Learning to Talk: Men's Management of Distress Through Disclosures

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LEARNING TO TALK:
MEN'S MANAGEMENT OF DISTRESS THROUGH DISCLOSURES

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ABSTRACT

As a result of social stigma and male normative gendered expectations, many men continue to conceal their problems from others and are reluctant to seek help. Such behaviour is assumed to contribute to these men getting fewer health consultations, having high suicide rates and the associated large number of avoidable male deaths. As a group, men in mid- and later-life have largely been neglected in research practice and appear to be particularly vulnerable as this group has shown a recent rise in suicide rates. This study aimed to increase understanding into how and why men in mid- and later-life weigh up decisions to disclose or conceal when suffering under mental-distress. Studying the decision making behaviour of men in mid- and later-life not only addresses a group which is underrepresented in research, but further poses potential for identifying the development of distress disclosure behaviour in connection with phases in life. Within a life-course framework, and using in-depth interviews, this study enquired into past decision-making behaviour of 20 men aged between 45-86 years of age when having had to cope with serious issues. A subsequent thematic analysis of results revealed four factors relevant for understanding this problem. 1) For many men, as boys, the act of distress disclosure was suppressed within the family. Boys were discouraged from acknowledging forms of distress and disclosing distress was associated with weakness and ungratefulness. For most men, these associations remained largely unchallenged well into adult life. 2) For a large number of men, their social network does not appear to provide adequate possibilities for disclosure, being either too small or inadequate in nature. 3) Ensuring high levels of confidentiality and professionality and minimising the time and effort needed to be invested in the help-seeking process can ease the act of disclosure towards professionals and lay people for men in distress. 4) Certain personal developments, such as those acquired through illness or psychotherapy can enable men to overcome stigma in later life and disclose to others when necessary. Suggestions for application and further research are discussed.

TABLE OF CONTENTS

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AUTHORS DECLARATION

I declare that all the material contained in this thesis is my own work.

CHAPTER 1

INTRODUCTION

1.1 Background

Highlighted by the introduction in Germany on 10 December 2017 of the *day of unequal life-expectancy* to show that in comparison to women, men live on average 21 days a year less, men's health continues to be a Europe-wide cause for concern (Stiehler, 2017). At first glance, the reasons for this are numerous. Men continue to outnumber women in Europe in terms of tobacco and alcohol consumption, obesity, fatal road and work accidents, completed suicides as well as in mortality rates for the majority of cancers (Eurostat, 2015). Additionally, although differences are decreasing, men are still less likely than women to seek professional medical or psychological assistance (NHS-Digital, 2009; Raml et al., 2011; Wang et al., 2013). As such, the discrepancy in life-expectancy between the sexes is now largely regarded as being the result of avoidable causes of death and a culmination of risky behaviour, unhealthy lifestyles and delayed help-seeking (White et al., 2013). In this climate, approximately 29% of all male deaths in the UK are considered to have been avoidable (ONS, 2014).

In recent years research has however also revealed that analysing health developments according to sex differences can be misleading. Factors such as the type of disability, economic status, educational status or occupation have also been linked to poor health and delayed help-seeking behaviour (Galdas et al., 2005a; Hammer et al., 2013). Additionally, researchers have highlighted that there are also large variations within the male population; some men appear to be benefiting from the positive psychological resources available to them, many men are also seeking help, and some do practice positive health behaviour such as practicing meditation (Taylor et al., 2000; Hunt, et al., 2011; Lomas et al., 2015). In fact, differences within male and female groups appear to be larger than differences between the males and females (Fine, 2010). Thus, relying only upon sex differences to explain health behaviour has increasingly led to confusing results (Eagly et al., 2000).

Subsequently, efforts to identify and combat factors contributing to early male mortality have increasingly addressed the effects of normative male gendered behaviour, that is,

interiorized social frames of reference such as values, customs and conventions (Sherif, 1936; Aries, 1996). These then apply generally to males but not exclusively to males and not to all males. Such gendered behaviour is increasingly understood as a compilation of performative acts learnt and conducted amidst individual and social influences (West and Zimmerman, 1987).

Disclosure, as a form of telling, relating thoughts, actions or feelings (Charmaz, 2014), while potentially helpful in itself, is also a first step on the path to receiving professional assistance for any particular issue. Despite these potential benefits, disclosing a distressful issue to another appears not to be an option considered by many men (Pennebaker, 2012; Cleary, 2012; Gray et al., 2000). Distress can be viewed as a difficult emotional experience which may be psychological, social or spiritual in nature (Cheshire et al., 2016). Gendered conflicts can serve as barriers to distress disclosure and can manifest themselves as anxiety, embarrassment and fear (Clement et al., 2015; Adams and Ægisdóttir, 2015; Pederson and Vogel, 2007; Yousaf et al., 2015). The gendered effects of these characteristics in everyday life have been described by Goldberg (2001), by arguing that *women bend, whereas the brittle male, trying to live up to ideas of masculinity breaks*.

Although almost three quarters of successful suicides are carried out by men and up to 90% of these people are considered to have been suffering from a mental-health condition, men continue to report fewer physical and psychological symptoms and are less likely to receive diagnosis and treatment for example for depression (Galdas et al., 2005b; Möller-Leimkühler, 2002; NHS, 2015). This has strengthened opinion that decisions to disclose or conceal are not taken in isolation as the result of an immediate problem but are inevitably embedded in social relations and linked to individual forms of gendered behaviour (Davis and Manderson, 2014; Addis and Mahalik, 2003). However, it remains largely unclear how this gendered behaviour is individually developed, understood and influential when taking decisions to disclose mental-distress in times of need (Galdas et al., 2007). Kuhlmann and Annadale, (2012) and Emslie et al., (2007) have called for more clarity into how men manage their health-care and negotiate decisions to disclose or conceal to others in times of distress.

It would then appear that for some men, in times of need, weighing up the equation between upholding normative gendered expectations (from themselves and for others) on the one hand and disclosure and help-seeking on the other frequently leads to

favouring the former. Understanding better what this equation represents for individual men and how such decisions are approached, and when perhaps concealment is even productive, could open doors to resolve this conflict and ease the path towards disclosure and help-seeking.

Additionally, while research into men's issues and the effects of gendered influences has increased in recent years, there remains little information about how these effects are sustained or develop throughout the life-course (Mayer, 2009; Thompson and Langendoerfer, 2016). Similarly, the precarious situation of older men, with diminishing social ties and increased gendered tension (such as the stigma due to increased inability to fulfil the breadwinner role) is in need of particular attention (Fischer and Beresford, 2014; Oliffe et al., 2011). Despite men in mid- and later-life being over represented in a range of detrimental social attributes such as homelessness and suicide they have seldom been the subjects of research (Spector-Mersel, 2006; Westerhof and Tulle, 2007).

This research builds on our understanding of the role of gendered behaviour as a potential determinant of male disclosure behaviour, attempting to extend knowledge by developing individual explanations through the use of in-depth interviews. Masculinity is a constantly evolving phenomenon and individual decisions to disclose or conceal appear to be influenced by a number of factors which remain to be fully understood (Seidler et al., 2016; Galdas et al., 2007). In common pursuit of extending the day of unequal life-expectancy for men beyond the 10th of December this thesis seeks to gain further understanding of how men in mid- and later-life make what could be life-saving decisions.

1.2. Justification for the current study

Older male decisions to disclose or conceal, influenced by levels of stigma, gender-identity or situational factors, as shown in Chapters 3, could be better understood at a deeper level using a qualitative approach which is concerned with analysing such social worlds of participants (Ritchie et al., 2013). Further, more work is required to examine the development of disclosure behaviour over the life-course. For example, when considering why male survivors of child sexual abuse wait on average 28 years before discussing their experiences with others (Easton, 2013). More information into how men

manage stigma, develop disclosure skills, utilise various disclosure opportunities and navigate changes throughout the life-course is necessary. Thus, focusing on men with many decades of experience of disclosure/non-disclosure can lead to understanding the phenomenon more broadly.

This project also follows calls to further clarify discourses and narratives of male distress (Emslie et al., 2007). Similarly, the need for further investigation into the circumstances in which men manage health care, including decisions to disclose or conceal has been identified (Kuhlmann and Annandale, 2012). In short, "very little is known about men's subjectivities or their meanings they give to and how they cope with or seek help for distress" (Emslie et al., 2007). Researching male disclosure understanding and disclosure behaviour could provide valuable insights in order to refine efforts managing mental-distress and informing guidance for health professionals.

In line with literature that increasingly understands masculinity as socially constructed and allowing for a realm of factors influencing disclosure, this qualitative study enquired into the individual meanings of disclosure utilisation in relation to distress within a life-course framework. This study thus aimed to extend and specify current research into disclosure by concentrating on men in mid- and later-life and their individual subjective explanations and experiences. Thereby addressing not only the nature of a potentially positive personal resource (disclosing distress to others) but also focussing on a group, largely ignored to date, and in particular need of attention.

1.3. Definitions, aims, objectives and research questions

Definition of disclosure:

Disclosure is a form of telling (verbal) where one's feeling-self is brought into the foreground, with the understanding that this act is embedded in relationships and contextualised in flows of social interaction (for further elaboration see chapter 3) (Charmaz, 2014; Davis and Manderson, 2014).

Definition of mental-distress:

Despite its frequent usage the term 'distress' remains a concept without clear definition (Phillips, 2009). Whereas mental-disorders are seen to have wide-reaching

consequences, distress can be viewed as being more common place, as having a more transient nature and, in contrast to a disorder, as having fewer consequences in life (Horwitz, 2007; Wheaton, 2007). Therefore, while increasing distress can culminate in the *category* of a disorder, distress remains a *continuum* (Wheaton, 2007). Mental-distress thus has a subjective nature and is defined here as an "individuals level of mental complaints and symptoms" (Olsen et al., 2006, p477). An approach assessing mental-distress among men therefore allows individual subjectivities to be explored, bridging both clinically relevant and non-relevant complaints and symptoms

Aim of the study: To increase understanding into how and why men in mid- and later-life weigh up decisions to disclose or conceal when suffering from mental-distress.

Objective of the study: To elicit narratives from men in mid- and later-life surrounding coping strategies for past and present stressful life-events paying particular attention to the role disclosure or concealment of these issues has played.

Research questions:

What is the relevance of gendered attitudes and gendered behaviour in influencing decisions to disclose or conceal in times of distress? Some men suffering from depression have been found to be able to negotiate stigma in the course of life (Ramirez and Badger, 2014), indicating that there is scope for change.

How are gendered attitudes and behaviour upheld or developed throughout life? For example initial experiences of disclosure in early life have been found to influence disclosure behaviour in later life (Chaudoir and Quinn, 2010).

When having to cope with distressful issues, which factors are likely to ease disclosure behaviour for men? Initial research has indicated that creating safe spaces, adopting *male* language and locating interventions within community settings can ease disclosure (Robertson, et al., 2010).

Which specific hurdles are older men facing when negotiating their gendered identities and help-seeking? Older men have been largely excluded from hegemonic discussion and are more frequently referred to by their age and not their sex, thus leading to specific gendered conflicts (Spector-Mersel, 2006; Arber et al., 2003).

1.4. Outline of the thesis

This thesis consists of six chapters. The introduction presents an outline of the men's health and disclosure dilemma and briefly draws attention to the importance of gaining more insight into the nature of men's decisions to disclose or conceal their distressful issues.

Chapter 2 the empirical review, begins with a review of developments in the field of men's-studies. Following a description of disclosure, research concerning disclosure and stigma and disclosure and gender will then be discussed, demonstrating the variety of approaches to the issues taken to date and the need for more clarity. This is followed by a review of research into the relevance of social structures and social-networks for disclosure. Research tackling aspects of disclosure through specific issues such as depression or cancer will then be discussed. Finally, the specific situation around issues of disclosure for men in mid- and later-life will be considered. This chapter is concluded with a summary and justification for the study.

Chapter 3, the theoretical review, elaborates the three concepts used to guide and analyse the researcher's position and the research undertaken. Critical realist ontology, the study of the nature of being, (Blaikie, 2007), enables a basic understanding of distress and disclosure central to this research. Social constructionist epistemology, the theory of knowledge, (Brinkmann and Kvale, 2015), underlines the nature of individual understandings being formed for example through language in everyday-life. Finally, the theoretical framework for this study, life-course, examines the influences of social pathways, trajectories or events over time, on developments with regard to aspects of distress and disclosure.

Chapter 4 deals with methodology. Beginning with a justification for a qualitative approach, sampling and recruitment methods are then explained including descriptions of interview and transcription procedures. Next, ethical considerations elaborate upon issues of confidentiality, data protection and safety. Data analysis begins with an explanation and justification for the analysis method, thematic analysis, and is followed by a description of code development and the subsequent identification of themes.

Chapter 5, the results, explains themes identified in four parts. *Concepts of distress in early life,* describes the starting point as boys and men's initial positioning to issues of

disclosure. *Approaches to dealing with distress in adult years* then describes how distressful issues are now or have in the past been dealt with and includes a section on *significant factors when engaging with others today.* Thirdly, the *social structures and social-networks* of the interviewees are described and their relevance for disclosure. Finally, *developments over time and growing older,* highlights changes that have taken place over time.

Chapter 6, the discussion, presents the four results within the wider field of past research, critically analysing their contribution and originality. Subsequently, recommendations for practice, policy and future research makes suggestions about possible applications of the research findings in a range of fields. Finally, the dissemination plan shows how some of these results and suggestions will be disseminated in the near future. Limitations of the study then critically present possible shortcomings regarding sampling and interviews and a brief outlook, rounding up the final chapter, sets the work within a wider field when looking ahead for the future.

1.5. Reflexivity and the researcher

Reflexivity is a tool which helps analyse the subjective elements of qualitative research and engages the researcher in an explicit, self-aware critical analysis of the research process thus exposing research dilemmas, biases and vulnerabilities (Finlay, 2002; Kleinsasser, 2000). By identifying researcher preconceptions, motives, beliefs, personal and professional experiences, and their individual relevance to the research undertaken, the researcher acknowledges that the results of the study are partly a combined product of the researcher's experience, that of the participants and their relationship to one another (Finlay, 2002).

In this section I aim to attend to the context of the construction of knowledge created in the course of this research using a structure offered by Malterud (2001). This will be completed in four parts. Firstly, I will attempt to outline my personal background and provide all relevant information concerning my social, intellectual and cultural make up in an attempt to lay bare possible preconceptions that might be reflected in the study. Secondly, I will attempt to explain my motives, that is, my relationship to the research question and my aims and intentions surrounding the research project. Thirdly, I will

elaborate some presumed perspectives relevant to the project, that is, my presumptions prior to the study. Lastly, I will examine some specific aspects of the project in relation to my background, motives and perspectives towards the implementation of theory, research methods and results. This section supplements an explanation of my professional training as given in the methods chapter.

Background

Born in 1968 I can be described as white, heterosexual and lower-middle-class. Coming from a family of five children in a town on the southern outskirts of London I was the first member of my family to go to university where I earned a BA in Humanities - psychology, sociology and geography- graduating in 1991. While feeling very comfortable with the humanities, towards the end of my degree I decided to pursue a trade. Soon after graduation, in a further attempt to broaden my horizon, I moved to Germany where I subsequently married and had three children. For the first years I worked as a carpenter before entering self-employment.

In 2000, following separation, divorce and a psychologically difficult year including personal therapy, I developed an interest in men's-studies. I began to reflect critically on my role as a father, son, husband and the general position of men in society. I consumed a lot of literature on the subject and for four years I attended a local men's group where a critical personal reflection of my male role was to prove very rewarding. During this time I remarried and began work as a social worker, a step I felt I was now ready to undertake. Subsequently I trained as a psychotherapist and began offering psychotherapy for men in addition to my duties as a social worker. I have been married to my second wife now for 16 years and I continue to work predominantly with male clients with mental-health issues and offer psychotherapy on a part-time basis.

I have lived in Germany for 27 years and recently acquired dual nationality (German and British). I see myself not as a British or German citizen but as European. I find myself comfortable with the notion of a European identity in that it opens up horizons and scope for feeling at home. Although I still have a large family in the UK my contact with the UK has become limited over the years. My family in Germany has similarly grown and has naturally become the middle point of my life.

I have introvert tendencies, a thirst for knowledge and understanding and as such using the Myers-Briggs typology I consider myself an INTJ (character traits: introversion, intuition, thinking, judgement).

Motives

My motivation for carrying out the research was threefold. Firstly I had been occupied with the theme of men and masculinity for about 15 years. My interest in the subject had in no way declined. I continued to see (and work with) the effects of damaging forms of masculinity and I began to find the range of literature available on the subject to be limited. I searched for deeper explanations and a more comprehensive picture of gendered influences on individuals and society. My efforts were dampened by the fact that I had no academic access to articles and the continued purchase of interesting articles was a financial strain. The opportunity to embark on this project thus firstly fulfilled my desire to increase my knowledge and understanding around the theme of men and masculinities which had become a hobby as well as an occupation.

Secondly, my personal situation had developed. My children had grown, left home and were demanding less of my time. Also my occupation, while satisfactory, was not intellectually fulfilling. Thus, at the start of my Doctorate I was firstly in need of an intellectual challenge and secondly suffering from what may have been termed *empty nest syndrome* (at this point some get dogs, however I decided to go back to university). The chance of following an academic path was the answer to both of these problems.

Finally, an indirect motive was to strengthen my personal ties to the UK. I had come to realise that, while still living happily in Germany, I wished to visit England more often and assimilate some of the, until then fading, cultural influences. I was aware that these wishes would be better fulfilled within a structure, that is, I was forcing myself to visit my country of origin more often.

Perspectives

At the start of the Professional Doctorate my aim was to produce a piece of work which had in some way, at the end of the day, the potential for influencing behaviour or understanding of men in need of help. Indeed, it was the requirement of the Professional Doctorate guidelines that students develop an *original* contribution to knowledge. While this perspective remains to this day, I have become increasingly aware that although

dissemination possibilities remain, creating change within the area of gendered behaviour is at best likely to be minimal and only of long term influence.

Undertaking this research project without external funding also gave me intellectual and personal freedom to develop ideas freely. There were no external aims or goals to reach, the project remained to some extent my personal mission.

Reflexive thoughts on the researcher and the project

Beginning with the theoretical background to the project, theories of gender and masculinity, as discussed here, are indirectly connected to feministic thought and issues of patriarchy (as elaborated in the theoretical chapter). As a result of an unfortunate first encounter with feministic thought at university in the course of my BA I have for many years retained a feeling that feministic theory is not partial to the male population and have in the past distanced myself from feminist literature. I do not believe that this has actually influenced my approach to the theoretical stance taken in this dissertation but I was very pleased to encounter authors such as Brickell (2005) and Butler (1990) who I believe have contributed to steering both the studies of masculinity and femininity towards the topic of gender.

Despite being aware that interviews can mirror interviewer epistemological presumptions (Kvale and Brinkmann 2015) and taking measures to counteract this (as outlined in the methods chapter), my personal and professional experiences concerning male issues of disclosure were presumably influential in the gathering of data. However, in mentioning my personal and professional involvement in men's issues, I aim to increase the chances that these personal issues pose not only a potential bias but also be utilised as valuable resources in the gathering of data, as suggested by Malterud (2001).

The results presented largely comply with my professional experiences in working with men. While I am certain that the production of results was in no way consciously influenced by my own thoughts and experiences an implicit influence cannot be ruled out. The extent to which the results have been shown to be relevant (in scope and depth) has however been a surprise.

This reflexive account, or declaration of beliefs, has aimed to increase transparency to enable the reader to position the researcher within the research enquiry and expose any potential influence of preconceptions or bias which may have emerged. I hereby declare

that any possible influences of this kind which may nevertheless have emerged are fully unintentional.

Postscript Supplement, personal and professional development:

The research project itself, and results, along with the taught professional doctorate course (including interview training, analysis and synthesis of research and practice) has impacted on my personal and professional development. Acquiring knowledge of key ontological and epistemological concepts along with knowledge of current research results and trends has led to two pronounced effects; firstly, it has enabled me to position and strengthen my beliefs personally and professionally through integrating practice with theory in everyday-life; secondly, as a result of this, my confidence, both personally and professionally, has grown enabling me to understand and translate actions and beliefs to others particularly when accompanying male clients through distressing issues in life. Additionally, I have developed a more critical understanding of research methods and research application in everyday life (research results are constantly present in the media and in political and personal debate, a critical approach to how these results are understood and applied should pertain throughout). Additionally, I have gained confidence and motivation to increase my efforts towards promoting an increased acceptance of men's health issues in society, and for developing additional projects aimed at improving men's well-being.

Further, personal development included the assessment and monitoring of personal traits, qualities or stress levels throughout the research process. Monitoring health and signs of stress in a systematic manner ensured successful completion of the project and was pursued, particularly during the early phases of the project, through implementing diagnostic tests such as the Kentucky Inventory of Mindfulness Skills (Appendix 12); Myers Briggs Type Indicator (Appendix 13); The Reiss Profile (Appendix 14); and Performance on Demand (Appendix 15).

CHAPTER 2

EMPIRICAL REVIEW

2.1. Men's-studies

Over the last decades there have been two notable parallel developments accompanying the discipline of men's-studies. First, there has been a shift in the social and political motivation for studying men, boys and masculinity. While men's-studies, emerging partly from feminist thought in the 1960's, was initially largely concerned with the effects of patriarchal structures on men and women, interest today focuses increasingly on men's health issues themselves (Böhnish, 2012; Dinges, 2010). This development has been fuelled by research suggesting that the discrepancy in life-expectancy (with European men dying 5 years earlier than women) is largely a result of social rather than biological factors (Luy, 2002; Eurostat, 2017). Second, there has been a shift in focus on the ontological grounds for understanding and explaining male gendered behaviour. Attempts to explain gendered behaviour with reference to "natural" or "biological" factors, such as male hormonal or genetic predispositions, have become increasingly difficult to uphold (Gildemeister, 2008; Fine, 2010). This development has been supported by increasing differentiation of biological sex, sexuality and gender categories with categories of gender emerging as the more stable individual feature of individual identity (Nye, 2005). Subsequently, in favour of studying historical or anthropological aspects of patriarchy, men's-studies have long been concerned with deconstructing male/female binaries and instead understanding how gender is constructed by individuals and society (Nye, 2005; Gildemeister, 2008).

These developments have not replaced general concern that masculinity itself as a category presents challenges. With the prevailing poor health situation of some men, the continuing violence some men visit on others and themselves (high levels of drug and alcohol abuse, high suicide levels and low consultation levels for medical and psychological assistance), masculinity remains a problematic area in need of research (NHS-Digital, 2009; Wang et al., 2013; Raml et al., 2011). However, these problems are no longer viewed as being a result of biological sex but as being socially constructed (Hearn and Morgan, 2014). In challenging the gendered aspects of institutions such as

the family, religion or laws, the focus moves away from changing men, towards understanding how discourses, institutions or the media influence and uphold problematic gendered constructions (Peterson, 2009).

Most notably West and Zimmermann (1978) initiated ideas that masculinity is a gendered act or performance, not something directly related to biological sex but something that is done or performed. West and Zimmermann viewed gender as a "routine, methodological, and recurring accomplishment" and they claimed that doing gender involves, "creating differences between girls and boys and women and men, differences that are not natural, essential, or biological" (1978). The act of *doing gender* is largely unavoidable within societies which are reliant on structures built around gendered divisions, doing gender as such, "furnishes the interactional scaffolding of social structure" (West and Zimmermann, 1987, p.147). These created differences in turn create the *essentialness* of gender and apparent naturalness.

Building upon the term coined by West and Zimmerman, *doing gender*, the concept of *undoing gender* has also been used to spur debate into the nature of these gendered behaviours within social structures (Risman, 2009; Deutsch, 2007). Deutsch (2007) claimed that the goal of dismantling gender inequity is not advanced by West and Zimmerman's contribution on account of the implication that gendered systems of oppression are impervious to real change. Deutsch claims that alternative behaviour, behaviour which may actually be gender non-conforming, or acts which resist or undo gender, are important to consider (Deutsch, 2007). However with reference to younger generations, Risman (2009) indicates that labelling all behaviours inevitably as masculine or feminine, as doing gender or undoing gender, is not necessary, and that we must be ready to accept that we may not all be doing gender at all times. Gender, Risman claims, can also be viewed as a structure (similar to an economic structure) which at a given time may be influential or may not, exerting its influence independent of sex categories and thus paving the way for gender to be less important (2009).

As such, new directions in men's-studies are stressing a pluralistic approach to gender and masculinity which emphasise positive interpretations of masculine behaviour and additionally, after a 40 year excursion and with an emphasis on gender as opposed to sex, reuniting theories of both femininity and masculinity (Nye, 2005). Some of these new approaches, which cannot be elaborated in depth here, include *Inclusive Masculinity*. Inclusive Masculinity is a concept dismantling a (hegemonic) hierarchical

masculine order and giving individual forms a more equal foundation alongside other forms of masculinity (Anderson and McCormack, 2016). Inclusive Masculinity was developed following awareness that many men increasingly reject homophobia and violence and instead embrace activities that were at one time assumed to be feminine. These developments are attuned to increased acceptance in broader society for alternative ways of life as well as developing rights for people of varying sexual orientation and the spread of the internet also encouraging individualisation (Anderson and McCormack, 2016).

A further new approach to gender and masculinity is *The Five Stages of Masculinity* (FSM). The FSM is a model allowing for various phases of social awareness of the concept of masculinity. These range from an unquestioned "unconscious" masculinity where normative masculine behaviour dominates, through to understanding masculinity as an illusion and questioning the ontology of gendered behaviour altogether (Gelfer, 2016). This model, while approaching masculinity as a problem to be solved does allow for various individual understandings of masculinity to exist alongside one another. Theoretical approaches thus continue to develop at a pace and emphasise increasingly positive, flexible and pluralistic forms of masculinity.

Applications of theory on a European level to counter inequality and guide projects in education, issues of men in care-work or attitudes to men's health have concentrated on a further approach, *caring masculinities*, as representing an interdisciplinary way forward. *Caring masculinity* is a theoretical approach that distances male behaviour from forms of domination and aggression, emphasising interdependence and care and is a practically attuned concept (Elliott, 2015). Caring masculinities incorporate both negative and positive aspects of masculinity without excluding women's interests (Scambor et al., 2014). Care in this sense includes self-care, care for others such as disabled and ill persons and mutual care including caring for social-networks such as care within the family or community (Gärtner et al., 2007). The *FOCUS-Fostering Caring Masculinities* project emphasised not only the need for increased work-life balance education encouraging men to exert self-care and more care in the family but also the necessity of caring frameworks within companies and society as a whole (Gärtner, 2007). The concept of caring masculinities, accommodating for both positive and negative aspects of masculinity and accepting that issues of inequality are issues for

both men and women are likely to play a greater role in the future for researchers and policy maker alike (Scambor et al., 2014).

In recent years some developments in the field of men's-studies have been criticised for targeting only traditional normative aspects of masculinity at the cost of alternative models, for concentrating research among student populations and thus neglecting older men and for failing to address other factors such as men from low socio-economic groups who have least benefited from recent positive developments in gender (Thompson and Bennett, 2015; Robertson and Baker, 2016; Heartfield, 2002).

2.2. Aspects of disclosure

Getting to grips with what disclosure is and how its facets are to be understood is a complicated undertaking. Charmaz (2014) provides the following description of disclosure:

> "… a form of telling, meaning to relate thoughts, actions or feelings. The form of telling however called disclosure is a subjective form whereby one's experiencing, feeling-self is brought into the foreground. This typically includes private views, personal concerns or crucial facts about oneself which are seldom made public" (p297).

