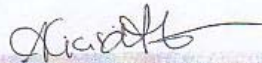
.....  
Name of witness (print)

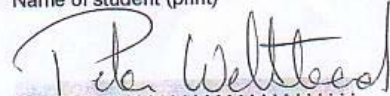
.....  
Position of authorised officer

Signed, sealed and delivered by the Student in the presence of:

Alicia Higgins  
.....  
Name of witness (print)

Peta Wellstead  
.....  
Name of student (print)

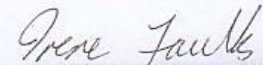
  
.....  
Signature of witness


  
.....  
Signature of student

Signed, sealed and delivered by the Supervisor in the presence of:

IRENE FAULKS  
.....  
Name of witness (print)


Kerry Smith  
.....  
Name of supervisor (print)

  
.....  
Signature of witness


  
.....  
Signature of supervisor

# APPENDIX 7 HILDA SELF COMPLETION QUESTIONNAIRE

LbS2sti;



LIVING IN AUSTRALIA



Household ID

Person No.

All data are provided **IN-CONFIDENCE**

First name of respondent:

**Thank you for the information you have already given our interviewer.**

This form contains some additional questions that you might find easier to answer by yourself rather than having the interviewer ask them.

All information you give us will be completely confidential. When you have completed the questionnaire you should seal it in the envelope provided and give it to your interviewer, who will return it unopened to our office. If you prefer, you may post it back to us instead.

In our office, only the survey team will have access to this form. Everyone in this team has signed a deed of confidentiality and is required to observe privacy laws when handling your information.

Your full name or address will never be linked with any of the information you provide.

**Instructions for completing this form**

In answering these questions, please be as honest and accurate as possible.

■ Use only blue or black ink, or a dark lead pencil. Put an **X** inside the box provided. (Do not mark any areas outside the box.)  
For example:

Right	Wrong
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

■ **If you make a mistake:**  
Simply colour in the whole box and mark the correct one as shown.  
For example:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

If more than one answer is allowed, this will be specified under the question.

**What to do once you have completed the questionnaire?**

Please seal it in the envelope provided.

Your interviewer will come back to collect this form on \_\_\_\_\_ around \_\_\_\_\_

If the interviewer is unable to collect this form, they will phone you and ask you to post it in the reply paid envelope to the ACNielsen office.

**Any questions?**

Ask your interviewer, or ring us on our *Free call number* 1800 656 670

LIA M 2004

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SCQ Serial No.

**PART A: GENERAL HEALTH AND WELL-BEING**  
(SF-36 Health Survey)

This first set of questions seeks your views about your health, how you feel and how well you are able to do your usual activities.

Please take the time to read and answer each question carefully by crossing the box corresponding to your response. If you are unsure about how to answer a question, please give the best answer you can.

**A1** In general, would you say your health is:

(Cross  **one box**)

<input type="checkbox"/> <sub>1</sub> Excellent	<input type="checkbox"/> <sub>2</sub> Very good	<input type="checkbox"/> <sub>3</sub> Good	<input type="checkbox"/> <sub>4</sub> Fair	<input type="checkbox"/> <sub>5</sub> Poor
---	---	--	--	--

**A2** Compared to one year ago, how would you rate your health in general now?

(Cross  **one box**)

<input type="checkbox"/> <sub>1</sub> Much better now than a year ago
<input type="checkbox"/> <sub>2</sub> Somewhat better now than a year ago
<input type="checkbox"/> <sub>3</sub> About the same as one year ago
<input type="checkbox"/> <sub>4</sub> Somewhat worse now than one year ago
<input type="checkbox"/> <sub>5</sub> Much worse now than one year ago

**A3** The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

(Cross  **one box on each line**)

	ACTIVITIES	Yes, limited a lot	Yes, limited a little	No, not limited at all
a	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c	Lifting or carrying groceries	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d	Climbing several flights of stairs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e	Climbing one flight of stairs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f	Bending, kneeling, or stooping	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g	Walking more than one kilometre	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h	Walking half a kilometre	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i	Walking 100 metres	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
j	Bathing or dressing yourself	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

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A4 During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

(Cross  **one box on each line**)

		YES	NO
a	Cut down the <u>amount of time</u> you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>
b	<u>Accomplished less</u> than you would like	<input type="checkbox"/>	<input type="checkbox"/>
c	Were limited in the <u>kind</u> of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>
d	Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort)	<input type="checkbox"/>	<input type="checkbox"/>

A5 During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

(Cross  **one box on each line**)

		YES	NO
a	Cut down the <u>amount of time</u> you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>
b	<u>Accomplished less</u> than you would like	<input type="checkbox"/>	<input type="checkbox"/>
c	Didn't do work or other activities <u>as carefully</u> as usual	<input type="checkbox"/>	<input type="checkbox"/>

A6 During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

(Cross  **one box**)

<input type="checkbox"/> <sub>1</sub> Not at all	<input type="checkbox"/> <sub>2</sub> Slightly	<input type="checkbox"/> <sub>3</sub> Moderately	<input type="checkbox"/> <sub>4</sub> Quite a bit	<input type="checkbox"/> <sub>5</sub> Extremely
--	--	--	---	---

A7 How much bodily pain have you had during the past 4 weeks?

(Cross  **one box**)

<input type="checkbox"/> <sub>1</sub> No bodily pain	<input type="checkbox"/> <sub>2</sub> Very mild	<input type="checkbox"/> <sub>3</sub> Mild	<input type="checkbox"/> <sub>4</sub> Moderate	<input type="checkbox"/> <sub>5</sub> Severe	<input type="checkbox"/> <sub>6</sub> Very severe
--	---	--	--	--	---

A8 During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

(Cross  **one box**)

<input type="checkbox"/> <sub>1</sub> Not at all	<input type="checkbox"/> <sub>2</sub> Slightly	<input type="checkbox"/> <sub>3</sub> Moderately	<input type="checkbox"/> <sub>4</sub> Quite a bit	<input type="checkbox"/> <sub>5</sub> Extremely
--	--	--	---	---

✓ A9 These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks:

(Cross  **one box on each line**)

		All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a	Did you feel full of life?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
b	Have you been a nervous person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
c	Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
d	Have you felt calm and peaceful?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
e	Did you have a lot of energy?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
f	Have you felt down?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
g	Did you feel worn out?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
h	Have you been a happy person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
i	Did you feel tired?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

A10 During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc) ?

(Cross  **one box**)

<input type="checkbox"/> <sub>1</sub>	All of the time
<input type="checkbox"/> <sub>2</sub>	Most of the time
<input type="checkbox"/> <sub>3</sub>	Some of the time
<input type="checkbox"/> <sub>4</sub>	A little of the time
<input type="checkbox"/> <sub>5</sub>	None of the time

A11 How **TRUE** or **FALSE** is each of the following statements for you ?

(Cross  **one box on each line**)

		Definitely True	Mostly True	Don't know	Mostly False	Definitely False
a	I seem to get sick a little easier than other people	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b	I am as healthy as anybody I know	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c	I expect my health to get worse	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d	My health is excellent	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**PART B: LIFESTYLE AND LIVING SITUATION**

**B1** In general, how often do you participate in moderate or intensive physical activity for at least 30 minutes?

*Moderate level physical activity will cause a slight increase in breathing and heart rate, such as brisk walking.* (Cross  **one box**)

- Not at all
- Less than once a week
- 1 to 2 times a week
- 3 times a week
- More than 3 times a week (but not every day)
- Every day

**B2** Do you smoke cigarettes or any other tobacco products? (Cross  **one box**)

- No, I have never smoked ➔ **Go to B4**
- No, I no longer smoke ➔ **Go to B4**
- Yes, I smoke daily ➔ **Go to B3**
- Yes, I smoke at least weekly (but not daily) ➔ **Go to B3**
- Yes, I smoke less often than weekly ➔ **Go to B3**

**B3** How many cigarettes do you usually smoke each week?

Please convert cigar/pipe/loose tobacco to a number of cigarettes:

**B4** Do you drink alcohol? (Cross  **one box**)

- No, I have never drunk alcohol ➔ **Go to B6**
- No, I no longer drink alcohol ➔ **Go to B6**
- Yes, I drink alcohol every day
- Yes, I drink alcohol 5 or 6 days per week
- Yes, I drink alcohol 3 or 4 days per week
- Yes, I drink alcohol 1 or 2 days per week
- Yes, I drink alcohol 2 or 3 days per month
- Yes, but only rarely

**B5** On a day that you have an alcoholic drink, how many standard drinks do you usually have?

*A standard drink is a small glass of wine, a 285 ml glass of regular beer, a nip of spirits, or a mixed drink.* (Cross  **one box**)

- 13 or more standard drinks
- 11 to 12 standard drinks
- 9 to 10 standard drinks
- 7 to 8 standard drinks
- 5 to 6 standard drinks
- 3 to 4 standard drinks
- 1 to 2 standard drinks

**B6** How often do you feel rushed or pressed for time? (Cross  **one box**)

- Almost always
- Often
- Sometimes
- Rarely
- Never

**B7** How often do you feel you have spare time that you don't know what to do with? (Cross  **one box**)

- Almost always
- Often
- Sometimes
- Rarely
- Never

**B8** Now think about the local area in which you live. How strong is your preference to continue living in this area? (Cross  **one box**)

- Strong preference to stay
- Moderate preference to stay
- Unsure / No strong preference to stay or leave
- Moderate preference to leave
- Strong preference to leave

**B9 How common are the following things in your local neighbourhood?**

(Cross  **one** box on **each** line)

	Never happens	Very rare	Not common	Fairly common	Very common	Don't know
a Neighbours helping each other out?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/>
b Neighbours doing things together?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/>
c Loud traffic noise?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/>
d Noise from airplanes, trains or industry?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/>
e Homes and gardens in bad condition?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/>
f Rubbish and litter lying around?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/>
g Teenagers hanging around on the streets?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/>
h People being hostile and aggressive?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/>
i Vandalism and deliberate damage to property?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/>
j Burglary and theft?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/>

**B10 Please indicate, by crossing one box on each line, how much you agree or disagree with each of the following statements. The more you agree, the higher the number of the box you should cross. The more you disagree, the lower the number of the box you should cross.**

(Please cross  **one** box for **each** statement)



a	I have little control over the things that happen to me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
b	There is really no way I can solve some of the problems I have	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
c	There is little I can do to change many of the important things in my life	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
d	I often feel helpless in dealing with the problems of life	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
e	Sometimes I feel that I'm being pushed around in life	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
f	What happens to me in the future mostly depends on me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
g	I can do just about anything I really set my mind to do	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

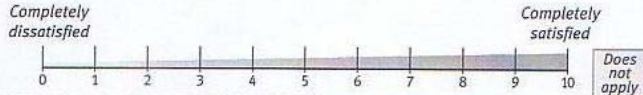


**B11 Now some questions about family life.**

Please indicate, by crossing **one** box on each line, how **satisfied** or **dissatisfied** you currently are with each of the following relationships. The more satisfied you are, the higher the number of the box you should cross. The less satisfied you are, the lower the number of the box you should cross.

If the question does not apply to you, cross **X** the "Does not apply" category.

How satisfied are you with:



		0	1	2	3	4	5	6	7	8	9	10	Does not apply
a	your relationship with your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	your relationship with your children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	your partner's relationship with your children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	your relationship with your stepchildren?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	how well the children in the household get along with each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	your relationship with your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	your relationship with your step-parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	your relationship with your (most recent) former spouse or partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B12 Do you think you do your fair share around the house?**

(Cross **X** one box)

I do **much more** than my fair share  
 I do **a bit more** than my fair share  
 I do my fair share  
 I do **a bit less** than my fair share  
 I do **much less** than my fair share

**B13 Are you currently an active member of a sporting, hobby or community-based club or association?**

1  Yes  
 2  No

B14 In general, about how often do you get together socially with friends or relatives not living with you?

(Cross  one box)

1	<input type="checkbox"/>	Every day
2	<input type="checkbox"/>	Several times a week
3	<input type="checkbox"/>	About once a week
4	<input type="checkbox"/>	2 or 3 times a month
5	<input type="checkbox"/>	About once a month
6	<input type="checkbox"/>	Once or twice every 3 months
7	<input type="checkbox"/>	Less often than once every 3 months

B15 The following statements have been used by many people to describe how much support they get from other people. How much do you agree or disagree with each? The more you agree, the higher the number of the box you should cross. The more you disagree, the lower the number of the box you should cross.

(Please cross  one box for each statement)



	1	2	3	4	5	6	7
a People don't come to visit me as often as I would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b I often need help from other people but can't get it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c I seem to have a lot of friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d I don't have anyone that I can confide in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e I have no one to lean on in times of trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f There is someone who can always cheer me up when I'm down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g I often feel very lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h I enjoy the time I spend with the people who are important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i When something's on my mind, just talking with the people I know can make me feel better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j When I need someone to help me out, I can usually find someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B16 We now would like you to think about major events that have happened in your life over the past 12 months.**

For each statement cross either the YES box or the NO box to indicate whether each event happened during the past 12 months. If you answer "YES", then also cross one box to indicate how long ago the event happened or started.

	YES	NO	If "YES" indicate how many months ago it happened			
			0 to 3 months ago	4 to 6 months ago	7 to 9 months ago	10 to 12 months ago
a Got married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12
b Separated from spouse or long-term partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12
c Got back together with spouse or long-term partner after a separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12
d Pregnancy / pregnancy of partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12
e Partner or I gave birth to, or adopted, a new child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12
f Serious personal injury or illness to self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12
g Serious personal injury or illness to a close relative / family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12
h Death of spouse or child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12
i Death of other close relative / family member (e.g., parent or sibling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12
j Death of a close friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12
k Victim of physical violence (e.g., assault)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12
l Victim of a property crime (e.g., theft, housebreaking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12
m Detained in a jail / correctional facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12
n Close family member detained in a jail / correctional facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12
o Retired from the workforce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12
p Fired or made redundant by an employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12
q Changed jobs (i.e., employers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12
r Promoted at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12
s Major improvement in financial situation (e.g., won lottery, received an inheritance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12
t Major worsening in financial situation (e.g., went bankrupt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12
u Changed residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-3	<input type="checkbox"/> 4-6	<input type="checkbox"/> 7-9	<input type="checkbox"/> 10-12

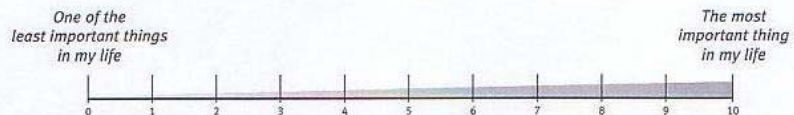
**B17 How much time would you spend on each of the following activities in a typical week?**

**IMPORTANT:** • Please do not count any activity twice  
• If you do not do an activity, write "0" in the hours box

		Hours per week	Minutes (if applicable)
a	Paid employment	<input type="text"/>	<input type="text"/>
b	Travelling to and from a place of paid employment	<input type="text"/>	<input type="text"/>
c	Household errands, such as shopping, banking, paying bills, and keeping financial records (but do not include driving children to school and to other activities)	<input type="text"/>	<input type="text"/>
d	Housework, such as preparing meals, washing dishes, cleaning house, washing clothes, ironing and sewing	<input type="text"/>	<input type="text"/>
e	Outdoor tasks, including home maintenance (repairs, improvements, painting etc.), car maintenance or repairs and gardening	<input type="text"/>	<input type="text"/>
f	Playing with your children, helping them with personal care, teaching, coaching or actively supervising them, or getting them to child care, school and other activities	<input type="text"/>	<input type="text"/>
g	Looking after other people's children (aged under 12 years) on a regular, unpaid basis.	<input type="text"/>	<input type="text"/>
h	Volunteer or charity work (for example, canteen work at the local school, unpaid work for a community club or organisation)	<input type="text"/>	<input type="text"/>
i	Caring for a disabled spouse or disabled adult relative, or caring for elderly parents or parents-in-law	<input type="text"/>	<input type="text"/>
<b>TOTAL:</b> This cannot exceed 168 hours and typically will not be greater than 120. If it is, please re-think your answers.		<input type="text"/>	Add total hours (whole hours only)

**B18 On a scale from 0 to 10, how important is religion in your life? The more important it is, the higher the number of the box you should cross. The less important it is, the lower the number of the box you should cross.**

(Cross  one box)



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

**B19** Which of the following best describes your religion? (Cross  one box)

<input type="checkbox"/> No religion		
<b>Christian religions:</b>		<b>Other religions:</b>
<input type="checkbox"/> Anglican (Church of England)	<input type="checkbox"/> Greek Orthodox	<input type="checkbox"/> Buddhism
<input type="checkbox"/> Baptist	<input type="checkbox"/> Other Orthodox	<input type="checkbox"/> Hinduism
<input type="checkbox"/> Catholic	<input type="checkbox"/> Presbyterian / Reformed	<input type="checkbox"/> Islam
<input type="checkbox"/> Lutheran	<input type="checkbox"/> Uniting Church	<input type="checkbox"/> Judaism
	<input type="checkbox"/> Other Christian religion (Please specify in the box below):	<input type="checkbox"/> Other non-Christian religion (Please specify in the box below):
	<input type="text"/>	<input type="text"/>

**B20** How often do you attend religious services? Please do not include ceremonies like weddings or funerals.

(Cross  one box)

<input type="checkbox"/> Never	<input type="checkbox"/> 2 or 3 times a month
<input type="checkbox"/> Less than once a year	<input type="checkbox"/> About once a week
<input type="checkbox"/> About once a year	<input type="checkbox"/> Several times a week
<input type="checkbox"/> Several times a year	<input type="checkbox"/> Every day
<input type="checkbox"/> About once a month	

**PART C: PERSONAL AND HOUSEHOLD FINANCES**

**C1** Given your current needs and financial responsibilities, would you say that you and your family are .....

(Cross  one box)

<input type="checkbox"/> Prosperous
<input type="checkbox"/> Very comfortable
<input type="checkbox"/> Reasonably comfortable
<input type="checkbox"/> Just getting along
<input type="checkbox"/> Poor
<input type="checkbox"/> Very poor

**C2** Since January 2004 did any of the following happen to you because of a shortage of money?

(Cross  one box on each line)

		YES	NO
a	Could not pay electricity, gas or telephone bills on time	<input type="checkbox"/>	<input type="checkbox"/>
b	Could not pay the mortgage or rent on time	<input type="checkbox"/>	<input type="checkbox"/>
c	Pawned or sold something	<input type="checkbox"/>	<input type="checkbox"/>
d	Went without meals	<input type="checkbox"/>	<input type="checkbox"/>
e	Was unable to heat home	<input type="checkbox"/>	<input type="checkbox"/>
f	Asked for financial help from friends or family	<input type="checkbox"/>	<input type="checkbox"/>
g	Asked for help from welfare / community organisations	<input type="checkbox"/>	<input type="checkbox"/>

C3a Suppose you had only one week to raise \$2000 for an emergency. Which of the following best describes how hard it would be for you to get that money? (Cross  one box)

- I could easily raise the money ➔ Go to C3b
- I could raise the money, but it would involve some sacrifices (e.g., reduced spending, selling a possession) ➔ Go to C3b
- I would have to do something drastic to raise the money (e.g., selling an important possession) ➔ Go to C3b
- I don't think I could raise the money ➔ Go to C4

C3b And how would you obtain that money?

