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Big boys don't cry : understanding barriers to seeking support for mental health problems among adolescent males

Amanda Mirauda
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**BIG BOYS DON'T CRY:
UNDERSTANDING BARRIERS TO SEEKING
SUPPORT FOR MENTAL HEALTH PROBLEMS
AMONG ADOLESCENT MALES**

**EDITH COWAN UNIVERSITY
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Amanda Mirauda (BA)

**Prepared in partial fulfilment for a Master of Business (Marketing)
Faculty of Business and Public Management**

Edith Cowan University

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ABSTRACT

This study explored the possible barriers encountered by adolescents in developing and achieving positive mental health. Male adolescents in Perth, Western Australia were consulted in an attempt to provide insight into the motivating and inhibiting factors influencing help-seeking as a coping strategy. Barriers to seeking help for mental health problems were investigated through the inductive process of grounded theory (Glaser & Strauss, 1967) to obtain a more detailed understanding of help-seeking than previous studies have provided. The study found that the coping responses most frequently enacted by the adolescent males sampled included avoidance, diversion, and private resolution. Help-seeking was far less frequently enacted, and was suggested to be the course of last resort. The primary barrier to help-seeking was found to be the interviewees' fear of *feeling* and *appearing* incompetent in successfully enacting the traditional male role. This primary barrier appeared to stem from the interviewees' socialised perceptions of the ideal male, their perceptions of available help-sources, and their perceptions of those with mental ill-health. These factors thus constitute possible barriers faced by male adolescents in achieving positive mental health and provide insights into key areas that need to be addressed in social marketing strategies. In addition, practical information and recommendations are directed towards adolescents, parents, and educators.

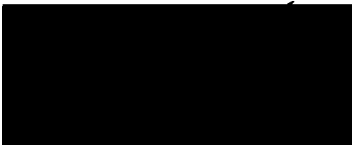
DECLARATION

I certify that this thesis does not, to the best of my knowledge and belief:

(i) incorporate without acknowledgment any material previously submitted for a degree or diploma in any institution of higher education;

(ii) contain any material previously published or written by another person except where due reference is made in the text; or

(iii) contain any defamatory material.



Amanda Mirauda

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"Wake up, boy, the early bird gets the worm, you know!" Mark rolled over and rubbed the sleep from his eyes, then he squinted up through the semi-darkness of the early morning at the figure standing beside the bed. Towering over Mark was a large man with a red face, a crew cut, and a thick neck that bulged over his shirt collar...

"Strong silent type, eh?" the man observed, "A real chip off the old block!"

Suddenly, Mark became frightened by this strange man in his bed- room and he began to cry.

"Hey, cut that out, young fellow!" the man said, leaning over and snapping his fingers in front of Mark's face, "Big boys don't cry".

Mark noticed for the first time that the man had a brown leather briefcase in his hand, one just like his father carried to work in the morning and brought home at night. The man spoke again, this time in a very business-like tone of voice...

"I'm your fairy godfather, but you can call me Uncle Macho. We have some very important business to discuss, you and I, man to man." Mark swallowed hard and blinked.

"But I'm not a man yet. I'm just a little boy".

"But you will be a man before long," Uncle Macho replied, "and you must begin preparing as soon as possible".

Mark became confused and a bit frightened once again...

"Mark, I have a present for you here, the most important birthday present you will ever receive. What I have here will tell you what you need to know to become a man".

What Uncle Macho withdrew from the briefcase didn't look like any birthday present Mark had ever seen. It was nothing but a plain card- board folder with some sheets of paper inside.

"This is your script, Mark, and each of the great men in history has followed one like it, just as you will follow this one".

"Is it O.K. if my parents help me?" Mark asked, still puzzled.

"Of course they will help you," Uncle Macho replied, but added quickly, "however, you must never ask them for help. In fact, you must never ask anyone for help, or even let anyone know that you are confused or frightened. That's part of learning to be a man.

But all that is in the script".

(Story adapted from "A Visit from Uncle Macho" Allen, 1974 pp.5-6)

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND

In the last decade, the state of adolescent mental health has been a cause of concern worldwide. In Australia, similar concerns are being raised with statistics indicating escalating incidents of stress, anxiety and depression among the younger generations (Australian Bureau of Statistics [ABS], 2000b; Kids Help Line, 1998a, 1998b; Milligan, 1995; *Youth and the Law*, 1998). As a result, mental health has been identified as a National Health Priority Area (NHPA), with a primary objective being the promoting of prevention and intervention to adolescents (Australian Institute of Health & Welfare [AIHW], 2000). In particular, attention is being directed at promoting positive mental health to adolescent males (Kids Help Line, 1996, 1998a, 2000a), based on the increasing rates of suicide, alcohol abuse, and drug use within this group (ABS, 2000a).