Broadening this understanding, Davis and Manderson (2014) have demonstrated that disclosures can be more than verbal and are not only embedded in social relations but are also guided by political and historical aspects. Disclosures can be private actions such as disclosures to partners about an illness, or public actions such as revelations by public figures about an extramarital relationship. Disclosures can also be staged and planned but also accidental or non-verbal, for example by publically taking medication for an illness. Disclosures (confessions), have been described by Butler (2004) as performative acts or bodily offerings where words are offered up making one vulnerable to another's perspective, words can be "tentative or forceful, seductive or withholding", decisions to reveal or conceal ultimately engaging relationships in a variety of manners (Butler, 2004 p.172). Disclosures can also be legally forced by institutions such as disclosure about one's financial status when dealing with insurance companies or banks or unintended disclosures through social-networks and internet leaks. As such, decisions

to disclose or not, and how (and how much) to disclose are taken on a daily basis and in a range of social contexts (Manderson, 2014).

On a micro level, disclosures can also confer meaning about experiences and transform the identity or social world of the individual (Davis and Manderson, 2014). Once undertaken disclosures cannot be *undone* or retracted and are influential in identity building. For example, disclosing a mental illness, an abortion or a certain sexual preference can have wide-reaching consequences for relationships, and is also guided by social and political norms of the day, like variances in public opinion towards abortion between Ireland and England (Manderson, 2014).

Disclosure is also not simply the opposite of concealment. Jackson and Mohr (2016), for example, showed that non-disclosure and concealment are distinct concepts each influencing wellbeing in individual ways. Their research showed that while non-disclosure predicted positive identity variables, *active* concealment behaviour predicted negative identity variables such as increased levels of depression and low self-esteem. Personal motivations concerning non-disclosure or concealment behaviour are therefore thought to have different origins as opposed to being at two ends of the same continuum. Minimising ones need to vigilantly conceal parts of one's identity (through altering one's environment) could then possibly have a positive psychological effect (Jackson and Mohr, 2016).

While one side of a coping coin can be disclosure, the other can also be silence. Silence can be a strategy used to manage difficult people or situations. This could be appropriate in light of perceived superiority (medical professional to patient or professor to student), or alternatively when needs of self-preservation outweigh the needs to disclose illness or suffering (Charmaz, 2002). Silence, as a satellite of disclosure, is culturally influenced, such as the Japanese tendency to remain silent when in disagreement, but has until now not been a subject of research (Kawabata and Gastaldo, 2015). Understanding of non-disclosure, concealment and silence as such are emerging but still demand a deeper understanding.

In conclusion, research sheds light on the multifaceted nature of disclosure (verbal, non-verbal, forced or accidental), interrelations between social, historical and individual determinants (laws and attitudes) as well as micro and macro consequences in each individual situation of disclosure. Disclosure in this study is thus defined as, a form of

telling (verbal) where one's feeling-self is brought into the foreground (Charmaz, 2014), with the understanding that this act is "embedded in social relations" and "contextualised in flows of social interaction" (Davis and Manderson, 2014).

2.3. Research on disclosure

Issues of disclosure have been investigated from a number of angles in a number of disciplines. While social psychologists have studied social demographic features, clinical psychologists have investigated the nature and consequences of disclosures in relation to mental health and linguistic researchers have investigated individual disclosure narratives. However, these approaches from researchers with a range of affiliations, disseminated through a range of scientific journals, have often remained isolated from one another (Derlaga and Berg, 2013).

I will now outline some of the diverse strains of disclosure research to illustrate the main findings from four perspectives; interpersonal aspects, social-structural aspects, disclosure in relation to specific conditions and research concerning disclosure and men. Research has shown that disclosures are inextricably entwined with a range of social-interpersonal factors. This initial section covers the influence of stigma/shame and gender identity on individual decisions to disclose. Secondly, social-structural dimensions of disclosure will be illustrated and their relevance for understanding the utilisation and outcome of disclosures, particularly concerning men in mid- and later-life. Thirdly, research will be reviewed concerning disclosure behaviour amongst people with specific conditions such as depression or HIV/ AIDS, including research grouping conditions together under the term *concealable stigmatised identities*. Fourthly, research will focus on the specific situation of men in mid and late life in relation to issues of disclosure. Finally in summarising I argue that understanding individual decisions to disclose or conceal entails, at the least, an appreciation of social stigmatising influences, an understanding of gendered identities and also recognition of the specific situation of men in mid- and later-life.

2.3.1. Disclosure and Stigma

Erwin Goffman (1963) described stigma as, "the situation of the individual who is disqualified from full social acceptance and any attribute that is deeply discrediting". Stigma has also been described as an insidious social force (Livingston and Boyd, 2010), and can be viewed as being harmful whilst also frequently inconspicuous (Allen et al., 1990). Studies have shown that stigma is omnipresent, influencing decisions in many areas of life from health through to earnings and chances in life (Link and Phelan, 2001). It is perhaps then not surprising that stigma has also been found to play a key role when attempting to understand disclosure behaviour (Clement et al., 2015). The positive relationship between stigma-related stressors and psychological distress has in recent years been the focus of increased attention (Hatzenbuehler et al., 2013).

However whilst stigma can be viewed as society's negative evaluation of particular features or behaviour (Ablon, 2002), and is thus concerned with interpersonal relations, shame is the individual emotional reaction of the stigmatised person (Schomerus et al., 2009). Shame constitutes painful cognitive and emotional reactions arising from individual evaluations that an attribute, act or event, if made public, would be rejected by others (Gilbert, 2000). Shame is also a universal emotion that is highly adaptive in regulating appropriate social behaviours, and curbs our primitive instincts according to the demands of social groups (Sanderson, 2015).

Shame, induced and upheld by stigma, can be manifested in various ways: bodily shame, referring to certain physical attributes, shame for personal situations such as unemployment or mental-health condition, empathic shame (feeling ashamed for somebody else) or group and historical shame such as German national shame following the world wars (Marks, 2007). The growing importance of social media and the opportunity it affords to publish pictures and personal information on a large scale now means addressing issues of online-related shame has become increasingly relevant for counsellors (Sanderson, 2015). Not surprisingly then, shame has been found to influence disclosure behaviour for a range of people including mental health patients, mental health counsellors and people with eating disorders, depression or sexually transmitted diseases (MacDonald and Morley, 2001; Yourman, 2003; Swan and Andrews, 2003; Hook and Andrews, 2005; Cunningham et al., 2002).

Nevertheless, shame has received little attention in research fields, at least partly because it is a "slippery" concept (Scheff, 2003). However, research on stigma has been growing over the years. In addition to Goffman (1963) linking stigma to certain situations or attributes, Link and Phelan (2001) claim that stigma also includes, "elements of labelling, stereotyping, separating, status loss and discrimination". These elements are deemed to have a stigmatising effect when a power discrepancy exists, such as that between the individual and a group. Definitions of stigma have thus developed through the years reflecting similarly the actual transient nature of stigma itself. Indeed stigma can be understood as a construct developing in tandem with historical, political or social developments in complex ways. For example, coming-out stories, published as high-profile media stories have been found to challenge stigma related to sexuality, not only around issues of homosexuality but also for others suffering from mental health problems, (Ridge and Ziebland, 2012).

Research into the influence stigma has on various realms of life has been expanding rapidly. One recent systematic review of stigma and mental-health identified 144 research studies (Clement et al., 2015). Additionally, measurement scales have been developed for assessing stigma and its effects on important areas of life, amongst others for stigma related attitudes and behaviour around mental-health, depression or anxiety (Isaac et al., 2012; Tanabe et al., 2016; King et al., 2007; Griffiths et al., 2011). This kind of research has shown the strong negative influences of stigma for example on social identity (Major and O'Brien, 2005), help-seeking behaviour (Livingston and Boyd, 2010; Schomerus and Angermeyer, 2008; Vogel and Wade, 2009; Pederson and Vogel, 2007) as well as earnings, housing and chances in life (Major and O'Brien, 2005). Sex differences have also been explored where it has been found that men score higher on levels of stigma when seeking help for mental-health issues than women (Judd et al., 2008). Reasons for these sex differences could lie in a male fear of loss of independence and self-sufficiency (Vogel and Wade, 2009). Levels of stigma, influencing important decisions in life directly, can also induce and influence further stigma creating a self-fulfilling-prophecy (termed, expectancy confirmation) (Major and O'Brien, 2005).

Despite these wide-reaching correlations between stigma and many aspects of life, research has particularly focused on understanding the relationship between stigma and help-seeking. Here, it has been found that seeking-help can be more highly stigmatised than having an illness itself (Ben-Porath, 2002; Jorm and Wright, 2008). The

stigmatisation surrounding the act of seeking help, also known as "treatment stigma" (Clement et al., 2015), is significant because seeking help can potentially be viewed as being weak, whereas being ill and not seeking help can be seen as a strength (Jorm and Wright, 2008).

Stigma, and the accompanying shame, thus appears to be omnipresent in decision making, especially surrounding issues of disclosure of distress. Also, despite individual differences, associations between psychological distress and stigma have clearly been established (Quin and Chaudoir, 2015). Despite these clear links between distress, stigma and management of health issues (mental health stigma, dependency stigma and treatment stigma), little research has been undertaken focusing specifically on men in mid- and later-life. There remains also a need for more conceptual clarity in order to guide the application of research results in practice when attempting to reduce stigma levels (Livingston and Boyd, 2010). Issues of stigma have clearly been identified as representing a prominent type of disclosure barrier, stigma concerns being a common reported factor when deciding to disclose or conceal (Clement et al., 2015). Alternatively, creating subjectively felt safe environments for men has been found to reduce stigma and encourage better health behaviour (Robertson et al., 2016). Developing research and understanding around these issues to better understand stigma and disclosure would thus appear to be important when addressing issues of men's health.

2.3.2. Disclosure sex and gender

Sex refers to the different biological and physiological characteristics of males and females, such as reproductive organs, chromosomes, hormones, etc. (WHO, 2017). Investigating sex differences in disclosure behaviour has in the past been a popular research approach, and indeed differences have been identified between men and women when analysing disclosure behaviour for a number of issues. For instance, men have been found to disclose less stress than women; are likely to claim to suffer from fewer physical symptoms such as headaches or indigestion (APA, 2012); are less likely to report feeling depressed or sad (Möller-Leimkühler, 2002), and are also less likely to consult GPs for help (Galdas et al., 2005b). Sex differences have also been identified in expression of emotions, with men favouring structured methods of expression, such as

written methods, and women verbal methods of emotional expression (Robertson et al., 2016a). Similarly, men have been found to prefer one to one conversations as opposed to group conversations. In one to one conversations individual roles are more clearly defined and understood whereas in group discussions conversational roles can be unclear (Coates, 2007). However, results from meta-analyses have found that communication differences correlate only weakly with sex, indeed it has been claimed that past reliance on sex stereotypes and their influence on actual behaviour have contributed to confusing results (Canary and Hause, 1993; Eagly et al., 2000). While offering some guidance, early sex orientated approaches to understanding disclosure behaviour, particularly popular in the 1980's, are less applied in research today, and have been challenged for not adequately accounting for differences within the male and female populations, and subsequently, at times, as being more misleading, rather than helpful (Galdas et al., 2005c; Seidler et al., 2016).

Gender refers to the socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men (WHO, 2017). As opposed to sex orientated approaches, gender research can account for cultural values, norms and ideologies (Addis and Mahalik, 2003). While simple sex categories have become increasingly disputable, gender is seen increasingly today as an *act* that is learnt and performed and ultimately cannot be avoided amidst a myriad of social influences and individual interactions (West and Zimmerman, 1987). Such a "doing gender" approach accommodates for variability within the male population, such as groups of men who seek help for health issues more than women (Hunt et al., 2011); or accounting for men who have been found to be able to share their emotional problems and develop positive health behaviours in other ways (Lomas et al., 2015); and men who utilise empathy, connection and empathic listening to facilitate supportive friendships (Virtanen and Isotalus, 2013). In short, sex differences alone cannot account for variability within the male population (Galdas et al., 2005a), and social influences are highly likely to be at work.

One predominant model attempting to understand social norms and interactions is the Gender Role Conflict model. This model examines the expectations placed on males by socialising agents and offers insight into how and why some men act in certain ways (Adams and Ægisdóttir, 2015). Gender-Role-Conflict-Scale research has shown that levels of gender role conflict are significantly related to men's help-seeking attitudes and

behaviour (O'Neil et al., 1986; O'Neil, 2008). The gender role conflicts in which some men to varying levels find themselves can include *achievement related conflicts* (what men are encouraged to do) and *restriction related conflicts* (what men are encouraged not to do). Restriction related male gender conflicts could for example include minimising emotional expression (disclosure) (Watts Jr and Borders, 2005). High gender role conflict can lead to maladaptive coping strategies and has been found to relate negatively with help-seeking attitudes, self-disclosure and willingness to seek counselling (Adams and Ægisdóttir, 2015; Pederson and Vogel, 2007).

While sex categorisations alone have proved inadequate for explaining male disclosure and help-seeking behaviour, levels of gender-role-conflict alone also appear not to account for all variation. For example, levels of maladaptive coping strategies amongst men, such as rejecting counselling, have also been associated with socio-economic status, age, occupation and areas in which the men live (Galdas et al., 2005a; Hammer et al., 2013). Subsequently, whilst research into gender and self-disclosure has in the past produced some puzzling results (Derlaga and Berg, 2013), accounting additionally for social dimensions is producing promising developments.

Thus, while issues of disclosure can be linked to masculinity, masculinity is not a stable entity (Addis and Mahalik, 2003). Masculinity can be viewed as, "a constantly evolving, social, historical and psychological phenomenon" (Seidler et al., 2016). Indeed the complex interaction between the mind, social-developmental influences and potential sex differences although as yet to be fully understood, can be said to have profound repercussions on our behaviour and beliefs (Fine, 2010).

Gender research has then progressed at a pace and also opened new doors to a more flexible understanding of the social influences on disclosure and health behaviour amongst men. Moving forward, these new approaches aim at accommodating for the construction, and further development or adaption, of a socially constructed form of masculinity. This approach attempts to account for a broad and flexible understanding of masculinity, building upon individual agency and accommodating for socio-economic backgrounds.

In practice, such approaches to masculinity include for example successful projects creating *safe spaces* for men to seek help, projects utilising *adaptive language* or *active based projects* (Robertson et al., 2016a). Providing fathers with appropriate facilities and

space to develop their own solutions to problems has also been found to positively promote situations for both these fathers and their children (Robertson et al., 2016b). These multifaceted approaches are showing that if help is accessible, appropriate and engaging, some men can be encouraged to seek help and disclose to others (Seidler et al., 2016).

2.3.3. Social structures, social support and disclosure

In recalling the meaning of disclosure as *a form of telling, meaning to relate thoughts, actions or feelings, typically including private views, personal concerns or crucial facts about oneself* (Charmaz, 2014), examining the nature and role the social structures of the discloser has on making decisions to disclose or conceal is of importance. Similarly the nature of any individual social support, such as qualitative interpersonal relational elements, can also be influential when making such decisions. However, research shows that the relationship between disclosure decisions, social support quality and social structures is not straight forward, indeed defining the terms themselves remains cause for debate (Uchino, 2006).

For research purposes, social ties are commonly divided into primary and secondary groups (Thoits, 2011). Primary groups are generally of an intimate, small and long term nature such as those among family members. Secondary groups are conversely of a more formal nature, larger and transient over time such as those amongst work colleagues. Throughout life's course important others evolve in relation to their role and function. Initially parents are commonly of most relevance for children in terms of time spent with and support given to, followed in later childhood by peers. In adult life intimate partners are of central importance and in later adult life the role of adult children becomes increasingly relevant (Umberson et al., 2010). Support from health professionals is distinguished from support from friends and acquaintances in that they represent clearly defined roles. Where there is a professional role there is a helper and help-seeker, there is also a power and knowledge discrepancy and the actual problem is not likely to affect the helper (Röhrle and Laireiter, 2009).

Similarities amongst those within individual social-networks such as sociodemographic and behavioural characteristics have been identified and indicate that, besides individual

decisions to forge social contacts, other factors such as geography and employment are influential when building social-networks (McPherson et al., 2001; Mollenhorst et al., 2011). Regarding network connections, data from the USA suggests that the number of social contacts with whom one is able to discuss significant issues with has dramatically decreased over the last 30 years dropping from roughly 3 to roughly 2. However, in some European countries, these numbers appear to have remained more stable (McPherson et al., 2006; Mollenhorst et al., 2011).

Social support networks, perceived as positive by recipients, have regularly been found to have a range of positive health effects. Social-networks where interactions are perceived as positive have been found to relate positively with both mental and physical health conditions, influencing physiological processes, reducing mortality rates and increasing well-being (Thoits, 2011; Uchino, 2006; Robles et al., 2014). However, the quantity of social ties alone has been found not to relate to the subjective satisfaction of these networks, with disclosure opportunities, or the above mentioned positive health effects. Whilst stressful relationships with intimate partners and within families have been found to promote detrimental health effects (Walen and Lachman, 2000), there remains in this area scarce information regarding the extent and actual effects these stressful relationships have on individuals. Some social-networks can thus have negative influences on health and positive effects can also be obtained outside of social-networks (de Jong Gierveld et al., 2016; Thoits, 2011).

Social support ties appear to weaken, especially for men, from the age of 50 onwards, more so for those with limited education and some estimates claim that around 20% of adult men in the UK are “mildly” lonely (Fischer and Beresford, 2014; Steptoe et al., 2013; van Tilburg and de Jong Gierveld, 2007). These figures refer to self-reported loneliness on the premise that loneliness represents the extent to which individuals perceive, experience and evaluate the lack of communication with other people, (de Jong Gierveld, 1998). Weak social ties are however not directly related to loneliness. Research has demonstrated that loneliness can be experienced at all ages and is not necessarily related to social network size. In some southern European countries where high levels of family support are common, feelings of loneliness are highest, underlying the interdependence between social values and individual subjective feelings of loneliness (de Jong Gierveld et al., 2016). Actual levels of isolation amongst older men do nevertheless remain related to increased levels of mortality (Steptoe et al., 2013).

Research has also identified variance in male disclosure behaviour between different occupational, ethnic and age groups. For example, servicemen in the British Army have been found to be reluctant to report mental-distress, such as depressive symptoms, for fear of appearing weak and for fear of detrimental occupational repercussions (Finnegan et al., 2010; Green et al., 2010). Alternatively, groups of firefighters have been found to be positive about seeking help to remain healthy (O'Brien et al., 2005). Research into ethnic variations in disclosure behaviour have shown that Indian and Pakistani males were more likely to disclose chest pains to family members whilst white men were more reluctant to disclose to family members (Galdas et al., 2007). Various studies have also identified young men as being particularly reluctant to disclose mental-distress to both family and friends and also health professionals (Biddle et al., 2006; Smith 2008; Cleary 2012).

Contrary to popular belief, research into the Core-Discussion-Network (people to whom important matters are disclosed) has shown that a large number of people who are confided in, are actually outside close networks. These outsiders could be doctors, colleagues or even strangers (Small, 2013). Key factors influencing disclosure appear then to include not only the confidant's closeness, but also their knowledgeability and availability. Shumaker and Brownell (1984) suggest that social support can be found in a number of informal and unstructured ways and places such as from a stranger in a bar or a social worker on a help-line. Pubs and church communities have also been identified as representing important peripheral relationships where ties are weak but opportunities for disclosures are relatively broad (Buz et al., 2014).

To sum up, research into supportive aspects of social-networks has been increasingly supplemented with research into potential negative aspects of social relations underlining the importance of differentiating the nature and quality of interactions. Research has also identified relationships between occupational status, ethnicity and age in disclosure behaviour and finally researchers have highlighted the utilisation of disclosure opportunities outside of social-networks. Male social-networks, initially established under the influence of socio-demographic, occupational and educational factors are likely to diminish in quantity in later life. Their relevance for influencing male disclosure behaviour can ultimately only be valued on an individual basis.

2.3.4. Disclosure and specific issues

Investigating potentially stigmatising issues, such as a mental illness, a physical ailment or experience of abuse presents further potential for understanding disclosure behaviour. These approaches have covered studying when disclosures are undertaken, which aspects are likely to encourage positive disclosures and how gender issues around specific illnesses influence disclosure behaviour.

Emerging Research in the area of depression and disclosure has uncovered gender influences on decisions to disclose or conceal. Men suffering from depression were found to be less likely to talk about their illness in comparison to women. This was accounted for in that symptoms of depression are categorised by some men as being *emotional issues* and as such are difficult to integrate into a more traditional male *non-emotional* identity (O'Brien et al., 2007). Alongside this tendency amongst men suffering from depression to struggle with aligning depressive symptoms with their masculine identity, depressive symptoms are similarly less commonly identified by the general public in males compared with females (Swami, 2012). A male tendency then not to disclose depressive symptoms has been seen to be an act serving both individual needs as well as social expectations. Although some men have been found to be able to negotiate and overcome this specific male conflict between expressed emotionality and traditional expectations, gender ideology does appear to influence decisions to disclose and help-seeking processes for men suffering from depression (Johnson et al., 2012).

Further relations between gender and disclosure of specific issues have also been identified in areas of physical health. Men with a cancer diagnosis have been found to be more reluctant to disclose their illness than women, and gender expectations have been suggested as posing a possible reason (Gray et al., 2000; Hilton et al., 2009). One method men commonly claimed eased disclosure and enabled masculine expectations to be negotiated was through utilising humour (Hilton et al., 2009). Here, identifying oneself as possessing a humourful character eased talk about the illness. In other areas Dageid et al. (2012) found that males living with HIV prolonged the time before help was sought for fear of conflicts with their masculine identities, but that some were able with time to negotiate new male identities alongside living with HIV. It was also found that male survivors of child sex abuse disclose less than women and wait on average 28 years before discussing their experiences with others. These men were found to struggle

with a range of individual social barriers including victimisation status, shame and isolation (Easton, 2013; Sorsoli et al., 2008; Alaggia, 2005; Hlavka, 2017). In sum, whilst gender expectations have been found to hinder disclosure of a number of issues, some men are able to overcome these gender expectations, some are able to approach issues with humour for example, and others require the passing of considerable time before being able to disclose.

Attempts to understand mechanisms influencing disclosure behaviour throughout a range of issues have been furthered by the concept *concealable stigmatised identities* (CSI). CSI are non-visible identities, such as mental illness, HIV/AIDS, past abuse or incarceration, for which there are negative attributes or stereotypes attached resulting in a loss of status or discrimination (Quinn and Earnshaw, 2011).

Long term consequences and developments of disclosing such CSI to others have specifically been examined. Chaudoir and Quinn, investigating disclosure experiences, found that positive first disclosure experiences can serve to reduce a chronic fear of disclosure throughout later life by increasing the level of trust in others (2010). However the likelihood of an initial positive first disclosure experience is also influenced by prior expectations linked to the disclosure outcome. Thus, viewing disclosure as, "the boundary between the safe confines of concealment and the vulnerability of visibility", the outcome of the first disclosure experience can be decisive for the *disclosure trajectory* and well-being throughout later life (Chaudoir and Fisher, 2010).

Chaudoir and Fischer (2010) have differentiated investigation into such disclosure developments further within the *disclosure process model* and propose that disclosing CSI can affect the individual's life in a number of ways: disclosing a CSI to another develops the stigmatised identity from being a purely individual one into a social one. Feelings of isolation and inhibition, which can have negative psychological and somatic effects, are thus alleviated. Social support then becomes possible but similarly the danger of stigmatisation rises. Further, through the transfer of information, social interactions thereafter are likely to be influenced by the new *stigmatising* information. Again, this can result in positive or negative consequences for the individual.

Research into the nature of disclosures with regard to specific issues is thus also producing interesting results. Research into sex differences indicate that gendered identities here too are influential for people suffering from certain conditions such as

depression (O'Brien et al., 2007). Also, certain conditions, such as male survivors of child abuse, appear to particularly prolong initial disclosures (Easton, 2013). Parallel to these influences, experiences of first time disclosures can strongly influence future disclosure behaviour (Chaudoir and Quinn, 2010). Subsequently, also when considering specific issues to be disclosed, individual gendered identities appear to be guiding decisions to disclose or conceal.

2.4. Men in mid- and later-life

In connection with higher mortality rates in men over 40, biological, social and psychological factors have been in focus of research as possible determinants for poor health in later life. This section will now elaborate upon research developments in these fields in pursuit of a better understanding of the situation of the male in mid- and later-life.

Biological developments amongst men in the second half of life are generally associated with diminishing sex hormone levels, commonly known as the male menopause or the male climacteric (Nikolowski, 1971; Beutel et al., 2002; Brandstädter and Lindenberger, 2007). Although knowledge around the male climacteric is not new, attention towards the influence it has on the *aging male* has been delayed because, as opposed to females, male hormonal changes are gradual and symptoms are often not detected (Werner, 1939; Beutel et al., 2002; Nikolowski, 1971). These symptoms amongst ageing males, although varying largely, can include physical changes such as increased abdominal fat and reduced beard growth, somatic changes such as sleep disorder or loss of sexual interest, cognitive complaints such as reduced concentration and mood changes such as increased depression and anxiety levels (Beutel et al., 2002). However some researchers are also critical of the concept of the male menopause claiming that it is an umbrella term for a variety of issues and also that it has been shown to apply only to approximately 2% of the male population (Pines, 2011).

While biological factors may then be partly influential and continue to remain an important area for further research, they cannot alone explain health outcomes, as social, political and individual factors also influence male health in mid- and later-life (Westerhof and Tulle, 2007). Indeed, large scale research has found that biological

factors only account for 1-2 life years' difference between the sexes (Luy, 2002). Similarly, biological factors cannot be accountable for historical and geographical variances in life-expectancy between the sexes, such as a male/female discrepancy in life-expectancy at birth (2014) of 11.2 years in Russia and only 3.7 years in the UK (Eurostat).

A number of social determinants are as such also likely to be influencing male mortality rates. Men in mid-life are increasingly living alone, and consult health professional less frequently than women, even after accounting for consultations for reproductive reasons (Falkingham et al., 2012; Samaritans, 2012; Wang et al., 2013). Amongst the over 40's, men are twice as likely to be reported missing, and around 90% of the rough sleepers are male with particularly grave concentrations of over 60 year olds in some areas (Commons Library Briefing 2017; National Crime Agency, 2016; Allin-Khan, 2017). 94% of the UK prison population is male and UK suicide statistics for 2013 showed an almost 4:1 male/female ratio (GOV.UK, 2017; Eurostat). Similarly, men are much more likely to die from most forms of cancer, road accidents, alcohol related illnesses, AIDS/ HIV, diabetes, liver disease or from illegal drugs (Eurostat). These disturbing figures contribute to the ultimately higher mortality rate amongst males as a group, the cumulative effects of which begin to emerge in mortality statistics amongst men from their early 40's (White et al., 2013).

Explanations for these figures, and reasons for delays in addressing this age group until now, have been explained in different ways. It has been claimed that older people are often portrayed as ungendered and are referred to with reference to their age and not their sex (Spector-Mersel, 2006; Arber et al., 2003). These *gender identity conflicts* mean that it is difficult for older men to feel masculine as an older person (irrelevant of sex), leading to inevitable personal and social conflicts (Spector-Mersel, 2006). In turn, these conflicts could lead to increased psychological strain and social isolation. Older persons may also be considered non-productive, static and dependent and, despite demographic forecasts predicting a rise in numbers, older people have for a long time remained an unseen minority (Tannenbaum and Frank, 2011; Spector-Mersel, 2006). These attributes have been reinforced through segregation and homogenisation of older persons in society as a whole. Whilst efforts to perform masculinity do appear to remain relevant for older men these continue to be orientated around ideological hegemonies guiding younger men. Masculinities thus do not fade into the background with

increasing age creating potential stress for men in later years (Thompson and Langendoerfer, 2015). Research tools have mirrored this *young masculine* approach developing and applying measures of masculinities almost exclusively to student populations and ignoring men in mid- and later-life (Thompson and Bennett, 2015).