(Cross  all boxes that apply)

- Use savings
- Borrow from a relative who lives with you
- Borrow from a relative who lives elsewhere
- Borrow from a friend
- Borrow from a financial institution or use credit
- Sell an asset
- Use some other method to find the money

C4 Which of the following statements comes closest to describing your (and your family's) savings habits?

(Cross  one box)

- Don't save: usually spend more than income
- Don't save: usually spend about as much as income
- Save whatever is left over at the end of the month — no regular plan
- Spend regular income, save other income
- Save regularly by putting money aside each month

C5 In planning your saving and spending, which of the following time periods is most important to you?

(Cross  one box)

- |  |   |
|--|---|
| <input type="checkbox"/> The next week       | <input type="checkbox"/> The next 2 to 4 years    |
| <input type="checkbox"/> The next few months | <input type="checkbox"/> The next 5 to 10 years   |
| <input type="checkbox"/> The next year       | <input type="checkbox"/> More than 10 years ahead |

C6 Which of the following statements comes closest to describing the amount of financial risk that you are willing to take with your spare cash? That is, cash used for savings or investment. (Cross  one box)

- I take substantial financial risks expecting to earn substantial returns
- I take above-average financial risks expecting to earn above-average returns
- I take average financial risks expecting to earn average returns
- I am not willing to take any financial risks
- I never have any spare cash

**C7 Who makes decisions about the following issues in this household?**

(Cross  **one box on each line**)

	Me/Mainly me	Mainly my spouse/partner	Shared equally between partner and myself	Someone else (living here or elsewhere)	Shared equally among all household members
a Managing day-to-day spending and paying bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Making large household purchases (e.g., cars and major appliances)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Savings, investment and borrowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

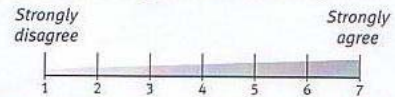
**PART D: YOUR JOB AND THE WORK PLACE**

**D1 Are you currently in paid work?**

- Yes ➔ PLEASE GO TO D2 AND COMPLETE THE REST OF PART D  
 No ➔ GO TO PART E ON PAGE 14

**D2 The following statements are about your current (main) job. Please indicate, by crossing one box on each line, how strongly you agree or disagree with each. The more you agree, the higher the number of the box you should cross. The more you disagree, the lower the number of the box you should cross.**

(Please cross  **one box for each statement**)



a	My job is more stressful than I had ever imagined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	I fear that the amount of stress in my job will make me physically ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	I get paid fairly for the things I do in my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	I have a secure future in my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	The company I work for will still be in business 5 years from now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	I worry about the future of my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	My job is complex and difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	My job often requires me to learn new skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	I use many of my skills and abilities in my current job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	I have a lot of freedom to decide <u>how</u> I do my own work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	I have a lot of say about what happens on my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	I have a lot of freedom to decide <u>when</u> I do my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D3 Following is a list of conditions and entitlements that employers sometimes provide their employees. For each, please indicate whether you, or other employees working at a similar level to you at your workplace, would be able to use these if needed.

(Cross  **one box on each line**)

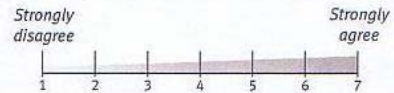
	Yes	No	Don't know
a Paid maternity leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Unpaid maternity leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Parental leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Special leave for caring for family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Permanent part-time work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Home-based work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Flexible start and finish times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PART E: PARENTING

E1 Do you have parenting responsibilities for any children aged 17 years or less?

- Yes ➔ PLEASE GO TO E2 AND COMPLETE THE REST OF PART E
- No ➔ GO TO PART F ON PAGE 16

E2 The following statements are about raising children. Thinking about the children aged 17 years or less that you have parenting responsibility for, please indicate, by crossing one box on each line, how strongly you agree or disagree with each statement. The more you agree, the higher the number of the box you should cross. The more you disagree, the lower the number of the box you should cross.



a	Being a parent is harder than I thought it would be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	I often feel tired, worn out, or exhausted from meeting the needs of my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	I feel trapped by my responsibilities as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	I find that taking care of my child/children is much more work than pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E3 Do you think you do your fair share of looking after the children?

(Cross  **one box**)

- I do much more than my fair share
- I do a bit more than my fair share
- I do my fair share
- I do a bit less than my fair share
- I do much less than my fair share



This question is for parents who are in paid work.  
 If you are **not** in paid work, skip this question and ➡ GO TO PART F ON PAGE 16

E4 The following statements are about combining work with family responsibilities. Please indicate, by crossing one box on each line, how strongly you agree or disagree with each. The more you agree, the higher the number of the box you should cross. The more you disagree, the lower the number of the box you should cross.

(Please cross  **one** box for **each** statement)



a	Having both work and family responsibilities makes me a more well-rounded person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Having both work and family responsibilities gives my life more variety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Managing work and family responsibilities as well as I do makes me feel competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Because of my family responsibilities, I have to turn down work activities or opportunities that I would prefer to take on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Because of my family responsibilities, the time I spend working is less enjoyable and more pressured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Because of the requirements of my job, I miss out on home or family activities that I would prefer to participate in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Because of the requirements of my job, my family time is less enjoyable and more pressured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	My work has a positive effect on my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Working helps me to better appreciate the time I spend with my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	The fact that I am working makes me a better parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	I worry about what goes on with my children while I'm at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	Working leaves me with too little time or energy to be the kind of parent I want to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	Working causes me to miss out on some of the rewarding aspects of being a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART F:**

F1 Are you male or female?

(Cross  *one box*)

Male  
1

Female  
2

F2 Which age group do you belong to?

(Cross  *one box*)

15 – 17 years

6  35 – 44 years

18 – 19 years

45 – 54 years

20 – 21 years

55 – 64 years

22 – 24 years

65 – 74 years

5  25 – 34 years

75 years or over

F3 Is there anything else that you would like to tell us about living in Australia?

If so, please write on the lines below. (To ensure your privacy remains protected at all times, please do not write any personal contact details here such as your name, address or phone number.)

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**THERE ARE NO MORE QUESTIONS.**

Please seal the completed questionnaire in the envelope provided and have it ready when the interviewer returns to collect it.

The interviewer will come back at the time shown on the front cover.

If the interviewer cannot come back, they will phone you and ask you to post it using the reply-paid envelope provided.

*Once again, Thank You  
for your cooperation and participation.*



## APPENDIX 8 - INTERVIEWS WITH HELP SEEKING MEN

### 8a Help Seeking Behaviour

#### Participant 1

**1. How old are you?**

42

**2. Where were you born?**

Singapore - lived in Australia for 20 years

**3. Where were your parents born?**

Mother: Sydney Father: Malaysia

**4. What sort of relationship do you have?**

Separated from de-facto partner. Previously Married

**5. How many children do you have?**

5

**6. Age & Sex of your children:**

Boys : 17, 4 Girls: 15, 14, 5

**7. How are you employed?**

Own business

**8. What is your highest qualification?**

Bachelor. Half of post graduate qualification

**9. Where do you live?**

Suburbs

We all need information to assist us make decisions in life. I am now going to ask you some questions about the way you use information, what is helpful, what is not, and what would make it easier to find and use the information you need.

**Can you give me an example of a time when you needed information to help you with important things in your life?**

Yes, 2 years ago I went through a relationship breakdown and separation from my de-facto partner and I needed information to help me to cope with custody issues.

**What was the gap you were trying to fill with this information?**

I had never been through anything like this before and I did not have the things I needed to help me. I had had counselling before but this was something quite different and much more intense. When I had counselling before my partner suggested it, so I knew that some services were available, but not those which could help me now.

**What was the outcome of this period in your life?**

My partner left the relationship.

**When you needed in information to help you with this problem what did you do try to find it?**

I looked in the yellow pages, I spoke to family and friends and I spoke to my doctor.

**Why did you use these sources of information?**

It was hard to know where to go but I thought I might find something helpful from these places. Friends and family had not been through this but as they knew me I thought they might know what would help me.

**What happened next?**

I became depressed and suicidal and rang the Lifeline 24 hour support line.

**Were the places you had gone for information helpful?**

Not really, my doctor suggested medication which I did not think was necessary as I needed practical help. I knew if I could get practical help the despair would abate. I was not

mentally ill. He also suggested I use the emergency department at a hospital if I was distressed.

Lifeline was not particularly helpful. After my initial contact I was given an appointment with a counsellor but quite frankly this was not very supportive. I felt I was being told I was over reacting and I just had to get on with things. I went to dads@Lifeline but I did not think it was balanced. It was very negative. I did not want to hear all that.

Friends and family didn't help a lot either. One night I was very distressed and visited a neighbour. It was the same old rhetoric - pull yourself together - I don't think he could cope with another man's distress. I didn't call my dad either, perhaps I should have, I just wished my mum was about but she had passed away several years ago.

I don't think people have a good grasp of men's issues and the type of help we need, especially around custody issues. Women are treated differently - people are more sensitive to women's issues and displays of distress [crying etc] but men are treated badly if they do that.

**When you experienced these barriers what did you do next?**

I kept trying to find somewhere else where I could get help. I looked in Nova Magazine and rang Centacare. I hooked up with a counsellor and at last I was listened to.

## **Participant 2**

**1. How old are you?**

37

**2. Where were you born?**

Sri Lanka

**3. Where were your parents born?**

Sri Lanka

**4. What sort of relationship do you have?**

Married

**5. How many children do you have?**

2

**6. Age & Sex of your children:**

Boys : 6, 4 Girls:

**7. How are you employed?**

Full time

**8. What is your highest qualification?**

Bachelor

**9. Where do you live?**

Inner city

We all need information to assist us make decisions in life. I am now going to ask you some questions about the way you use information, what is helpful, what is not, and what would make it easier to find and use the information you need.

**Can you give me an example of a time when you needed information to help you with important things in your life?**

Yes, one and half years ago my wife and I separated. It was a tough time. I was away from my kids. I needed information to help me to cope.

**What was the gap you were trying to fill with this information?**

I was depressed. I needed information about parenting and how to be a single dad.

**When you needed information to help you with this problem what did you do try to find it?**

I went on the internet. I Googled Single Dads Help Perth WA

**Why did you use these sources of information?**

I use a computer in my work. I have skill using the internet and am familiar. It seemed the best place to start. I could not speak with family and friends. I felt embarrassed and concerned about my privacy. This could be a cultural thing. All my family come from the same background. In our culture you get married and stay married. This was a totally new situation for me. I had no one to talk to.

The internet seemed more private and I thought I could get more reliable information there.

**What happened next?**

When I Googled Single Dads Help Dads@lifeline was the first hit. I phoned the number on the website.

**Were the places you had gone for information helpful?**

Yes, very helpful. They offered a workshop over 2 nights which outlined some of the problems single dads face. I was really surprised how many men were there. I felt really at

home. It seemed like the correct place for me to be. I also got some hard copy resources, brochures and leaflets.

**What did you do next?**

I syphoned off parts of the presentation that were relevant to me. I was able to filter out bits that were useful.

I had some parenting skills counselling at Lifeline. The counsellor offered information about help for kids. I read two books by Steve Biddulph on raising boys.

There is also a group at Lifeline which Noel runs called "Secret life of men". This is a group which explores men's issues in more depth. It opened up a whole new world to me. In this group I made some friends and my social network grew. I did not feel so alone.

**Did you experience barriers when trying to find the information you needed?**

There were no barriers for me at Lifeline and as it was the first service I tried I suppose I was lucky. It was a good place to link in but it wasn't enough.

**What did you do to fill this gap?**

Some people I knew talked about the Abbot at the Buddhist monastery and his talks. I used Google again to search the internet about this and combined this with the personal information I had been given and decided to go to one of these talks. I did not know that before the talk there would be a half hour meditation. I did not feel comfortable with that at first but decided that I would stay and hear the talk. Now meditation is very important to me. It was an accident.

**What is happening now.**

My wife and I got back together and I am focusing on being a good dad. I think my eldest son should have some counselling, he was affected by the time we were separated, but my wife does not believe in counselling.

I have joined a men's group close to my home and these men are a very important part of my social world.



### **Participant 3**

**1. How old are you?**

54 now, 40 when issues requiring help arose

**2. Where were you born?**

Australia - Geelong

**3. Where were your parents born?**

Australia

**4. What sort of relationship do you have?**

Married, have been married previously

**5. How many children do you have?**

2

**6. Age & Sex of your children:**

Boys : Girls: 20, 18

**7. How are you employed?**

Employed full time, own business

**8. What is your highest qualification?**

Bachelor

**9. Where do you live?**

Suburbs

We all need information to assist us make decisions in life. I am now going to ask you some questions about the way you use information, what is helpful, what is not, and what would make it easier to find and use the information you need.

**Can you give me an example of a time when you needed information to help you with important things in your life?**

14 years ago my first marriage was breaking down and I needed help to assist me to move forward with that.

**What was the gap you were trying to fill with this information?**

Everything around the issue of marriage breakdown - legal, custody, financial issues, and practical things like real estate and social connection too. I needed information about the children too - parenting skills and children's health.

**What was the outcome of this period in your life?**

My wife and I separated.

**When you needed information to help you with this problem what did you do try to find it?**

I spoke with friends and mentors who may have had similar experiences.

**When you began thinking about what you needed did you find it hard to think of where to go for information and help?**

Yes I did find it hard to think of places. I had been very focused on working towards the future. I was focused on work, caring for the children, paying the bills. I knew men who had problems but did not know I had problems. My wife knew more, she was able to articulate issues, so suggested we have counseling.

The counseling we were having at Relationships Australia was a source of information for me and they had pamphlets and leaflets which I was able to access. I also bought books from bookshops.

My father-in-law was a great support and resource.

There was also the mandated information sessions from legal aid and the family court. These sessions were mandated for those using the services.

**Why did you use these sources of information?**

They were available - the pamphlets and leaflets were accessible at many of the services.

I also had a reasonable expectation that the information I was using and the people I was talking to would help me. I thought of my mentors as 'wise men' and the legal and family support services seemed credible.

**What did do with the information you received?**

I compiled a dossier of information and just kept adding to it as new material became available. It kept useful phone numbers, sorted A-B, filed things under major headings like child care, that sort of system.

**Were the places you had gone for information helpful?**

Yes and no. I would rate the services at about 4/10. Good people trying to do good work but they are under resourced. Private legal services are not holistic. They work on precedence and this just ramps up expectations. They don't take account of all that goes on outside the family court and how most people settle their affairs and work things out.