Numerous psychologists and sociologists have acknowledged adolescence as an emotionally turbulent period that can result in depression and disorders (Coon, 1989; Erikson, 1968; Esters, Cooker, & Ittenbach, 1998; Fuller, 1998). The National Health and Medical Research Council (1996) found those most at risk during this time are 15-17 year olds, as this is the age where the onset of mental health disorders is said to be most prevalent (Fuller, 1998). Although statistics indicate that depressive disorders are experienced mostly by females, there is evidence suggesting many cases of male depression exist unreported and untreated (AIHW, 2000). This underreporting is attributed to the different expressiveness and communication patterns allowing the majority of depressed females (75 per cent) to make their illness known by seeking help, compared with only an estimated 30 per cent of depressed males (Green &

Kreuter, 1991; Inlander, 1999; Kids Help Line, 2000a; Healey, 1997; Real, 2000). The resistance to seeking help among males may explain why the adolescent male suicide rate is four times higher than the female rate (AIHW, 2000).

There are numerous individual and social implications for a growing number of depressed youth, especially when society assumes or expects the necessary coping skills are acquired simply through experience (Fuller, 1998). Evidence of this fallacy, however, emerges with statistics revealing the reoccurrence of these mental health problems during adulthood is more likely when the illness goes untreated in adolescence (Aalto-Setälä, Marttunen, Tuulio-Henriksson, Poikolainen, & Lonnqvist, 2002; AIHW, 2000; Burns, 2001b). Onyett (1992) asserts that the combination of stress, vulnerability, and absence of skills and strategies to deal with concerns makes coping difficult for adolescents. Moreover, an inability to cope with concerns is said to not only have an adverse effect on the adolescent, but could also impact on families, communities, and society as a whole (Frydenberg, 1997). For this reason effective promotion of the prevention of mental ill-health through the teaching of coping strategies may not only lower the risk of developing mental health problems during adolescence (Burns, 2001b; Heaven, 1996), but may also allow adolescents to develop strategies that can be used throughout their life to cope with difficult events (Fuller, 1998).

1.2 MARKETING POSITIVE MENTAL HEALTH

The concept of social marketing, first introduced by Kotler and Zaltman (1971), is based on utilising commercial marketing strategies and principles for the purpose of advancing changes in behaviours or ideas. More specifically, social marketing encompasses the design and implementation of programs intended to persuade a target group to voluntarily “accept, modify, or abandon certain ideas, attitudes, practices, and behaviours” (Kotler & Roberto, 1989 p.6). Persuasive marketing techniques are often used in social change campaigns to encourage consumers to improve their well-being

(Egger, Spark, Lawson, & Donovan, 1999; Kotler & Roberto, 1989). To ensure the success of a social marketing campaign, the message must be communicated effectively to the target group (Lefebvre & Rochlin, 1997). Marketers are therefore required to have an understanding of the beliefs, perceptions, attitudes, needs, motivations, preferences, and behaviours of the intended consumers of the message (Kotler, 1984; Kotler & Roberto, 1989). This allows the marketer to tailor a campaign to target potential adopters using the methods of 'product', 'price', 'distribution', and 'promotion' to best facilitate the transmission and reception of the message (Kotler, 1984). In Australia, social marketing campaigns have been implemented for the purpose of promoting positive and safe behaviours in health (for example immunisation, nutrition, alcohol/drug abuse, and the cessation of smoking), transport (for example discouraging drink driving and speeding, and encouraging the wearing of seatbelts), and within the home (for example encouraging the use of smoke alarms and warnings about pool safety).

The health profession has embraced the social marketing framework, so much so that Federal and State Governments allocate significant funds for the purpose of health promotion (Egger, Spark, & Lawson, 1990). Health promotion involves informing and advising consumers about health-related issues to prevent unhealthy behaviours and/or encourage change in existing behaviours (Katz & Peberdy, 1997). Prevention, rather than treatment, is emphasised in health promotion, as it is a cost-effective and efficient approach to educate individuals and environments (such as families, peers, and schools) in the early intervention of unhealthy behaviours (Kazdin, 1993). Three levels of prevention are identified in the health promotion literature: primary prevention campaigns involve programs and activities designed to reduce the possibility of developing a disease or adopting unhealthy behaviours; secondary prevention campaigns aim to intervene and eliminate disease or unhealthy behaviours in the early stages of development; and, tertiary prevention involves the maintenance and possible reduction of existing disease and unhealthy behaviours (Katz & Peberdy, 1997; Wallack, 1984).