Whilst men from 16 years onwards consult health professionals less than women, and men from 40 onwards begin statistically to show increased signs of stress and strain as reflected in the higher suicide statistics, men over 60 appear to face further issues. Although absolute loneliness has not apparently increased over the years, older men report less social support than women (Victor et al., 2002; Fischer and Beresford, 2014). Older men living alone in particular, whilst possessing higher levels of economic flexibility than women of a similar age, are less informed about facilities for older people and less likely to utilise them (Davidson et al., 2003). Grandfathers are less likely to see their grandchildren than grandmothers, less likely to join groups, and older men are more likely to view themselves as loners (Davidson et al., 2003; Gravill, 2014; Davidson, 2007). When asked in a survey who they would talk to, if anybody, 66% of men claimed that they would talk to a partner (Priory Group, 2016). Those without a partner are thus particularly vulnerable to isolation. Following retirement, co-worker relationships dwindle which triggers further demanding changes to social-networks (Van Tilburg, 2003). Decreasing social bonds and loss of masculine roles, such as being the breadwinner, have been shown to induce thoughts of suicide amongst older men (Oliffe et al., 2011).

Issues of masculinity, attitudes and policy towards older persons and individual life-span developments thus appear to play a part in constructing older aged identities and influencing health behaviour in various directions. Some older men have nevertheless been found to be able to retain a strong sense of masculinity; for some this may come, however, at a cost of neglecting their health and is even more so the case for those living alone (Phellas, 2013). Feelings of independence and control however have also been found to serve both as characteristics of traditional masculinity and act as markers for successful aging (Smith et al., 2007; Gravill, 2014). Whilst potentially upholding negative health behaviour, mobilising a desire for independence can also offer opportunities to generate greater health management and encourage men to monitor their health themselves (Smith et al., 2007). Indeed for these older men, motivation for independence is an “untapped tool” for health professionals, providing an alternative

framework for approaching treatments, compliance and responsibilities (Smith et al., 2007 p.333).

Men in mid- and later-life thus appear to represent a group in need of attention for a number of reasons. Statistically they are overly represented for a vast range of detrimental social attributes such as homelessness, incarceration or suicide. Similarly, feelings of loneliness and increased isolation from families and social-networks reduce their help-seeking and disclosure capacities. Further, growing older challenges traditional hegemonic masculine identities and demands the construction of new or more flexible male identities. Lower male health consultation rates thus cannot be attributed to better health but to discrepancies between perceived health and actual need (Möller-Leimkühler, 2002). Calls for more research into older men, whilst accommodating for the complexities of these individual aging processes, have come from a number of areas (Westerhof and Tulle, 2007; Beutel et al., 2002; Smith et al., 2007; Spector-Mersel, 2006; Galdas et al., 2005).

2.5. Summary

The literature review of disclosure of research relevant to men in mid- and later-life mirrors the array of factors influencing disclosure behaviour. Research has revealed that disclosure itself can be practiced and understood in a variety of ways, for example as a social (performing) act which may even have historical or political components. Similarly, disclosure may represent for the individual the beginning of a journey provoking further new forms of social interaction within varying social structures with an array of outcomes. As such, attempts to measure or assess disclosures are difficult and if attempted must account for individual subjective frameworks (Davis & Manderson, 2014). Research has similarly shown that stigma and shame are omnipresent social forces, directly influencing decisions to disclose and powerful in guiding our daily decisions to disclose or conceal important issues (Marks, 2007; Sanderson, 2015; Clement et al., 2015). Advances in stigma research have shown that personal stigma plays a greater role than public stigma, again directing attention to individual subjectivities.

Research has also progressed from sex orientated approaches towards understanding behaviour and gender as being socially constructed. Whilst male gender attributes are

generally associated with less disclosure, other aspects such as socio-economic status or education appear to be similarly relevant. Variations within the male population also indicate that masculinity should not be seen as a stable entity but allow room for the construction of individual meanings of masculinity (Addis and Mahalik, 2003).

Research has shown that whilst positive social contacts correlate positively with good health behaviour men, particularly with increasing age, are less likely to uphold such satisfactorily social bonds. There is also evidence that the number of social ties are diminishing over time. Alongside gender and age, correlations with quality and quantity of social contacts have also been established with education levels, living conditions and employment. Quantity of social contact also appears not to correlate with opportunities for disclosure per se, but issues of knowledgeability and convenience in others can also determine disclosure decisions.

Research into disclosure of specific issues has centred mainly on depression: here it has been shown that conflicts between stoic *masculine* traits and *emotional* depressive symptoms lead to males with depression disclosing less. Similarly males with HIV (AIDS), cancer or male survivors of child abuse disclose less and/or later than females. Again here, exceptions where males do negotiate depression and practice a positive health management exist and indicate that male / female categories are oversimplified. However, stigma and issues of shame, together with initial disclosure experiences and gender influences appear to be particularly influential when deciding to disclose or conceal.

Research has also found that men in mid- and later-life are a particularly vulnerable group. Struggles with biological developments (male hypogonadism) as well as structural adaptions, such as retirement, combined with conflicting images of masculinity and aging, contribute to higher figures amongst men in a wide range of negative attributes, and ultimately to higher mortality and morbidity rates (Bardehle and Stiehler, 2010). Nevertheless, older men are also not a homogenous group and a range of further factors, such as education and income have also been attributed to these figures. Encompassing male gendered attributes such as independence to support health behaviour in new ways, and promoting flexible models of masculine identities for older men, appear to be promising approaches for the future.

In conclusion, the omnipresence of stigmatising gendered pressure on men in areas of health and disclosure, appears to explain higher levels of embarrassment, anxiety and fear when seeking help (Yousaf et al., 2015). Specific older male attributes, as a culmination of these effects over the life span, support disinclination and reduced capability to express emotions and are also detrimental to developing positive contact with health professionals and positive social structures (Yousaf et al., 2015). Male socialisation, negatively influencing important decisions to disclose and seek help, has led to a huge and avoidable human toll and strongly influences not just the lives of many individual men but also those of women and children, changing societal structures and weakening economies (Galdas et al., 2005; Bonhomme, 2007; White et al., 2013). To face these challenges it is important that research intensifies efforts to understand the subjectivities of men, masculinity and influences on men's help-seeking behaviour (Galdas et al., 2005; Ridge et al., 2011).

CHAPTER 3

THEORETICAL REVIEW

This work has been approached from critical realist ontology with a social constructionist epistemology and set within a life-course framework. These individual theoretical positions, and their application within this project, will now be elaborated upon.

3.1. Ontology: Critical realism

Ontology is the study of the nature of being and defines the conditions of the existence of things around us (Blaikie, 2007). Ontological positions often oscillate between those of relativism and realism (Burr, 2003). Relativist positions reject the idea of a common truth amidst an understanding that the world is ultimately only perceived from individual standpoints (Blaikie, 2007). Realism is the belief that the world is at least partly the way it is independent of language or discourse, in other words, that there are real things which we cannot wish away (Elder-Vass, 2012). Some implications of an extreme interpretation of realism in everyday life can be far reaching, for example many wars have been fought on the premise that there is a single truth to be upheld and defended (Gergen and Gergen, 2009).

Building upon past theoretical developments, there is however today an increasing consensus that debate centres less upon absolute realist / relativist ontological positions but upon the degree of relativism (Parker, 1998), or the degree of realism (Patomäki and Wight, 2000). The degree to which reality is accepted as being socially constructed is for some determined by the point at which one runs the risk of losing, "the critical edge on important social phenomena, such as inequality or oppression", that is, too much relativism can hinder debate and development (Parker, 1998, p15). In summary, the relativist / realist debate has often been falsely interpreted as a dichotomy of positions, is something real or an illusion, is something true or false (Parker, 1998), an alternative to this dilemma is provided by critical realism.

Critical realism has been proposed as a working model to resolve this dilemma. Critical realism accepts that there can be a *common sense* of understanding while also assuming the presence of further influential unknown factors (Bischof, 1966). Critical realists claim that a degree of truth can be claimed but that these truths will ultimately be continually refined over time as new knowledge comes to rise or new perspectives are developed (Archer et al., 2016). As a useful construct for understanding the critical realist's position one can compare the human scope for understanding life with the human scope for hearing acoustic signals: While valid claims can be made according to what we actually hear, we are also aware that certain ultrasonic signals remain outside of our human hearing range (Bischof, 1966). This means that the reality we experience and utilise to develop our understanding is based upon limited structures and systems of the day, emanating from the specific bodies from which they are experienced and expressed only in the language which we master.

Critical realist research does thus not aim to provide *knowledge* of specific structures, but seeks to generate thought which can help to better understand the relationships between structure and agency (Cruickshank, 2003). To better understand how individuals interpret the social worlds they experience and evaluate how this understanding is individually constructed, interviews can be employed. Interviews provide us with a means of accessing such individual experiences, offering the researcher direct access to the interviewees point of view (Smith and Elger, 2012). Interviews offer potential for investigating how individuals reflexively interpret and navigate experienced social structures (Archer et al., 2016). Interview language is removed from the notion of an objective reality and has an emphasis on local contexts and the linguistic construction of social frameworks and an understanding that identities are phenomena emerging from the dialectic between individuals and society (Brinkmann and Kvale, 2015; Berger and Luckmann, 1991).

Interviewing men in mid- and later-life, navigating issues of distress disclosure when in need, offers potential to better understand such individual concepts such as distress and disclosure. Attempting to understand how decisions are reflexively taken in relation to individual explanations of social lives increases understanding based on the participants *realist* observations and experiences within a *critical*, because categorised and relational, framework. Critical realist ontology, as here applied, offers as such an ontological basis for understanding real concepts of distress emerging from individual social experiences.

3.2. Epistemology: Social constructionism

Epistemology is the theory of knowledge and concerned with the nature and validity of different types of knowledge and how it is obtained (Brinkmann and Kvale, 2015). It involves identifying elements and categories of knowledge, understanding how terms are constructed and examining subsequent impacts on behaviour (Morgan, 2009).

Social construction is a model used for explaining how such knowledge is produced. Social constructionism is a perspective that assumes that people create social reality or realities through individual and collective actions; and social constructionists study how these individual realities (views and actions) are situated within certain times and space (Charmaz, 2014). Social constructionist theory does not deny the existence of truth, but invites us to view assumptions of truth within social and historical contexts (Gergen and Gergen, 2009).

How the process of social construction unfolds and which elements are central for social construction remains a continuing part of theorists thought and debate. *Language*, being a tool for expressing meaning, and *discourse*, being that which regulates the content of what is said, are commonly accepted as important determinants for social construction (Elder-Vass, 2012; Cromby and Nightingale, 1999). Additionally, physicality, *bodies*, with their inherent physiological, hormonal and psychological variations, are also ultimately deemed by some to be decisive in the construction of individual social realities, the "me" ultimately being subjective and individual (Cromby and Nightingale, 1999). Further, the presence or absence of *power*, be it in the form of knowledge, resources, or an institutional or physical power, can be influential in creating various individual social realities (Cromby and Nightingale, 1999).

These modes of social construction are also interdependent. Language can vary in grammar and accent which is individually influential from person to person, reflecting social norms and discourse (Elder-Vass, 2012). Selective knowledge, a form of power, may similarly determine individual interpretations, and discourses, of events (Turner, 2012). Subsequently, all aspects derive their value in contrast to the social contexts from which they emerge and ultimately reality becomes reality only through common consensus (Turner, 2012; Gergen and Gergen, 2009).

Practical examples of the social construction of reality can be found all around us. Languages have produced words, such as *danger*, which has been given a clear meaning within our western culture and may subsequently be interpreted as then being real state or entity (Gergen and Gergen, 2009). Similarly first names are given at birth and appear over time to develop a personal meaning (Gergen and Gergen, 2009). On the other hand nuances of reality can occur for example around a claim, "his father has died"; this claim is commonly understood as the cessation of certain biological functions, however first, medical researchers continue to debate the actual point of death and secondly the statement could also imply "he is now in heaven", "he has entered a new karma" or even "his atomic composition has changed" dependent upon the cultural standpoint from which the statement emerges (Gergen and Gergen, 2009).

Specific structural social constructs are also relevant for constructing meaning. For example marriage, government policies and crime are constructs that have developed consensus alongside certain geographical, cultural and historical frameworks (Cromby and Nightingale, 1999). Common consensus thus defines what reality is and reality ultimately emanates from a specific cultural tradition (Gergen and Gergen, 2009).

Concerning this research, and in line with the interviewer as traveller metaphor offered by Brinkmann and Kvale, knowledge is gathered collectively between interviewer and interviewee. This reflective approach may uncover values or customs unique to the journey the interviewee has undertaken (Brinkmann and Kvale, 2015). As such for example, distress, as an ontologically real concept, may further be understood as something to be avoided or something to be overcome. Further, such positions may be based on a deterministic orientation (I have no choice in the matter) due to social expectations or alternatively may be understood as being based on free will. Such individual constructs of distress may in turn also be influenced by various forms of upbringing, social developments, understandings of gender, felt stigma or a number of further factors. Similarly, the possibility of the alleviation of distress through disclosures may be disregarded or welcomed and also constructed in relation to past experiences, perceived social expectations or practicalities.

3.3. Theoretical framework: Life-course

A life-course perspective incorporates the influences individual social pathways, such as a certain career or educational background have had on the trajectories of people's lives (Elder et al., 2003). In contrast to earlier *life-span* approaches where developmental psychology was concerned with the chronological coming and passing of phases in life on account of age (Lindenberger, 2007; Baltes et al., 1980), life-course is seen as not having a natural, chronological or inevitable flow but being historically and socially situated (Holstein and Gubrium, 2007). Life-course researchers do not only presume that personal development is a lifelong process, but that individual developmental stages are uniquely influential in the construction of further stages (Baltes et al., 1980). Life-course theory thus focuses upon the dynamic between the institutional and personal and claims that individual developments over time can be linked to a range of life domains, such as work, family and social or historical positions (Heinz and Krüger, 2001).

While calls were made as far back as the 1920's for an emphasis on a long term analysis of how individuals and groups develop over the course of time, life-course approaches only took hold in the 1960's (Elder et al., 2003). Until then there was little knowledge about how lives developed over time and how certain pathways influenced future development. Longitudinal studies in the USA in the 1960's and 70's revealed the influences of political developments such as the cold war, the civil rights movement or the feminist movement upon the future trajectories of some individuals. Researchers had discovered that when studying individual developments, social and political factors can be largely influential (Elder et al., 2003).

Elder et al., (2003) have identified a number of working concepts to describe certain central elements for life-course understanding: *Turning points* in life refer to important normative actions such as changing occupations or moving home; *Social pathways* include institutional structures such as family structures, work patterns or educational careers; *Trajectories* in life refer to common normative sequences related to social pathways such as retirement from work or various stages of family life. These concepts help demonstrate how our lives are socially organised and also demonstrate how some parts change and interact with one another (Elder et al., 2003).

Some critical additions to life-course theory have been concerned with the effects of the construction and utilisation of life-course stages on the life-course itself. Holstein and

Gubrium (2007) note that inadvertently giving certain life stages meaning provisionally grants them with a degree of reality. For example, studies into the construction of age related beliefs run the risk of taking meaning related to a biological age for granted. In search of identity, individuals seek feedback from others and are likely to present those attitudes and values that are expected of them (Holstein and Gubrium, 2007). For example if we are expected to behave in a certain way, as a *teenager*, or as a *real man*, then we may adopt our self-conceptions with reference to these definitions from others. Differentiating which identity concepts stem from us and which from others becomes blurred.

The practice of applying concepts of the life-course towards others has been termed *life-coursing* (Rosenfeld and Gallagher, 2002). Rosenfeld and Gallagher claim that life-coursing is typically applied for example in medical interactions: Children are assumed to be, as a result of their age, passive recipients of health care. Parents however, as a result of their age, are required to provide information about their child's symptoms while medical technology, also controlled by adults, determines treatment. Medically middle-aged adulthood on the whole is assumed to represent an ideal standard. In later life older individuals are viewed to be passive recipients of medical treatment due to their biological age, even when possibly irrelevant of their needs (Rosenfeld and Gallagher, 2002).

Critically, life-course research has largely been limited to quantitative studies and has seldom investigated the development of life courses over the whole life. As such the influence early experiences have in later life has still not been adequately understood (Elder et al., 2003; Mayer, 2009, Heinz and Krüger, 2001). In the field of health, life-course research has been growing fast (Rosenfeld and Gallagher, 2002; Mayer, 2009). Approaching issues of gender and health from a life course perspective, as is the case here, holds potential for capturing gendered patterns over time that may be shared or may be unique (Mayer, 2009; Watson, 2000).

Such gendered patterns, which could represent a form of life-coursing, may for example be influential in understanding issues of distress and disclosure. For some men, distress may be interpreted within a gendered framework which opposes experiencing, expressing or dealing with distress and upholds male gendered behaviour such as stoicism (Martin, 2015). Such understandings may however be subject to development over the life course, for example as a result of influences from new environments with

alternative gendered behaviour following a move or following personal developments such as experiences of illness or psychotherapy. A life course framework offers opportunity to identify developing attitudes towards distress and disclosure as a result of changing factors through time.

34. Summary

This study thus draws upon a range of theoretical background knowledge in pursuit of a comprehensive analysis of socially constructed male gendered behaviour. A social constructionist epistemology recognises the role of language, bodies and power relations in the construction and upholding of social realities (Cromby and Nightingale, 1999). Critical realist ontology accepts nevertheless at any single moment a degree of truth, but understands that truths will be redefined individually and over time (Bischof, 1966; Archer et al., 2016). A life-course framework accounts for personal developments over the life-span and emphasises the unique interconnectedness of social pathways and the influences of work, family or historical developments on individual trajectories (Elder et al., 2003; Holstein and Gubrium, 2007). In gathering data from interviews, this project assumes the construction of individual social frameworks with an emphasis on local contexts, examining how (gendered) realities are constructed, understood and developed throughout the course of life (Archer et al., 2016; Brinkmann and Kvale, 2015).

Men's-studies have been addressed and it has been shown that increasingly biological explanations for gendered behaviour have given way to also understanding gender as constructed in the interplay between individuals and society (Nye, 2005; Gildemeister, 2008). As such, the notions of doing and undoing gender similarly support the construction of individual gendered identities.

CHAPTER 4
METHODS

4.1. Overview

Within a qualitative research and life-course framework, this project employed maximum variation sampling, a method with the purpose of documenting unique or diverse variations that have emerged in adapting to different conditions and to identify important common patterns that cut across variations (Palinkas, et al., 2015). Utilising semi-structured in-depth interviews (Kvale and Brinkmann (2015), 20 men over the age of 45 were interviewed with the objective of eliciting narratives surrounding coping strategies for distressing life-events whilst paying particular attention to the role disclosure or concealment has played. Data was analysed and themes developed in line with a thematic analysis approach, similar to that described by Guest et al., (2011).

This chapter is comprised of five sections. The first section will elaborate and justify the methodological framework for the study. Secondly, ethical issues will be reflected upon, in particular how participant confidentiality was guarded throughout the study. Thirdly, the adopted sampling and recruitment methods will be described and justified. Fourthly, I will describe how data was collected, from pre-interview to interview completion and transcription. Lastly, all phases of data analysis will be elaborated upon through to the development of themes.

4.2. Justification for approach

Positioned within a life-course theoretical framework, this study examines how meanings of distress and disclosure are constructed in relation to individual life-courses and how such factors shape decisions to disclose or conceal. A social constructionist life-course framework attempts to describe how individuals create meaning and develop subjective understanding as they move through various life stations, phases or stages (Holstein and Gubrium, 2007).

Common methods used for generating data within qualitative frameworks are individual interviews and focus groups (Charmaz, 2014). Interviews are a common and tested method for gathering experiences into life-courses as they enable the identification of patterns of social relations and the processes which have shaped them (Bertaux and Kohli, 1984; Wengraf and Chamberlayne, 2006). Individual interviews provide potential to increase the depth of data, whereas focus groups commonly generate less in-depth data but more data around common social contexts (Ritchie and Lewis, 2013). This research project was enquiring into participants past individual experiences of mental-distress and any developments over time, topics were likely to be of a sensitive in-depth nature and as such interviews enabled individual scope for adjusting to an appropriate level of depth. Individual interviews allow the research participant to set the tone and pace of the interview and give the interviewer the opportunity to mirror what seems comfortable for the interviewee (Charmaz, 2014). As such, focus groups were not judged as ethically appropriate considering the sensitive nature of some of the topics which the interviewees may be discussing for the first time in their lives and as they were less likely to capture individual life-courses.

Such sensitive individual data might have been for example, how have the men dealt with distressful issues in the past and how do they value these experiences? Which situations have the men experienced as being detrimental and which as beneficial for disclosing personal issues? Or how do the men explain the patterns leading up to these developments E.g. issues surrounding childhood, education, gender or society?

This broad scope of possible explanations surrounding disclosure can best be dealt with using a method which accommodates for the above mentioned wide ranging individual issues. As Galetta explains, "The semi-structured interview offers great potential to attend to the complexity of a research topic. It allows for the engagement of the participant with segments of the interview, each progressively more structured" (2013, p24). Semi-structured interviews provided thus a means for building narratives grounded in theoretical, social and personal developments which emerged from the individual lives, any personal developments and their experiences of such developments. Semi-structured interviews thus offer scope for incorporating personal experiences around distress and disclosure as well as understandings of existing constructs and how they

have developed over time. However, whilst semi-structured interviews pose the potential for developing a wide range of data, they are similarly a challenge for interviewers because the quality of the data produced relies upon the interviewer's skills and knowledge and is as such inevitably open to challenge (Kvale and Brinkmann, 2015).

Interview styles can similarly mirror epistemological presumptions, that is, our understanding of knowledge and its origin, and should therefore also be briefly addressed. A useful metaphor, offered by Kvale (2015), is that of a traveller. The interviewer/traveller explores the potentialities of meanings within the interviewee's narratives and is open to the potential of going down new unknown paths and creating new meanings. For example, when explaining disclosure behaviour and understanding, meaning was sought and developed in the narratives by the interviewees through a range of individual, situational and societal aspects such as upbringing experiences, chance happenings in life or issues of masculinity and gender, the interviewees similarly having been and being on a journey through the landscapes they had encountered in their lives. Indeed one could also say that as a researcher, I was not only interested in the paths they had taken but similarly enquired into their equipment for the journey, their journey companions and any road signs they had encountered along the way. The traveller metaphor, where data collection and analysis are developed around the narratives, suits a constructivist approach (Kvale, 2015).

Eliciting data from men in the second half of their adult lives posed a number of advantages. Firstly, it has been stated that as a result of the prevailing men's health statistics, showing long term constantly higher mortality rates than women, this cohort of men are in need of more attention (White et al., 2013). Indeed the 45 to 64 age range amongst US men have shown the highest suicide rate for the past 10 years, and in the UK the 45-49 age group represented the group with the highest suicide rate for 2017 (ONS, 2018; American foundation for suicide prevention, 2017). Secondly, when interviewing older men as opposed to younger men, older men have been found to provide greater integrative meaning in their life's narratives (integrating memories and emotions into recognised cultural patterns), thus providing deeper explanation for their life-courses, actions and beliefs (Singer et al., 2007).

Whilst acknowledging that gathering data from the over 45 age group does not necessarily guarantee generating more valid and reliable data compared to a potentially

younger sample, the sample of over 45's was selected primarily with the aim of identifying individual meaning within individual frameworks from a male age group which has until now not been selected for in-depth disclosure research. These individual narratives drew upon at least 45 individual years of life experiences from childhood to mid-adulthood or retirement. Identifying subsequently the range of factors influencing disclosure behaviour and disclosure understanding amongst the over 45's thus aims at utilising data from an until now largely neglected male age group whilst indeed utilising experiences gained throughout their whole lives, potentially generating results which could assist developing better health management for both older and younger men.

4.3. Sampling

Maximum variation sampling is a strategy of purposive sampling aimed at, "capturing and describing the central themes … that cut across a great deal of participant variation" (Patton, 1990 p172). The approach offers the potential for identifying both in-depth individual accounts and also shared patterns which have emerged out of heterogeneity (Patton, 1990). Maximum variation sampling, does not aim to produce a statistically representative sample but instead is more concerned with the criteria used to select participants, which should aim to represent the diversity and breadth of the population to be investigated (Wilmot, 2005). The population to be investigated was all men over 45 years of age. Participants in this study were recruited based on socio-demographic information firstly according to age (over 45), and subsequently selected to represent a broad, maximum variation, spectrum with regard to occupation, level of education and perceived self-ethnicity (Table 1). All the men recruited were similarly required to possess, for purposes of practicality, an adequate mastering of the English language. Men were recruited from the London and Surrey area. Further, with regard to the discussion topics and research theme, the sample represented a wide range of men with either a very limited social network through to men with a strong and highly active social network. There was also a range of satisfaction levels with current social-networks and disclosure opportunities. See section 4.6., for more detail about the maximum variation sampling approach in this study.

Establishing exactly how many interviews to perform prior to the study was difficult to estimate and is a common source of conflict for many researchers (Guest et al., 2006; Charmaz, 2014). Reaching data saturation is seen as paramount for producing reliable results, but can conflict with research involving fixed resources (Baker and Edwards, 2012). Whilst most authors shy away from recommending absolute numbers, when conducting qualitative research, recommendations frequently range from between five and twenty five interviews (Creswell, 1998; Morse, 1994). The sample size of a *purposive* sample is regulated through reaching the point of saturation. In this case, the purpose was to elicit a comprehensive range of narratives from the interviewees with the aim of increasing understanding, especially into the role disclosure or concealment has played for them over the years. To this end the analysis process, especially the development of the codes and theme development, in discussion with supervisors, provided orientation on how many further interviews were required. Alongside field notes and interview notes a comprehensive analysis was undertaken after the first nine interviews, then again after fifteen and finally after 20 interviews. Following the first round of analysis the code book contained 42 codes. A further 2 codes were added following the second round of analysis.

4.4. The recruitment process

Recruitment is the "dialog which takes place between an investigator and a potential participant prior to the initiation of the consent process" (Patel et.al, 2003). Participants were recruited from a variety of sources and in four interview phases. Initially, pilot interviews were conducted with two males from within my acquaintance circle. For the second interview phase a further four participants were recruited through contacting an Age UK office in the Surrey area and a further three were recruited through London and Surrey men's groups. At Age UK, initial contact was established via Email and then telephone with the Involvement Manager (responsible for coordinating activities). The Involvement Manager subsequently enquired amongst elderly men who were registered by Age UK and following a positive response passed on contact details. These men were then contacted by myself, informed of the details of the research and the requirements for participation and additionally sent an information sheet. Having searched the internet, the organiser of a London men's group was contacted and similarly enquiries

were undertaken into the possibility of establishing contact with older men. Email exchange was developed and this group organiser passed the information onto a further two men's group. Subsequently here three men were recruited.

The third phase of recruitment, six months later, involved recruiting a further six individuals. These contacts were established individually as a result of information passed on from friends and acquaintances and purposive to recruit men outside of structured groups. The fourth and final phase involved recruiting a further 5 men with loose ties to a self-help group, however only one of these men was regularly active in the group and 2 had no physical contact with the group. Apart from the initial 2 none of the 20 men were previously known to me.