It is disappointing that many of the services operate out of run down buildings and are obviously struggling. This does not give the right messages to clients and the community that the services are places of worth and value.

**When you experienced these barriers what did you do next?**

I did not experience barriers as such. I just kept foraging for the information I needed. I had barriers within myself before all this happened. If I had my time again I would have sought better counsel before marriage and I would have been more willing to seek peer support.

**Where there gaps in the information you received?**

Yes, there is not much male centric information available. The services are set up for women. Many of the men using the services are there because their new partner wants things sorted out with the former family. There is a lot of anger around and the women seem to be able to get help more easily.

## **Participant 4**

**1. How old are you?**

50 now, 44 when the issues requiring help arose

**2. Where were you born?**

UK, I have been in Australia 33 years

**3. Where were your parents born?**

UK

**4. What sort of relationship do you have?**

Separated from my wife, and have a partner with whom I don't live.

**5. How many children do you have?**

3

**6. Age & Sex of your children:**

Boys: 15, 13, 10

**7. How are you employed?**

Casual

**8. What is your highest qualification?**

High school, year 10.

**9. Where do you live?**

Outer city/semi rural

We all need information to assist us make decisions in life. I am now going to ask you some questions about the way you use information, what is helpful, what is not, and what would make it easier to find and use the information you need.

**Can you give me an example of a time when you needed information to help you with important things in your life?**

I went through a relationship breakdown and needed information to help me get through that. I needed information about how to get access to my kids, budgeting - everything to do with post separation issues.

**What was the gap you were trying to fill with this information?**

I did not have a clue about anything!

**What was the outcome of this period in your life?**

I am now the custodial parent.

**When you began thinking about what you needed was that difficult. Were there places that seemed most likely to help?**

Yes it was hard to think but I was lucky in some ways as I work in an environment where I knew people who had professional skills to help me.

I used the phone book to find agencies which could help. There is a section in the front of the phonebook with many useful numbers - I don't think a lot of people know about that.

**When you needed in information to help you with this problem what did you do try to find it?**

I asked at work, professionals and friends.

I rang agencies.

I went to Relationships Australia, Dad@lifeline and Kinway as they have counselling for kids.

**Why did you use these sources of information?**

When I approached them they were responsive. They didn't fob me off or make me wait a long time. They seemed interested in my problems and had internal referral, I didn't have to go to different places.

**Where the places you had gone for information helpful?**

Yes they were. I was apprehensive about getting the help I needed because women seem to get much more help. I didn't expect to be supported but I got practical advice, one on one counselling and I did three sessions of a group.

I also got pamphlets, website addresses, phone numbers but the people were most useful. Just talking and finding out things.

**What barriers did you face in getting the help you needed?**

The barriers were in me. I did not follow up on some things and chose not to pursue them. I didn't finish the group I went to as I was too upset. It was all too much. But I did learn that there were other men facing the same problem so I did not feel so alone.

**When you experienced these barriers what did you do next?**

I just keep trying to move ahead and do the best I could. I was comfortable with what I had, visiting professionals was manageable and I was happy to do that, just not the group. It was too difficult.

## **Participant 5**

**1. How old are you?**

49

**2. Where were you born?**

Australia - Perth

**3. Where were your parents born?**

Australia

**4. What sort of relationship do you have?**

Partner with whom I don't live, married previously

**5. How many children do you have?**

3

**6. Age & Sex of your children:**

Boys : 15, 10 Girls: 12

**7. How are you employed?**

Employed full time

**8. What is your highest qualification?**

Bachelor

**9. Where do you live?**

Inner city

We all need information to assist us make decisions in life. I am now going to ask you some questions about the way you use information, what is helpful, what is not, and what would make it easier to find and use the information you need.

**Can you give me an example of a time when you needed information to help you with important things in your life?**

When I was 40 I found out my wife was leaving me and taking the kids.

**What was the gap you were trying to fill with this information?**

There was a lot of information I did not have. I needed legal information, emotional support, information about the separation/custody process, medical information and support - everything.

**How did you think the information would help you?**

I didn't know how to cope. There was no pathway to the help I needed. I thought information would help me find my way through things.

**When you needed information to help you with this problem what did you do try to find it?**

Trial and error. I dealt with things as they came to hand. I used my good friends for support but they didn't have practical advice. I talked to my sister. I went to my doctor - that was a woman too. I went to church, although I had that background I was not connected at the time, but it seemed like a place I might find the help I needed.

**Why did you use these sources of information and help?**

I had no knowledge at all. I just tried anything I thought might help.

**What happened next?**

Stress impacted my decision making. I went to a lawyer, and then to legal aid. A friend suggested a self help group, that was run by the church, I went to that.



**Was it difficult to access these people, places or information tools.**

There was no logical pathway. I accessed the church by just rolling up. I rang other places and got details of what was offered - costs etc. I spoke to a friend who was a social worker. The whole process was a maze. It was adhoc and inconsistent.

**Were the places you had gone for information helpful?**

The lawyer was shocking! I was shown a piece of paper with prices without any information. Lawyers pretend that the separation/custody issue is difficult. It is not, it is very simple, and they have done it hundreds of times. They should have some sort of proforma process and forms which walk through what needs to be done, and the steps. That information would be very useful.

My friend who was a social worker was useless too. I thought she would be a good source of information but she didn't have any information at all. I suppose it was because I was man needing help. Men and women are treated differently.

The support group was very helpful. It was just a group of ordinary people trying to work things out. There was understanding of the personal process of gaining understanding of what was going on. I needed that sort of help.

**When you experienced barriers what did you do next?**

I am not a booky person by nature but I needed a lot more information so I went to the library, I also bought books. I used handouts from legal aid.

I kept going to the support group and then I joined a men's group. The men's group was fantastic.

## **Participant 6**

**1. How old are you?**

32

**2. Where were you born?**

Australia - Melbourne

**3. Where were your parents born?**

Australia

**4. What sort of relationship do you have?**

Divorced, partner who whom I don't live

**5. How many children do you have?**

2

**6. Age & Sex of your children:**

Boys : 5 Girls: 8

**7. How are you employed?**

2 part time jobs

**8. What is your highest qualification?**

Post graduate

**9. Where do you live?**

Suburbs

We all need information to assist us make decisions in life. I am now going to ask you some questions about the way you use information, what is helpful, what is not, and what would make it easier to find and use the information you need.

**Can you give me an example of a time when you needed information to help you with important things in your life?**

5 years ago I my wife and I separated. This was a totally a new area for me. I needed a lot of information.

**What was the gap you were trying to fill with this information?**

I needed to gain education. I needed information about legal proceedings, child support, custody, property - everything to do with the issue.

**When you needed in information to help you with this problem what did you do try to find it?**

I used pamphlets from the family court. I rang Lifeline.

**Was it difficult to think of places to go for help?**

Yes. People I knew suggested places to obtain information.

**Why did you use these sources of information?**

It was just where I found myself. My wife made an allegation of domestic violence. I needed to argue a Violence Restraining Order. It was an emergency situation.

**Was it difficult to access these people or information tools.**

Yes, it was expensive and there were long delays. Lifeline helped to understand what was going on. I felt supported.

**Did you get what you needed?**

Eventually.

**Were the places you had gone for information helpful?**

Yes, it made me aware of my rights. I filed the information and held on to it to refer to.

I get information from the Child Support Agency - this information is not helpful. It is very inflexible and about procedures rather than support. The information varies, it is inconsistent. I file it and refer to it.

I also get information from Centrelink. They are constantly meddling. I just wish we could sort things out for ourselves.

There was a court ordered custody and settlement arrangement so I suppose you could say I got the information I needed, and it helped me, but it was difficult to get through it all.

**When you experienced these barriers what did you do next?**

I made attempts to resolve things, got more legal advice.

I read books, I got these from the library.

The internet is very useful. It has a broad spectrum of information. There is privacy. Discretion and privacy are very important for men.

I got counselling from friends and professionals.

I rang Lifeline. It was accessible and helpful, always accessible and helpful. They were always contactable by phone. I saw two men there, they had a good understanding of the issues.

## **Participant 7**

**1. How old are you?**

50

**2. Where were you born?**

Australia - Adelaide

**3. Where were your parents born?**

Australia

**4. What sort of relationship do you have?**

Separated from my wife, partner whom I don't live with

**5. How many children do you have?**

2

**6. Age & Sex of your children:**

Boys : 21; 13

**7. How are you employed?**

Employed full time in own Business

**8. What is your highest qualification?**

Bachelor

**9. Where do you live?**

Inner city

We all need information to assist us make decisions in life. I am now going to ask you some questions about the way you use information, what is helpful, what is not, and what would make it easier to find and use the information you need.

**Can you give me an example of a time when you needed information to help you with important things in your life?**

My wife had an alcohol addiction and I was trying to decide if the marriage should end.

**What was the gap you were trying to fill with this information?**

I was deeply uncomfortable with the family situation but because this was my second marriage I knew the costs and enormous ramifications of making a decision to end my marriage. I thought information from others would help me see more clearly the different options and hear my own wisdom.

**What was the outcome of this period in your life?**

My marriage ended and I now have custody of my 13 year old son.

**When you needed information to help you with this problem what did you do try to find it?**

I talked to a lot of people but especially to two very good friends.

I also used evidence based information from professionals. I needed to know very precise information about the impact of his mother's alcohol problems on my son, particularly what I should do about him visiting his mother after our relationship ended.

**Why did you use these sources of information?**

I had been exposed to 7 or 8 years wisdom from these friends and I believed that the information they would give me was very sound. They were also people who were not close to my wife.

**Was it difficult to think of people, places or information tools which might be helpful to you?**

No because my relationship with these people was already in place. I needed people who would speak with truth rather than just offer empathy.

**How did you approach these places, places or information tools.**

I meet regularly with one of these friends fortnightly and I made contact with the other by phone. I also meet the other regularly in a 'Men's spirituality group'

**Were the places you had gone for information helpful?**

Yes, very helpful.

**If you received information you thought would be useful what did you do with it?**

I took what was said and internalised it. I worked with it until I came up with an outcome which I thought was the best.

**What were the gaps in the information you received?**

Because the information was provided by friends perhaps it lacked some objectivity. This was why it was important for me, also, to go to Holyoake and seek professional advice.

**In what ways was the information helpful?**

It helped me stay sane. It helped me understand I was not crazy. It normalised things and provided clarity.

**When you experienced gaps in the information what did you do next?**

I am part of a men's group and I was able to raise the issues there and gain more clarity. Also, a single interview at Holyoake filled a 'gap' in relation to the 'evidence base'.

**Did you get what you needed from these people, places or information tools.**

Yes, utterly. But I had to ask for it. This was very important to me gaining clarity and the resolution of the issue. The men in the group asked "what do you need from us?" and this allowed me to be very clear about the help I was seeking from them.

This led to counselling which provided more objectivity. The relationship with the counsellor was existing as my wife and I had been there together previously.

**What can you tell me about your information needs overall?**

The most important source of information for me is people - my friends, and regular contact with them is very important. The men's group is an important source of information and again the continuity and frequency of this is important.

There has been a big change in my information seeking in the last two years and I have started using google on the www. I came to this a bit later than many but I find it a great source of information, especially health information. It is anonymous and is a safe place to ask dumb questions. It provides a wider net of information than from my friends.

WWW is very accessible in my busyness. I can do it late at night within the comfort of home. It is a great place to go for things you are scared of. I do not want to be seen as paranoid, weak, moaning, whinging or a hypochondriac by others so the www is a good place for me to avoid those fears while still finding out things I need to know. Shame is a big factor in not wanting to talk openly to find information. Being vulnerable is hard - the more the need the less likely I would be to ask.

I also use professional sources of help: counsellors and doctors.



## **Participant 8**

**1. How old are you?**

40

**2. Where were you born?**

New Zealand. 13 years in Australia.

**3. Where were your parents born?**

New Zealand - father now lives in Australia

**4. What sort of relationship do you have?**

Married - 2nd marriage

**5. How many children do you have?**

3

**6. Age & Sex of your children:**

Boys : 13 Girls: 16, 11

**7. How are you employed?**

Employed full time

**8. What is your highest qualification?**

Year 12

**9. Where do you live?**

Suburbs

We all need information to assist us make decisions in life. I am now going to ask you some questions about the way you use information, what is helpful, what is not, and what would make it easier to find and use the information you need.

**Can you give me an example of a time when you needed information to help you with important things in your life?**

A year ago I wanted better access to my kids. I needed information about that.

**What was the gap you were trying to fill with this information?**

I wasn't sure where to turn or what my rights were.

**How did you think the information would help you?**

I wanted piece of mind. I wanted a better understanding of my rights, the kids rights, their mother's rights. I didn't wanted to be going about things half cocked.

**When you needed in information to help you with this problem what did you do try to find it?**

I used the Yellow Pages and found the phone numbers I needed.

**Why did you use these sources of information?**

I had used Relationships Australia before for counselling so I knew about them so that seemed a good source for this new information I needed.

I also rang Dads@lifeline.

**What happened next?**

I phoned the places I had chosen as likely sources of information and help. I received verbal information over the phone and then had one on one counselling.

**Where the places you had gone for information helpful?**

Yes, I developed a better understanding of the how the children were being affected by the alientation but there does not seem to be much I can do to change things.

**When you experienced these barriers what did you do next?**

I feel like I am between a rock and a hard place so I have really rolled over and played dead. I have spoken to the children and they do not want to see me so feel that there would be more tension if I put pressure on them. That would not be good for them either but I feel disempowered as a parent. I am just resting but I don't think things will change. I wish things could be more flexible but as the older children are teenagers I have been told they can choose for themselves. I hope things can change.

## **Participant 9**

**1. How old are you?**

56, 30 when I first needed help and that is ongoing

**2. Where were you born?**

Australia - Sydney

**3. Where were your parents born?**

NSW

**4. What sort of relationship do you have?**

Partner with whom I don't live

**5. How many children do you have?**

2

**6. Age & Sex of your children:**

Boys : 31 Girls: 30

**7. How are you employed?**

Full time public servant

**8. What is your highest qualification?**

Trade/TAFE

**9. Where do you live?**

Suburbs

We all need information to assist us make decisions in life. I am now going to ask you some questions about the way you use information, what is helpful, what is not, and what would make it easier to find and use the information you need.

**Can you give me an example of a time when you needed information to help you with important things in your life?**

I needed to dry out from alcohol abuse. I need to find somewhere to go to dry out.

**What was the gap you were trying to fill with this information?**

I was sick of being sick

**When you needed in information to help you with this problem what did you do try to find it?**

Didn't know what to do. A friend who was the employee liaison officer at my work thought I wasn't doing so well. He got me into his office to try and talk it through.

I didn't have a clue about anything. I felt isolated.

**Why did you use these sources of information?**

It was my friend's job to help sort me out. I trusted him. He came to me.

**What happened next?**

The company I worked for had the resources to fly me off the mine site where I worked and I went to Holyoake [community support agency] for six weeks residential care.

**Where the places you had gone for information helpful?**

I knew nothing and the initial information about what would happen to me was very sketchy. I was a large learning curve. But after this anxiety the help was very helpful, I have been dry now for 26 years but it is an ongoing process.

**What did you do next?**

After my residential care I joined AA, and attended meetings. I bought resources – books. Then I came to a flat line, I wasn't getting enough from AA, I was seeking something deeper. Friends from outside AA took me to the Buddhist temple. It felt right, it was a good fit for me. I got pamphlets and books to learn more. There were suggested structures like meditation. There was no dogma and that appealed to me. I am still mediating.

## **Participant 10**

**1. How old are you?**

59

**2. Where were you born?**

UK

**3. Where were your parents born?**

Mother, India (to UK expats); Father, UK

**4. What sort of relationship do you have?**

Partner with whom I live (Previously married)

**5. How many children do you have?**

4

**6. Age & Sex of your children:**

Boys : 40, 32 Girls: 29, 17

**7. How are you employed?**

Full time in own business

**8. What is your highest qualification?**

Bachelor

**9. Where do you live?**

Outer suburbs/semi rural

We all need information to assist us make decisions in life. I am now going to ask you some questions about the way you use information, what is helpful, what is not, and what would make it easier to find and use the information you need.

**Can you give me an example of a time when you needed information to help you with important things in your life?**

When I was in my early 20s my wife was killed in a car accident. I was the driver of the car. I was also injured. We had a 3 year old son.

**What was the gap you were trying to fill with this information?**

I needed information, help and support to assist me cope with the enormity of my new situation. I needed help to understand my grief and my son's grief, how could I assist him to understand that his mother was gone. I needed legal advice to help me through the inquest and with the prosecution of the other driver – he fell asleep at the wheel, the accident was his fault.

**When you needed in information to help you with this problem what did you do try to find it?**

My friends and family were a great support but there did not seem to be any formal help. Maybe that help was there but I just didn't know what I needed, or how to ask for it. When the policeman came to visit me in the hospital to discuss the accident he offered me a cigarette to ease my distress, I remember that clearly.