During these initial contact phases discrete enquiries were made into the mental health of the individuals and possibilities of unlikely but potential negative effects of in-depth interviewing were elaborated upon. All individuals were considered suitable to take part. This initial contact was further useful in that it allowed the men to give thought to the subject matter, their own disclosure behaviour and understanding, prior to the interview and paved the way to a more in-depth interaction later.

To verify the diversity of the sample and ensure inclusion of men who have limited social contacts, interview data was reviewed. Measures were taken to assess the level of present social interaction (of both a professional nature and of a social nature) as well as the subjective satisfaction with present social-networks. The latter is potentially relevant considering that the effectiveness of social support varies between individuals (Walen and Lachmann, 2000). The sample showed a wide range of men with very limited or no social ties through to men with extensive social ties as well as men with both high and low satisfaction levels with their present social contacts (Table 1).

The complete sample thus included men originating from within and outside the U.K., both skilled and unskilled workers, retired men as well as self-employed and employed men, men who described themselves as heterosexual, homosexual or queer and married, divorced and single men. The final sample further represented men with varying social-networks, from no contacts at all through to men with extensive social-networks.

Table 1, Socio-demographics Sumary

Socio-demographics Summary

Code No.	Code Name	Age	Relationship status	Ethnicity	Educational Background	Present or last Occupation	Sexual Orientation	Int. length (min)	Present group participation	Satisfaction with social network
1	Arnold	58	married	white	comprehension school	Painter and decorator	heterosexual	46	1	😐
2	Ben	46	single	white	university	Social worker	homosexual	77	5	☺
3	Clive	55	single	white	university	Teacher	homosexual	95	4	☹
4	David	79	married	white	pharmacist	Pharmacist	heterosexual	67	2	😐
5	Eddy	54	married	white	A-level	IT Consultant	heterosexual	67	5	☺
6	Fred	68	widowed	white	degree level	Civil Servant	heterosexual	83	2	😐
7	Gary	50	married	Ugandan	industry	Personal development consultant	heterosexual	81	5	☺
8	Henry	59	married	white	grammar school	Motor mechanic	heterosexual	63	2	☺
9	Jerry	86	single	white	university	Social worker	unknown	113	3	☹
10	Kevin	65	married	white	university	Real Estate Advisor	heterosexual	54	1	☺
11	Lee	59	married	white	university	Head Teacher	heterosexual	39	3	☺
12	Morris	48	separated	white	university	Consultant	heterosexual	52	1	☹
13	Nathan	60	single	white	none	Musician	heterosexual	48	3	😐
14	Oliver	52	single	white	college	unemployed	queer	83	1	☹
15	Patrick	60	married	white	university	Coach	heterosexual	59	1	☹
16	Quinn	46	married	white	O-levels	IT Engineer	heterosexual	55	4	😐
17	Richard	49	single	white	Grammar School	Civil Servant	heterosexual	53	2	😐
18	Steve	57	single	asian	college	unemployed	heterosexual	63	1	☹
19	Terry	48	divorced	white	degree	consultant	heterosexual	48	2	😐
20	Ulrich	45	single	white	college	unemployed	homosexual	101	5	☹

Participants recruited from 8 different sources	57.2	Married: 9	Eth. minority: 10%	Semi-skilled: 4	Retired: 4	Heterosexual: 15	67.35			
	av. age	Single: 8		Jun. Admin.: 6	Employed: 10	Homosexual: 3		Category 1: 6	Happy: 6	
		Widowed: 1		Graduate: 9	Self-employed: 2	Unknown: 1		Category 2: 5	Content: 7	
		Separated: 1		None: 1	Unemployed: 4	Queer: 1		Category 3: 3	Unhappy: 7	
		Divorced: 1						Category 4: 2		
								Category 5: 4		

Group participation

Category 1	No group participation of any kind
Category 2	Irregular group participation (social nature)
Category 3	Regular group participation (social nature)
Category 4	Irregular group participation (therapeutical nature)
Category 5	Regular group participation (therapeutical nature)

Definitions:

Social nature: Music group, interest groups, discussion groups

Therapeutic nature: Self-help group or group with consellor

Regular: Weekly or fortnightly

Irregular: Monthly or less

4.5. Ethical considerations

Ethical approval was sought through the Faculty of Science and Technology Research Ethics Committee of the University of Westminster and approved on the 30.03.2015 (Appendix 1). Ethical approval aimed at ensuring a minimum of risk of harm to participants and at supporting a beneficial outcome of the research for others and included measures to monitor my personal conduct, training and ability to complete the study. These measures were ensured through the development of a risk assessment protocol ensuring participant and researcher safety (Appendix 2), a sensitivity protocol monitoring developments during interviews (Appendix 10) and a referral sheet for unexpected stressful developments following interviews (Appendix 11). Issues of confidentiality were elaborated upon in the participation information sheet (Appendix 3). Also, plans for the design of the study including contact with gatekeepers, interview design and data management, as well as all aspects of dealings with participants was evaluated and approved.

Data confidentiality matters raised not only ethical implications but were also important issues for participants in particular when building a trusting relationship. Subsequently, adequate precautions were taken to separate personal data (names and contact details) from all other data, to ensure that all data was safely and securely stored and that names and all identifying information was changed when transcribing interviews.

The participation information sheet was issued at first contact (mostly via email) and was again reviewed and explained additionally directly before the interview began (Appendix 3). The information sheet outlined the reasons for the study, informed of the depth in which topics are likely to be discussed during the interview, gave an estimate of the expected length of the interview, stated my wish to digitally record the interview and provided contact details should they wish to place a complaint about my conduct or any other matter. Participants were similarly informed, at the start of the interview, and on the information sheet, of their right to decline from answering any particular questions, their right to cease the interview at any time and their right to withdraw completely from the study without having to provide any reason. Subsequently on the consent form (Appendix 4) participants were requested to confirm that they had read the information

sheet and had understood their rights as well as giving their consent to the recording of the interview.
All participants commented after the interviews that the exchange was a positive experience and no signs of stress were witnessed by myself or mentioned by participants.

The ethics application also critically considered the necessity of the study and evaluated the use of possible findings in relations to potential risks. The research aims were deemed of significance given the importance of understanding issues of disclosure as a means of alleviating mental-distress and as a gateway to accessing health services (Pennebaker, 2012).

As a member of Europe's largest person-centred psychotherapy organisation, and as a practitioner, I abide by their official ethical guidelines for practicing person centred therapists (GWG). I was aware that there are potential risks involved when undertaking in depth interviewing. For example, the risk of re-traumatization through exposure to highly emotional issues (Paoletti et al., 2013) or the risk of individuals suffering when new insights on past experiences are developed (ESRC, 2012). A risk assessment protocol provided for aspects of safety and security (Appendix 2). The research committee was to be immediately informed of any amendments to the research design and a summary of the research was to be subsequently submitted.

4.6. Data collection

4.6.1. The researcher / interviewer

Given the interactive nature of interviews and the understanding that my person as a researcher influences the development of the interview (Willig, 2012), a few words about me and my interview abilities are called for. Interview training, undertaken in the build up to the study during the taught component of the DProf course at Westminster University, was supplemented with recommended literature (Kvale, 2015; Charmaz, 2014; Wengraf, 2001; Robson, 2011). Pilot interviews were then critically assessed and

discussed with the project supervisors and suggestions were adapted in the following interviews for example probing for further information and explanations. I then performed further interviews orientating myself largely around recommendations for interviews from Kvale and Brinkmann (2015). These included having an extensive knowledge of the subject matter, providing a clear structure, being empathic for thematic sensitive developments and not taking everything at face value. In this manner I aimed to create rich knowledge and sustain a beneficial interaction for the interviewees (Kvale and Brinkmann, 2015). Further, according to Patel and colleagues (2003), good interviewer skills include professional integrity, paying attention to detail and the ability to take a respectful, tolerant and tactful approach. These aspects remained at the back of my mind.

Additional experience in interpersonal sensitive and explorative interaction was given through my professional psychotherapy training and ten years of practical experience. Similarly, my psychotherapy training enhanced my ability to identify candidates during recruitment which may have been shown signs of vulnerability as well as coping with potential distress during the interview, should they have emerged (Draucker et al., 2009).

The role of researcher gender on the interview relationship and outcome has been critically discussed in the literature and should indeed also be considered here. A male to male setting where the interviewer appears to be in control can, as far as these issues are relevant for the interviewee, be considered as a threatening situation by some interviewees (Schwalbe and Wokomir, 2013). Such implicit gender influences can however be reduced by thematising exactly these issues and in doing so challenging any potential apprehensions, that is any potential power issues between interviewer and interviewee (Oliffe and Mröz, 2005). Whilst such gender differences have been identified when dealing for example with emotions in interviews, gender is but one factor along with age, time, place and many others factors which could potentially influence data gathering (Manderson et al., 2006). Despite these potentially influencing factors, irrelevant of gender, interviews have been found to proceed when the interviewer is able to facilitate communication, establish trust and able to interact flexibly with each individual participant (Manderson et al., 2006).

4.6.2. The interview guide

The interview guide is a guide structuring the interview more or less tightly and provides topics and sample questions (Kvale, 2015). The interview guide was developed over a number of phases. Having studied the literature and an initial number of brain-storming episodes and the development of mind-maps, notes were developed producing ideas which would support the development of a wide range of narratives during the interviews. For example, when considering past disclosure behaviour and understanding, I wanted the interview guide to include topics on the development of the individual understanding of earlier events, their various outcomes, the individual interpretations of such events and any changes over time, as well as situational and practical aspects. Thus, in developing understanding around older men's issues of disclosure, a range of narratives were to be supported covering theoretical, personal, situational, relational and societal issues including how these aspects had developed over time. Subsequently, an initial interview guide was developed using a mix of open questions with potential explorative follow up questions. For example a main question was; *can you recall an example of when you had a stressful personal issue or problem as an adult and how you went about dealing with it?* Follow up questions to this included, *how did you feel about it? What encouraged your decision? What was encouraging or discouraging?*

Having applied this draft of the interview guide during pilot interviews, and following a discussion with my supervisors, further alterations were made in preparation for the next interviews. Changes were aimed at encouraging the flow of narratives and widening the scope for possible answers. The above question *can you recall an example of when you had a stressful personal issue or problem as an adult* was then developed into; *most people have experienced difficult things in life; can you recall a difficult experience and tell me something about how you went about dealing with it?* This formulation, omitting the words *issue* and *problem* promoted a wider interpretation and more relaxed approach through implementing the phrase *difficult experience* and was less direct in its approach. The revised interview guide provided examples of difficult experiences as hints, should they be necessary along the way, such as losing someone close, relationship problems, mid-life crisis or getting older.

The interview guide began with instructions around important information which was to be given prior to the interview, covering issues of confidentiality, the right to stop at any time and a reassuring and relaxing message that there are no *right* or *wrong* answers. The interview guide was structured to begin with easy warm-up questions, developing rapport and searching for lines of enquiry, and then to develop to more in-depth questions. In-depth questions were to cover past experiences and present behaviour and then, if appropriate, to return later to the main points in case new understanding had emerged. Thus, emerging topics were to be elaborated upon and then critically developed sometimes returning to the original question in a new manner. This proved necessary as some of the topics were discussed for the first time in this manner and the interviewees understanding of some events developed during the interview.

The interview guide was additionally a helpful tool for further reasons. It helped provide a degree of thematic structure, thus ensuring that that all potential lines of discussion were covered. Further, additional hints reminded me for example to *go back to key questions* or to *vary terms: stress, problems, feeling down* thus broadening the field for possible interaction. The interview guide was all in all an important tool for providing guidance, thematic rigor, withholding neutrality and helped to adapt flexibility to each interviewee. Finally, as a result of these qualities, it increased my confidence as an interviewer in the situation and enabled me to concentrate more on my conversational partner and the interaction itself as opposed to having to think about questions.

4.6.3. Interviews

Interviews were completed at a variety of locations, predominantly at the participant's homes and the others in the offices of Age UK, on University premises, or at their workplaces. In all cases a private confidential setting provided for an undisturbed and relaxed atmosphere. Interviews varied in length from 39 minutes to 113 minutes (mean: 1 hour, 7 minutes).

In the course of personal introductions and explanations for the research background, themes of masculinity and perceived male behaviour around disclosing information were

often touched upon. Through verbalising these themes, with the common understanding that they are sometimes difficult for men to talk about, I indirectly emphasised that within the framework of the interview, it was safe to discuss anything the men wanted to talk about. This was significant because as Oliffe and Mroz (2005) emphasise, it gave the men *permission* to safely talk about issues which would not usually be discussed.

I emphasised that reading and understanding the consent form was important and additionally reiterated verbally the main points after it having been read. Similarly, I emphasised that there were no "right or wrong answers" and that only their individual experiences and beliefs were to be central during the interview. Finally, consent was requested to begin with the recording, recording equipment was activated and the interview could begin.

During the interviews, the procedure was similar to recommendations given by Ritchie et al., (2013) such as spending more time on opening subjects to give participants time to feel at ease, the use of opening questions to encourage talk, paying attention to speaking clearly and calmly and ensuring that questions are understood as well as acknowledging the difficulty of speaking about some subjects. All interviewees had ensured that they had reserved adequate time and were undisturbed. Some interviews were enhanced by a cup of tea which further added to a relaxed atmosphere.

Orientating myself along my interview guide (Appendix 5) questions were explorative, exploring themes in both width and depth and at times probing and inquisitive in nature. For example one question was, “Have you made any particular good or bad experiences in the past when revealing personal issues to somebody else?” Answers were then sometimes followed up with enquiries about what influence this has had on their understanding and following behaviour. Often the direction was centred upon certain experiences such as coping with cancer, at other times conversation was more general in nature such as family values. Where possible I used the interviewees terms to explore themes and I strove to show respect for all utterances because, "Entering the participant’s world of implicit meaning is a privilege in which you may experience precious shared moments" (Charmaz, 2014).

To avoid disturbing the flow of some narratives, seemingly important parts of the biographies or the use by the participant of terms which could have had various meanings, were shortly noted along the side of the interview guide and returned to at a later period for clarification or examination. In this manner the flow of the narrative was not disturbed and the participant could continue with his explanations and remain within his own frame of reference (Mearns, 2005). Furthermore, returning to some points or phrases enabled me to clarify my understanding, sometimes provoking new lines of narratives, and also to reiterate to the interviewee that he had been understood. This Person-Centred approach, demonstrating understanding, has been found to encourage an empathic relationship (Yalom, 2005).

Finally, the last phase of the interview ensured a debriefing with the participant, where the main points were reiterated, thereby verifying my understanding of the comments made, and time was allowed to slowly return participants attention out of the interview structure. This, for example, was done by asking if there is anything which they would like to add to any part of what has been said. This structure was similar to that proposed by Kvale (2015) with beginning introductory questions, then follow up questions, when appropriate probing or specifying questions, and interpretation in the form of reiterating or rephrasing the comments made for conformation.

All interviews developed a natural end whereby both the participants and I had reached a point that all questions had been adequately elaborated upon and the feeling of having understood the discussed issues was mutual. Debriefing then included a summary of the content of the interview and a show of my appreciation for their time and input. Occasionally this was followed by further elaboration from participants and developments to certain points. Having ceased the recording, participants were asked to complete the socio-demographic form (Appendix 6). Finally, if not already requested, participants were informed of the possibility to be provided with a script of the interview for amendments and of the possibility of receiving information surrounding results of the research. One participant requested a script of the interview but did not require any amendments. Roughly half of the participants requested information to the results of the study. None of the participants showed any signs of stress as a result of the interview and no follow up social support was deemed necessary or implemented.

4.6.4. Transcription

Interviews were transcribed, exclusively by myself, in the following days and weeks after interview completion. This practice of timely completion enabled me to immerse myself in the data (but now with physical detachment and the luxury of more time), including in the setting and feeling of the interaction once again. Wengraf (2001) has commented upon the advantage of having time, when hearing the recordings for the first time, to make notes and let thoughts develop which during the interview was less possible. Adjacent to extending the individual interview notes at this time, general overarching themes which emerged were also noted.

How to manage and process any gathered data without risking losing or distorting meaning is a topic widely discussed in academic literature. "A transcript is a translation from one narrative mode - oral discourse - into another - narrative mode - written discourse" (Kvale and Brinkmann, 2015). As such it is vital to retain a sense of the loss this shift can encompass. A raised eyebrow at a certain point, a drop in the tone of voice, a hesitation or a longer silence are usually difficult if not impossible to reproduce in a written manner. I found it therefore vital to continue editing and extending my individual field notes parallel to transcribing. In this manner, I was able to retain some thoughts which would not obviously have been apparent from the text alone.

The interviews were transcribed using “F4” software and then converted into Microsoft Word files. These anonymised files were saved along with the code names of the participants and the date and length of the interview.

Whilst transcribing largely verbatim and including unclear utterances, interruptions and pauses, laughter was omitted as it was considered to be potentially misleading and inviting room for misinterpretation (for the wide range of possible interpretations of laughter see Chafe, 2007). Conflicting debate between advantages and disadvantages of naturalised transcriptions (detailing all utterances and non-verbal aspects) and denaturalised transcriptions (concentrating only on the spoken words) continues and is unlikely to be resolved (Oliver et al. 2005; Bucholtz, 2000). A reflective transcription process is nevertheless one where the transcriber is conscious of the effect of the chosen

method upon the unfolding script (Bucholtz, 2000). Subsequently, in this case a middle path was chosen as one which heralds limited scope for false interpretations.

The audio recordings were subsequently transcribed verbatim using the following criteria:

All words were transcribed (very occasionally a word could not be understood and was noted with a question mark).

- Utterances such as Ahh or Uhh were transcribed as far as possible directly as I had understood them.
- Changes in tone of voice or other expressions such as laughter were not written down
- Interruptions in the recording and in the conversation were noted within the text
- Names of participants, other persons mentioned, places, firms and occasionally organisations were changed for the purpose of confidentiality.

Completed transcripts were then printed, along with interview notes, and reread for coherence and plausibility. Certain extracts of interest were highlighted for later reference. All processes undertaken were recorded in the research log along with their date of completion.

4.6.5. Field notes

Field notes, made immediately post interview by the interviewer, complimented the data gathered during the interviews. As Kvale and Brinkmann (2015) emphasise, the experiences gained through a face to face encounter can possibly offer a richer understanding of meaning than that transmitted by studying the transcript alone afterwards. Experiencing conversational nuances at close range can provide a range of information including how the interviewee approached individual topics, whether they were favoured or feared, questioned or disregarded. Also, it can identify which topics were talked about freely with a sense of security or pride and which perhaps with a degree of uncertainty. The apparent richness of information can indeed be so abstract that even a moment of silence, where an understanding between two individuals develops can provide rich information (Mearns and Cooper, 2005).

I incorporated a 15 minute reflective moment following each interview, as suggested by Kvale (2015), to take note of my initial intuitive thoughts and impressions about the interview process, the interviewee's impression upon me, possible emerging themes and any other reactions I felt within myself. These field notes were sometimes extended at a later date as further reflective thoughts emerged. For these individual post-interview notes a template was used which was divided into three sections (Appendix 7).

By now I had developed a good sense for the data and began to understand the meaning of the frequently used term of becoming immersed in the data (Ritchie and Spencer, 2002). I was familiar with the topics, themes and conflicts as well as the actual use of language and terms from interview to interview. I was able, when necessary, to visualise the scene or interactional nuances if I was uncertain of a meaning. Furthermore I had the distinct impression that the majority of the interviewees, the majority of the time during the interviews felt at ease and safe when talking about any issues, this increased my conviction in having an abundance of rich data. All interviewees commented post interview that the interview was a positive experience for them and that they were happy to have taken part.

4.7. Data analysis

4.7.1. Introduction

This section aims to provide a critical and comprehensive account of the path I've taken from data collection through to the development of codes and culminates in explaining the development of themes based on my research aims. Initially, I will provide an account and justification for the research methods used for the analysis and theoretical background. This is followed by a description of how the interview data was processed and how interview notes complimented the data gathered. Subsequently, I will explain how data was analysed taking an explorative descriptive approach whereby the quotes from the interviews were initially read, reread and coded and ideas then developed which in turn led to the identification of themes. This descriptive and exploratory approach contrasts with a hypothesis driven approach whereby data is scanned with the

aim of verifying a given hypothesis which has been laid out prior to data analysis (Guest et al., 2011). Finally, issues of validity and reliability within the process of data collection and analysis will be addressed, especially in relation to the crucial development of themes.

4.7.2. Thematic analysis

4.7.2.1. Approaching the analysis method

The path towards identifying an appropriate analysis methodology was long. A phenomenological approach and analysis methodology seemed initially to provide a meaningful basis for studying the phenomenological understanding men give to the process of disclosure. This I believed could be central in extracting the "lived experiences" of the men to be interviewed (Creswell, 1998), and thus pave the way to increased understanding from a person centred perspective. Alternatively, a grounded theory approach appeared to offer opportunities to generate theory. Potential theories which could, I believed, explain the behaviour or understanding between older men and their relationship to health issues, behaviour and disclosure.

A phenomenological approach to data collection implies that the researcher withholds prior knowledge or opinions, challenging normative and structural assumptions, in order to extract the meanings relevant for the subjects (Giorgi, 1997; Lester, 1999). Phenomenological research is thus concerned with collecting data around individual experiences and initially only concerned with describing the phenomena, in this case disclosure in connection with mental-distress and help-seeking. Then subsequently, in the course of analysis, with explaining, drawing out theories and searching for key issues (Giorgi, 1997; Lester, 1999).

4.7.2.2. Thematic Analysis takes shape

Whilst, certainly due to my inexperience, I searched indirectly for orientation within a strict individual analysis framework or author I often failed to recognise the dynamic nature of analysis development (Luker, 2008) or the fact that different approaches can also similarly complement one another (Charmaz, 2014). It was thus a welcoming and probably inevitable development that as a result of scanning the field for appropriate methods, and a long circular understanding process, Thematic Analysis as a methodological framework was finally focused upon. Valuable input for this process was provided Braun and Clark (2006), Gibson and Brown (2009) and Guest et al., (2011).

Thematic Analysis (T.A.) can be considered to offer opportunities for developments both as theory building and for developing a phenomenological understanding of data (Guest et al., 2011). T.A. has the potential to incorporate meaning from individual personal experiences and / or develop theories relevant to the research aims. It is viewed as a method for both analysing patterns from a range of data and interpreting results in a flexible manner with the use of a range of tools (Braun and Clarke, 2006). T.A. can be used in different ways; as a realist method, addressing the reality of individual meanings and also, as is here the case, as a constructionist method, analysing individual meanings as developments within social frameworks. T.A. enables discourses to be examined as they are contextualised amidst events and experiences throughout life. As such T.A. has the ability to understand individual narratives and accounts emerging from socio-cultural contexts (Braun and Clark, 2006). Theme building, being central to T.A., enables developments to be captured and contextualised, and serves as a useful tool for understanding the process of social construction (Joffe, 2012).

4.7.3. Coding

Understanding a code as, "a textual description of the semantic boundaries of a theme or a component of a theme" (Guest et al., 2011), I began to develop codes from the transcripts. This was done by identifying descriptive words used directly by interviewees and additionally searching also for possible similar meanings. For example, the code

grief contained sentences with the word *grief* as well as sentences containing the word *bereavement.* To reduce misconceptions this method was scrutinised by supervisors and occasional adjustments were made. The transcripts were also analysed and coded in sporadic order to detach myself from the, until that point, usual method of systematically tackling them in the same order (systematically from first to last). Taking an explorative, descriptive approach I searched for codes developing from the narratives themselves. All codes were given clarifying descriptions, for example, code *Help-Seeking* was defined as *Thoughts and actions promoting or prohibiting improving ones well-being, experiences of reaching out to others or of not reaching out*. The categories for the codes could be summarised as follows:

Experiences and developments: e.g. Grief, Childhood, Coping Past, Relationships, Ageing

Beliefs and Thoughts: e.g. Global beliefs, Gender, Character

Situations: e.g. Work, Family, Health Professionals

Activities: e.g. Coping present, Helping, Groups, Doing things

Codes were identified, often revised, sometimes merged and sometimes disregarded. Relationships between codes became apparent, for example: Code *Childhood* was an aspect of code *History* and code *Fears* contrasted with code *Vulnerability*. Codes were also sometimes merged, code *Talking and Communication* was merged with code *Interaction* and new codes were continually being developed. Whilst revising codes and code descriptions, the aim was always to strive for the optimal description of the meaning emerging from the transcripts. The coding approach and methods was similarly reviewed by the supervisors. Codes developed in the course of the four interview phases. Finally the code book contained 42 codes with a total of 1754 quotes (Appendix 8).

After continually reviewing codes, code descriptions and references, I increasingly found no further amendments to make and was satisfied that the code book represented a comprehensive and accurate depiction of the data. Parallel to this, and also as an indication that it was appropriate to move on, thoughts were turning to the next phase of analysis. Robson (1997) comments that at this stage thoughts run to potential themes, beginning as hunches to asking questions such as what goes with what.

That these hunches often emerge at the most unexpected times and places was an experience I had not read in the literature and had to learn for myself. I developed the habit of continually having paper and pen to hand.

4.7.4. Developing themes

Themes had been emerging in various formats over a number of stages. Themes and ideas had been expressed through interview notes, through visualising thoughts on paper as mind-maps (Appendix 9), and through discussions with others and culminated as a large number of sporadic notes and pages. It was therefore important to find a valid, systematic and transparent method for theme identification to produce valid and reliable results, in accordance with a Thematic Analysis approach.

Considering that themes capture something crucial about the data in relation to the research question (Braun and Clarke, 2006), I then returned to my research questions to familiarise myself with the scope and depth of possible relevant themes.

My questions were:

- to identify the range of factors influencing decisions to disclose or conceal
- to identify the development of attitudes towards distress disclosure throughout life
- to identify elements which may ease distress disclosure
- to identify further issues influencing distress disclosure or concealment, specifically those relevant to older men.

The stages leading to the identification of themes proceeded as follows:

Developing themes around the code concealment.

Stage 1

Studying the code book spreadsheet (Appendix 8) two important codes were identified for further analysis. These were Concealment and Disclosure needs. These codes were selected based on the following criteria:

Firstly they alone contained data from almost all sources (twenty from twenty and seventeen from twenty) which indicated a possible thematic relevance for all participants.

Secondly they both contained a large number of references (126 and 75 amongst an average of 39).Thirdly they were both closely related to my research aims.

Analysing initially the code Concealment: not talking about issues, keeping things to oneself, I studied the individual references anew and compiled notes describing the central comments. For the code Concealment these were for example: Putting up a front,

accepting being alone or being briefed not to tell others. This developed a sense of depth for what the code entailed, of what it meant for the participants and it was vital to familiarise myself with this before proceeding to the next stage. (Early notes on developing themes can be seen in Appendix 9).

Stage 2

On the road to discovering themes, defined as a unit of meaning observed (noticed) in the data by the reader of the text (Guest et al., 2011), I then took the code book once again to hand and assessed which codes could be influencing the code Concealment. This initial selection included the following codes: Outside Influences, Past Experiences, Vulnerability, Dangers and Risks, Disclosure Effects, Family, Global Beliefs, Fears, Character, Childhood

The quotes within each identified code were again scanned for those possibly having an influence on code Concealment: not talking about issues, keeping things to oneself. The search was then extended to quotes in all codes. These were isolated and gathered in a new file within Nvivo 10. A total of 323 quotes were identified. I now possessed a revised group of references under the heading Concealment.

Stage 3

References were again reread and common overarching themes were identified which could be brought in connection with Concealment. Guest et al., refer to identifying what people are talking about that is in connection with and relevant to the objectives (2011).
The path to identifying themes began with a general noting of ideas emerging from singular references, such as: Not having learnt that talking is important, not wanting to bother anyone, fear of getting hurt, not knowing who to talk to, no support from the family, bad or traumatic experiences

This process of theme identification was close to that described by Guest et al., (2011) whereby the gathered quotes were reread and instances of meaning within the quotes were identified and at first tagged or noted (freehand on paper). In the follow up these themes were either discarded or verified through the identification of a sufficient number of quotes with similar meanings. Themes thus became either more or less substantiated over time.

For example, an initial note included the potential theme: listening and writing as an alternative to talking, some quotes included:
"I was a very good listener that was the role I played"
"A lot of my talking comes out in writing rather than talking"
"For years and years I've kept a diary"
This potentially emerging theme was then discarded because the number of sources where quotes were identified was deemed too small.

Whilst concentrating now on developing the emerging themes and indeed having moved from the codes, representing a greater degree of abstraction, to themes which were less abstract, I was circling initially the theme Concealment and again, through the quotes, immersing myself in the original interviews. The process had indeed come to represent a machine or device where all the cogs were moving in synchrony, some moving at times faster than others but indeed all being influenced by one another. Braun and Clarke (2006) describe this as a constant moving back and forward between the entire data set.
Finally, two groups of themes (concealment and disclosure needs) were developed in this manner and from each two sub-themes were developed.

- Concealment
    - Concepts of distress in early life
    - Social structures and social-networks
- Disclosure needs
    - Approaches to dealing with distress
    - Developments over time and growing older

Again quotes were selected for each of the 4 themes with the help of Nvivo 10. The themes contained between 19 and 45 quotes, utilising a minimum of 6 and maximum of 9 of the, until that point, 9 sources (transcripts). The process was repeated after the 15th and then again after the 20th interview.

The analysis process was a comprehensive, critical and exhaustive task spread over a period of many months. The final themes resembled an accurate representation of the gathered data in a descriptive form relevant to the research questions. Themes were clearly delineated from one another, although relationships between the themes were also clearly apparent.

4.7.5. Validity and reliability

Validity of the results, here understood as the truth, the correctness and strength of an argument, (Kvale and Brinkmann, 2015), was substantiated in a number of ways. Data collection and methods of analysis were critically and transparently performed, developed and documented throughout the study. A continuous critical approach was applied, often involving returning to previous points or discarding developments which could not be verified from the original data. Themes were developed through funnelling and filtering emerging thoughts whilst always returning to the original data for verification. Attention was paid to identifying themes which were concurrent with a majority of sources and those with a large number of quotes as well as the range of each theme within the selected sample. Finally, all developments were critically accompanied and revised by supervisors. An analysis log documented all paths taken.
However, the merits of validity can also be determined by the extent of efforts undertaken to examine the sources of invalidity (Kvale and Brinkmann, 2015). For the present research methods this includes a critical examination of researcher reflexivity, the role the researcher plays him/her-self in generating knowledge, (here undertaken in 1.5.). Interview issues, such as the importance of posing open questions as opposed to leading questions, have also been previously discussed, the interview guide attempted to minimise leading questions. Further, a life-course framework, attempting to identify the influences social pathways, turning points or trajectories have in life, ultimately remains a discourse developed at a certain point in time. Such a social constructionist approach does not attempt to deliver any form of *truth*, but to present individual realities situated within a certain time and space (Charmaz, 2014).

Attention was similarly paid to the reliability of the results, here understood as the consistency and trustworthiness of research findings, (Kvale and Brinkmann, 2015). Painstaking care was taken collecting reliable data during the interview stage in that comments or thoughts were often repeated or summarised by the interviewer and verification was sought from the interviewee. Themes were often returned to at a later stage and again summed up in an inquisitive manner or approached from another direction. The interviewer strove to remain as nondirective as possible allowing interviewees to develop the direction of their own thoughts. The methods of data

analysis, including the use of an interview guide and the interview structure were standardised to provide similar conditions throughout all interviews. Finally, data collection and data analysis was completed in three concurrent phases whereby the initial provisional findings from phase one were confirmed by phase two and three data collection and analysis. In this manner data saturation was reached (Baker and Edwards, 2012).

The transfer viva also provided independent critical analysis of aspects of validity and reliability, in particular concerning research question, gender influences and sampling and aiding development of the thesis in the following ways:

1. The research question originally addressed disclosure issues amongst *older men*. The term *older-men* however, implies certain common attributes related to a biological ageing process. In line with a life-span perspective (as elaborated upon in chapter 2) the term was adjusted to diminish any assumed age related factors and finally addressed *men in mid- and later-life*.
2. A question was raised concerning the relevance of researcher gender (How could a male to male interview situation influence data collection and results?) A critical discussion of the relevance of researcher gender on data gathering and data analysis was undertaken and is included in chapter 4.
3. Increased attention was paid to ensuring that men with large social-networks as well as men with little or no social contact were recruited. The range of social contacts was considered an important factor to justify a maximum variation sample. The quantity of social contacts as well as the subjective satisfaction with social-networks was discussed in interviews and is shown in Table 1.

CHAPTER 5

RESULTS

5.1. Introduction

Results will be presented in four sections. Firstly, concepts of distress in early life will be described, in particular answering the question: How was distress dealt with during childhood years and how was the act of disclosure of distressing issues in early years regarded within the family? These reports elaborate upon social settings, gendered stereotypes and expectations of the time representing the initial stage in life. This section includes reports of some initial experiences with disclosures to others in early adult years.

The second section covers matters of distress disclosure in adult life up to the time of the interviews. This includes an analysis of approaches to dealing with distress which had been developed and any significant factors when engaging with others to deal with distress.

The third section presents findings surrounding present social structures and social-networks of the men interviewed. These are examined in relation to their effect on disclosure opportunities and their effect on the nature of disclosures. How these structures have emerged and developed is also dealt with.

The fourth and final section addresses developments over the life-course including changing attitudes and changing behaviours towards personal distress disclosure and health management and factors which have influenced such change. This section is divided into three parts, developments in distress disclosure due to growing older, due to the accumulation of experience and as a result of inner-personal developments.

5.2. Concepts of distress in early life

All participants were asked to reflect upon their upbringing and early life with respect to dealing with stressful issues during this time, and in particular to explain if any issues were disclosed to others or not. While for some, answers had clearly been previously thought through and were delivered in a decisive manner, for the majority this appeared to be the first time that such a discussion had been undertaken. As such thoughts and stories were often returned to in the course of the interview to ensure clarity and to further develop understanding.

For the large majority of men it was apparent that in childhood, there was seldom a conscious understanding about suffering from distress, or as Arnold put it, "*You didn't really have problems back then*". However, in the course of the interviews, following up the notion of distress in early years, a clear pattern emerged. For almost all the men it was, to a greater or lesser extent, natural and sometimes important during their childhood to supress and conceal problems or information from others. Concealing problems or information from others was practiced in two main ways. Firstly, within the family, that is, parents were generally kept in the dark because, "*it was just sort of not the done thing really to talk to your parents, you hide as much as you can*" (Arnold). Secondly, particularly for the older men, keeping information within the family, and concealing things from others outside of the family was recalled as being important in early years. These men were, "*under instructions not to leak*" (Jerry). These two aspects of concealment will firstly be elaborated upon. Subsequently, I will trace the accounts of men following their first attempts at disclosure, mostly occurring in early adult years.

Being expected to conceal distress in childhood years from parents and from others was a relevant theme for the large majority of the men interviewed. For many, in childhood years, there was no encouragement to talk, even about trivial matters. Thinking back to his father / son relationship Nathan (60) said,

> "*Never ever spoken to my dad about anything (personal)… growing up we would talk about football or world war two, which he was in, but never once did they (parents) sit down and talk about education*".

Indeed, father / son relationships seemed to be experienced as shallow by many,

> *"Never spoke to my dad about my feelings, he never told me about his feelings, so a sort of typical English upbringing where you didn't really talk about those things" (Quinn, 46).*

Some men claimed that they were encouraged actively to, "*blend in and act normally*" (Gary, 50), or simply to, "*bite your lip*" (Fred, 68) meaning, don't discuss problems, or focus on the self, "*You don't talk about how you feel, it's self-indulgent, that's what I've been taught when I grew up*" (Terry, 48). Being encouraged not to step out of line, or not to be seen to have any needs, supported participants in suppressing arising problems and meant that, "you *just sort of swallowed everything*" (Arnold). The men picked up messages in childhood that having any needs could be seen as being ungrateful, and asking for help might lead to more problems, "*because if you moaned about it, nothing would happen, you would just look a fool*" (Fred). This meant, despite times when they were "*struggling*", having to simply "*get on with stuff*" (Kevin). With the exception of one mother, and an Aunt and Uncle who lived nearby, all of the men claimed that admitting to having problems in early life was frowned upon, and that discussing issues within the family was simply not an option. Quinn's problems as a child had no place within the family, "*as I was a boy it was as if I was expected to be fine, so I kept it all secret*".

Subsequently, interviewees claimed that there was no encouragement from parents, as children, to develop reflective abilities or consider any possible arising personal problems. Similarly, if problems were identified they were equated with being something bad and admitting to having problems would weaken one's own standing and be a burden to the family. Solutions to dealing with any issues and outlets for disclosing to others were not integrated into family life. For Lee, this meant that he ended up "*ducking and diving*" within the family to meet his needs and find his way.

Not surprisingly then, reflecting back on the early years, some men claimed to have led lives which, viewed retrospectively, were not attuned to their real selves. Henry spoke about having to, "*put up a front*" and said that real feelings, "*were missing in my upbringing and everyone else around me*". He continued:

> "*It's a fast pace of growing up for a kid, without having someone to talk to, to say look it's okay to feel like that, that's okay, you don't*

have to pursue an image to someone that you are harder than you are because it doesn't matter".

Looking back on early years some men realised how they had as children normalised situations which were actually potentially quite distressful. For example, Patrick's experiences of growing up with a mother suffering from depression,

"*We didn't go into great depths about it, it was just, mum does this because she's depressed kind of thing and it wasn't, we wouldn't talk about it in great detail or even about the treatment or anything like that. Like I said it almost became normal, and I think it's taken me quite a few years to realise just how abnormal it actually was*".

Terry's perception of his childhood similarly changed retrospectively having assessed his past in therapy and following a conversation with his partner,

"I said well I don't think I had a particularly neglected childhood, but then I described it to my partner and she said, well it sounds like you did".

In short, these first phases in life were characterised by the absence of concepts for problem-seeking, problem acceptance and problem-solving. As boys, participants would not be asked if they had any problems, and personal issues were not discussed. Indeed, problems were denied and steeped in shame. Talking to parents, "*just wasn't how you really function*" (Ben). In other words, the men described images of being left alone to cope in whichever way was possible, this usually meant supressing or ignoring feelings which, if mentioned, were not likely to be adequately addressed.

Concealment was also practiced in childhood years as a family. Concealing distressful issues from sources outside of the family, such as neighbours or friends, was a predominant theme amongst the older men and was indeed viewed by them as a common characteristic of society in days gone by. Fred, was of the opinion that, "*the sort of stuff that we all discuss now, we wouldn't have discussed years ago*". He claimed his generation were taught not to discuss but to, "*get on with things*". When growing up in the 1950's, social expectations were seen as having such influence that certain events couldn't be discussed outside of the household. For example, Jerry had been, "*briefed not to tell anyone that mum had been married before, because divorce was very much*

frowned upon". In David's (79) childhood, there was a general rule, "*what's discussed here wasn't talked about outside*". How this concealment in his childhood had resonated throughout his life became apparent to David during the interview,

> "*As a Pharmacist I was brought up, whatever a patient tells you, you don't talk about, stays with you, you never talk about it. It's funny really, like a continuation of my childhood in many ways*".

These older men spoke of post-war communities where there was, "*completely different neighbourhood awareness*". Whilst these communities were spoken of as being very limiting, as far as having to contain information was concerned, they were similarly close-knit communities where neighbours knew one another and from this perspective were nevertheless favoured in contrast to present day communities.

In summary, alongside disclosures not being supported in early phases of life, and there being, "*no space to debrief or be heard*" (Gary), men spoke additionally about social rules to be followed when dealing with people outside of the family. Whilst for many it was clear that values and expectations have developed in the meantime, the influences of these early years were still present as Arnold said, "*If we'd talked more at home then I'd probably talk about things more now I should think*". Because, *"you took those views on board, onto adulthood"* (Terry). In all, the message from the childhood years was that personal problems were to be suppressed or avoided. Disclosing was accompanied with shame and failure "looking a fool" (Fred). Reflective skills were not developed and opportunities to disclose were scarce. Concealing distressful issues within and outside of the family was largely encouraged.

First experiences with disclosure:

When having had to cope with distressful issues in early adulthood, emerging from an early phase characterised by concealment, a few of the men described their first attempts at disclosing to others as being a disappointment, or a setback. These men subsequently regretted having disclosed at all. In fact, Clive (55), claimed as a young man to have found, "*all the wrong people to talk to in all the wrong places*" to talk to.

Ben's (46) first port of call, as a young man, when wanting to disclose his eating disorder to others were his friends. Ben was looking for a sounding board, for empathy and wanted to come out in the open with what he was going through. Talking over what

was bothering him was an attempt to make it more, "real". However, he did not get the response he had hoped for,

> "*There were a couple of friends who I did mention my eating to, male friends, and they just kind of treated it as a bit of a joke really. Well I told them … I can't remember exactly like I say this is about 20 years ago now, but making jokes about vomiting or food. They really didn't want to know, whereas I thought there would have been more of a connection there and I ended up wishing I hadn't said anything. It's very painful stuff and kind of like them saying, I don't want any of that. So I thought well if that's how it's going to be I'm just not going to say anything. And I didn't for years*".

Not getting a, "*supportive response*" was a reminder for Ben of how he had felt growing up at home in the family. Later in life, Ben was able to build upon these initial bad experiences by confronting and working with these feelings in a therapeutic setting. He said that he had to get into his head that if he speaks about personal issues that he is, "*not going to be rejected or laughed at or diminished in some sort of way*". Distancing himself from his childhood years and experiences he then claimed that now disclosing personal issues seemed like a, "*grown up thing to do*".

Quinn's (46) confession of suffering from depression to his best mate, "*felt awkward*" and subsequently damaged the quality of their friendship permanently because he didn't feel understood. Following Richard's (49) experiences it was also clear that when you talk to others about your problems, "*the phone quite often doesn't ring back*", he continued, "*It takes a lot of courage to talk about it in the first place and then to be met with such negativity or dismissal is painful*".

Clive's (55) initial experiences of disclosing being gay to others was strewn with disappointments and set-backs. It took him many years to understand more fully how and with whom he could disclose his issues safely with,

> "*I've realised that people have a very specific idea of who I am and sometimes I've found that it can be quite reasonable to carry on with that. I've tried once or twice to open up about what I think about it but that doesn't go down well, so I'm much more circumspect than I used to be*".

As a result of one of these bad experiences with a colleague, what he had confided was spread, "*all over the office*" and he can remember feeling, "*mortified*". Following this event he consequently became, "*much more careful, I didn't trust anyone after that very much*".

Some attempts to disclose personal issues to others in early life could then be described retrospectively as having an experimental character; little conscious thought was given to considering where, when or to whom disclosures were likely to be fruitful or alternatively when concealment might be a better option. Thus, as such, early disclosure experiences sometimes manifested into painful and risky experiences. These early attempts to disclose ones issues to others subsequently could on the one hand be described as representing set-backs whilst they were similarly, in the long term, learning experiences which could be built upon to disclose more successfully later in life.

From the stories told, emerging from a childhood phase where reflective skills had not been learnt and boys were taught, "*you don't cry, you don't hit girls, you don't discuss things, you just get on with it*" (Fred), there was little scope and scarce ability as young adults to deal with distress. Disclosing issues was burdened with shame and reflective verbal skills and emotionality could not be connected to the male image, into which these boys were growing. Admitting to having distress and wanting issues to be dealt with would have been considered weak, non-manly and not supportive of family life.

Continuing into adult life, and for some sooner or later having to deal with arising issues (mid-life-crisis, mental-health-issues, and cancer), these men were ill equipped in dealing with these issues, especially when it came to knowing how to disclose these issues to others. Subsequently, some men continued to avoid having to deal with any issues as best they could and conceal information. For others began a painful learning process, slowly developing their disclosure skills, assessing their needs and seeking, in the long term, safe people and places to disclose any issues. As such, alternative trajectories in life had begun to emerge for some of the men faced with distressful issues as young adults. These experiences appeared to influence their future handling of distressful issues; for some men, this alternative behaviour involved differentiated forms of concealment and a more conscious management of disclosures.

5.3. Approaches to dealing with distress in adult years

In this section I will outline the explanations given by the interviewees to describe how they have come to deal with distressing issues as adults to date. This included explanations of active responses to issues, mostly with examples, their personal beliefs around coping and also some reflective judgements on how now they viewed their behaviour or beliefs. Distressing issues discussed ranged from work-stress, relationship problems, mental health issues as well as bereavement, cancer or other issues.

The main categories can be divided into two parts. Firstly, when asked about coping with distress, now and in the past, men described methods used to keep their stress levels and needs at bay through avoiding distress. This could mean that the men distanced themselves from distress or actively applied methods to reduce distress occurring. These methods included bottling-up, over working and minimising risk. In practicing these individualistic methods of dealing with distress, engagement with health professionals, general help-seeking and disclosure to others was avoided. A few exceptions to these patterns were also identified and will also be covered.

The second category covers important factors for those men who wanted to or had felt it necessary to engage with others to deal with distressing matters. This includes explanations as to how men have engaged and what aspects were of importance to them throughout this process. Aspects which were deemed of importance included, not wanting to waste time, targeting perceived purposeful and professional help, ensuring a high level of confidentiality and utilising humour when talking about distressing issues.

5.3.1. Avoiding distress

Bottling up distress and associated thoughts, emotions and needs was for many men still in later adulthood a common method used to deal with distress prior to actively seeking help or disclosing issues to others. This implied keeping thoughts and fears to oneself, "*you just don't say what the problem is*" (Kevin, 65), and attempting to continue with life as normal, "*you get on with it*". Bottling up was then about concealing or restricting information from others, attempting to distract attention away from one's own emerging thoughts and feelings of distress and concentrating on everyday life as a means of

deflection. Many men spoke of having bottled up problems they have had, such as Quinn's depression from which he had suffered from since childhood,

> *"Unfortunately I didn't talk about my problems properly, so I hid a lot from my wife, because I'm married, so I didn't tell my wife how I felt so what happened was, when I was about 35 I had a breakdown and couldn't function and it was at that point obviously that my wife discovered what was going on and I ended up speaking to the GP, who wasn't that great, and then I had a sort of crisis team visit me for a couple of weeks. And I hadn't spoken about it to anyone so it all hit me at once".*

Whilst bottling up was deemed by all as ultimately a negative attribute, it was justified by some as being a male collective trait, something they had always practiced and as such not something to be questioned. For example when describing his past coping with bereavement Fred (68) said, "*I was all tight lipped about it, "oh I'm fine, I'm fine" ... A woman would probably have said, "I need help", women are more, it's not macho because they're not men so they haven't got this mission".* Similarly, Henry (59) described bottling up as a male attribute, "*a man has to be a man ... you don't tend to talk to people*". For Arnold (58), bottling up was a trait which he also saw as a personal deficit "*I've got my younger sister whose got lots of problems, health problems, and I keep telling her she's got to talk to people. She suffers from depression and other things and it's me advising her to talk to people when you know I don't do it myself*".

Whilst bottling up was considered by some as a male attribute or a, "*built in thing*" (Arnold (58), it was also considered by some as a necessity because of an apparent lack of alternatives. For some men, the opportunities to disclose distress to others were hard to identify, "*men don't have friends they can talk about with that kind of stuff*", said David (70). For some others seeking professional help for medical issues was deemed either not forthcoming or not justifiable, "*you think it's not that serious to be bothering a doctor with*" (Kevin, 65). Closely linked to questioning the use of seeking help, and thus opting to bottle up, many men didn't think they had the right to talk about their problems, "*you are kind of conscious you don't want to bore other people with that sort of thing*" Lee (59).

For Terry (48), bottling up talking about feeling depressed was linked to not being heard, or not being understood, and produced extreme negative emotions,

> *"It's bottling up and not feeling that I'm able to talk about it was, it produces extreme emotion, it produces extreme depression, it produces anger, rage, all the very negative emotions purely because you're ability, you feel your ability to communicate is impaired by virtue, not by the fact that you don't want to communicate, because you do, it's because you think nobody is listening. What's the point, what's the point was the headline for me during that phase".*

Over the course of time some men had attempted to challenge their bottling up behaviour. David (79), looking back on a time when faced with cancer said, "*I kept it to myself for a month, then realised that was stupid*". Arnold (58), was aware of his behaviour but was struggling to overcome it, "*it's a bit hard to change*". Others however considered their bottling up a thing of the past, "*10 years ago I would have just bottled everything up*" Eddy (54).

Bottling up then is a common method utilised for avoiding a conscious confrontation with distress and included suppressing thoughts, emotions and needs. For many men, this behaviour had been maintained from childhood through to later adult life. Bottling up was considered principally to be a negative method of dealing with distress. However, this method was justified by many as a *necessary evil* considering poor alternatives including perceived restrictions due to their gender. For some men, bottling up was a way of life, for some an ongoing struggle to overcome, and for others it was viewed as a past behaviour.

Employment both paid and voluntary, was described by some men as being useful for keeping distress at bay. Identification with a profession and having a sense of duty and/or immersing themselves in work seemed for many men to be a welcome form of distraction from their own personal issues. For Kevin (65), employment, whilst being important in its own right, was also a means to distract from having to deal with personal health issues and he spoke about *"cracking on"* with work at times when he was actually ill, amidst the hope that the ailment will *"probably disappear in a weeks' time"*. He viewed this approach as part of the *"macho-culture"* and claimed that there were

always projects at work to be completed which had a higher priority than personal health issues. Giving professional productivity higher priority over health/personal issues was a common behaviour for many participants, *"You take it as part and parcel of your working life, you actually don't think that it's going to have any health recriminations or anything else, you might not sleep for a bit but you'll get over it and there will be something else that will come".* Although long retired and now a voluntary worker, Fred (68) similarly acknowledged that he was "*hiding in work*". For Fred it was all about "*keeping going*" and "*being useful*", personal needs were of lesser importance. Lee (59) saw himself as someone who was there for others at work and had downplayed his own needs through his perceived duty to help others. For Lee it was about "*working, working, working …so that thing about - go to the doctors – it was all about time and I filled my life with other things"*. Due to the long working hours, doctor's visits, which were viewed principally as things which take up valuable work time, were not an option.

At work, Quinn's depression remained secret, where he believed being present and "strong" impaired his dealings with his illness,

> *"under the NHS the only counselling they do is CBT and that means 6 sessions and yet again I was willing to try that but they were only offering it in the day time. I was working, so I need to do something in the evening, so they couldn't help me, you're going to have to take time off work, of course I felt I couldn't take time off work because I'd already been off work and I thought they would ask me questions … I find the pressure of working and keeping up, sort of keeping strong, I find that hard, so that's my main struggle".*

Alternatively, employment did for some men offer an opportunity to discuss personal issues in a helpful manner and to access medical help when needed. Discussions with colleagues could offer a degree of anonymity, "*for most of the guys it's a quick conversation about so and so*" (Kevin, 65), the advantage being that "*they know that it's not going to be public knowledge*" because in this case they were not socialising with one another outside of the work place. For some larger firms, as Kevin explained, medical attention has become an integral part of corporate policy, "*we make our guys go through annual medicals*", thus overcoming the problem of work clashing with medical appointments.

Immersing oneself in employment appeared then to be for a number of men, of both pre- and post-retirement age, a way to keep personal distress at bay. Employment can however also seem to offer opportunities to engage and discuss issues with others in a manner which is considered safe and confident because it takes place within a contained environment.

Reducing the risk of needing help could also be achieved through monitoring and caring for one's health, or through controlling one's environment. For some men, to avoid falling ill, it was important to "*keep as fit and healthy as you can*" (Fred, 68). This could be achieved through visiting a "*gym or something like that*" (Kevin, 65) or through reducing risk factors, "*I've never smoked, never drank, never taken drugs, so I've got all that in the bank*" (Nathan, 60). Keeping fit and healthy and reducing risk of ill-health and mental-distress were thought to be explanations as to why seeking help was not such an issue for some participants. This was used as a legitimation for then not having to be prepared to engage with health issues or disclose any issues to others.

Some of the men interviewed implied that minimising the risk of having to disclose any issues to others can also be achieved by controlling how much one says and to whom. For a small number of the men, disclosing any personal issues to women was avoided at all costs, as it had previously only induced more distress. Fred's (68) advice from his father, "*be careful what you say to females*" had been adopted his whole life because females, "*over analyse*". Similarly for Clive (55), discussing his personal issues with women was thought likely to lead to further distress, subsequently, "*all my friendship groups are now male, and I'm glad about that*". For others, controlling the amount of personal information given to others reduced the risk of then later having to disclose more than was necessary, "*It's in my mind that once information is out there, it's there to be shared regardless of whether I want it shared or not … I am chatty, but it's the detail that I keep to myself*", Morris (48). Thus, through regulating the flow of personal information, the risk of having to divulge more than was thought safe could be reduced. Minimising the risk of having to disclose things to others could then also be achieved through monitoring bodily functions, leading a healthy life and controlling the amount of information disclosed.

Methods used by men to keep their distress at bay in later adult life have been explained in order of their prevalence in the data. Almost all men understood bottling up as a personal strategy they had learned in childhood and could identify with. For some, bottling up had become a thing of the past as a result of illness. Some men also talked about over-working as a relevant strategy to deal with distress and still fewer about efforts to minimise their risk.

Most of the men thus expressed various strategies utilised to keep distressing issues at bay, these ranged from bottling up, over-working or minimising risk. For some of the men these behaviours were described as past behaviours indicating that a phase of development had taken place, mostly as a result of illness. Concentrations of any attributes within any particular sociodemographic criteria were not identified.

5.3.2. Significant factors when engaging with others to deal with distress

Despite attempts to keep distress at bay, for the majority of men there had nevertheless been times in life when they required and sought help and support from others to cope with distressing issues. This help ranged from professional support such as from G.P.'s, counsellors, telephone help-lines or professional support groups, and non-professional support such as discussing issues with close ones, visiting peer-group support meetings or seeking support within religious organisations. One of the important factors for men, when disclosing to others or seeking help, was the desire to invest in this process as little time as possible:

Disclosing distress to others or seeking professional advice, was seen by a majority of participants as a burden, "*Ill health is a kind of an inconvenience*" (Patrick, 60). The aim of the request for help is to be able to return to normality as soon as possible, "*get it done, get it out of the way and move on*" (Nathan, 60). Alone the initial thought of having to invest too much time in dealing with a distressing issue reduced the chance that action would be taken , "*It's a bit of a pain to go (to the doctors) in the sense that you can't get it often seen to straight away, so I'm reluctant to go*" (Patrick, 60). Thus an investment of time in the help-seeking process was a deterrent to seeking help. Not wanting to invest too much time was especially a practical issue for employed people: For Kevin (65), his employment didn't leave much time for doctor's visits, "*I never*

dream of going to my local doctor, one because it's a slow process, two because it's always, we can't see you for a few days and I say, well hang on I am working". However, technological advances were seen by some to provide a means to reduce the burden of having to invest too much time, *"Thankfully now our GP they have an online thing, you just put in what you want and I only have to see him once a year now"* (Quinn).