**Why did you use these sources of information?**

My friends and family seemed the only sources of help available. It was difficult to know if other things were available, I do not remember any one suggesting anything. It was very much get up, get on with it, and get back to work.

**Were the places you had gone for information helpful?**

Yes and no. The emotional support I received from friends and family was a comfort and my mother and mother-in-law took on the role of carers for my son so I could return to work for which I was very grateful. I definitely had to subcontract that role to them so I could work.

There was a lot of sympathy from friends and family but no information to help me understand what was happening to me, being taken to the pub is all very nice but it did not fix my problems. There was also no information to help me to learn about grief and children and how I could help my son. There were the usual platitudes “mummy has gone to heaven” but that hardly seemed adequate. Recently my son had a traumatic marriage breakdown after only 6 months of marriage and I wonder if this had something to do with his mother’s death when he was so young and the way I handled his needs. When things like this happen all the sadness and guilt and pain of that time rise up again. I suppose the grief was really never resolved.

**When you experienced these barriers what did you do next?**

Nothing. I did not know what to do so I just learned to manage. As I said I properly did not really know what I needed and did not have the skills to ask for it in a way that made sense to anyone. After several years I met another young woman and we married, my son became part of this new family but I realise now that that was a rebound and very unfair to my new wife. Life seemed to go on in a bit of a blur and although I had two more children our marriage did not last.

I had two heart attacks in my early 50s and I am sure it was just a combination of my continuing inability to get things together and the stresses, and confusion, of the life I had created. It is sad to think how everything just kept piling up and nothing ever got resolved. I just seemed to make one mistake after another and never felt settled.

After my heart attacks I found a very sensitive new partner and she has helped me understand the impact of my unresolved grief. I am also adopted and that also may have had impact on my ongoing reaction to the death of my wife when I was so young. I just wish I had someone who could have guided me through the maze of emotions when I was younger. Maybe my life, and the life of those I love, especially my children, would have been easier. Although I am a lot more settled and happier than I have ever been, there is still the guilt, still the sadness that I created a bit of a mess of things.

**What type of information resources do you use most often.**

Partner is best source.



I use the web for hobbies and shopping but not for help seeking of a personal nature, health etc. The internet is full of shit, too much filtering is required. I would rather use professionals with learned credible knowledge.

In the past I used friends for information and support but not lately as I migrated to Australia 17 years ago and have not really established a new support network. I am into cars and am in a couple of car clubs and have made friends but I would not use these people for information and supports as there is no deep contact. I am not sure why? It is hard to establish a level of trust with new people. Even though 17 years is not new, it is very hard to mesh intensely. You seem to form these strong types of friendships when you are younger - you are somehow forged in the fire of shared experience.

I don't use the web for helping type information but email is fantastic for keeping in touch with my old friends and support network. I use this a lot.

When I had my heart attacks 9 years ago I formed a cachet of reliable professionals to help me. I have shopped around a bit for those I liked and provided a good fit for me. I ask advice about professionals from other professionals. I read information provided by professionals but don't visit support services per se eg. when I had my heart attacks my cardiologist provided a raft of material which I read and learned from, I was determined to stay alive, but I did not visit, or phone the Heart Foundation direct. I expect to get what I need from the "expert" who is helping me. I am not a forager.

I would not use help lines – well only as a very last resort. I am not sure of the credibility of those at the other end of the phone. What is their training and knowledge base? This is unknown so I am reluctant to use them.

I do not use self help books either. I read a lot for pleasure but not for getting help. Not sure why – time perhaps, or again credibility. Who is the author, what qualifications do they have etc?

All is all I am a private person brought up in an environment where asking for help was a weakness. Perhaps younger men are different but it is hard to change, although I have and I ask for help more now. Well perhaps not ask for help, but I let people know what is going on for me, and welcome input.

## **Participant 11**

**1. How old are you?**

43, I first needed help 5 years ago

**2. Where were you born?**

Australia - Perth

**3. Where were your parents born?**

Mother: Cairo/Egypt; Father: Perth/Australia

**4. What sort of relationship do you have?**

Partner with whom I live

**5. How many children do you have?**

3

**6. Age & Sex of your children:**

Boys 10: Girls: 12 & 8

**7. How are you employed?**

Own business - full time

**8. What is your highest qualification?**

Bachelor

**9. Where do you live?**

Suburbs

We all need information to assist us make decisions in life. I am now going to ask you some questions about the way you use information, what is helpful, what is not, and what would make it easier to find and use the information you need.

**Can you give me an example of a time when you needed information to help you with important things in your life?**

5 years ago I had some relationship issues and I needed information around that

**What was the gap you were trying to fill with this information?**

I wanted to improve my relationship. I thought it would help to draw on the wisdom of elders.

**When you needed information to help you with this problem what did you do try to find it?**

I spoke to family members, especially my older brother. This led to joining a men's group.

I had one on one counselling at RA (once) and then my partner and I had joint counselling.

**Why did you use these sources of information?**

I asked my brother as he seemed the most obvious. My brother knows me very well. I would have seemed odd to ask someone about "me" when they didn't know me.

RA had some reputation.

**How did you approach these people, places and information tools.**

Face to face and phone calls.

**Were the places you had gone for information helpful?**

Yes and no. This is definitely a work in progress. There have been positive steps forward, especially for me, and I have gained a lot of new strategies for dealing with issues. There has been some resolution and it has had a positive impact on my relationship.

**What barriers did you face in finding information and getting help?**

I don't recall specific barriers, there seemed to be lots of information when I looked for it. I just got what I needed bit by bit. You have to be prepared to confront the fears of not

knowing and just keep at it. It is a slow process, like a child crawling in the dark. Personal barriers of fear when you step out of your comfort zone and allow people to ask you questions. Confronting really!

**What sort of information is most helpful to you?**

I read two books by Steve Biddulph on Manhood and issues affecting men. Books are wonderful tools. They get passed around in my men's group.

There were leaflets and pamphlets at RA.

As I mentioned my brother was a great source of information, but also my father and other elders.

I use the internet. There are also the workshops run by the men's groups at the yearly gathering, they are informative and empowering. Life altering in fact.

I don't use telephone help lines - I don't think these would be very helpful for many men.

I did lots of talking - it gives clarity.

Word of mouth information is very helpful. Other people tell you things that they have done and you can trust it because you trust the person. Friends will see a friend who needs help and give advice. Best help is just having someone LISTEN to you and not judge you.

There was real enlightenment in my men's group. I was really lucky as I only tried one group and it was a really good fit. It was great to have that. Wes Carter is an amazing elder. Wish there were more exactly like him. Professional counselors of "men's issues" are the go.

## **Participant 12**

**1. How old are you?**

49. The issues I have are long term. Have been involved with GROW for 17 years.

**2. Where were you born?**

Perth

**3. Where were your parents born?**

Mother; Dublin, but was only 3 when she came to Australia

Father; Perth

**4. What sort of relationship do you have?**

Single, but have been separated from long term/live in partner for 2 years. (There doesn't seem to a word for separated defacto!)

**5. How many children do you have?**

0

**6. How are you employed?**

Employed full time

**7. What is your highest qualification?**

Bachelor

**8. Where do you live?**

Inner City

We all need information to assist us make decisions in life. I am now going to ask you some questions about the way you use information, what is helpful, what is not, and what would make it easier to find and use the information you need.

**Can you give me an example of a time when you needed information to help you with important things in your life?**

I tried to kill myself twice aged 32 (1990).

**What was the gap you were trying to fill with this information?**

My life was out of control, I knew I needed help

**When you needed in information to help you with this problem what did you do try to find it?**

I didn't try to find information, it sort of came to me. I heard a radio announcement about Grow and it struck a chord with me. At that time I had a friend who had sought help (he had just joined AA) so that was an impetus to get help for myself.

After I heard the information on the radio I used the phone book to find the number for Grow and I rang them.

**Why did you use these sources of information?**

The radio announcement gave really credible information and there was the synergy with my friend who was getting help. This synergy was the main instigator.

**What happened next?**

When I phoned I told the voice at the end of the phone that I was suicidal. I was asked where I lived and I was matched with a Grow group in my area, then I just rocked up to the next meeting. The meetings are weekly and I think I was lucky as the one in my area was very soon after I made the first call.

**Were the places you had gone for information helpful?**

Yes, in spades!

### **Why was this source of information helpful for you?**

I think it was a bit like a hang over cure. When you have been out with a friend and have too much to drink the next morning you feel awful but you see your friend and he looks even worse off. The first meeting was like that for me. There were people there who had real problems and it helped to put my own problems in perspective. There were lots of little wisdoms in that first meeting. The decision to return was easy.

In the longer term I think Grow suited me because it allowed me to tell my story - personal testimony is important to the process - I felt heard and there is objective discussion in an extremely structured environment. Why it worked is a million dollar question. It was the structure, the weekly checkin, and the common language. It works very subtly. It worked for me but only 1 in 5 people stay in Grow. Like all helping the fit has to be right. If it works stick with it, if it doesn't find something that does. Fit is very important.

For a while in the early 1990s the only things which got me through the week were my GROW group on a Monday afternoon; a game of golf on Friday morning (which I had learnt as a child but had not played regularly for 15 years); and later (from mid 1991) my Quaker Meeting For Worship on a Sunday morning.

## **Participant 13**

**1. How old are you?**

63, I was 44 when I first needed help

**2. Where were you born?**

UK. I came to Australia when I was 8.

**3. Where were your parents born?**

Mother; UK, Father: UK

**4. What sort of relationship do you have?**

Divorced

**5. How many children do you have?**

One

**6. Age & Sex of your children:**

Boy : 28

**7. How are you employed?**

Retired Executive

**8. What is your highest qualification?**

Trade/TAFE

**9. Where do you live?**

Inner City



We all need information to assist us make decisions in life. I am now going to ask you some questions about the way you use information, what is helpful, what is not, and what would make it easier to find and use the information you need.

**Can you give me an example of a time when you needed information to help you with important things in your life?**

When I was 44 I got cancer.

**What was the gap you were trying to fill with this information?**

I was facing something unknown. I had not knowledge of medical problems, except from watching Ben Casey on TV!

**How did you think the information would help you?**

I hoped that information would make the illness and the things I was facing less unknown. I wanted to fill some of the gaps in my knowledge.

**When you needed in information to help you with this problem what did you do try to find it?**

I spoke to my doctors. My wife was a resource, she provided a lot of information. First when I was ill and then later during recovery. She gathered books from the library and from bookshops.

**Why did you use these sources of information?**

They were readily available to me and seemed to want to have information and were willing to provide it. I also thought they were credible sources; that is important to me.

My illness was before the invention of the internet, but I am not sure if I would use that source of information. I am concerned about the credibility of a lot of information on the web, I am not sure where it comes from. It seems better to use information from people who know me or from credible sources like books. They seem the most credible source for me. They are my information source of choice.

**Were the places you had gone for information helpful?**

Yes, they were trusted sources. I gained knowledge and it took away some of the unknowns. I read it the information I received but it was still important for me to make up my own mind. I am like that I need to work things out for myself. I think many men are like that.

## **Participant 14**

**1. How old are you?**

43

**2. Where were you born?**

USA

**3. Where were your parents born?**

Mother: USA; Father: USA

**4. What sort of relationship do you have?**

Marriage; have been married before and divorced

**5. How many children do you have?**

Two

**6. Age & Sex of your children:**

Boys : 3; 5

**7. How are you employed?**

Home duties; student; setting up own business

**8. What is your highest qualification?**

Post Graduate

**9. Where do you live?**

Inner City

We all need information to assist us make decisions in life. I am now going to ask you some questions about the way you use information, what is helpful, what is not, and what would make it easier to find and use the information you need.

**Can you give me an example of a time when you needed information to help you with important things in your life?**

When I came to Australia from USA I needed to establish a friendship/support network and began seeking information to find a men's group.

**What was the gap you were trying to fill with this information?**

I needed to understand the culture in Australia. I needed a social network. I had left a high powered job in USA and was definitely a recovering workaholic.

**How did you think the information would help you?**

I needed more connection and kindred spirits. It seems that Australia is a very different place to USA and I was finding it difficult to find my way through the maze of that.

**When you needed information to help you with this problem what did you do try to find it?**

I talked to people at Ngala. The guys at Hey Dad! Ngala told me about the work being done by one of the men (NG) at Lifeline. Although my social network was small that was the first place I asked.

A year transpired before I actually called (NG). I was erasing emails and found a FW (forward) from one of the guys at Hey Dad! Ngala about a workshop that NG had put on. I emailed him and we started corresponding a bit. He was reticent at first and when I inquired about a counseling session, he replied that he was "pretty booked up." When we finally met in person, I guess I passed the test and he made a couple calls and arranged a meeting with a man who ran a Men's group near my home.

I rang a guy (GP) I read about in the newspaper who was offering support to men.

I rang the Men's Advisory Network. I can't recall how I got that number. I think I must have looked up Men in the phone book, yellow pages perhaps.

**Why did you use these sources of information?**

I was really in the dark but these places seemed a good place to start and a place to connect. MAN is a clearing house and had a list of men's groups. They have an email newsletter which has lists of activities for men.

The two professionals I rang seemed like sources of help as they were know to others.

**Were the places you had gone for information helpful?**

Yes and no. It was different from what I expected. I have to adjust my expectations of people. There was definite caution in people when they are approached for help, "who is this person, what does he want". One man I range told me his men's group was full, why didn't I start my own. It was funny really, if I had a social network which could have formed a men's group, I would not have been ringing him!

I would have like more responsiveness. I have been surprised how cautious Australians are to social interaction. Guys from USA seem more enthusiastic and embracive somehow, I am still trying to work my way around that. Although I am now in a network of sorts, I would not say I am friends with these men.

**When you experienced these barriers what did you do next?**

Once I adjusted my expectations I was able to make my way more easily. There is now a more to and fro dialogue with the men I have tried to hook up with, they have warmed up. I have now joined a men's group.

**What are the barriers you now face in getting the information and support you need?**

Time is the biggest barrier. I am a stay at home dad with two preschoolers, and I am studying and setting up a small business. As I have no existing network my friendships are limited so there is limited support from that. But it is paradoxical because my friendships are limited I have found new people who are different from my usual group and they have provided a new and different way of looking at things, and new sources of information.

**When you think about your information needs what tools do you use most often?**

People first, I like to call people and ask.

I use the internet and am a voracious reader. I use the library a lot and read self help books. There information I need is all there, I just have to peel away the layers to find what I need.

## **Participant 15**

**1. How old are you?**

52, 43ish when I needed help

**2. Where were you born?**

Australia, Kalgoorlie

**3. Where were your parents born?**

**Mother** Kalgoorlie

**Father** Kalgoorlie

**4. What sort of relationship do you have?**

Separated

**5. How many children do you have?**

2

**6. Age & Sex of your children:**

Boys : 12 Girls: 16

**7. How are you employed?**

Full time

**8. What is your highest qualification?**

Post Graduate

**9. Where do you live?**

Inner City

We all need information to assist us make decisions in life. I am now going to ask you some questions about the way you use information, what is helpful, what is not, and what would make it easier to find and use the information you need.

**Can you give me an example of a time when you needed information to help you with important things in your life?**

In my early – mid 40s I experienced a marriage breakdown

**What was the gap you were trying to fill with this information?**

Are the things I am feeling normal or am I strange? The awareness and comfort of knowing you are normal. I was not able to be intellectual about it, I could not use rationalisation to get beyond the feelings I was having.

**When you needed in information to help you with this problem what did you do try to find it?**

Yellow pages and internet to look up psychologists.

**Why did you use these sources of information?**

I want sources of help which were geographical, either close to my home or to my work.

**Was it hard to think of where to go for information and help?**

No, not hard as such. I am a university education scientist so I knew that there are other professionals trained to help men but I didn't ask for help early enough. I did very badly on support from friends. I had nice friends I didn't give them the opportunity to help. I thought I could manage on my own. I talked to my father and my brothers and sisters, but this was really information transfer rather than asking for help and advice. I told them what was happening, but I didn't ask for their help.

**Why did you choose these sources of information and help?**

I wanted a human resource. Information from libraries, websites etc didn't seem like enough. I have the view that if you don't know something find someone who does. Professional qualifications were important to me. I like to go to experts in other areas of my life, this did not seem different.

**How did you approach your choice of help?**

I made a phone call. I got an answering machine and assessed the message. It sounded as if this psychologist would work for me.



**Were the places you had gone for information helpful?**

I think so, I really had help in two stages. There was the problem of my marriage break up, and then later I needed help again when my ex-wife began a new relationship. I wanted to know more about how this would effect my children and how to handle it with them.

**When you experienced barriers what did you do next?**

I didn't really experience barriers, except within myself. There were gaps – I would have preferred some sort of structure to the information I received, and for it be more targeted at people like me. The websites I visited about family break down and the handouts I received from the psychologist were very high brow and very simplistic and do not reflect how people live their lives.

**What did you do with the information you received?**

I try and apply it though I am not always successful at this. When I need help again I had more confidence with the process. I was concerned about Family Law and how my children would fare when my ex-wife started a new relationship. It seemed more straight forward – there were direct answers to direct questions.

## **8b Service Delivery and Marketing**

### **Participant 1**

#### **If you were designing an information or support service for men what would it look like?**

I think a service like the one's provided to rape victims would be good. A service where the people know how women feel and provide practical and emotional support in ways that meet their needs rather dismissing concerns. The culture is not supportive of men seeking help and an agency like this could develop that culture.

Many men also hold the view that men "know stuff" and should be able to do things for themselves and this stops them seeking help, but this is changing. When men do ask it is hard to find someone who understands. There is a suspicion of men's distress and people do not hear the emotion being disclosed. People make inappropriate suggestions about where to go and what to do. Men do not want to go to places where their distress would be recorded especially hospitals and welfare departments.

Services need to be for men and women so that they provide a balanced view of life. There needs to be compassion for how people really live their lives and the complex things they have to deal with. The glossy material from the Family Court is amazing in its simplistic message. People don't live like that.

#### **How would you market such a service?**

Men don't seek help because they believe they won't be heard and that the services are set up to meet women's needs, especially around custody issues. Promotion of services for men need to show that the services are balanced. TV/media campaigns are negative towards men and there is no balance. Ads should portray men in a positive way. Women behave badly too but this is never shown. I

It is hard to promote things to men as they are very single minded. For instance if they are reading a men's magazine they do would not read ads about other things to do with things of a more personal nature, like custody issues. They only focus on the things that matter at the time.

I don't think they would go to websites either, and paper based products [brochures etc] like not helpful, men just don't read them. Men just need to pick up the phone.

Whatever advertising/promotion is used should be realistic and show that providers of services actually know how people really live their lives.

## **Participant 2**

### **If you were designing an information or support service for men what would it look like?**

Privacy is an issue. The risk of the personal becoming public is an issue. A service like Lifeline where everything is together and you can get a lot of help in one place. The groups where you don't feel so isolated.

Gayness is an issue for many men, men need to feel comfortable with what is being offered.

### **How would you market such a service?**

Advertising, bill boards and things like that, men are scared to ask for help and need to be prompted. But they do have tunnel vision and don't see things they don't think they need. They don't engage with advertising because they think they are being sold something. Media campaigns would help but they could be dismissed if the family did not see the need. Perhaps this is cultural.

## **Participant 3**

### **If you were designing an information or support service for men what would it look like?**

We need a National Office of Men's Wellbeing which would offer a wide range of information and support to men and provide policy support to government around issues that affect men.

There needs to be an acceptance that men and women are different and have different needs. If you treat men and women the same you are bound for failure. Positive discrimination is needed to attract men into roles such as primary school teachers, counselors and carers. More money needs to be paid to people in these roles in order to attract men to them.

A major initiative would be to co-ordinate a life skills training programme for men and boys.

It would have two parts: a training programme for boys 13-15; and another for men 20-25.

The programme for young men would teach them emotional intelligence, life skills, that they do not need gangs and to be verbal about their feelings and needs. It should be run outside the school system and use 'wise men' as mentors and supporters. This programme could be modeled on Arne Rubenstein's Pathways to Manhood and should not have a religious backing.

The programme for 20-25 year old men would need a high profile leader with a high public image and constant exposure, with a leadership structure which would support this person to maintain focus. It would focus on life skills planning and pre-marital advice (eg. that they will have a relationship with a woman who is their partner not their mother).

Both these programmes should be at least partly funded from the public purse such as through Medicare. The cost benefits in terms of community well being and reducing the burden of relationship breakdown would be substantial.

#### **How would you market such a service?**

Images of men are negative in today's culture. There is an over reaction to issues of sexual abuse and this is changing the way people think about men. They are afraid of them and see risk everywhere. This needs to change and a secular programme designed to work on community values over a 5-10 year period adopted. We need positive images.

A mass media campaign advertising the programmes would be needed. A financial incentive could be offered to encourage men to go to the training programme. A tax credit perhaps or a voucher system.

The programme should be marketed to show the benefit and it should be a matter of pride to have done it. Taking part would be seen as a positive "I really want to do that" experience. Men who don't take part would be the "odd one's out".

The high profile leader of the Office of Men's Wellbeing would be the major marketing tool. The image and credibility of that person would be used to attract men to take part. This person would be a man's man and men would be able to clearly identify with his values and attitudes.

## **Participant 4**

### **If you were designing an information or support service for men what would it look like?**

Men suppress things and think they have to be strong. They don't like to show weakness so it is hard for them to get help. Other men are a great resource so a high profile sports/media personality could be part of the solution.

A service should be non-clinical, sterile doesn't work - put the service in a bar! No seriously it should be homey and comfortable. Men don't want to feel like they are going somewhere for sick people just because they have a few problems.

Men are skeptical as they know women get more help.

Men use hints rather than coming straight out and saying things. Australian men are very closed, and they self medicate.

A spider web approach using mentors and people who know things to be a resource for other men. Men relate to other men but it is important that they get the right messages - things like honour and respect.

We must resource the next generation. Don't hide things from young men. Encourage boys to understand that they won't always be able to manage, that is unrealistic. Teach them to understand that asking for help is normal.

### **How would you market such a service?**

All the ads at the moment are sexist. Advertising needs to show men in a positive way. Ads show men doing dumb things and involved in domestic violence. This gives the wrong message.

A well known media/sportsman could give a service a high profile. Men would respond to that and want to be part of it. It would help them keep the information in their mind if a sports person was part of it.

## **Participant 5**

### **If you were designing an information or support service for men what would it look like?**

It needs to emphasise rights and responsibilities to the fore. Men need to be able to go to a place of comfort and be held a little and supported. They need to be supported in a way that they don't do anything rash. There needs to be people contact not internet, although privacy is an issue, people can provide that.

They need good information in a variety of formats. Proforma documents which simplify the processes - it is not difficult but it is made so. Information needs to be independent.

Men need other men. In the 1990s I felt I shouldn't be getting together with other men - that it was wrong for men to want to be together, not because of the gayness thing, but just because women made men feel bad wanting to be with other men. That has changed for me and I think information and support services should take that into account. I had no prior knowledge and it was too hard to ask friends for help in case they were taking sides. If I had support from other men who had been through it that would have helped. I think support services for men should reflect this need.

The culture is difficult for boys. They find it hard to express themselves. They don't understand that you can learn by talking to others. Boys are not allowed to be expressive in the culture. People think that it is men do not allow this but it is women too. They want men to "be my rock", this places huge expectations on men to behave in certain ways.

We need to teach boys when they are younger. They need to learn from other men. Young men need more knowledge about how relationships work. Pre-marital courses should be offered - young men would go to those as they know it would help them later. Men are very practical.

### **How would you market such a service?**

Put ads in sports pages in the paper. You need to put things in places men already use car magazines, trade magazines - things like that.

Bill boards need to show clearly what they are saying. Phone numbers should be clear, they should show blokey blokes. Messages should be clear.

TV ads don't work. Men think it is some sort of government bullshit - electioneering. There was those Domestic Violence ads recently. These are irrelevant, and insulting, to most men so they switch off straight away.

We need to advertise to people who love men - mums, sisters, our kids. We need to skill up women to tell men where to go. These people need to be confident to speak up about injustice when they see it. My sister did that. Even though she was a woman she said "this is wrong". That is important to hear, especially from a woman. Men respond to that.

## **Participant 6**

### **If you were designing an information or support service for men what would it look like?**

The way Lifeline works is ideal. It has information and people. It is central and accessible. It has books, pamphlets and the information is very available. The groups they run are very helpful. They are educational but also provide the company of other men who are in a similar situation.

Men need information on what is normal. That seeking help is normal. It is important for men to hear this.

Men are confused about things, there is a lot less distinction between men and women. Masculinity is blurred and this is a problem for men.

### **How would you market such a service?**

The media needs to create more positive images of men.

Put articles and ads in men magazines. Men are not good at prevention so they need information all the time. It needs to be all around so they can find it easily when they need it.

High school would be a good time to resource boys about what to expect from marriage and relationships. Don't rush in. By the time most people have decided to marry it is a done deal so they would not respond to information then. Men need information earlier.

Other men are a resource. A service for men should use men, both as a resource and in marketing.

Information from the Family Court, CSA, Centrelink should be more consistent, more helpful, not so formal and negative.

All these things would make it easier to access information but I would still have gone to the courts first - it was an emergency and I just had to resolve that situation first before I could move on to other things. I think many men find themselves in that situation. It is the pathway after that which needs to be easier.

## **Participant 7**

### **If you were designing an information or support service for men what would it look like?**

I would build on existing social networks. Encourage men to have a consistent social network of 4-5 people that they trust.

I would build information supports around the www. Men do not want to seem vulnerable. Easy links to a range of sites with information to help them find what they need.

Well written short articles in men's magazines like FHM, GQ and Ralph would help men hook into things. The information needs to be mixed up with all the other stuff that men are into.

Not billboards

Not TV campaigns

Work place training as an information source is really important.

Women are a support to men wanting information, they sometimes seem to be able to push through the barriers of men's reluctance. Perhaps this is because the services are set up for women, they work better for them.

The services need to be un-therapy like, unclinical with male providers. Not Iron John types, just ordinary blokes. It needs to feel like it a place of safe company. There needs to be men's magazines in the waiting rooms - this is a really big gripe of mine!

Men are happy to have advice. They don't just want empathy they also want instructions on what to do. They need directive help.

Men need to be given permission to be men. Men shouldn't have to be tamed.



Men like to do things - camps, camp fires, men in sheds, war games. There are too few places for men to gather to do these things together.

**You are older than the men in my study. What has changed for you since you were a younger man? What things do you do differently now?**

I was very influenced by feminism and it was a very specific time in history. I don't think experiences of men my age are very representative. We felt shame at being a man but younger men are not as concerned about patriarchal pressures. The men's group has helped me get beyond this reluctance to embrace my masculinity and to learn that men could be trusted. Feminism, which was in some ways liberating for me (so that I didn't feel locked into having to be a macho bloke) also fed a view that there was little to like about men and masculinity. So for some time I journeyed through my emotional life primarily in the company of, and through the eyes of, women

Men of my age were also very influenced by their father's war time and post war experiences. They were taught to "be a brave soldier" and this was very confusing. So while many, including psychologists and various 'personal development' writers were telling us we needed to be more emotional and soft, we were also internally bound to the values that our father's had taught us. It was very confusing.

I am more settled about all this now. It is important for me to maintain my friendships and I gain strength and support from them more than anywhere else.

## **Participant 8**

**If you were designing an information or support service for men what would it look like?**

When I first went to Relationships Australia (some years ago) I got involved in a men's group at their suggestion. I later seeded another group. While men's groups are not for every man they are very useful. If men understood the dynamic which operates in these groups I think they would be more willing to go to them. Unfortunately the perception is not good. A support service for men could change that perception and get more men involved in groups.

Information needs to be put where guys will see it. Sports pages of newspapers, men's magazines, sports channels on Fox.

Men don't have a clue. They are crisis driven and reactive. Many men haven't had to look at themselves so when a crisis strikes they need information where they are in their everyday lives. Short advertorial type articles in magazines and newspapers would act as prompts to get help.

We need good stories about men in the community. Stories about men in their families and communities and the good things they do. We need stories about single guys and their kids, how they are managing and the positive things that are happening. Everything is always so negative.

The media images of men show nothing positive. This is degrading to men. Men are shown as blundering fools, with no skills, real idiots and violent - this is the same in movies, advertisements and community announcements.

### **How would you market such a service?**

Naming is important, there needs to be a perception created that this is something positive. It needs to engage men by being real about what men are really doing. It needs to use high profile sports/media personalities which men respect to engage them. Men have insecurities about being seen as weak so these high profile people need to name depression and provide role models for men. The issues need to be mainstreamed. They are shown on programmes like Australian Story (ABC) but not enough men watch this sort of programme.

Marketing a service for men should show men doing positive things for themselves and their community - practical things. Empowerment through the group, helping needy people, challenge - men respond to that sort of image.

It should show men supporting other men and kids in outdoor recreation. This is empowering and assists with parenting. Men like to be physical and it is good for kids too. It is a win win.

Any marketing needs to reflect what is really happening in men's lives and the things they like to do.

## **Participant 9**

### **If you were designing an information or support service for men what would it look like?**

You have to get to boys much earlier, under 14 before they go stupid.

It is hard to engage men because they are in denial. Intervention is usually only possible when partners act, like they threaten to leave because they have had enough. Men are still in denial. You have to change attitude of peers who don't have the problem – they just tell you not to worry about things, and if your wife is unhappy it is not your fault "have another beer".

The internet can enhance problems – too much information too readily available. It can be misused and be detrimental. You need to know the information is reliable and sound – this is not always the case on the internet. There is a lot of shit, and this is bad for men.

There should be health warnings on alcohol ads. Let me know that alcohol and drugs are dangerous to some people and that some personalities are susceptible to mental health problems. That message needs to be clearer.

Genetic information is also important.

### **How would you market such a service?**

You have to put information where blokes are: beer mats, work place notice boards, talk to unions and them involved, health and well being programmes at work.

## **Participant 10**

### **If you were designing an information or support service for men what would it look like?**

I have to be confident that a service is trustworthy and confidential. I think most men are like that, we need help to feel comfortable before we talk about ourselves. It has to be welcoming. It is awful to feel like you are just another statistic – another man who can't get his stuff together. I want something personally tailored to my needs – which might be difficult as I often don't even know what they are!!

I think men respond best to a one stop shop, they don't like to get the run around. Men need to be seamlessly directed to appropriate help. We are pretty unmotivated about personal things and just give up if we have to forage for stuff.

Ideally there would be a person who would provide face to face contact – a triage system. This could also be done over the phone – but as long as the person was culturally appropriate and not from a bloody call centre in India!! The triage person could then direct

men to information and help they need. This could be another professional – doctor, counselor, legal advisor etc – but it could also be credible sources on the web, DVDs, books, leaflets and pamphlets, or support groups.

Men need a whole range of information and help. Friends can provide some of this but we need more formal supports too. Obviously grief and bereavement support was what I needed initially but men have complex needs, things are multi layered for them and they usually cannot see that.

An information/support service would have information and advice about the whole of life questions: eg., parenting small children, parenting teenagers, drug and addictions (kids and self), ongoing support for older children having issues like divorce, own health, relationship breakdown, re-partnering in later life, partner's health issues (eg. menopause – what do blokes know about that?) – we need a lot of stuff and it changes over time.

### **How would you market such a service?**

It has to have a simple name like Men's Help so it easy to find in the phone book or on the internet with Google. Men hate foraging for stuff.

I spend a lot of time driving in my job. I think posters on backs of buses are great tools for advertising to men. Nothing else to do but stare at the damn thing – something sinks in!

Resource GPs so that they can direct men to the service for more comprehensive help.

Place ads in men's magazines and the sports/car pages of newspapers. Although men don't take much notice of ads (except for cars and hobby stuff!) if short advertorial pieces could be included that would prompt men. They need to be linked to the things men do naturally eg. you change the oil in your car, get your cholesterol checked too!

Teach boys in schools to be more aware of their need for help, tell them that they don't have to manage on their own. Start at an early age and keep telling them.

We could do more to harness the knowledge of older men, but I am not sure how to do that. We are all very busy with work and then on retirement most of us just want to spend time on our hobbies and holidays. We are all a bit selfish I suppose but if we could link older and younger men together to support each other that would be great, I just don't know how that would happen.

## **Participant 11**

### **If you were designing an information or support service for men what would it look like?**

Services need to address men's problems. There are two main problems which need to be dealt with violence and abuse of children. Men need to get it together. Australian men bullshit too much. They just don't engage with what is really happening for them. They talk about stuff that doesn't matter. They avoid issues of the heart.

A service would work best if it had mainly male staff - they could take it up to the men and get them to address what is really going on. It would need to be drop in to provide face to face work - we don't need psychologists on the end of the phone. There should be counsellors and doctors so it provides all the care men need. It should operate using a hub approach with reps on the road like the vans which do breast screening for women. Visible and out there, getting men through the door. There should be a lot of workshops and these free of charge

The service should have a central place for day to day needs and a property in an outer area for retreat style work where men can go to really focus on men's physical and emotional health, and focus in a setting which is away from every day stuff.

### **How would you market such a service?**

Use women's grapevine – women are very persuasive.

Mass media marketing campaigns are great. I can think of the drink driving and domestic violence campaigns as giving very strong messages.

The service would need a major sponsor with a high profile that men would identify with.