Alongside the desire to get back to normal life as quickly as possible, wanting to restrict the time involved when receiving help or disclosing was thought also to prevent issues from developing in unwanted directions. "*We wouldn't want to end up with too much intervention*" (Fred, 68), including discussing things which were not originally on the agenda. Minimising disclosures in a short time frame was important for Clive (55) when he was allocated 15 minutes time in a group discussion meeting, "*I just needed someone to dust it off ... and that feels great because it doesn't drag on*". Similarly, Ben (47) was able to disclose his depression to his boss after work because he had specifically arranged that they only had a short time to discuss it, "*it was right at the end of the day, we were both walking up to the station after work*".

Accessing help from others seemed to be easier for some men if it was conceived as professional and purposeful. Despite avoiding doctor's visits in the past, Lee (59) was now happy to accept the help which was provided, in his opinion, in a professional and purposeful manner. Getting factual information about his body and monitoring developments such as blood fat levels, levels of iron or blood pressure provided him with clear parameters for tracing the development of his hereditary ailment. Previously seeking help was thought of as a tedious and time consuming act but, *"since I've been doing this thing I'm very conscious, I'm being tested every week, I'm getting feedback ... that's made me think much more openly about my health and my body and all, so I guess it's because of that that I need reminding, less to go to the doctors"*. Getting factual information about his body seemed to fill his doctor's visits with meaning and purpose. Patrick praised a particular consultant he had encountered, and was very satisfied with, because she was, *"very to the point ... she was very no-nonsense and very direct*". He sensed that she not only presented information in a direct quick and efficient manner but was similarly very caring but without being, *"over-elaborate or over-indulging"*. Looking for purposeful assistance was also of importance to Morris (48). Whilst

suffering from an expensive and stressful divorce, when seeking help he was *"not looking so much for sympathy, I'm looking for the right answer"*. For example, when speaking to his father he would be, *"sharing with him as a sounding board to see how he would cope under the same situation"*.

When engaging with others to deal with their distress, handling these issues in a confidential manner was important to almost all the men. Confidentiality provided by a psychotherapist made disclosing easier for Eddy (54) because the therapist had no personal connection to his life outside of the therapy, "*I felt I could begin to share, it's almost like, because this person wasn't going to give a shit what I say, it wasn't going to affect them*". Confidentiality can also be obtained through a group structure where group members are required to "*leave it in the room, once you go out that door it doesn't exist anymore*" Clive (55). Talking over issues then when it is clear that these issues are, "*not for wider publication*" Jerry (86) can make talking "*easy and comfortable*". Alternatively, talking with strangers similarly offers opportunities to discuss matters which otherwise would be difficult, "*It's nice to talk to someone, to unburden, sometimes with a total stranger, the classic pub thing*" Fred (68).

For many men, personal information can be, "*dangerous to share*" Morris (48), and weighing up who, where and when to disclose information to or where to seek help can be considered a risky business. If confidentiality can be granted, either through "*being anonymous*" Oliver (52), or through a, "*safe structured environment*" Clive (55), then engaging with others to deal with distress becomes easier.

For a few of the men in the study, engaging with others to deal with distress was also easier to undertake if it could be done in a humorous manner. Laughing or accompanying disclosures with jokes seemed to make disclosures easier-.

"If I was out for a night with my friends I definitely wouldn't be talking about my own personal issues unless there is something funny attached to it". For Nathan (60), humour framed his whole approach to communication,

> *"Humour is what I do, I just see the funny side. Sometimes I think it's a curse but I will see the funny side of anything, I'm always ready with*

a quip if I can, whether it's a defence mechanism or not I don't know … even in the doctors surgery I'm, still there with my quips, still trying to make the doctor laugh if at all possible".

Patrick (60) viewed his tendency to laugh over distress and health matters as a family trait,

"I mean colonoscopies I just, we all find it quite humorous really, and now my brothers are having it, we often quite joke about it and it's a bit of a family joke so that's made it a lot more easier to talk about … the more serious it is possibly the more we laugh about it".

Joking about some issues thus opened the door to their acceptance and gave the men the feeling that they were in control and that their lives were not being dominated by any issues at hand and that normal life was continuing.

A clear picture has thus emerged that for the large majority of the men interviewed, engaging with others to deal with distress was eased where the process was likely to be undertaken in a short space of time, where the help was perceived as purposeful and professional and where a confidential environment could be upheld. Further, for a small number of men engaging was eased when a humorous rapport was supported thus encouraging feelings of normality and familiarity.

5.4. Social structures, social-networks and disclosure

When participants were asked to consider whom they disclose to, or whom they would consider disclosing to at present if in need, it became clear that potential confidants were seldom available. For a number of reasons, friends and family, although being those which first came to mind, were actually seldom considered to be those to whom they would consider disclosing to. The large majority of men expressed a variety of reasons, why it was either not considered appropriate or not possible to disclose within family circles, friends and acquaintances. Partners were an exception and some men claimed to disclose a great deal or exclusively with partners, although sometimes also the opinion was that, "*if you live with someone and you care for them, it's not always the best person to tell everything to*" Clive (55).

For a large number of men, the main reason for not being able to disclose to friends was that they either didn't have any friendships, or didn't have any appropriate, friendships, "*I haven't really got that many friends to be honest*" (Nathan); "*I've got quite a small friend set*" (Morris); "*I haven't really got any friends that I would go to as a first port of call*" (Patrick); "*A man alone sort of typifies the situation*" (Jerry); "*I don't have somebody who has been a long term confident*" (Steve); "*I've got no friends at all*" (Ulrich). When considering their close social contacts, these older men often referred to themselves as "*loners*". This was a situation that a lot of the men had come to accept as they got older. Being a loner was sometimes viewed as an individual characteristic or trait to be accepted, sometimes seen as a sign of failure, and sometimes seen as a result of circumstances outside of their realm of their control.

Although some men claimed that their own personal characteristics resulted in not having adequate friendships, "*I was never really comfortable opening up with friends*" Ben; "*I very rarely connect with anybody totally*" Nathan, other reasons also came to light. Social opportunities for older people to make new acquaintances were deemed not appropriate for men, for example day-centres were viewed as being, "*scary for men ... they frighten me*" Fred. At the same time, opportunities where men could meet which weren't "*scary*", such as pubs and clubs, were places where men were expected to be, "*gung ho and fit*" (David) and as such only places for establishing friendships on a superficial level. Thus, the men were presenting a picture on the one hand of scarce opportunities where new friendships could be established but also saw the establishing of new contacts as a difficult, or "scary", matter in itself irrespectively if opportunities to make friends are given or not.

Besides scarce opportunities to make friends and the difficulty itself of building new relationships, further reasons for not having friends to disclose to, were ascribed to issues related to family life, occupation or increasing age. For some, the years spent raising a family were years when men go into a, "*shut down*" mode, during this time neglecting the building or maintaining their friendships. Besides family restraints, employment could also represent a hindrance to building friendships; Eddy didn't have any special friends because he was, "*always at work*" and David said, "*friendship is very important, a lot of men don't have it because they spend their life in work and then come out, stop work, and what do you do*?" For a few of the older men interviewed, increasing age could represent a further hindrance to maintaining friendships; Fred (68), found

himself at an age where many of his acquaintances were, "*dropping off the perch*" and Jerry (86) found himself through his diminishing mobility increasingly, "*restricted*" and claimed that often, "*a whole day will go by and I've seen no one and spoken to no one*". Clive similarly confirmed that, "*The older I get, finding new friends, it's a difficult situation, difficult thing to do*".

Whilst many men claimed that they didn't have friends with whom they could disclose their issues to, some participants did claim to have a satisfactory number of friends. In the minds of some men, however, these friends were not there for sharing personal issues with, but for having fun with. There seemed then to be a significant difference in the meaning and function of friendships between men. Despite having, "*quite a group*" of friends and a "very, very close group of friends" Lee (59) claimed that, "*If I was out for a night with my friends I definitely wouldn't be talking about my own personal issues* (subsequently) … *we talk about work based things but not necessarily about health and emotions*". Although Nathan (60) claimed to be, "*happy just being a loner*" he had attempted to make friends and had subsequently opted for staying alone because he was unable to find other men to connect to in the manner he wanted to,

> "*I've got a motorbike but I don't really want to talk to bikers … I mean Just down the road here there's a place in the forest, there's a little tea hut, and on a Sunday all the bikers go and congregate. You know, I've been there a couple of times and I just sit there on my own because I don't want to talk about engines and that sort of stuff*".

Some men considered friends and especially family, with the exception of partners, as generally not appropriate sources to disclose issues to. Discussing one's own distressing issues with family or friends was shied away from for fear of impeding on their good will, or it was deemed as something, "*not fair*" to do. Fred claimed that he never would disclose his problems to his daughters because he, "*wouldn't want to give them that distraction*". Mothers were also typically excluded, "*I would never ever had phoned my mother and asked her for anything. You know she didn't know what the hell was going on in my life because I didn't want to burden her with it*" (Nathan). Similarly Patrick, "*I probably wouldn't mention it to my mum … because I wouldn't want to worry her*". Some men were worried that sharing their problems would result in the other family members taking on their problems themselves. Although fathers were similarly not

considered suitable to disclose to, there were two exceptions. One of these was Morris, however this close relationship had only developed during adult life;

> "*I was probably more distanced from him emotionally as I was growing up, particularly because he doesn't show his feelings very often. And then we went through this stage where we built a car together, over a year and a bit, and that was what brought us together actually. We stopped really being father and son and started being very close friends. Or maybe we started being father and son, who knows but whatever it was it brought us together.*"

Morris was able to disclose to his father as a, "*sounding board*" and received practical tips to his questions, whereas Morris had the impression that his mother was more likely to worry. With a few exceptions then, for most men both family and friends were often not deemed adequate sources to disclose information to for fear of impeding or "bothering" them too much.

In sum, it was clear that the social-networks of most of the men were inadequate should they have the need or wish to disclose any distressing issues with them. Indeed, some gave examples where not having friends to disclose to in the past had been a serious problem. For example for Arnold, coping with his father's death was a lonely journey, "*there was no one to let it out on sort of thing*" and Fred's only friend lived hours away which meant that when he was in bereavement he, "*didn't discuss anything with anybody*". The reasons given for this situation were varied; whilst some men claimed to have personal deficits, depicting themselves principally as "*loners*", others saw inadequate social opportunities for men as a hindrance to establishing friendships, others were reluctant to impede on friends and families good will for fear of "*wearing them down*" and finally growing older seemed to be a further hurdle when establishing or maintaining friendships. "*Social isolation*" it was reflected is, "*a killer*".

Examining the development of social-networks from a life-course perspective, two aspects appear to emerge. Firstly, whilst social-networks may have been larger in the past, there were no claims that earlier social-networks had provided better opportunities for disclosing distress in times of need. This indicates that, concerning disclosure opportunities, limited or no change had taken place through the life course. Secondly

however, family life, increased fragility and occupations were viewed as a hindrance to developing new social contacts in these later phases of life.

5.5. Developments over time and growing older

The majority of men spoke of some factors, relating to distress and disclosure, which had developed over the life-course and which were not apparent in the early parts of their lives. These included, changing attitudes and changing behaviours as a result of the accumulation of knowledge and experience, and also through identifying and challenging gender and social expectations later in life. Although they are interrelated, these developments can be divided into three categories: Changes, or trajectories, due to growing older, gaining experience and personal development.

For some men, attitudes to how they manage their health had changed with increasing age in relation to increased feelings of frailty and vulnerability. Jerry, who was now 86 and conscious of having to use a stick when going out said, "*I try not to take risks, I do my best to plan and anticipate and steer clear of risky situations*". This increasing "*fallibility*" resulted in an increased awareness for his own needs and was mentioned as a reason for not taking the risks he may have taken in younger years. Kevin, at 65, saw himself as, "*no longer invincible*" and spoke of "*brittle bones*". When it came to doing risky things, like climbing ladders, he spoke about now being "*much more realistic*". Lee, at 59, was now slowing his life down, reducing his stress levels and for the first time in his life taking his physical and mental health more seriously,

> "*Between 60 and 70, that's when you've still got your health that you can do virtually everything you want and then after 70 there's the likelihood of more things going wrong. That's brought everything together for me a bit, you know, time is more important, work is less important. That's why I went and bought a boat, that's why I'm planning my retirement, that's why I'm making sure the next 10 years I want to be healthy*"

Although the actual age at which some men had begun to pay more attention to their health varied, increasing age and frailty was nevertheless for some men a reason to reduce stress, give health issues a higher priority and not take unnecessary risks.

Henry viewed life as a "*learning curve*" where earlier experiences, both good and bad, "*stem you stiff*" (prepare you) for subsequent experiences. This made dealing with any personal issues later in life a more productive enterprise. Ben described his experiences with disclosure through the years as "*kind of testing stuff out*" but admitted that "*you have to get to that*" indicating also that both good and bad experiences paved the way in the long term for a more productive disclosure management. For Clive, it was important learning about who to disclose to and who not,

> "*I just learnt those lessons in my 40's about boundaries and about who you talk to about some stuff … I've learnt probably where not to go or where to tread carefully*".

Looking back, Clive had built upon early bad experiences and was now able to differentiate clearly where, how and when disclosures are likely to be fruitful or when too big a risk. The "vulnerability" Clive encountered when disclosing to others in early years had given way to a more "careful" approach where he was less likely to fall into any "stupid traps".

Some men related increasing age to having less need to conform to traditional masculinity and less need for confirmation from others. No longer needing to conform to expectations of others, Morris felt himself freer of earlier constraints,

> "*I've got older and I'm less worried about what people think. But that isn't something that a 25 year old would do, so I think that's where I've got the change, I don't need conformation that I am right anymore because actually it doesn't matter to hear that I am right*".

Changing expectations with increasing age and gained experience also gave Steve (57) the ability act in better accordance with his own needs,

> "*I think age does matter because it's probably more difficult for younger guys to speak in their 20's because part of it is there's a lot of expectation for them to succeed, there was a lot of expectation for me to succeed. When you get older you see life in a different context, you are able to reflect a lot more and you're able to put things into perspective*."

Feeling more secure and confident within himself also gave Henry new opportunities to communicate with others,

> "*As you are growing up and you are learning life and learning things you feel very insecure. I think the security is the main problem that holds you back from communicating with people, but as you get older you become more confident*".

Fred spoke similarly of "*falling prey*" to masculine images as a young man, but with increasing age he felt less pressure from social constraints and said that later "*nothing really matters*". Ben also claimed that in early life he felt a lot of shame when disclosing his issues to others but claimed that now he had "*worked through the shame*", implying that he felt less need for conformity. When now disclosing his issues to others, Ben described his approach like this: "*It's kind of something about saying, well this is me and whether you like it or not, this is me*". It seemed then that for a number of men, earlier constraints as young men, having to conform to social and "*macho*" expectations, had been lifted due to increasing age or as a result of having "*worked through*" the shame and gender expectations. This had enabled these men in later life to pay more attention to needs which were felt to be more authentic and communicate these needs to others more openly. Because at the end of the day, "*it's about your life … but you only realise that as you get older*" Kevin.

Although many men implied that in later years they had turned their attention more to their authentic needs, in contrast to earlier adapting to the wishes of others, two men described this process in detail. Eddy (54) spoke about going through a transition a few years ago after having felt that he was only operating with 50% of himself. Following this phase, which he also called a mid-life crisis, he felt not only more in contact with himself, but also more in contact with others and was for the first time able to discuss his emotions and needs. Looking back he said,

> "*It was like walking around with this beautiful shiny coat of armour on which was very heavy, which allowed me only to look out of two slits of my visor and of course everybody else could see me as this knight in shining armour but they couldn't see me*".

With the help of a therapy he had learned to acknowledge that there were aspects of himself which he was not in "*communication*" with. This development, where he said,

"*it's not dying that's the issue, it's about not living when you're alive*", involved a move towards opening up to himself to his wife and to others and talking for the first time about his needs.

Ben had also reached a phase in life where he wanted to be more himself, more honest with others and less bound to social expectations. Beginning to be "*properly open*" and really "*telling people what's going on with me*" began for him in his early 40's. It had become increasingly important for Ben to disclose his thoughts and feeling to his friends and not having to hide any more.

> "*Disclosing things in this sense is about changing things or wanting to change things, in terms of hmm… telling friends it's again wanting to get out of everything being hidden and getting out of that feeling that if I tell so and so about this they won't want to know me anymore, I will be rejected*".

Ben had become less dependent on the opinion of others, and doing what he felt was right had gained in priority.

In sum, these men were describing new paths which had been taken in later life and spoke of, "learning lessons" "a learning curve" or "testing stuff out". These men felt that, in later years, they had become more authentic and were more willing and able, if needed, to disclose their needs to others irrespective of perceived social expectations and gender role-models. These changes had come about firstly as a result of gaining experience over the years and an increasing awareness that time was too valuable to spend on attending to the expectations of others. Secondly, through past disclosure experiences both bad and good which had provided valuable experience in identifying optimal and less optimal disclosure possibilities and methods. Lastly, as a result of an increasing need for authenticity and expression for individuality brought about by personal developments.

CHAPTER 6

DISCUSSION

6.1. Overview

Four key findings have arisen from this study representing original contributions to understanding disclosure behaviour among men in mid- and later-life within a life-course framework. These findings will now be briefly outlined and then followed by more detailed individual descriptions. Following each detailed description, results will be discussed in relation to past research findings highlighting those aspects which support knowledge and those aspects which contribute new information. Then results will be specifically reviewed within the framework of the study, life-course. The final section offers suggestions for practice and policy, highlighting how each of the four findings can contribute to developments in the area of men's distress disclosure.

The first key finding from this project is that for all the men interviewed, the act of distress disclosure was suppressed in early years. This means that as boys, in their initial phase of life, participants were discouraged from openly acknowledging distress and/or disclosing any distressing issues to others. This discouragement was felt as emanating primarily from parents but also from peers. Distress disclosure was associated with weakness, being ungrateful and, if exercised, likely to be futile. Correspondingly, in this phase of life, positive experiences with distress disclosure were not gathered and knowledge and skills around how best to disclose were not learned. These negative associations with distress disclosure were generally retained well into adult life.

The second finding is that men in mid- and later-life often have nobody to turn to in times of distress. Such a limitation in scope and nature of social-networks poses a significant hindrance to distress disclosure for these men. In particular, single men claim to have nobody to turn to when in need of disclosing a distressful issue to another. Close friends are either few and far between or friendships are upheld in settings, such as in pubs or through sport, where disclosing a personal distressful issues would be considered inappropriate.

The third finding reveals factors which were found to help reduce barriers to distress disclosure for men in mid- and later-life when disclosing, particularly to health professionals. When in distress, disclosing the stress to another can be eased when three factors are present; Firstly, when a high degree of confidentiality can be assured; Secondly, when the time and effort invested in the disclosure process can be minimized; Thirdly, disclosure is more likely to take place when the perceived outcome of the disclosure is regarded as likely to be productive, for example through assurances that the matter will be dealt with in a professional and experienced manner. If these factors are present, men in mid- and later-life appear to be more able and likely to disclose their distress to others.

The final finding of this study shows how some men, in contrast to early years where distress disclosure had negative connotations, in later stages of life, have been able to overcome such difficulties enabling the disclosing of distress to others. Three factors were identified which had enabled some men in later life to overcome shame and stigma in connection with disclosing distress. These phases were attributed to growing older, building upon past experiences of disclosure and finally as a result of individual experiences such as illness or counselling.

6.2. Suppression of acts of disclosure in early life and consequences for later life

The first finding of the project shows that for participant's, distress disclosure, as boys in early childhood years, was not encouraged and often actively suppressed. Boys were in no way supported in consciously acknowledging distress, articulating distress or seeking alleviation from distress through disclosure to others. Indeed claims to be suffering from distress were met with opposition and considered to be signs of ungratefulness or weakness. Admitting to having a problem in childhood years was a shameful act and boys, if not directly instructed to, "bite your lip", resulted to, "ducking and diving" to cope with distress.

Interviews showed that concealment from parents was very common and that concealment of family issues outside of the family was also a particular issue for older men. Concealment outside of the family by older men was explained as there being

different neighbourhood awareness in days gone by. Participants also connected such past learned behaviour with present behaviours and taking such views, “on board into adulthood”.

This study thus reveals that male reluctance in later years to disclose distress, when for example suffering from depression (O’Brien et al., 2007) or cancer (Gray et al., 2000; Hilton et al., 2009), could be viewed as a continuation of behaviour learned in early childhood. Conceptions of disclosure as a means of problem solving in adult life thus remained foreign for many men from childhood through into later life and, irrespective of the distressing issue at hand, seeking help meant treading new terrain and confronting shame or stigma. Shame and stigma thus remained connected with distress disclosure for most men through into later life. For many men in mid- and later-life, having to deal with a distressing issue meant also that problem identification, problem articulation and problem management were new paths to be taken, each bearing potential risks by exposing vulnerabilities and inadequacies.

Whilst this finding was not completely unexpected, what was surprising was the extent to which such childhood tendencies relating distress disclosure with stigma and shame were retained throughout the life-course. Almost all men claimed to have entered early adulthood with a notion that disclosing something personally distressing to another was alien and something to be avoided if possible. Interviewees equated such disclosures with vulnerability, and weakness or failure. In later life, avoiding disclosures was supported by negating the need for (or value in) disclosure. Various strategies (such as over working or keeping fit to reduce risk of involvement with health services) were used to avoid distress disclosure. Bottling-up problems was a common general term used to describe dealing with problems as opposed to disclosing distress to others.

Whilst researchers have documented delayed male disclosure behaviour in connection to a number of disabilities, occupations or demographic variables (Easton, 2013; Smith, 2008; Finnegan et al., 2010; Galdas et al., 2005a; Hammer et al., 2013), this delayed disclosure behaviour has until now not been viewed through the life-course as an extension of childhood ways. According to the present results, behavioural traits suppressing distress disclosure in childhood years appear to remain inflexible and ingrained moving on into adult years. Research has until now rarely accommodated for such long-term contextual developments relating early experiences to developments later in life (Elder et al., 2003; Mayer, 2009, Thompson and Langendoerfer, 2016). Given that

social-interactional experiences in early life can lead to individuals presenting attitudes, values and emotions which conform to expectations later in life (Holstein and Gubrium 2007) issues of distress disclosure need to be addressed in early life. Masculine identities, formed in early life, appear not to fade into the background in later life, leaving older men bound by the hegemonic masculinities of their younger selves (Thompson and Langendoerfer, 2016).

This result thus firstly confers to existing literature suggesting that men in mid- and later-life do not disclose or delay disclosure of distressful issues. This result additionally expands knowledge, applying a life-course perspective, to suggest that such behaviour represents a continuation of childhood ways and should therefore be tackled in early life. Findings that distress disclosure by boys is suppressed in early childhood raises questions towards possible consequences of this behaviour. Research has previously shown that *active* concealment, as opposed to conscious non-disclosure, is related to higher levels of depression and low self-esteem (Jackson and Mohr, 2016). When considering that boys are encouraged to suppress distress disclosure in early years, this finding highlights that such effects of these early childhood experiences may be farther reaching than previously thought.

6.3. Constraints to disclosing distress through limited social-networks

Results showed that an important factor for men in mid- and later-life hindering distress disclosure to others is the absence of possibilities to disclose, in terms of the number and nature of their social contacts. Social-networks where disclosures could potentially take place are often considered inadequate, either because they are limited in scope, meaning that men in mid- and later-life claim to have too few or no friends at all, or that the given social contacts are not of a nature where disclosures are felt as being acceptable, for example, where the emphasis is on having a laugh, sport or work and not on discussing personal issues.

Participants living with a partner generally conceded that if they were to disclose, then their partners would be the first, or only person, they would disclose to. Disclosing to children or parents was, apart from in two cases, considered wrong for fear of causing them unnecessary worry. Disclosing to health professionals (G.P's) was regarded by

most participants as ‘pointless’, this was explained as either being a structural problem (getting an appointment is too difficult) or an interpersonal problem (my G.P. shows no interest in me). In short, whilst partners and friends were considered as those where disclosure could or should take place, only partners (where available) were utilised.

Difficulties in establishing and upholding appropriate friendships were ascribed to a number of reasons; personal issues were identified (for example being a “loner”), gendered structures were held to account such as male expectations of having to be “gung-ho and fit” when in contact with other males. Finally, structural issues were reported as being a hindrance to establishing and maintaining friendships, either as a result of occupational restraints (such as being, “always at work”) or secondly as a result of increasing age and poor opportunities for elderly men to socially connect (for example day centres for elderly are for men, “scary places”). Family responsibilities, employment restrictions and fragility appeared to increase risk of not having contacts to disclose to.

Other research has confirmed poor levels of male disclosure and high levels of reported loneliness. While 60% of men in one study claimed that they would be prepared to discuss mental health problems with a close partner, 40% claimed they would not discuss with anybody (Priory Group, 2016). Claimed levels of self-reported loneliness amongst men range from 5% to 55% (Yang and Victor, 2011; Jylhä, 2004). However, loneliness is highly stigmatised and actual levels are likely to be underreported (De Jong Gierveld et al., 2016). For example, some of the men in this study initially claimed to have large and active social-networks, however further enquiry revealed that disclosing distress in the past was nevertheless not possible because these contacts, although many, were viewed as being inappropriate for disclosing distress. Social contacts, particularly for older men, thus appear to be poor in number and quality with regard to disclosing distressing issues.

This result thus confirms previous research highlighting high levels of isolation, especially amongst older men. Further, results indicate that limited support network availability for men in mid- and later-life, hindering distress disclosure may represent an even larger problem than hitherto believed to be the case.

6.4. Factors reducing barriers to distress disclosure: Confidentiality, Time consumption, Perceived effectiveness.

This research revealed that when suffering from distress there are factors which support men disclose this distress to others. Firstly, it is important for individuals to be assured that the disclosed issues will be managed in an upmost confidential manner. Secondly, distress disclosure can be encouraged by minimising the time invested in the disclosing process for the discloser. Thirdly, distress disclosure can be eased through increased assurance that the measures taken are highly likely to be effective, such as through receiving assurance that the helping sources are of a professional, experienced and productive nature.

In the past, interviewees had shown reluctance to disclose their distress to others if there was a danger of a lack of confidentiality, if waiting times for consultations appeared to be too long and if the aims or productivity of any actions were uncertain. That is, discussing at length distressing issues to others, investing a lot of time in the process and taking a broad approach to solving any issues represented a threat to these masculine identities.

For example, aspects hindering disclosure could include hearing about long waiting times at the G.P.'s, or not trusting a colleague to handle a matter discretely or not having faith that a disclosure would bring improvement. Contrarily, aspects favouring disclosures included being able to get a "quick fix" or disclosure to somebody who was seen as being competent and experienced. Similarly utilising anonymous forms of contact, such as online, where direct contact can be avoided or integrating help-services into work places to avoid time loss were favoured.

Issues of confidentiality have previously been identified as being relevant when disclosing illness to others (Rosenfeld, et al., 2016), and there is increasing research suggesting benefits of adapting specific approaches to ease male disclosure. Such results suggest for example adopting "male sensitive" language in interactions, creating safe settings which reduce levels of stigma and embedding interventions into communities (Robertson et al., 2016). Robertson et al., indicate that safe settings could include spaces which are specifically "male-friendly" (as opposed to traditional health facilities where associations are with female issues) (2016). Successful frameworks and interactions, as present and past research results indicate, are then likely to be those which pose minimal

interruption to the everyday *normal* male life and are flexible towards these gendered identities.