It would need a figure head, someone from a high profile sport like footy. Someone who typifies the Aussie male and is yet MAN enough to step outside the stereotypical mould. Definitely not a politician or ex politician, there is no trust in the community for those people. It should be someone with a blend of sport and spirituality – someone evolved, but still a man's man. Men like Eddie Maguire, Andrew Denton, Billy Connolly – humour is always good. Men who can get other men to get out of their comfort zone (even momentarily/temporarily).

Men who are perceived successful in their career/home life/family life. Jamie Oliver,

Perhaps a musician like Bernard Carney. Good humour and ½ decent music. A hint of folk and good lyrics. Maybe a catchy tune that encompasses mens issues. A bit like Austentashus and his funny Australianna song that plays on words. Innuendos and connotations. Blokes relate to that.

There would need to be a hook which would get men in but I am not sure what that would be, many men respond to things that are not necessarily good for them – beer, bad food, stuff like that – so that would send all the wrong messages. The hook would have to be really savvy, but I don't know what it would be.

Perhaps a marketing company could explore the creative options of enlightening men. Wow, what a challenge.

And one for “those blokes” with tunnel vision and single mission.....If men could become better men within themselves they wouldn't need to spend excessive amounts of time and money looking for just sex all the time. It would come looking for THEM. Become the magnet.

## **Participant 12**

### **If you were designing an information or support service for men what would it look like?**

Men need to help men to be well. There needs to be on the ground services with different ways of doing business. It isn't one size fits all - there needs to be a variety of approaches. The fit has to be right to make sure that men get what they need and keep coming back.

Use cognitive behaviour therapy (CBT) - men respond to practical things, they want to know what to do, and CBT has been proven to work in a wide range of settings.

There would be a website, and this could include CBT to get men familiar with the language around the issues that confront them. They think they are the only one's feeling this stuff, the web site would help them to understand that this is not the case.

Along with the website there needs to be a well staffed phone line where men can ring and get more information and support. The link between the web site and engagement with others is important.

Encouraging men to form strong social networks is vital, this could be done via the phone. Link men up with a support group in their area. While social networks can reinforce bad as

well as good behaviours there would be strong messages in these networks that to change is to grow.

There may need to be an emphasis on rituals, especially for boys. Many boys are lost in the culture and older men could guide them and encourage them and help prevent a lot of problems occurring later.

We need a new paradigm and need to develop strategies for making men and women well together. We need to approach this by using strategies of bonding, obligation, and reverence. These qualities have been largely lost in our current culture. It is not just about men – it is about all of us working together to be well.

### **How would you market such a service?**

Men need role models for their journey. You would need to Semi Hollywoodise the service, chesty bond it with a high profile Aussie blokes who could give the message "I had troubles, do you have troubles". (Or: "I had troubles in the past but only fixed them by facing-up to them and seeking outside help. We're all here to help each other. Seek the help you want from others. You may not find it at your first try, but if you keep asking and seeking, you will find it.") Use humour to get the message out there that it is ok and normal to feel that something is wrong and to seek help.

Print, radio and TV advertising is essential, but more than advertising, advertorial where more information is given with personal testimony. The messages have to be more powerful to get blokes to respond. The stories of other men who are like them would prompt them to get help and support. The message has to be that there are a lot of options for help and it is ok to try different things. Fit is everything.

### **Participant 13**

#### **If you were designing an information or support service for men what would it look like?**

Men need to understand what is normal and what is not. Men need to know what they need to get checked and when. It cannot be nebulous. Women seem more skilled at this with breast screening and the other regular check ups they have. Not sure why men won't do this.

Have to start in primary school with boys. But health Ed needs to be done by sensitive people. Boys need kindness and then they will respond to messages and take them on board.

We need more family orientated doctors who know you. They have to be able to be conversational and gain trust. Doctor's surgeries are not friendly and there is always too long to wait - that puts men off. Going to see the doctor is not a pleasant experience.

Doctors need to be better resourced, and trained to refer to the right people. There has to be a good fit between the man and the person he sees. I was lucky, that happened for me, I had good results so I continue to trust the source. I know this doesn't happen for everyone and it can take a long time to get the right sort of treatment and help.

Some people might use their social network for information but this seems unprofessional to me. It must be believed that the source of the information is credible. Doctors are trained so I trust them. I would not want to interfere in other men's problems so that means I wouldn't give information to another man, I would just suggest he went to the doctor.

#### **How would you market such a service?**

The information needs to be put in places that men go to: sporting venues, pubs, gyms, workplaces.

It has to be direct and without gimmicks. Men do not respond to mass media campaigns - the mind just goes blank around them. I can read the paper and it will have 100 ads and I don't see any of them.

Large clear posters telling men specific things work best: "heh mate, are you crook - get checked"; "how long is it since you have been to the doctor, go now". Men respond to very clear and directive messages.

It is also important to tell men the importance of family history: "did your dad die of cancer, you could too!", "did your mum have diabetes, you could too!" Men would know it is not their fault they might be ill if there is a family history; that would mean they would respond more readily. It is important not to blame men; that puts them off.

Women need to be involved too, they are persuasive. It was my wife's tenacity that got me to get help. It saved my life.



## **Participant 14**

### **If you were designing an information or support service for men what would it look like?**

Start small. Develop a WA Men's Centre as a virtual community. Develop an interactive website using blogs and wikis, which is self monitoring by the men use it. It has been said that men live in quiet in desperation, they like privacy and do not ask for help so this virtual community would allow them to form loose networks around issues on different subjects and learn from other men. They could tap into the work of international gurus who would be linked into the site. The site could be a clearing house for what is going on for men in various geographical locations and if men need practical support like counselling or medical care other guys using the virtual Men's Centre could offer advice about where to go and who to see about particular problems.

### **How would you market such a service?**

Word of mouth through existing networks is the most effective marketing tool. Grass roots, person to person, marketing would let guys know about virtual community. Men could be referred to it by professionals so getting the word out to them would be an effective marketing tool.

Men respond to prompting from women so putting the word out through women's networks is also important.

Search engine marketing is expensive but it is effective. I would attempt to put the WA Men's Centre at the top of the list when men are web browsing.

Post card size pick up cards advertising the service could be printed and placed in the places that men gather - child care centres, pubs, doctors surgeries etc.

Advertising in men's magazines and in sports pages of newspapers.

Getting men at work through HR departments. The corporate catchment is largely untapped and has huge potential to engage men. It could be through referral or just by having the information available to men who may be seeking resolution to HR issues.

## **Participant 15**

### **If you were designing an information or support service for men what would it look like?**

I really don't know. I suppose there needs to be some kind of mechanism which doesn't alienate or trivialise. Something that says it is normal to seek help, that it is normal to feel crap. It would need to accept that it should be a long term low key approach – evolution not revolution.

You would have to change the prevailing message that being a man is a problem. Women want to gentrify men and get us into emotional feeling stuff. It takes time, we have to work at it, we don't like to be criticised for our efforts. It is not easy. Women don't seem to realise that. They get frustrated and angry, and that does not help, and just adds to problems.

### **How would you market such a service?**

I don't really know the answer to that either. I suppose, use the mainstream media – lots of it, regular, ongoing. Not focused on issues but showing cultural change.

Work place training might work but this would be hard to implement. People hate training and there is a sick leave attitude to problems. Take some time off, sort it out, and come back when it's better, especially in private enterprise.

Prompts don't work. Blokes don't see stuff. They don't look at the peripherals. It is what concerns them at the moment, anything 10-15% on the peripheral is not noticed.

Mentoring for young guys by older men. In my industry, engineering, there is already an unwritten code that we keep each other out of trouble on sites so this could be extended through existing friendships to give guys more confidence to ask if things are ok in other areas of life if they think someone is a bit down.

## APPENDIX 9



### SELF COMPLETION QUESTIONNAIRE

Code

Some questions are easier to answer when you are alone. This is a questionnaire to complete in your own time. There is no identifying information in this questionnaire but this questionnaire is coded so that I can link it with the rest of the answers you have provided. If there are questions you don't wish to answer just leave them blank.

It would be helpful if you could complete the questionnaire within two weeks and mail it back to me in the envelope provided.

### QUESTIONS

1. Is there one special person you know that you feel very close to and intimate with – someone you share confidences and feelings with, someone you can depend on?

Yes/No

2. What is this person's relationship to you?

---

3. Does this person live with you?

---

4. Is this person male or female?

---

5. Are you a 'special person' to some one, the one he or she turns to for sharing confidences and feelings and generally feels closest to?

Yes/No

6. If so, what is/are this/these person's relationship to you?

---

7. In the past year who has been most helpful in providing you with emotional support?

---

8. Who are you most likely to turn to first for emotional support?

---

9. In general how many close relationships do you have – people that you feel at ease with, can talk to about private matters, and/or can call on for help?

None

1-2

3-5

6-9

10 or more

10. Who are these people (tick as many as you need)

Wife/Partner \_\_\_\_\_ Mother \_\_\_\_\_

Father \_\_\_\_\_ Sister \_\_\_\_\_

Brother \_\_\_\_\_ Adult Children \_\_\_\_\_

Other relatives \_\_\_\_\_ Who are these \_\_\_\_\_

Male Friends \_\_\_\_\_ Female Friends \_\_\_\_\_

Other (please list) \_\_\_\_\_

11. How often do get together socially with family and friends who do not live with you

Weekly or more often \_\_\_\_\_

Fortnightly \_\_\_\_\_

Monthly \_\_\_\_\_

Less often than monthly \_\_\_\_\_

12. How would you rate your health overall?

Excellent

Good

Fair

Poor

13. How would you rate would you rate your mood/state of mind overall?

Excellent      Fair

Good          Poor

14. Are you a religious/spiritual person?

Yes

Somewhat

No

15. Are you a member of a club/association/church?

Yes/No

15a    How often do you attend this/these group(s)?

Weekly          Fortnightly

Monthly        Irregularly

Not often

16. I can do just about anything I really set my mind to do

Yes/No

17. I have little control over the things that happen to me

Yes/No

18. There is really no way I can solve some of the problems that I have

Yes/No

19. I often feel helpless in dealing with the problems of life

Yes/No

20. I have the information, social support and resources I need to make decisions in my life

Yes/No

If you answered No to this question what things do you need that you do not have

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Any further comments

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Please put your completed questionnaire in the stamped envelope and return it to me.

If you need to contact me or my supervisor please use the contact details on the information sheet which I have given you.

Thank you for taking part in this project. I am very grateful for your time.

## **APPENDIX 10**

### **Responses to the Self Completion Questionnaire**

#### **Participant 1**

- 1. Is there one special person you know that you feel very close to and intimate with – someone you share confidences and feelings with, someone you can depend on?**

Somewhat

- 2. What is this person's relationship to you?**

Friend

- 3. Does this person live with you?**

No

- 4. Is this person male or female?**

Female

- 5. Are you a 'special person' to some one, the one he or she turns to for sharing confidences and feelings and generally feels closest to?**

Yes

- 6. If so, what is/are this/these person's relationship to you?**

Teenage children

- 7. In the past year who has been most helpful in providing you with emotional support?**

Female friend

- 8. Who are you most likely to turn to first for emotional support?**

Female friend

**9. In general how many close relationships do you have – people that you feel at ease with, can talk to about private matters, and/or can call on for help?**

3-5

**10. Who are these people**

Brother; Male Friends; Female Friends

**11. How often do get together socially with family and friends who do not live with you**

Fortnightly

**12. How would you rate your health overall?**

Good

**13. How would you rate would you rate your mood/state of mind overall?**

Good

**14. Are you a religious/spiritual person?**

Yes

**15. Are you a member of a club/association/church?**

No

**16. I can do just about anything I really set my mind to do**

Yes

**17. I have little control over the things that happen to me**

No

**18. There is really no way I can solve some of the problems that I have**

No



**19. I often feel helpless in dealing with the problems of life**

No

**20. I have the information, social support and resources I need to make decisions in my life**

Yes

**Participant 2**

**1. Is there one special person you know that you feel very close to and intimate with – someone you share confidences and feelings with, someone you can depend on?**

Yes

**2. What is this person's relationship to you?**

Spouse

**3. Does this person live with you?**

Yes

**4. Is this person male or female?**

Female

**5. Are you a 'special person' to some one, the one he or she turns to for sharing confidences and feelings and generally feels closest to?**

Yes

**6. If so, what is/are this/these person's relationship to you?**

Wife

**7. In the past year who has been most helpful in providing you with emotional support?**

Friends, counsellor

**8. Who are you most likely to turn to first for emotional support?**

Wife, friends

**9. In general how many close relationships do you have – people that you feel at ease with, can talk to about private matters, and/or can call on for help?**

3-5

**10. Who are these people**

Wife, Male friends, female friends

**11. How often do get together socially with family and friends who do not live with you**

Weekly or more often

**12. How would you rate your health overall?**

Excellent

**13. How would you rate would you rate your mood/state of mind overall?**

Good

**14. Are you a religious/spiritual person?**

Yes

**15. Are you a member of a club/association/church?**

Yes      **15a How often do attend this/these groups**      Weekly

**16. I can do just about anything I really set my mind to do**

Yes

**17. I have little control over the things that happen to me**

No

**18. There is really no way I can solve some of the problems that I have**

No

**19. I often feel helpless in dealing with the problems of life**

No

**20. I have the information, social support and resources I need to make decisions in my life**

Yes

**Participant 3**

**1. Is there one special person you know that you feel very close to and intimate with – someone you share confidences and feelings with, someone you can depend on?**

Yes

**2. What is this person's relationship to you?**

Wife

**3. Does this person live with you?**

Yes

**4. Is this person male or female?**

Wife

**5. Are you a 'special person' to some one, the one he or she turns to for sharing confidences and feelings and generally feels closest to?**

Yes

**6. If so, what is/are this/these person's relationship to you?**

Wife

**7. In the past year who has been most helpful in providing you with emotional support?**

Wife

**8. Who are you most likely to turn to first for emotional support?**

Wife

**9. In general how many close relationships do you have – people that you feel at ease with, can talk to about private matters, and/or can call on for help?**

3-5

**10. Who are these people?**

Wife; Male friends

**11. How often do get together socially with family and friends who do not live with you?**

Weekly or more often

**12. How would you rate your health overall?**

Good

**13. How would you rate would you rate your mood/state of mind overall?**

Excellent

**14. Are you a religious/spiritual person?**

No

**15. Are you a member of a club/association/church?**

No

**16. I can do just about anything I really set my mind to do**

No

**17. I have little control over the things that happen to me**

No

**18. There is really no way I can solve some of the problems that I have**

No

**19. I often feel helpless in dealing with the problems of life**

No

**20. I have the information, social support and resources I need to make decisions in my life**

Yes

#### **Participant 4**

**1. Is there one special person you know that you feel very close to and intimate with – someone you share confidences and feelings with, someone you can depend on?**

Yes

**2. What is this person's relationship to you?**

Girlfriend

**3. Does this person live with you?**

No

**4. Is this person male or female?**

Female

**5. Are you a 'special person' to some one, the one he or she turns to for sharing confidences and feelings and generally feels closest to?**

Yes

**6. If so, what is/are this/these person's relationship to you?**

Mate

**7. In the past year who has been most helpful in providing you with emotional support?**

Best Mate

**8. Who are you most likely to turn to first for emotional support?**

Best Mate

**9. In general how many close relationships do you have – people that you feel at ease with, can talk to about private matters, and/or can call on for help?**

3-5

**10. Who are these people**

Girlfriend; Male Friends

**11. How often do get together socially with family and friends who do not live with you**

Weekly or more often

**12. How would you rate your health overall?**

Good

**13. How would you rate would you rate your mood/state of mind overall?**

Good

**14. Are you a religious/spiritual person?**

No

**15. Are you a member of a club/association/church?**

No

**16. I can do just about anything I really set my mind to do**

Yes

**17. I have little control over the things that happen to me**

No

**18. There is really no way I can solve some of the problems that I have**

No

**19. I often feel helpless in dealing with the problems of life**

No

**20. I have the information, social support and resources I need to make decisions in my life**

Yes

Comment: How I feel now was not always the case. I have learnt to feel good about myself and life's issues are not as daunting as they once were.

### **Participant 5**

**1. Is there one special person you know that you feel very close to and intimate with – someone you share confidences and feelings with, someone you can depend on?**

Yes

**2. What is this person's relationship to you?**

Sister

**3. Does this person live with you?**

No

**4. Is this person male or female?**

Female

**5. Are you a 'special person' to some one, the one he or she turns to for sharing confidences and feelings and generally feels closest to?**

Yes

**6. If so, what is/are this/these person's relationship to you?**

Sister, friend, partner

**7. In the past year who has been most helpful in providing you with emotional support?**

Partner

**8. Who are you most likely to turn to first for emotional support?**

Partner, depending on the subject matter.

**9. In general how many close relationships do you have – people that you feel at ease with, can talk to about private matters, and/or can call on for help?**

3-5

**10. Who are these people**

Partner, sister, male friends,

**11. How often do get together socially with family and friends who do not live with you?**

Fortnightly

**12. How would you rate your health overall?**

Good

**13. How would you rate would you rate your mood/state of mind overall?**

Fair

**14. Are you a religious/spiritual person?**

Yes



**15. Are you a member of a club/association/church?**

Yes      **15a How often do attend this/these groups** Weekly

**16. I can do just about anything I really set my mind to do**

No

**17. I have little control over the things that happen to me**

No. I really only have control over my reactions - not over what happens to me. There are certain things in my life that I cannot change such as not being able to live more with my children and be involved in their lives.

**18. There is really no way I can solve some of the problems that I have**

Yes

**19. I often feel helpless in dealing with the problems of life**

Yes

**20. I have the information, social support and resources I need to make decisions in my life**

Yes

Comments: I try to remain in a positive place. I now accept the way things are. It is not what I wanted, but that is the way it is. Maybe it for the better I just to have faith that this is the way it needs to be. You need to dig deep sometime to keep a good perspective on things.

## **Participant 6**

- 1. Is there one special person you know that you feel very close to and intimate with – someone you share confidences and feelings with, someone you can depend on?**

Yes

- 2. What is this person's relationship to you?**

Mate

- 3. Does this person live with you?**

No

- 4. Is this person male or female?**

Male

- 5. Are you a 'special person' to some one, the one he or she turns to for sharing confidences and feelings and generally feels closest to?**

Yes

- 6. If so, what is/are this/these person's relationship to you?**

Mate

- 7. In the past year who has been most helpful in providing you with emotional support?**

Mates

- 8. Who are you most likely to turn to first for emotional support?**

Mates

- 9. In general how many close relationships do you have – people that you feel at ease with, can talk to about private matters, and/or can call on for help?**

6-9

**10. Who are these people?**

Mates

**11. How often do get together socially with family and friends who do not live with you?**

Weekly or more often

**12. How would you rate your health overall?**

Excellent

**13. How would you rate would you rate your mood/state of mind overall?**

Good

**14. Are you a religious/spiritual person?**

Somewhat

**15. Are you a member of a club/association/church?**

Yes    **15a How often do you attend this/these groups?** Weekly

**16. I can do just about anything I really set my mind to do**

Yes

**17. I have little control over the things that happen to me**

No

**18. There is really no way I can solve some of the problems that I have**

No

**19. I often feel helpless in dealing with the problems of life**

No

**20. I have the information, social support and resources I need to make decisions in my life** Yes

## **Participant 7**

- 1. Is there one special person you know that you feel very close to and intimate with – someone you share confidences and feelings with, someone you can depend on?**

Yes

- 2. What is this person's relationship to you?**

Friend

- 3. Does this person live with you?**

No

- 4. Is this person male or female?**

Male

- 5. Are you a 'special person' to some one, the one he or she turns to for sharing confidences and feelings and generally feels closest to?**

Yes

- 6. If so, what is/are this/these person's relationship to you?**

Partner, Sons, Friend

- 7. In the past year who has been most helpful in providing you with emotional support?**

Partner

- 8. Who are you most likely to turn to first for emotional support?**

Partner

- 9. In general how many close relationships do you have – people that you feel at ease with, can talk to about private matters, and/or can call on for help?**

3-5

**10. Who are these people?**

Partner, Male Friends, Mother, Female Friends

**11. How often do get together socially with family and friends who do not live with you?**

Weekly or more often

**12. How would you rate your health overall?**

Fair

**13. How would you rate would you rate your mood/state of mind overall?**

Fair

**14. Are you a religious/spiritual person?**

Yes

**15. Are you a member of a club/association/church?**

Yes 15a How often do you meet with this/these groups? Fortnightly

**16. I can do just about anything I really set my mind to do**

No

**17. I have little control over the things that happen to me**

No

**18. There is really no way I can solve some of the problems that I have**

No

**19. I often feel helpless in dealing with the problems of life**

No

**20. I have the information, social support and resources I need to make decisions in my life**

Yes

Comment: life is a strange, delightful, confusing journey and best done in company.

### **Participant 8**

**1. Is there one special person you know that you feel very close to and intimate with – someone you share confidences and feelings with, someone you can depend on?**

Yes

**2. What is this person's relationship to you?**

Wife

**3. Does this person live with you?**

Yes

**4. Is this person male or female?**

Female

**5. Are you a 'special person' to some one, the one he or she turns to for sharing confidences and feelings and generally feels closest to?**

Yes

**6. If so, what is/are this/these person's relationship to you?**

Wife

**7. In the past year who has been most helpful in providing you with emotional support?**

Wife

**8. Who are you most likely to turn to first for emotional support?**

Wife

**9. In general how many close relationships do you have – people that you feel at ease with, can talk to about private matters, and/or can call on for help?**

3-5

**10. Who are these people?**

Wife, Male friends, Brother

**11. How often do get together socially with family and friends who do not live with you**

Monthly

**12. How would you rate your health overall?**

Excellent

**13. How would you rate would you rate your mood/state of mind overall?**

Good

**14. Are you a religious/spiritual person?**

No

**15. Are you a member of a club/association/church?**

No

**16. I can do just about anything I really set my mind to do**

Yes

**17. I have little control over the things that happen to me**

No

**18. There is really no way I can solve some of the problems that I have**

No

**19. I often feel helpless in dealing with the problems of life**

No

**20. I have the information, social support and resources I need to make decisions in my life**

Yes

### **Participant 9**

**1. Is there one special person you know that you feel very close to and intimate with – someone you share confidences and feelings with, someone you can depend on?**

Yes

**2. What is this person's relationship to you?**

Partner

**3. Does this person live with you?**

No

**4. Is this person male or female?**

Female

**5. Are you a 'special person' to some one, the one he or she turns to for sharing confidences and feelings and generally feels closest to?**

Yes

**6. If so, what is/are this/these person's relationship to you?**

Friend

**7. In the past year who has been most helpful in providing you with emotional support?**

Partner

**8. Who are you most likely to turn to first for emotional support?**

Doctor



**9. In general how many close relationships do you have – people that you feel at ease with, can talk to about private matters, and/or can call on for help?**

1-2

**10. Who are these people?**

Partner, Male Friends

**11. How often do get together socially with family and friends who do not live with you?**

Less often than monthly

**12. How would you rate your health overall?**

Good

**13. How would you rate would you rate your mood/state of mind overall?**

Good

**14. Are you a religious/spiritual person?**

Somewhat

**15. Are you a member of a club/association/church?**

Yes 15a How often do you attend this/these group(s)? Weekly

**16. I can do just about anything I really set my mind to do**

Yes

**17. I have little control over the things that happen to me**

No

**18. There is really no way I can solve some of the problems that I have**

No

**19. I often feel helpless in dealing with the problems of life**

No

**20. I have the information, social support and resources I need to make decisions in my life**

Yes

This participant took part in a secondary interview to clarify points related to his levels of social connectedness and availability of social and emotional support due to some contradictions in his responses to these questions.

In the initial interview this man indicated he was in several clubs and was a weekly attendee at his Buddhist Temple for a shared meditation and socialising yet he indicated that he only gets together socially with family and friends whom he doesn't live "Less often than monthly" and that he only has 1-2 people close relationships– people that you feel at ease with, can talk to about private matters, and/or can call on for help?

In this secondary interview he made the following points:

That clubs and group activities are usually about sharing experiences related to the activity not sharing about each other;

There is a lot of difference between friendship and socializing;

There is a big difference between friends and close friends;

A close friend is someone he would borrow money from, or lend money, and there has to be that willingness to trust. You only do that with close friends, of which he has 1-2.

Men do not don't have a lot of friends in their social groups because;

They have to make the effort

They think about doing it

It doesn't occur to them to move from friendship to close friendship with others in group activities

Women seem to need this more, and do it more often.

Men go and see experts for help, not friends, as there is too much obligation, and this is a burden – what will they ask me to do in return.

Men like a good fit between problems and solutions this is why they go to experts – accountants about money, mechanics about cars, doctors about health etc.

## **Participant 10**

- 1. Is there one special person you know that you feel very close to and intimate with – someone you share confidences and feelings with, someone you can depend on?**

Yes

- 2. What is this person's relationship to you?**

Partner

- 3. Does this person live with you?**

Yes

- 4. Is this person male or female?**

Female

- 5. Are you a 'special person' to some one, the one he or she turns to for sharing confidences and feelings and generally feels closest to?**

Yes

- 6. If so, what is/are this/these person's relationship to you?**

Partner

- 7. In the past year who has been most helpful in providing you with emotional support?**

Partner

- 8. Who are you most likely to turn to first for emotional support?**

Partner

- 9. In general how many close relationships do you have – people that you feel at ease with, can talk to about private matters, and/or can call on for help?**

10 or more, most overseas by email

**10. Who are these people?**

Partner, Father (before he died), Cousins, Male Friends, Work Colleagues

**11. How often do get together socially with family and friends who do not live with you**

Weekly or more often

**12. How would you rate your health overall?**

Good

**13. How would you rate would you rate your mood/state of mind overall?**

Excellent overall, although I crash pretty hard when things get on top of me

**14. Are you a religious/spiritual person?**

Somewhat

**15. Are you a member of a club/association/church?**

Yes **15a How often do you attend this/these group(s)?** Fortnightly, meet monthly and then outings with the group during the month

**16. I can do just about anything I really set my mind to do**

Yes

**17. I have little control over the things that happen to me**

No

**18. There is really no way I can solve some of the problems that I have**

No

**19. I often feel helpless in dealing with the problems of life**

No

**20. I have the information, social support and resources I need to make decisions in my life**

Yes

Further comments:

I have gained a lot of experience along the way and have moved on and changed my behaviour in recent years. I am less shamed about needing help. I understand more about myself and my needs. I do not see using professionals like counselors as a barrier to getting help – there is no shame for me in this now and I am prepared to shop around for relevant help.

### **Participant 11**

- 1. Is there one special person you know that you feel very close to and intimate with – someone you share confidences and feelings with, someone you can depend on?**

Yes

- 2. What is this person's relationship to you?**

Older Brother

- 3. Does this person live with you?**

No

- 4. Is this person male or female?**

Male

- 5. Are you a 'special person' to some one, the one he or she turns to for sharing confidences and feelings and generally feels closest to?**

Yes

- 6. If so, what is/are this/these person's relationship to you?**

My 3 children

**7. In the past year who has been most helpful in providing you with emotional support?**

Brother

**8. Who are you most likely to turn to first for emotional support?**

My life partner

**9. In general how many close relationships do you have – people that you feel at ease with, can talk to about private matters, and/or can call on for help?**

3-5

**10. Who are these people?**

Partner; Mother; Brother; Father; Male friends (from men's group), female friend.

**11. How often do get together socially with family and friends who do not live with you**

Monthly

**12. How would you rate your health overall?**

Excellent

**13. How would you rate your mood/state of mind overall?**

Excellent. Stable.

**14. Are you a religious/spiritual person?**

Somewhat

**15. Are you a member of a club/association/church?**

Yes     **15a How often do you attend this/these group(s)?** Weekly

**16. I can do just about anything I really set my mind to do**

Yes

**17. I have little control over the things that happen to me**

No

**18. There is really no way I can solve some of the problems that I have**

No

**19. I often feel helpless in dealing with the problems of life**

No

**20. I have the information, social support and resources I need to make decisions in my life**

Yes

### **Participant 12**

**1. Is there one special person you know that you feel very close to and intimate with – someone you share confidences and feelings with, someone you can depend on?**

Yes

**2. What is this person's relationship to you?**

Friend

**3. Does this person live with you?**

No

**4. Is this person male or female?**

Female

**5. Are you a 'special person' to some one, the one he or she turns to for sharing confidences and feelings and generally feels closest to?**

Yes

**6. If so, what is/are this/these person's relationship to you?**

Friend; group member

**7. In the past year who has been most helpful in providing you with emotional support?**

Friend

**8. Who are you most likely to turn to first for emotional support?**

God (internal) or Friend

**9. In general how many close relationships do you have – people that you feel at ease with, can talk to about private matters, and/or can call on for help?**

3-5

**10. Who are these people?**

Sister, Female Friends, Male Friends, Group members

**11. How often do get together socially with family and friends who do not live with you?**

Weekly or more often

**12. How would you rate your health overall?**

Good

**13. How would you rate would you rate your mood/state of mind overall?**

Excellent

**14. Are you a religious/spiritual person?**

Yes

**15. Are you a member of a club/association/church? Yes**

**15a How often do you meet with this/these groups?** Weekly, for some groups I belong to. Fortnightly, my men's group. Irregularly, church and other associations



**16. I can do just about anything I really set my mind to do**

Yes

**17. I have little control over the things that happen to me**

Yes, although I have TOTAL control over how I react!

**18. There is really no way I can solve some of the problems that I have**

No

**19. I often feel helpless in dealing with the problems of life**

No

**20. I have the information, social support and resources I need to make decisions in my life**

Yes

**Other comments:**

“GROW wisdom” is: Mental health can’t be taught – it has to be learned together

**Participant 13**

**1. Is there one special person you know that you feel very close to and intimate with – someone you share confidences and feelings with, someone you can depend on?**

Somewhat, I am not really a person who shares confidences or feelings

**2. What is this person’s relationship to you?**

Ex-wife

**3. Does this person live with you?**

No

**4. Is this person male or female?**

Female

**5. Are you a 'special person' to some one, the one he or she turns to for sharing confidences and feelings and generally feels closest to?**

Yes

**6. If so, what is/are this/these person's relationship to you?**

Not really. My son shares some things but shares confidences with his mother rather than with me.

**7. In the past year who has been most helpful in providing you with emotional support?**

Ex-wife

**8. Who are you most likely to turn to first for emotional support?**

I don't really do this. I try to work things out for myself. Ex-wife picks up on things when she visits.

**9. In general how many close relationships do you have – people that you feel at ease with, can talk to about private matters, and/or can call on for help?**

1-2

**10. Who are these people?**

Doctor, Ex-wife, Son (but he lives overseas)

**11. How often do get together socially with family and friends who do not live with you?**

Monthly

**12. How would you rate your health overall?**

Fair

**13. How would you rate would you rate your mood/state of mind overall?**

Excellent

**14. Are you a religious/spiritual person?**

Somewhat

**15. Are you a member of a club/association/church?**

No

**16. I can do just about anything I really set my mind to do**

Yes

**17. I have little control over the things that happen to me**

No

**18. There is really no way I can solve some of the problems that I have**

No

**19. I often feel helpless in dealing with the problems of life**

No

**20. I have the information, social support and resources I need to make decisions in my life**

Yes

**Comments:** I use my doctor for ongoing health related information

#### **Participant 14**

**1. Is there one special person you know that you feel very close to and intimate with – someone you share confidences and feelings with, someone you can depend on?**

Yes

**2. What is this person's relationship to you?**

Wife

**3. Does this person live with you?**

Yes

**4. Is this person male or female?**

Female

**5. Are you a 'special person' to some one, the one he or she turns to for sharing confidences and feelings and generally feels closest to?**

Yes

**6. If so, what is/are this/these person's relationship to you?**

Wife, brother, friend

**7. In the past year who has been most helpful in providing you with emotional support?**

Wife, Counsellor, Mother-in-law

**8. Who are you most likely to turn to first for emotional support?**

Friends, counsellor, wife

**9. In general how many close relationships do you have – people that you feel at ease with, can talk to about private matters, and/or can call on for help?**

6-9

**10. Who are these people?**

Wife, Sister, Male Friends, Brother

**11. How often do get together socially with family and friends who do not live with you?**

Monthly with wife's family

**12. How would you rate your health overall?**

Good

**13. How would you rate would you rate your mood/state of mind overall?**

Fair

**14. Are you a religious/spiritual person?**

Yes

**15. Are you a member of a club/association/church?**

Yes     **15a How often do you attend this/these group(s)?** Fortnightly

**16. I can do just about anything I really set my mind to do**

Yes

**17. I have little control over the things that happen to me**

Some control – control over the controllables

**18. There is really no way I can solve some of the problems that I have**

No

**19. I often feel helpless in dealing with the problems of life**

No, but sometimes I loose heart, but recover – almost always, almost inevitably

**20. I have the information, social support and resources I need to make decisions in my life**

Yes. Just need a bit more intestinal fortitude (Guts, balls)

### **Participant 15**

**1. Is there one special person you know that you feel very close to and intimate with – someone you share confidences and feelings with, someone you can depend on?**

Yes

**2. What is this person's relationship to you?**

Ex work mate

**3. Does this person live with you?**

No

**4. Is this person male or female?**

Male

**5. Are you a 'special person' to some one, the one he or she turns to for sharing confidences and feelings and generally feels closest to?**

No

**6. If so, what is/are this/these person's relationship to you?**

**7. In the past year who has been most helpful in providing you with emotional support?**

My ex-work mate, my father

**8. Who are you most likely to turn to first for emotional support?**

My father

**9. In general how many close relationships do you have – people that you feel at ease with, can talk to about private matters, and/or can call on for help?**

3-5

**10. Who are these people?**

Male friends, Father, Father's wife

**11. How often do get together socially with family and friends who do not live with you?**

Less often than monthly

**12. How would you rate your health overall?**

Good

**13. How would you rate would you rate your mood/state of mind overall?**

Fair

**14. Are you a religious/spiritual person?**

No

**15. Are you a member of a club/association/church?**

No

**16. I can do just about anything I really set my mind to do**

No

**17. I have little control over the things that happen to me**

No

**18. There is really no way I can solve some of the problems that I have**

Yes

**19. I often feel helpless in dealing with the problems of life**

Yes

**20. I have the information, social support and resources I need to make decisions in my life**

No.