Correspondingly for some interviewees *safe* and structured environments could also be found in semi-professionally or professionally run groups where confidentiality and reciprocity was laid down in discussion rules. This corresponds to research which has underlined the importance of peripheral and informal relationships for men when disclosing or seeking help (Buz et al., 2014; Small, 2013). Anonymous contacts, such as in a group, pub or on a help-line, can represent *safe* outlets which minimise conflict with gendered identities associating help-seeking with shameful emotions.

It should be noted that safe environments and issues of confidentiality can also be related to feelings of control. The importance for some men of retaining a level of control when seeking help has been repeatedly reported (Canham, 2009; Gravill, 2014; Worthley et al., 2017). Retaining control of oneself as a man has historically been described as a prerequisite for having control of others within a patriarchal framework (Harvey, 2005). Confidentiality issues and providing safe-spaces confirm to these results as they can also be seen as methods serving the need for some men of retaining a feeling of being in control over their situation.

This research thus underlines issues of confidentiality, time consumption and perceived effectiveness for men when deciding to disclose or conceal a distressful issue to another. This result supports emerging research in the field of men's health, offering specific terminology and supplementing it with specific requirements for men in mid- and later-life.

6.5. Men in mid- and later-life negotiating distress disclosure and masculinity over the life-course

Finally, results show that in life-course development, in contrast to earlier life, some men are able to better seek help when needed and disclose important issues to select others. These developments were attributed firstly to the men's increased awareness that as they were growing older time was becoming limited and that they could give more priority to their personal needs rather than be bound by issues of stigma and shame when seeking help. Additionally, gaining experience from past disclosures served to increase

competence when disclosing thereafter. Finally, for some men, various personal developments had led to a desire for increased authenticity in later life, that is, they had developed to a point where they felt an increased desire to express their inner self and their needs more openly.

In later life, the some men interviewed were able to reflect upon their life, their personal developments and management of distressing issues over many decades. It became clear that upholding past expectations of being a man (e.g. stoicism) and thus avoiding shame and stigma was for some men now much less relevant than in their earlier years. These developments were explained in a number of ways. Firstly, as a consequence of oncoming frailty (described by some as developing, "brittle bones" or no longer being, "invincible"), giving health issues a higher priority than having to uphold gender expectations of stoicism, strength and independence. Secondly, many men claimed to have learnt lessons from past experiences of disclosure, particularly from negative experiences, and were now in a position to better disclose, knowing better how, when, where and to whom to disclose to. This increased disclosure competence enabled a higher degree of control and confidentiality around issues of disclosure. Thirdly, personal developments, such as psychotherapy or having had to cope with demanding life experiences, such as illness or mid-life crisis, had served as motives for increased authenticity. These developments had become apparent in the life course, were without clear beginnings or endings and represent a change in attitude and behaviour. That is for some men, felt gendered constraints in earlier life had resulted in, as Eddy said only showing "50%" of his self. Having apparently understood these constraints (in Eddy's case as a result of counselling) understanding and exercising a different behaviour had become possible.

Previous research has suggested that older men have been excluded from hegemonic discussions and have as such undergone desexualisation (Spector-Mersel, 2006; Arber et al., 2003). Elsewhere, the *ungendered* environments of monks living in monasteries have similarly been found to positively influence life-expectancy by up to 5 years (Luy, 2002). Previous research has also identified how men in older age reformulate their health behaviours following illness leading to increased willingness to disclose (Oliffe, 2009). Ramirez and Badger (2014) also described how men suffering from depression progressed through various distressing phases in life culminating in being able to confront stigma and finally share their thoughts with others. Other research has stressed

how some men are able to reconstruct their gendered identities through the life course, adapting their need for control resulting in greater emotional expression (Emslie et al., 2007; Gravill, 2014; Lomas et al., 2015).

The *five stages of masculinity* (Gelfer, 2016) model also describes developing levels of analysis and critical awareness of gendered belief and behaviour. These levels range from an uncritical acceptance of normative masculinity, including adaption of a hegemonic ideal as well as a patriarch and homophobic form of masculinity, though, at the other end of the scale, to a critical ontology and the belief that masculinity itself exists only as a consensual hallucination. In this sense, older men who have developed their ability to disclose, contrary to their upbringing, could be described as being in a phase of Critical Masculinity (phase 3) where destructive masculine tendencies are challenged or in the phase of Multiple Masculinities (phase 4) where definitions of masculinity are flexible and individual (Gelfer, 2016). Further research and development is however required to investigate how individuals develop from one phase to another and to redefine the hierarchical approach conceptually allowing for men who span various phases.

This research shows that the effects of men's diminishing strength and independence with increasing age, previously termed a process of *desexualisation,* can lead to a reduction of gendered constraints and more disclosure. Growing older and gaining experience, appear to be important markers enabling adjustments to gendered identities. Such adaptions can lead to greater disclosure in later life. A similar effect appears to be possible as a result of particular life events such as illness or having psychotherapy. This result thus supports evidence that some older men, on account of age or particular experiences, are able to utilise their situation and adjust previous destructive masculine behaviours.

6.6. Framework: Life-course and disclosure development

A life-course approach typically focuses upon individual developments over the course of time in relation to influences from institutions such as families, employment or other social developments (Heinz and Krüger, 2001). Arising from the results, two assumptions can be drawn with regard to life-course development for men in mid- and later-life. Firstly, the construction of concepts of disclosure in early childhood (typically being concealment) remained for the large majority of men constant well into later life. In the first half of life, all other developments such as employment developments or marriage or family-life appeared not to challenge prior developed gendered concepts implying that males should not disclose issues to others. Such adaptions of gendered constructs could be related to the notion of life-coursing (Holstein and Gubrium, 2007), whereby once adapted gendered identity concepts incorporating behaviour patterns are applied without further being challenged. Secondly however, in later life, the life-courses of some men were influential in developing such, until then rigid, gendered concepts of disclosure. Such influential stages included experiencing psychotherapy, feelings of growing older or experiences of illness. Concerning aspects of gender-identity, life-courses thus appear at times for some men to be rigid and at other times to offer scope for flexibility.

This life-course approach has thus demonstrated how gendered influences, when applied in childhood years, remain upheld and unchallenged well into adult life. Similarly, it shows that for males in the first half of their lives, distress disclosure is understood within a gendered framework, implying subsequently that when in distress, disclosure to others is not an option.

More research in the future is required to increase understanding into how some life-courses are supportive in developing gendered concepts of distress disclosure and others less. In particular asking the questions; how are experiences such as psychotherapy, growing older or illness influential in developing gendered understanding and behaviour? And, do such developments pose possibilities for all men and if not are there alternatives?

6.7. Recommendations for practice and policy

There are a number of suggestions for practice and policy arising from these results. These are ultimately directed at increasing positive associations and positive utilisation of distress disclosure behaviour.

Attempts to counteract suppression of distress disclosure in early years could include a variety of approaches. For example, efforts could include influencing the initial development of these gendered identities and gendered concealment behaviour. This could encompass areas of early childhood, such as supporting positive social structures and male to male relationship building, particularly for boys in areas of "hypermasculinity" (areas with increased levels of violence, physicality, alcohol abuse and aggressive heterosexuality) (Robb et al., 2015). Males also continue to be chronically underrepresented in caring professions despite indications that their influence could be substantial (Clements, 2014). Intensified efforts to increase the presence of positive role models in the lives of boys both in social and professional settings could therefore support the development of alternative gendered identities, increasing levels of distress disclosure not only in males of a young age but also later in life. Examining the exact nature of interventions in the practice however requires more research as "blanket calls" for more male role models runs the danger of falling short of the aims (McCormack and Brownhill, 2014).

Results indicating that the social-networks of men in mid- and later-life are potentially inadequate for practicing distress disclosure, point to the need for larger research projects to verify the situation and elaborate on possible consequences. Alongside the need for more research, projects supporting the build-up of social-networks which are sensitive to male issues are likely to bridge this important gap. The men's sheds projects, where social contacts are established alongside awareness for health issues (non-normative) within normative gendered environments (sheds), are aimed at easing the process of distress disclosure for men in mid- and later-life and have been rapidly spreading (Men's Sheds). Men's Sheds have so far been found to reduce social isolation, and increase emotional well-being (Misan and Hopkins, 2017). Similarly, the Movember Foundation attempts, through public awareness campaigns, to encourage social interaction for health issues whilst emphasising both "positive" and "negative" male gendered attributes and encouraging a flexible adoption of gendered identity (Movember

Foundation, 2017). This study emphasises the need for further developing these and other projects.

Results from this study identifying factors which reduce barriers to distress disclosure contribute information for a variety of current projects which emphasise alternative (male) settings as well as new interactional methods. These approaches, as elaborated upon above, could be understood as approaches either accommodating for *gender trouble* (the cumulative effect of failed gender performances) or *subversive performances*. Some practical applications which account for certain aspects of the threat of gender trouble for men are currently in progress. For example Liverpool University counselling department offers male students 20 minute consultation slots which can be visited without appointment or registration and as such pose minimum interruption to daily life. Similarly Edinburgh University counselling service has developed a specific male student concept using familiar gender relevant language where the "nuts and bolts" of counselling are explained through the homepage (Liverpool-counselling; Edinburgh-counselling). In Germany, specific day-centres for men suffering from mental health issues are emerging where programs accommodating for male gendered preferences are met such as placing an emphasis on physical fitness together with conventional therapy (Wahrendorf-clinic).

In addition to adopting frameworks to reduce barriers for distress disclosure, developments within therapeutic settings are also taking shape. These include, for example, practitioners accounting for the fact that some men underestimate and underemphasise their needs (trivialising symptoms) when undertaking explorative diagnosis. Similarly, methods are developing to assist men in understanding emotions, formulating problems or guiding men towards new concepts of retaining control within help-seeking services or even combating stigma with humour (Süfke, 2004; Kraxberger,2014; Dageid et al., 2012).

Whilst projects adopting male gender specific approaches are developing throughout the UK and Europe, evidence into their effectiveness remains scarce (Weißbach and Stiehler, 2013). Results however from the first male only clinical day-centre in Germany found that post clinical levels of depression were lower for men who attended the male only clinic as opposed to a mixed clinic (Rößner et al., 2014). In line with these developments these research results have identified specific factors emphasising the importance of combating the stigmatising nature of male-disclosures and suggesting that

minimising the time invested to cope with an issue, increasing levels of felt confidentiality and assuring professional competent interventions could help further reduce disclosure barriers.

Finally, results from this study indicate that increasing age, experience or certain personal developments promote factors which can reduce reluctance to disclose distress and to seek help in times of need. It appears that in the course of their later lives some men undergo a reflective process leading ultimately to an increased understanding of gendered restrictions and awareness of personal needs. This research was centred on developing knowledge into the scope and utilisation of disclosure in later life and as such was designed to identify but not to analyse the nature of such personal developments leading to increased disclosure behaviour. These research results identified growing older, experiences with disclosure, certain life-changing events such as an illness and personal developments such as those supported through psychotherapy as possible factors facilitating change. There is however still little known about why some men are able to take these paths and others not. Further research exploring exactly how and why some men are able to adapt gendered identities and develop skills to successfully navigate distress would seem valuable to intensify understanding. More specifically, analysing which role upbringings, personal developmental experiences as well as social and economic opportunities throughout life play in the process of developing gendered identities could be very important. Calls for further insight into how some men navigate images of masculinity successfully and how such aspects can be adopted support this position are however not new (Galdas et al., 2005; Ridge et al., 2011).

6.8. Dissemination

The dissemination plan, shown on the next page, aims to disseminate results to a wide range of interest groups and also mirrors the complex nature of issues influencing distress disclosure. In general, promoting healthy distress disclosure for men includes a theoretical life-course understanding of social and personal influences, an adequate approach to men in need of help from health professionals, social acceptance of male distress disclosure in communities and individual support from those close to men in need. Each approach, addressing researchers, health professionals and the general public, requires a differential dissemination plan concerning background knowledge, methods of dissemination, aims and language to be adopted.

In due course the approaches listed in the dissemination plan will be analysed with respect to available resources and expected impact. Routes of dissemination can and will be pursued to address both English and German speaking persons of interest and will also here accordingly require addressing any policy differences between countries.

DISSEMINATION PLAN

Interest group	Aim	Information to be disseminated	Means of dissemination	Potential impact / cost	Measurability
Research Community *1) Men's studies* *2) Life-Course Studies* *3) Health Research*	To promote further research and discussion in the area of men's health and to verify and develop the results	Utilising a life-course approach shows that some men are able to develop their approach to distress disclosure in later life as a result of certain experiences	**Peer reviewed Journals**: i.e. 1) Sociology of Health and Illness (I.F. 2.12); 2) Qualitative Health Research (I.F. 2.18); 3) Advances in Life Course Research (I.F. 1.2).	Low cost, potentially high impact (worldwide), potentially time intensive.	Citations can be measured, potentially further articles etc.
General Public	To raise awareness into the reasons why some men struggle with distress disclosure and promote understanding and discussion in the community	Men's decisions to disclose or conceal (and their subsequent poor health situation) are entwined with the gendered attitudes of all and a matter for all.	**Book**: Contact with publisher (Kösel, Random House) has been established, language: German	Cost assessment appears to be feasable for publisher, impact potentially high but men's health literature comprises only a very small segment of the market	Book sales are clearly measurable, actual potential impact however difficult to measure
Health Professionals 1 *1) Counsellors* *2) Psychotherapists* *3) Social Workers*	To increase men's engagement with health professionals, reduce drop-out rates and sensitise health professionals to men's needs	Increasing felt levels of confidentiality, perceived effectivness and professionalism, integrating humor where appropriate and reducing time and effort needed prior to first contact eases distress disclosure for many men	**Journal articles**: Potential journals: 1) Counselling and Psychotherapy Research 2) Professional Social Work 3) Person-Centred Quarterly 4) Gesprächs-psychotherapie und Personenzentrierte Beratung	Low cost, potentially high impact, potentially time intensive	Impact measurable through any potential discussion initiated, citations or follow-up articles
Health Professionals 2 1) Colleagues	To strengthen awareness of the necessity for a specif male approach in counselling and psychotherapy	General information surrounding the present situation of men's health: elaboration of the needs and methods of male specific interventions	Presentation / Workshop	No cost	Potential for initiating projects on a local scale (Bavaria)

6.9. Limitations of the study

In addition to the critical analysis of possible researcher preconceptions, vulnerabilities or biases (see section 3.3.) further limitations regarding methodology require brief attention.

Sampling: Following the initial phase of recruitment through Age UK and two men's groups, the second phase was concerned with recruitment of men without group contact. Whilst this was successfully completed, the men selected nevertheless represented a group which were (at least to me) willing to talk about such private issues as distress disclosure with a stranger (myself). Due to the nature of the project using in-depth interviews, men who don't disclose at all to others could not be recruited and interviewed. Considering that the project was concerned with issues of disclosure this may have influenced results.

Interviews: A critical analysis of interviewer subjectivity and interview methods has already been undertaken (see 4.4.). However, interview topics covered reflections on earlier years, reflections on handling of distressful events or considerations to a range of influences. Discussing such themes was for many of the men a first time reflective experience. Given that in some cases such thoughts may need time to develop or that certain memories are often blurred, follow-up interviews at a later date may have revealed further information. Participants were however informed of the opportunity to provide further information by email or telephone should they have wished to.

6.10. Outlook

This study has contributed to a greater understanding of men's decisions to disclose or conceal distress in times of need. Evidence has shown that such decisions are not taken just on an individual basis but influenced by a wide range of educational, social and situational factors. Improving the situation of men's health in the future is as such an issue for men, women, policy makers and health professionals alike. Developing this information in the coming years will surely prove to be not only a substantial challenge but also a deserving and rewarding one.

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APPENDIX 1 – Ethical Approval

University of Westminster

Ethics Approval VRE1415-0345

30 March 2015

Confirmation of approval

Dear Ian,

Ethics application: VRE1415-0345

Project title: Exploring experiences of disclosing mental-distress amongst older men.

Applicant: Mr Ian Pye

Supervisor: Prof Damien Ridge

Thank you for providing your response to the Conditions set by the Committee. Your response to Conditions has been considered and your proposal is approved. However, the Committee have indicated that they do require the following:

That you obtain letters of permission from organizations which are providing access (please note this specifically refers to access and not collaboration).
If your protocol changes significantly in the meantime, please contact me immediately, in case of further ethical requirements.

Yours sincerely

Mandy Walton

S&T Research Ethics Committee

I am advised by the Committee to remind you of the following points:

1. Your responsibility to notify the Research Ethics Committee immediately of any information received by you, or of which you become aware, which would cast doubt upon, or alter, any information contained in the original application, or a later amendment, submitted to the Research Ethics Committee and/or which would raise questions about the safety and/or continued conduct of the research.

2. The need to comply with the Data Protection Act 1998.

3. The need to comply, throughout the conduct of the study, with good research practice standards.

4. The need to refer proposed amendments to the protocol to the Research Ethics Committee for further review and to obtain Research Ethics Committee approval thereto prior to implementation (except only in cases of emergency when the welfare of the subject is paramount).

5. The requirement to furnish the Research Ethics Committee with details of the conclusion and outcome of the project, and to inform the Research Ethics Committee should the research be discontinued. The Committee would prefer a concise summary of the conclusion and outcome of the project, which would fit no more than one side of A4 paper, please.

6. The desirability of including full details of the consent form in an appendix to your research, and of addressing specifically ethical issues in your methodological discussion.

University of Westminster

APPENDIX 2 – Risk Assessment Form

Research participants:

- Participants will be informed of potential risks. During initial telephone contact potential participants will be informed of risks involved in in-depth interviewing. This information will also be administered in written form on the "Information Sheet".
- Participants will be assessed for high risk factors. In the course of initial telephone contact, potential participants will be asked to verify to the researcher a satisfactory degree of mental health, adequate to participate safely in the study. Should this not be clearly stated by the potential participant and / or if the researcher has reason to believe that the interview for this participant could pose a reasonable risk of discomfort the participant will not be recruited.
- Monitoring for distress during interview. Interviewees will be monitored for distress during interviews. A sensitivity protocol will be implemented in the case of signs of distress or discomfort developing. Courses of action may include:
    - Stopping or ceasing the interview and recommencing only (and if) the participant feels comfortable to do so.
    - Offering to sit with the participant to discuss the issue at hand
    - The issuing of a Support Information Sheet with contact information for free and low cost counselling.
    - Follow up contact by phone or email in the following days to enquire into developments.
    - Discussing all issues, as soon as possible, with Professor Damien Ridge.

Lone Working:

- A schedule of appointments with locations to be visited will be forwarded to supervisor prior to interviews taking place.
- Immediately prior to entering a property a message will be sent to supervisor.
- Having left the property a message will be sent to supervisor.
- A mobile phone will be carried at all times.
- The researcher has 5 years of experience with home visits.

- The researcher has completed a two day de-escalation course developing skills to reduce potentially conflicting situations.

General:

- The researcher possesses adequate personal liability and health insurance cover.
- The researcher has completed a first aid course in 2015.

APPENDIX 3 – Participation Information Sheet

Dear Participant,

You are invited to take part in the above mentioned study investigating how males communicate issues of concern to others. Research in this area could help assist health professionals improve their services for men in need of assistance.

This research is being undertaken as part of the "Professional Doctorate" course conducted by the University of Westminster in accordance with University regulations and without external funding or commitments.

The study will involve you taking part in a one to one interview with the researcher which is estimated to last for approximately one hour. During the interview you will be asked to discuss your personal experiences of communicating issues or problems to others and how you have dealt with any possible ups and downs in this area. The interview will be digitally recorded and subsequently transcribed.

Please note:

- Your participation in the research is entirely voluntary.
- You have the right to withdraw from the investigation at any time.
- All data collected will be anonymised so that your identity will be protected at all times and only known to the researcher.
- All files will be securely stored and protected and at a later date destroyed.
- You have the right to ask for your data to be withdrawn, as long as this is practical, and for personal information to be destroyed.
- The consent form, containing your name, will not be digitalised in any way and only be kept in paper form.
- Results arising from the investigation may be published or presented at conferences. This information may include anonymised quotes.
- If you wish to receive a transcribed copy of the interview, and delete or amend parts, please contact the researcher.
- Interviews enquiring into personal information can, under some circumstances, cause distress.

- If you have concerns or experience any adverse symptoms during or after the interview, please make them clear to the researcher as soon as possible (see contact information below).
- You have the right to decline answers to any questions as you wish.
- You have the right to end the interview at any time.
- If you wish to place a complaint about this research project or the researcher you can contact the project supervisor (Damien Ridge) under the following address: University of Westminster (Faculty of Science and Technology)
  115 New Cavendish St.
  London, W1W 6XH.
- If you wish to receive information on the results of the study please inform the researcher.

APPENDIX 4 – Participation Consent Form

I wish to participate in the research.	Yes ☐	No ☐
I have been given the Participation Information Sheet and I understand its content.	Yes ☐	No ☐
I have had an opportunity to ask questions and am satisfied with the answers given.	Yes ☐	No ☐
I understand I have the right to withdraw at any time.	Yes ☐	No ☐
I understand that withdrawing my interview once data Is analysed may not be possible.	Yes ☐	No ☐
I agree to the interview being digitally recorded.	Yes ☐	No ☐

Participant's Name: _____

Signature: _____ Date: _____

This consent form will be stored separately from any data you provide so that your responses remain anonymous.

I confirm I have provided a copy of the Participant Information Sheet approved by the Research Ethics Committee to the participant and fully explained its contents. I have given the participant an opportunity to ask questions, which have been answered.

Researcher's Name: _____

Signature: _____ Date:

_____

APPENDIX 5 – Interview Guide

Introduction:

First I'd like to assure you that this interview is completely confidential (e.g. the transcript will be anonymised, personal information will be locked away in a filing cabinet and separate location, transcripts can be viewed and amended, only short quotes (without identifying information) will be used in my theses, publications or any presentations.

You can pass over any questions you like, no questions asked; please don't feel under any pressure.
You can stop the interview at any time.
The interview is about your experiences, I want to hear what you think and feel, there are no right or wrong answers.

OK? Any questions? Shall we begin?
Start recording

Questions:

Can you tell me something about the person you talk to most?

- Tell me about your relationship with them?
- What's special about them?
- Why is it relatively easy to talk to them?
- Partner, friend, pet, diary

Are there particular people whom you feel more comfortable talking to?

Most people have experienced difficult things in life; can you recall a difficult experience and tell me something about how you went about dealing with it?

Examples: losing someone close, relationship problems, mid-life crisis, illness, getting older, loosing hair.

- Can you tell me how you dealt with it?
- Did you consider talking to anybody?
- What encouraged your decision?
- How did you go about it?
- Where is help to be found?
- What was encouraging? Discouraging?
- Who? Why? Possibilities? Developments?
- If you did not talk to someone, how did you cope with it?

Do you have another example of a difficult experience?

How would you explain your behaviour?

Have you made any particularly good experiences when revealing personal issues to somebody else?

Can you tell me what was good about it?

Have you made any particularly bad experiences when revealing personal issues to somebody else? Regrets?

Family, friends, professionals, strangers, partner, why?

Which attributes? Old, young, profession, competence, character

Do you think this altered the way you dealt with things after that?

Are there particular settings where you feel more comfortable?

What experiences do you have of talking about personal problems to professionals? Doctors, Counsellors, Tell me more.

Perhaps you could try and recall how you remember dealing with problems in your childhood? What sort of behaviour was encouraged?

Can you remember a key incident? Please tell me.

Were you encouraged to talk to others about things that were on your

mind?

Who did you talk to?

What kind of atmosphere existed?

What was expected of you?

Do you have any examples?

How did you feel about it?

What was the message transmitted?

Getting older … Changes, developments, importance

How would you judge your possibilities of talking to others?

Circle of friends?

Professionals?

Groups?

How do you think that things have changed for you in terms of dealing with problems over the years?

Have you developed skills?

Do you now feel more confident?

How have you changed?

How has your environment changed?

Have needs or expectations changed?

What do you think you would do, or how would you feel, today if something was bothering you and you thought you should talk to somebody about it?

Do you think you have the “right” people around you?
Would you feel comfortable talking about it or uneasy?
Examples / elaborate

What do you think would be your ideal setting to talk to someone about any problems?

Issues of control or safety?

Person, place, atmosphere

Debriefing: Summary, go briefly through what’s been said.

Has anything else come to mind which we have not discussed?

Any more situations or experiences come to mind?

APPENDIX 6 – Socio-demographics

Please fill out only the details you feel comfortable providing

Name ……

Age ……..

Phone number ……..

Address ……..

Email ……..

Relationship status ……..

What do you consider your ethnicity to be (e.g. White, Asian) ……..

What is your educational background …….

Present or last occupation if any …….

Many thanks

To be filled out by the interviewer:

Participant Code …….

Date of interview ……

Location of interview ……

APPENDIX 7 – Examples of Interview Notes

- Analysis and thoughts related to my research questions: first thoughts about the interviewees own concept or understanding of disclosure and the main themes of the interview.

  Examples:

  A fear of being rejected or laughed at.

  A family pattern of concealment.

  Wanting to have control over what one discloses and to whom.

  An absence of male friendships.

  Therapy played an important role.

- Interview framework and procedure: How well was the interview structured? How could I have improved my role as interviewer? Can I make structural improvements?

  Examples:

  I didn't get all my questions in (let the conversational direction drift too far away from my theme, be more directive as necessary).

  Battery problems with the recording device (be better prepared and keep an eye on the recorder).

  Terminology (using the terms "issues" or "problems" was difficult for him, he felt more comfortable using the word "stress" – show more grammatical flexibility).

  Lots of broken sentences (I could have probed for more clarity).

- Quotes: Initial quotes still in my head which I felt were important to understanding the whole picture.

  Examples:

  "I couldn't go to a doctor, what would I say to a doctor?"

  "I talk about nonsense"

  "I knew no one was going to laugh at me or tell"

  "A lot of men don't do anything, they die basically"

  "I thought, Oh fuck it I'll go and see a counsellor"

  "We take the piss and stuff, we're not nicey nicey all the time"

APPENDIX 8 – Code Book

Code Book

Name	Description
Ageing	Issues that develop through life's course and are attributed to growing older.
Alcohol or other substance use	Role of, opinion of or experience with intoxicating substances in coping with distress.
Character	Personally perceived nature or disposition or influences effecting these including personality issues and personal challenges.
Childhood	Present influences assigned to early age memories and experiences.
Concealment	Not talking about issues, keeping things to oneself.
Confidentiality	People, settings, wishes and needs which are considered as necessary to be able to feel safe when disclosing to others.
Control	Issues surrounding one's own personal influence, possibilities or power with regard to issues or life in general.
Coping past	How personal issues or stress have been dealt with until now.
Coping present	How issues are dealt with today and how self-management is understood.
Dangers and Risks	Things, people and acts which pose a specific problem and make coping and or disclosure difficult.
Death	Relationship to, experience with and opinion concerning the end of ones own life or loss of others.
Disclosure effects	Experiences gained when revealing issues to others
Disclosure needs	Preferred prerequisites for talking to others, also wishes or demands on others or oneself in this respect.
Doing things	Things ones says, actively does or willingly doesn't do. Habits, or reactions, also regrets.
Family	Experiences gained and expectations surrounding discussing issues with immediate relations.
Fathering	Influences, perceived responsibilities and expectations through the relationship to off spring.
Fears	General anxieties, worries and inhibitions including about perceived personal shortcomings.
Friends	The role close others have and how these relationships are to be valued and managed.
Gender	Descriptions to do with masculinity, femininity, differences in attitudes and behaviour or beliefs between men and women.
Global beliefs	General ideas, opinions or philosophical standing in life.
Grief	Experiences of loss for loved ones.
Groups	Concerning the importance and relevance of social gatherings and these interactions, experiences and opinions gained.
Health	Developments and opinions concerning personal mental and physical illnesses or well-being.
Health professionals	Experiences of interaction with and opinion of G.P.'s, counsellors and the health system.
Health Services	Opinions, experiences and expectations surrounding the perceived available local health framework.
Help Seeking	Thoughts and actions promoting or prohibiting improving ones well-being, experiences of reaching out to others or of not reaching out.