**If you answered No, what things do you need that you do not have**

Experience, Information of other people's experience. Having the "It's ok" knowledge.

Comments: there is never enough knowledge or support available and this is probably a blight on our society more than a personal problem.

## **APPENDIX 11**

### **INTERVIEWS WITH SERVICE PROVIDERS**

#### **Participant 1 – Professional from community based, not for profit, agency.**

##### **What services do you offer?**

LifelineWA offers a range of services for individuals and couples, as well as the well known 24 hours crisis line.

Dad@Lifeline offers services supporting dads and kids after separation or bereavement. The service offers counselling, Family Law paralegal information and assistance, child support information and assistance, short courses and groups eg. The Secret Life of Men, and newsletters, publications, e.g. about family law and support. We also offer social and recreational activities for men and their children.

Many of the men who come to us hear about the services from previous clients and from family and friends - the social network is very important for getting men into care. We get referrals from stakeholder agencies, like Men's Advisory Network. When funds are available we advertise through the media and this usually leads to a run of phone calls. There are also men who cold call after identifying our service as a potential for help. They may have picked up one of our brochures at another agency or via our website.

Men ring to make an appointment and usually “spill the beans” about some impasse they have reached around custody, access, legal issues or dealings with the Child Support Agency. An intake interview takes place over the phone - a form of triage - to find out what they need, where they have been before, and appropriate support within Lifeline. This interview takes about 12-20 minutes. Then an appointment is made with the appropriate professional. On arrival for the appointment a consent and intake form is completed - some of the intake form will have been completed during the intake interviews.

Depending on the state of mind of the men who come to us it may be necessary to refer out to other health professionals if needed, especially if medication may be needed. Similarly, if they need specialist legal advice and/or representation, we discuss their options (according to their means and likely entitlement to legal aid etc) and make a referral.



From time we run a more educative programme called "Secret Life of Men" on a needs basis. This group encourages men to examine their lives in greater depth and explore issues that impact upon them in a safe environment with other men. For many men this is their first experience of disclosure and exploration with other men. Some men who do this group go on to join men's groups in other contexts and continue this exploration and social networking with men.

**If you were developing an information and support service for men without human or financial constraints what would it look like?**

Most of the information currently available to men is deficit based, and most of the relationship education is overly intellectual. Men do not generally respond to these types of messages and support.

There are also a wide range of problems confronting men (and the community more generally) at a policy level which provide mixed messages about the way to live effective lives. These contradictory messages for effective living occur around family law policy, work/family policy, parenting leave and part time work arrangements.

There needs to be recognition that those deficits in policy supporting men around these issues cause real distress for men. There needs to be a change in culture and policy around life and post separation issues. Some of these are very simple such as providing, as a matter of course, education records to non custodial parents. There needs to be more services to support men, these services need to be genuinely oriented towards men, and men need to be encouraged and supported to use them.

**How would you market this information and support service for men**

Efficient and economical marketing could be undertaken through GPs, Hospitals, schools, libraries, child care centres, and by resourcing staff in other non government agencies to refer men.

Resourcing women is also important. They prod, pressure, and threaten men to seek help and support, and they offer comfort and communication around the issues. While at some level men may resent this prodding and pressuring they do respond to it. Women's knowledge and networks are an important pathway for men wanting information and support.

Community education is also an important marketing tool. Talking to community groups where men gather, service clubs, sporting groups, churches, etc. These forums provide a catchment for engaging with men, providing a vocabulary around some of the issues and outlining pathways into support. In the same way workplace training can be a good place for men to warm up to the issues, they see other men they know participating and it can provide vocabulary and "hooks" into larger issues. If the provider of this training builds trust and rapport this can be a very effective pathway into help outside the workplace.

While working with men in need is obviously important it is also essential to educate boys so that they have the skills to be effective men. *Pathways to Manhood* is a programme which offers retreat style experiences for boys and their fathers in their mid teens. While these programmes are valuable we have to recognise that there is a need for skill development more often than a one off.

The mass media is important in providing testimony of high profile and respected men, such as sportsmen. When men hear the stories of these men, what was troubling them, and how they found a pathway into help, it resonates with other men and they identify with it. It provides a vocabulary, causes men to reflect on their own lives and shows the way into support.

The Pathways to Manhood model could be enhanced to offer adult courses for young adults, especially around issues of transition to moving into the workforce, marriage and parenthood. A voucher system could be made available to encourage men to attend. Tax deductions could be offered to men who attend and employers could sponsor men to attend. The value to individual men and the community as a whole would be considerable.

## **Participant 2 – Self directed mentoring and support service**

### **What services do you offer?**

I am long time contributor to discussion about men's social and emotional needs and have been a leading figure in the "men's movement" in Australia for many years but as I am now 70 I am stepping back and hoping younger men will pick up the reins. The Men's Work Project provides support to men who wish to set up men's groups and offers workshops and training to men. Men's retreats are also a component of the services and supports offered. I speak at conferences and seminars, and write articles on men's issues for a range of media outlets.

**If you were developing an information and support service for men without human or financial constraints what would it look like?**

Men aged 25-44 are in warrior energy phase and are threatened by attempts to mediate their behaviour. Men are afraid of, but want, intimacy with other men - but not gay intimacy.

Men are greatly affected by socialisation. They are conditioned into the ways of being male in the culture. There is no self disclosure to other men. Shame may be a factor in men not using services, don't want to tell others about things that they are uncomfortable about - infidelity, alcohol/drug abuse, violence - would prefer to hide behind the shame rather than reveal.

There is a culture of conditioning, conformity and compliance for men. We have to work to change this. There is no large scale uptake of the idea that men can do it differently. Departure from convention is threatening.

**How would you market this information and support service for men**

At about 40 men begin a period of self discovery, reaching men earlier (when they are in the warrior phase) is difficult. When they get to this time of self discovery where do they get trained in intimacy?

There needs to be a hook - selling the benefits, what is in it for them. Getting bums on seats is very difficult. Men don't see the need until something goes wrong.

Current service delivery and media images highlight pathology of men not health of men.

The only images of manhood are sporting heroes, rock stars or millionaires - success success success - but only one measure of success. No focus on the inner life as a pathway to happiness and wholeness.

Men need practical activities with helpful messages imbedded. eg. home brewing classes with health effects of alcohol to accompany.

Currently men's groups emphasise self disclosure not activity. This only appeals to small groups of men. Different models of group work need to be developed so that 'men's groups' appeal to more men.

Young men need mentors - pathways to manhood. Initiation ceremonies, leaving mother at home, doing activities with their father.

### **Participant 3 – Private psychologist and provider in government agency**

#### **What services do you offer?**

Clinical psychologist in private practice also working two days per week in a government mental health community clinic.

60% of private clients are men, this is not typical for private psychology service in WA. Most private practitioners see more women. I work in a particular way with men. Many of my clients are encouraged to visit by friends - the social network is an important pathway.

A breakdown of the pathways would be:

30% self or friend; 40% GPs; 30% other psychologists.

It is important to remember that it is not only coming to care which is important but continuing to come.

Men present for convoluted reasons, often after prompting from others. They are not good at communicating the issues that are troubling them, they lack the vocabulary, and need support to "unpack" what is going on for them.

In my public work I am dealing with much more disturbed people. It is band-aid treatment and just patching up crises. Ten sessions are available in the public system and this is nowhere near long enough to deal with the multiple problems that many people have - and these are not always psychological, although can impact on it, such as lack of housing.

There is a limited pathway from this public care to more the more in-depth work offered in the private sector. Some people make this transition but most do not. Now that Medicare is available for private psychological treatment more people may make the transition from crisis driven public care into the more in-depth long term work offered in the private sector.

**If you were developing an information and support service for men without human or financial constraints what would it look like?**

Trying to motivate men to get help by motivating shame doesn't work - such as the current DV ads - men are embarrassed by this shaming and won't talk and they become alienated from help.

Pathways to help have improved. There are a large number of help lines available now. These are issues based and may be useful as referral points but cannot substitute for in-depth support.

We need to de-stigmatise calls for help and assist men to recognise signs of distress.

The internet may be a useful pathway as it is private, but it could not be a substitute for developing a relationship with a practitioner. Engaging constructively is an essential part of the helping process and it is the relationship which develops between the client and practitioner which is important.

All my clients have seen someone else at some time, not always a psychologist, and are still seeking. It takes time for this relationship to develop and often it doesn't. The fit has to be right.

**How would you market this information and support service for men?**

I really do not know. Men are crisis driven. They will seek help when all else fails, or if there is an external focus, such as their partner leaving, or threatening to leave. Services need to be visible and available for men at that time. I think early help seeking is pretty much a lost cause, except for a small group of men.

**Participant 4 – Private psychologist and provider in community based, not for profit, agency**

**What services do you offer?**

At Pathways to Achievement we offer family, relationship and personal counselling. Men come individually or with their partner. Men often come because their partner wants them to but they have no language or labels for the problems, although mostly they know they are there. Often they are avoiding by focusing on work or things outside the relationship

and are often medicating with alcohol (this is meant in a 'men's culture context and not an 'alcoholic pathology' sense). They hope the problem will sort itself out without intervention or making changes in their lives.

We do minimal advertising. We have a website. We use yellow pages and a small web based advertisement. My wife [also a practitioner] advertises in Nova [alternative therapies monthly].

I also am contracted to provide counselling through a Workplace Assistance Programme. Workplace training can be a great help in providing men with information and providing language and labels for problems. Men do not feel dumb in that setting and there is no shame (this is because they probably don't have to respond directly in front of others) about accessing the tools which are available to help. Helping men to gain an understanding of the value of Emotional Intelligence as a tool for behaving rationally is extremely important in this work.

About 99% of our clients have been in some form of counselling before - even if it is only at school - and this does provide a background to expectations.

**If you were developing an information and support service for men without human or financial constraints what would it look like?**

Most health promotion is wasteful. There is no specified target audience or any information about what is supposed to happen as a result of seeing the advertisement. There is a lot of a "we have all the answers, just phone us" message in a lot of these types of mass media campaigns, and this is not very helpful.

Mentoring works best (at the individual level. Downside is that the message doesn't reach as many men)- raising awareness of issues that are impacting on men, what distress looks like, the capacity to coat tail on other people's stories, just having conversation with men about what might be troubling them - all these type of things can make a difference at the personal level.

It is true that many of the available services are resourced by women but by focusing on this as a reason for not using them men are being avoidant - it is a bit of an excuse for not acting. Men need to be more comfortable that they won't loose their masculinity by doing something which is seen as feminine - having counselling for instance. There are definitely

gender factors at work in men's understanding of the process and what it might mean for them. There is fear around being a different sort of man.

The reward structures in the counselling/helping professions need to be changed to attract more men. Many men are materially/competition/stereotype driven and will choose professions which are financially rewarding and have career pathways. More men would be attracted to teaching, counselling and helping professions if they were paid in line with other more traditional male professions. Many of the agencies have become very feminised through positive discrimination over the last 20 years. This has not had a positive outcome for men or the agencies.

Media images of men are focusing on the 15% men who are dysfunctional. Information needs to be widely available through the media which shows men in positive ways. We only see and hear about men when they are badly behaved.

Early fatherhood images are good positive images and the programmes available to support early fatherhood have been very successful.

Anglo model of masculinity is: Do - Fix - Control - Overwhelm. In this world the world of doing is validated rather than the world of feeling and expression. It is about buying fun, wanting everything and being a Mr Fix it. If men are feeling stressed about demands upon them they need to ask what is important, and what does it mean to be a man. It is about choice.

#### **How would you market this information and support service for men?**

Peer identification is a key to success. Men would use a service that they knew had been helpful to other men. This is very important. Men need to feel comfortable that it is going to assist them. Mass media campaigns could be used to raise awareness but these need to be well designed and very targeted. There is considerable cynicism around this type of marketing and its political motivations. This can undermine the messages.

#### **Participant 5 – Self directed mentoring and support service**

##### **What services do you offer?**

I started Re-group after my own separation, there did not seem to be any resources to assist me so I presumed other men were experiencing the same problem.

I developed the website as privacy is important for men. They don't want to seem weak by asking about things they don't know. It's a bloke thing.

On that website are things about blokes - what I think they need to know when going through a relationship breakdown. There is information about courses I run and an E-book called The Re-Group Guideposts, (12 simple guidelines to help you move on after your break up!), which is available for download. I offer free on-line coaching and there is also a space for men to write their own stories.

Also available for download is: Single Parent – What Now? by Grant Finnegan. This is a practical guide for men and women who find themselves in the situation of being a single parent fulltime or part time following a relationship breakup.

I don't know how many people are using the website. I have included a survey about men's needs which I use to develop content for my courses.

I run information courses when I have the numbers to make this viable but these are intermittent. It is difficult to get men to attend these.

**If you were developing an information and support service for men without human or financial constraints what would it look like?**

Activity based supports work best, men like doing things rather than sitting around. Talking about what they are doing. Things like outdoor activities, painting stories, using colours to explain feelings - men can get more into that sort of thing.

The hardest thing is to get bums on seats. It is hard to alert men to what is being offered and to get them to respond. I am not sure that men 'see' advertisements in the press. You would have to have them running for a long time which is very expensive. Letterbox drops, information cards in doctors surgeries, medical centres and places men gather might work better. Men might pick it up and take it away.

Men are simple beasts - they focus on jobs, sport, tele. They don't look for signs of problems. If it seems ok, it is ok. They become predisposed to help once they are in crisis. Counselling helps then but it is usually initiated by their partner.

We need to reach men at a young age. Things like camps and outings which encourage rights of passage for 13-15 year old would be ideal. Boys need male role models and



mentors and the need a lot of reinforcement right across the life span - during adolescence, pre-marriage, early parenting, middle age. There needs to be recognition that new learning is needed all the time. You don't stay the same and have the same needs at every stage. I think somehow we need to sell that to men. It isn't one size fits always.

We need to use knowledge and experience as a seed. Men need to understand that they have things to offer other men. We have to get the network working to engage men and get bums on seats. We need to break down the gender divide, we are humans first with a wide range of needs - men and women need some of the same things, and some different things, but there should not be a value judgment about this.

Men are not very good at reflection, they don't sit and look at things. They want practical stuff. They are all "Mr Fix It" so they want to know what is wrong and what they need to do about it. A lot of what is offered seems like men are being attacked. Men are fragile and don't want to talk about things that are painful and difficult. Women need to understand more about this process. Men feel isolated in that sort of attacking situation. They need to be made comfortable about the way they approach things, then they won't feel so isolated.

The way we deal with both within the culture - early parenting - needs to change. That whole boys don't cry thing is very damaging to men and means they don't ask for help when they are older. Why would they? They have been taught not to show emotion.

Things are changing but it takes time.

### **How would you market this information and support service for men?**

Mass media marketing campaigns can work but they need to be clear about the purpose of the campaign. They need to be targeted so that men know exactly what they are being asked to do and give good images of men. Negative messages do not work - stay positive.

When men are "on the journey" they are more likely to look for alternative information. Things like *Nova* [alternative therapies monthly] and *Good Health* would be places to reach men who are at that stage. They are predisposed to look more deeply into things.

"Bums on seats" is the hard part for programmes. I have no idea how to get more men to attend.

**Participant 6 – Information professional providing community information resources in mainstream library service**

**What services do you offer?**

The Fremantle City Library provides a drop in community information service, Freinfo, which contains up to date information about local organisations and services in an inner city local government authority. The information is specific to the local government area although there are also some materials promoting generic community wide services. The service is information based only, and no counseling or groups are provided. There are pamphlets, posters, the website, links to other information providers outside the local government area and self help books and audio visual in the general library collection. No particular attempts are made to engage with men and they are not significant users of the service.

**If you were developing an information and support service for men without human or financial constraints what would it look like?**

This is not an issue we have considered in the operation of our service. Perhaps we could do more to engage with men. There is a definite lack of co-ordination of services, even at the local level, and it is hard to find out what is going on, and who is offering new supports. We hear about things by word of mouth or if we are on an agencies mailing list. A peer-to-peer network of providers would be really helpful for us as we could go to meetings and meet key people, find out what is going on, and then promote those services in a more effective and sustained way. It is very ad-hoc at the moment.

**How would you market this information and support service for men?**

We have not considered any specific marketing to men.