Helping	Experiences and importance of assisting or supporting others.
History	Influences from the past and there connections to the present
Interaction	Types of communication with others and experiences gained through communication with others.
Isolation	feelings and experiences of being alone, interpersonal and practical implications in every day life or in the past, perceived or real.

Name	Description
Male traits	Conceived attributes attributed to ones own gender and or sex.
Outside influences	People, acts and things effecting ones behaviour or attitude
Past experiences	Previously gained experiences and attitudes developed.
Peer group	Perceived understanding of the social and personal situation of older men as a group.
Personal subjective value	Valuing ones own needs, value or status for oneself or as a member of society
Relationships	Influences of having close others, or not, and consequences of this.
Seeking meaning	Understandings (also attempts and thoughts) towards oneself and one's position in society.
Stress and distress	Factors causing discomfort, perceived, feared or real, past and present
Talking therapies	Experiences and opinions surrounding psycho-social health interventions with a conversational orientation.
Vulnerability	Feelings or perceptions of personal inadequacy, weakness or shortcomings.
Work	Influences and experiences from employment and role of employment in life

Name	Sources	References
Ageing	12	36
Alcohol or other substance use	3	10
Character	7	30
Childhood	16	58
Concealment	20	120
Confidentiality	10	23
Control	14	44
Coping past	14	53
Coping present	15	72
Dangers and Risks	12	26
Death	4	12
Disclosure effects	15	68
Disclosure needs	17	75
Doing things	9	33
Family	17	80
Fathering	3	13

Fears	9	30
Friends	16	69
Gender	12	56
Global beliefs	13	67
Grief	1	6
Groups	10	64
Health	13	44
Health professionals	16	72
Health Services	11	25
Help Seeking	13	49
Helping	10	16
History	8	36
Interaction	18	126
Isolation	10	25
Male traits	11	27
Outside influences	10	26
Past experiences	14	46
Peer group	4	14
Personal subjective value	13	26
Relationships	7	20
Seeking meaning	8	22
Sexuality	2	8
Stress and distress	6	9
Talking therapies	6	12
Vulnerability	14	58
Work	8	48

APPENDIX 9 – Early Analysis Notes

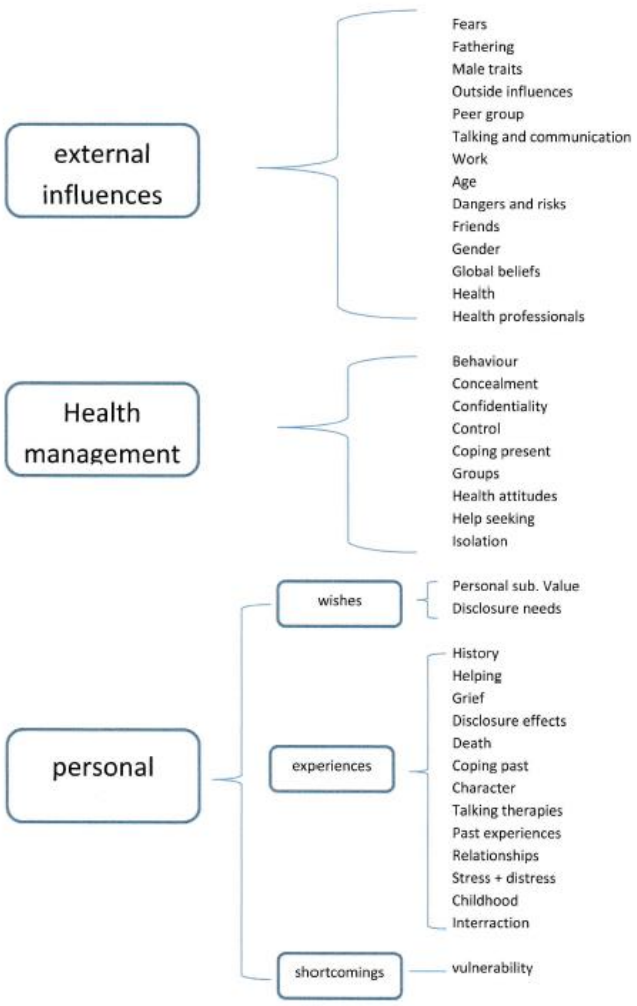
Code: Concealment, not talking about issues, keeping things to oneself

Theme group	Themes	Meaning of themes
Past influences	*"I was under instructions not to leak it"* **Concealment as a way of life**	Being taught from an early age that one doesn't talk about certain things. Having secrets. Being on your own. Not knowing what is "normal". Bite your lip and be careful. Talking about problems wasn't expected and was discouraged *"I must have been about 6 but I suddenly thought, ok so there are things that you don't tell people".*
	"you better keep that to yourself" **concealment as a result of having had bad experiences in the past**	Experiencing that others are not interested. Being rejected. Feeling pathetic. Not getting a positive response. Being made fun of. Being overwhelmed, out of one's depth when talking to females. Wanting to avoid stigma. Effects of traumatic experiences *"I don't go to the doctors, they nag me".*
	"Had a good day at work dear? Yes fine." **Concealment due to a lack of ability and know how.**	Having little experience in relationships (older generation more taboos). Having to grow up fast. Not knowing how to interact with health professionals. Not being able to relate to emotions. Keeping a professional distance. "Knowing" that it's important to talk but not feeling it. No experiences from others disclosing to oneself. Having to weigh up trust. Having difficulty changing, developing *"it used to drive me fucking nuts to be told, what do you feel? And it was like, I don't know".*
Present situation	*"Men don't have friends they can talk about with that kind of stuff"* **Concealment through lack of opportunities**	Physical mobility restrictions with increasing age. Not being involved anywhere as a pensioner. Not knowing ones neighbours. Current offers (day centres) not being suitable, being scary. Not being able to talk to family members (too close). Not having friends. Not knowing which are the "right" friends to talk to *"As I saw that picture I knew that that was going to be the one. And the fact that it's called "a man alone" more or less sort of typifies the situation".*
	"Once it's said out loud, it can't go back in" **Concealment as a result of a feeling of vulnerability.**	Pain and shame. Feeling rejected. Feeling guilty. Not wanting to appear weak. Worries about loss of autonomy. Not wanting to bother others. Not being able to stand ones ground. Not expecting success. Feeling ashamed. Having to test things out. Wanting to be sure that talking will help before disclosing *"Subconsciously I'm thinking, that's a sign of weakness".*

Understanding male distress disclosure. Researcher: Ian Pye

Code: Disclosure needs, preferred prerequisites for talking to others, also wishes or demands on others or oneself in this respect.

Theme group	Themes	Meaning of themes
Disclosure needs, External: Which sort of environment supports older men when disclosing to others?	*"I could just deal with it in about 15 minutes ... and after that, done and dusted"* **Don't make a big deal out of it.**	Keeping disclosure behaviour low key, getting it disclosed (done and dusted) and then moving on. Not wanting to bother others, wanting things clear cut, *"I didn't want to bother anybody and I thought, death's a natural thing"*
	"I wanted to be normal and invisible, not conspicuous and special" **Leave space for the male identity.**	Disclosure is easier for older men if their male identity isn't challenged. Leaving space for the familiar (safe) male (non-disclosure) identity alongside the new (risky) disclosure behaviour. Avoiding gender challenges, *"I didn't get the sense that there was any kind of gender problem on their part".*
	"I just felt I could talk, I could begin to share" **Safe settings, people and behaviour.**	Experiencing a confidential environment (what I say here will stay here), experiencing a professional environment (here I am sure I will get help), experiencing a two way encounter (we are all in the same boat, I can help too) *"It's reciprocal because I take their risk as well, I listen to their stuff and there's a nice harmony".*
Disclosure needs, Internal	*"well this is me, and whether you like it or not, this is me"* **Which personal development, understanding or attitude supports disclosure behaviour?**	Having to reach a developmental *point* in life to be able to disclose, getting friendly with one's own emotions and needs, wanting *more* from life, being curious about unknown developments, wanting to take a risk *"I think the security is the main problem that holds you back from communicating with people, but as you get older you become more confident".*


external influences
Fears
Fathering
Male traits
Outside influences
Peer group
Talking and communication
Work
Age
Dangers and risks
Friends
Gender
Global beliefs
Health
Health professionals
Health management
Behaviour
Concealment
Confidentiality
Control
Coping present
Groups
Health attitudes
Help seeking
Isolation
personal
wishes
Personal sub. Value
Disclosure needs
experiences
History
Helping
Grief
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Death
Coping past
Character
Talking therapies
Past experiences
Relationships
Stress + distress
Childhood
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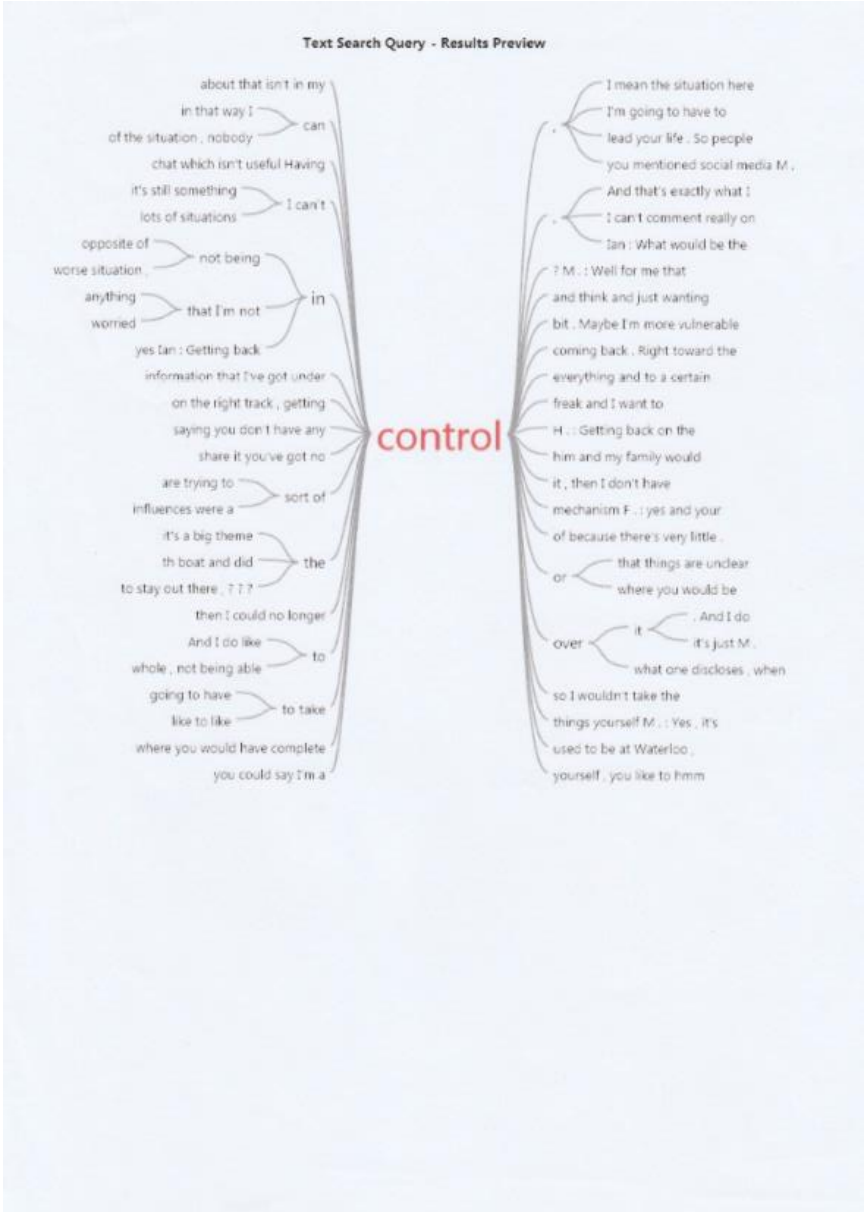
shortcomings
vulnerability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not being
anything
worried
that I'm not
in
yes Ian : Getting back
information that I've got under
on the right track , getting
saying you don't have any
share it you've got no
are trying to
influences were a
sort of
it's a big theme
th boat and did
to stay out there , ? ? ?
the
then I could no longer
And I do like
whole , not being able
to
going to have
like to like
to take
where you would have complete
you could say I'm a
I mean the situation here
I'm going to have to
lead your life . So people
you mentioned social media M .
And that's exactly what I
I can't comment really on
Ian : What would be the
? M . : Well for me that
and think and just wanting
bit . Maybe I'm more vulnerable
coming back . Right toward the
everything and to a certain
freak and I want to
H . : Getting back on the
him and my family would
it , then I don't have
mechanism F . : yes and your
of because there's very little .
or
that things are unclear
where you would be
over
it
. And I do
it's just M .
what one discloses , when
so I wouldn't take the
things yourself M . : Yes , it's
used to be at Waterloo ,
yourself , you like to hmm

Control

- Controlling information given
- Gaining information
- Controlling the depth of interaction (e.g. Humour)
- Controlling interventions
- Controlling the flow of information (concealing)
- Controlling oneself
- Controlling time, giving oneself time
- Controlling existential questions (do I want intervention or do I want to die)
- Controlling disclosures

- having to get on top of something before disclosing it.
- through familiarity
- mutualness
- containment

Above can be passive or active (active more likely with increasing age or illness)

Autonomous: *acting independently or having the freedom to do so*

Freedom to choose, self-determination, independence, control, autonomy, power

[control as an extention of early ways]

disclosing information mirrors needs for control

early influences
↓
extention is control
↓
passive + active
↓
development towards releasing control

Control reduces danger

control is safety
" is masculine
" is power
" " identification
" " containment
" " achievement
* " " reduction (negativ)

non control is exposure
" " uncertainty
" " dependence
" " weakness
" " unknown / fiend
" " expansion (positiv)

Professionals Providing control through:

~~Information availability~~
giving information
enabling flexibility
offering protection / safety / structure
~~em~~ emphasising gains (evalu)
Familiarity
common identification

Controlling what?
Health matters
Personal issues
Distress

It is evident that when pursuing matters ~~of~~ causing distress ~~such as older men~~ it is important for older men* to negotiate issues of control.
* not only to follow obvious paths such as consulting a G.P., friend or therapist but also

Analysis
Procedure: 1) identified code 'concealment' because a) it is strongly related to my research aims b) it has the second ~~most~~ greatest number of quotes and has quotes from all sources
2) read through the data in code 'concealment'

a) identified the 2 codes with quotes from all sources 'concealment' 'disclosure needs' disclosure effects

general message - being afraid
putting up a front
accepting being alone
being isolated not to tell
don't let people see your faults
mental health issues being totally scared
learning to keep quiet
acting normally
not wanting to burden others
talk around the problem
being light lipped
not harping on things
bottling things up
Feeling vulnerable
very painful shame

a built in theme
hiding as much as you can
bottling everything up

"So I thought well it thats how its gonna be I'm just not going to say anything, and I did it for years"

Fears

Summed up acts of concealment and code:
Barrage of concealment
personal abilities through possibilities to expectations
ie: I can't, I don't have the opportunity, its not expected of me.

Themes from Codes:
Fears, G.P's, Family, Danger + Risks, Vulnerability, Past Experiences, male traits, outside influences

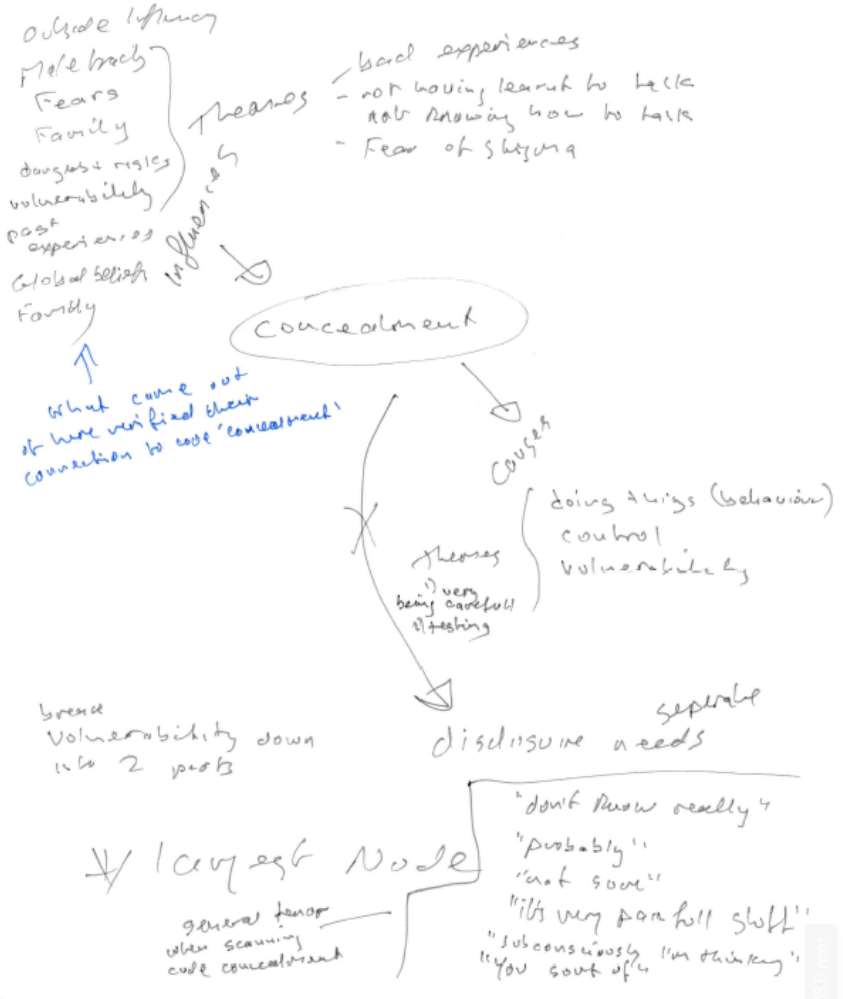
Concealing because:
1) Not having learnt to talk, not knowing how, feeling overwhelmed or overshadowed
2) Having made bad experiences with talking, talking is not going to help.
3) Not having the opportunity to talk
4) Fear of

Fear of getting hurt "sure it's out there"

develop these 'stories' further
ie: No. 3) getting cut off through work etc

1) leads to 2)
3) is also determined by 2)

This is why men don't seek help when suffering!


outside influences
Male body
Fears
Family
daughters rights
vulnerability
past experiences
Global beliefs
Family
themes
- bad experiences
- not having learnt to talk
not knowing how to talk
- Fear of stigma
influences
Concealment
What came out of have verified their connection to code 'concealment'
causes
doing things (behaviour)
control
vulnerability
themes
1) very being careful of testing
breach
Volnerability down in 2 parts
disclosure needs
separate
Lowest Node
general tenor when scanning code concealment
"don't know really"
"probably"
"not sure"
"it's very painful stuff"
"subconsciously I'm thinking"
"you sort of"

APPENDIX 10 – Sensitivity Protocol

- Monitor the participant for signs of distress throughout the interview.
- Stop or end the interview and recommence only (and if) the participant feels comfortable to do so.
- Ask specifically if there are any issues raised by doing the interview at the end of the interview.
- Offer to sit with the participant and discuss the issue at hand.
- Issue the participant with a Support Information Sheet for free and low cost counselling.
- Encourage the participant to contact the researcher in the following period to review developments.
- Discuss any issues with Professor Damien Ridge as soon as possible,
- Follow up participants if necessary by phone or email to enquire about their well-being.

APPENDIX 11 – Support Information Sheet

Here is a list of organisations that can provide support, information and low cost counselling for a range of issues.

Organisation	Support	Contact
Big White Wall	Online network connecting sufferers supported by professionals	www.bigwhitewall.com
Campaign against living miserably (CALM)	Charity run organisation helping men in need	Tel: 0800 585858 www.thecalmzone.net
Depression Alliance	Online information, self-help groups and networks	www.depressionalliance.org
Health Talk	Award winning online platform providing information and exchange for a wide range of mental health issues	www.healthtalk.org
Mind	Wide range of help for a wide range of issues	www.mind.org.uk
NHS	Search for NHS services	www.myhealth.london.nhs.uk
Samaritans	Low cost counselling (24 hours)	Helpline 08457 90 90 90 www.samaritans.org

Together for Mental Well-Being	A wide range of help for a wide range of issues	www.together-uk.org

APPENDIX 12 – Kentucky Inventory of Mindfulness Skills

14.03.2014

Your score for **Observing** is 2.9/5. This aspect of mindfullness is related to observing, noticing or attending to various stimuli including internal phenomena (cognitions, bodily sensations) and external phenomena (sounds, smells).

Your score for **Describing** is 2.4/5. This aspect of mindfullness involves participant describing, labelling, or noting of observed phenomena by applying words in a nonjudgmental way.

Your score for **Acting With Awareness** is 3.1/5. This aspect of mindfullness involves being attentive and engaging fully in one's current activity.

Your score for **Accepting Without Judgment** is 3.4/5. This aspect of mindfullness involves allowing reality or what is there, to be as it is without judging, avoiding, changing, or escaping it.

31.03.2014

Your score for **Observing** is 3.9/5. This aspect of mindfullness is related to observing, noticing or attending to various stimuli including internal phenomena (cognitions, bodily sensations) and external phenomena (sounds, smells).

Your score for **Describing** is 2.6/5. This aspect of mindfullness involves participant describing, labelling, or noting of observed phenomena by applying words in a nonjudgmental way.

Your score for **Acting With Awareness** is 2.9/5. This aspect of mindfullness involves being attentive and engaging fully in one's current activity.

Your score for **Accepting Without Judgment** is 1.9/5. This aspect of mindfullness involves allowing reality or what is there, to be as it is without judging, avoiding, changing, or escaping it.

APPENDIX 13 Myers Briggs

Introverted iNtuitive Thinking Judging
by Marina Margaret Heiss
Profile: INTJ
Revision: 3.1
Date of Revision: 17 Oct 2009

To outsiders, INTJs may appear to project an aura of "definiteness", of self-confidence. This self-confidence, sometimes mistaken for simple arrogance by the less decisive, is actually of a very specific rather than a general nature; its source lies in the specialized knowledge systems that most INTJs start building at an early age. When it comes to their own areas of expertise -- and INTJs can have several -- they will be able to tell you almost immediately whether or not they can help you, and if so, how. INTJs know what they know, and perhaps still more importantly, they know what they don't know.

INTJs are perfectionists, with a seemingly endless capacity for improving upon anything that takes their interest. What prevents them from becoming chronically bogged down in this pursuit of perfection is the pragmatism so characteristic of the type: INTJs apply (often ruthlessly) the criterion "Does it work?" to everything from their own research efforts to the prevailing social norms. This in turn produces an unusual independence of mind, freeing the INTJ from the constraints of authority, convention, or sentiment for its own sake.

INTJs are known as the "Systems Builders" of the types, perhaps in part because they possess the unusual trait combination of imagination and reliability. Whatever system an INTJ happens to be working on is for them the equivalent of a moral cause to an INFJ; both perfectionism and disregard for authority may come into play, as INTJs can be unsparing of both themselves and the others on the project. Anyone considered to be "slacking," including superiors, will lose their respect -- and will generally be made aware of this; INTJs have also been known to take it upon themselves to implement critical decisions without consulting their supervisors or co-workers. On the other hand, they do tend to be scrupulous and even-handed about recognizing the individual contributions that have gone into a project, and have a gift for seizing opportunities which others might not even notice.

In the broadest terms, what INTJs "do" tends to be what they "know". Typical INTJ career choices are in the sciences and engineering, but they can be found wherever a combination of intellect and incisiveness are required (e.g., law, some areas of academia). INTJs can rise to management positions when they are willing to invest time in marketing their abilities as well as enhancing them, and (whether for the sake of ambition or the desire for privacy) many also find it useful to learn to simulate some degree of surface conformism in order to mask their inherent unconventionality.

Personal relationships, particularly romantic ones, can be the INTJ's Achilles heel. While they are capable of caring deeply for others (usually a select few), and are willing to spend a great deal of time and effort on a relationship, the knowledge and self-confidence that make them so successful in other areas can suddenly abandon or mislead them in interpersonal situations.

APPENDIX 14: Performance on Demand, Resiliency Report 1

Prepared for: Ian Pye Report Date: 07-Feb-14

What is Resiliency?

Resilience is the positive capacity of people to cope with stress and adversity. This coping may result in the individual "bouncing back" to a previous state of normal functioning, or using the experience of exposure to adversity to produce a "steeling effect" and function better than expected.

Resilience is an active process that allows individuals to exhibit positive behavioral adaptation when they encounter significant adversity trauma tragedy, threats, or even significant sources of Stress. Resilience is better understood as the capacity of individuals to navigate their way to the psychological, emotional, and physical resources that sustain their well-being.

YOUR REPORT

This is your personal resilience report and it is based on your answers from the questionnaire. This represents how you have been feeling over the past month and how these emotional, physiological, psychological and mental toughness feelings have impacted on your resilience level.

We have provided you with a graphical representation of your scores across the 10 key areas of Resilience. This chart shows your individual scores in each of the 10 areas and indicates where you are in that area against our resiliency scale. Simply put, the higher your score the better (for each of the 10 areas).

You have also been provided with an Overall Resiliency Score. This is calculated by averaging all your scores across the 10 areas.

Your overall Resiliency level is: **2.84 (moderate)**

APPENDIX 15: Results from the Reiss Profile

Reiss Profile®
who you are

Basic Desire	Personality Trait
Power	Power tells us whether an individual craves leadership or responsibility, or would rather work in a service capacity.
Independence	Independence reveals how a person forms their relationships with regard to autonomy or in association with other people.
Curiosity	Curiosity reveals the importance of 'knowledge' in a person's life, and why they want to acquire knowledge.
Acceptance	Acceptance shows who, or what a person uses to construct a positive self-image.
Order	The strength of the basic desire of Order shows how much structure or flexibility a person needs in their life.
Saving	Saving has its evolutionary origin in the storing of supplies. The strength of this basic desire shows how important it is emotionally for a person to have possessions.
Honour	Honour reveals whether an individual seeks to remain true to their principles, or is goal-oriented.
Idealism	Idealism considers the altruistic element of morality, and reveals the importance of responsibility with respect to fairness and social justice.
Social Contact	Social Contact shows the importance of social acquaintances. Here, the quantity of contacts is significant.
Family	Family reveals how strong the desire to care for others is (with regard to a person's own children).
Status	Status is the desire either to be 'conspicuously different' from others in an elitist sense, or to be ordinary and like everyone else.
Vengeance	Vengeance is chiefly about comparing oneself to others. It includes on the one hand aggression and retaliation, and harmony and conflict-avoidance on the other.
Romance	Romance reveals the importance of sensuality in an individual's life. Besides sex, this desire includes all other aspects of sensuality, e.g. design, art, and beauty.
Eating	Eating seeks to determine the importance of eating in a person's life. How much does the pleasure of eating well contribute to a satisfying life?
Physical Activity	Physical Activity reveals the importance of physical activity (at work or playing sport) for a satisfying life.
Tranquillity	Tranquillity can also be described as emotional stability. It identifies the importance of stable emotional relations for a satisfying life.