The promotion of positive mental health has become a priority for the Federal and State Governments in Australia (ABS, 2000b). Numerous initiatives have been implemented in an effort to prevent mental ill-health, these include: creating an awareness of mental health problems to facilitate the recognition of symptoms; generating knowledge of effective coping strategies, self-treatments, and services available; and fostering a general change in the negative attitudes and stigma attached to mental health that cause discrimination and prevent help seeking (Jorm, Korten, Jacomb, Christensen, Rodgers, & Pollitt, 1997; Thompson & Mathias, 1994). Encouraging an individual or community to become resilient to mental health problems requires the dissemination of information addressing coping strategies and life skills that will empower healthy choices (Bell, Sundell, Aponte, Murrell, & Lin, 1983; Hickie, 2001; Puckett, 1993; Robinson & Alles, 1984).

In order to encourage adolescents to seek help, persuasive promotional and educational programs appear important (Burns, 2001b; Clausen, 1999; Jorm, 2000). Educating adolescents about mental health is seen to be conducive to the acceptance of mental health conditions as well as imperative for the dissemination of knowledge for the application of effective coping strategies by those suffering mental health related problems (Egger et al., 1999; Glanz, Lewis, & Rimer, 1997; Jeger & Slotnick, 1982; Kane, 1993; Katz & Peberdy, 1997; Pond, 2001, Puckett, 1993). Early adolescence is acknowledged as a period of self-awareness and where the formation of values, beliefs and attitudes are developed from relationships with others (Erikson, 1968). It is therefore suggested that adolescence is the prime time to encourage help seeking through education of positive coping strategies (Esters et al., 1998). Previous research thus suggests that in order to effectively market and promote preventative measures an understanding of those barriers to help-seeking that exists for 'high risk' male adolescents is required.

1.3 SIGNIFICANCE OF THE STUDY

Many researchers in the mental health field have reiterated the need to understand the motivating and inhibiting factors affecting help-seeking, claiming that their own studies as well as past assessments have failed to grasp an understanding of help-seeking intentions and behaviours (Grayson, Miller, & Clarke, 1998; Kids Help Line, 1998b; Kuhl, Jarkon-Horlick, & Morrissey, 1997; Schonert-Reichl & Muller, 1996). For this reason, a qualitative investigation of the barriers to help-seeking behaviour among adolescent males through the inductive process of grounded theory (Glaser & Strauss, 1967) was conducted to obtain a more detailed understanding of help-seeking than previous studies have provided.

Theoretically, this study extends the existing help-seeking literature by:

- (1) Presenting a study on help-seeking for the primary purpose of utilising key findings to make recommendations regarding appropriate communications to be directed at male adolescents. Existing help-seeking studies have primarily functioned to improve understanding of patient behaviour in the fields of counselling and psychology;
- (2) Generating a grounded theory (Glaser & Strauss, 1967) of the barriers to help-seeking among male adolescents. As almost all extant studies have been conducted quantitatively for the purpose of theory testing, there is a need for a qualitative investigation of the phenomenon in order to provide a different perspective to the existing literature; and
- (3) Conducting an examination of help-seeking behaviour among a Western Australian sample. There are few Australian studies examining adolescent help-seeking.

1.4 PURPOSE OF THE STUDY

The recent release of the 'National Action Plan for Depression' by the Commonwealth Department of Health and Aged Care (2000) highlights the importance currently attributed to the promotion of positive mental health. The plan cites encouraging help-seeking for depression as an important objective for improving mental health at an individual and community level. To achieve this objective, it is acknowledged that promotional efforts must target the specific needs of 'high risk' groups. Included in the strategies to determine these needs is the examination of the factors preventing individuals from seeking out information and services. An understanding of the ways in which adolescents cope with feelings of anxiety, stress, and depression is essential prior to the development of social marketing campaigns designed to address adolescent mental health (Leary, Tchividjian, & Kraxberger, 1994). By gaining insight into the motivating and inhibiting factors affecting help-seeking through an exploration of the personal experiences of the adolescent male, this study seeks to develop an understanding that can not be achieved through statistical measures (Grayson et al., 1998).

The purpose of this study, therefore, was to explore possible barriers to help-seeking for mental health problems (MHPs) among male adolescents aged 15-17 in Western Australia to provide insights to assist in the development of effective prevention and early intervention activities to encourage positive mental health among members of this group. In this study, 'mental health problems' specifically address problems pertaining to stress, anxiety, and depression that cause "reduced emotional, social, cognitive ability or well-being but not to the extent of ... a mental disorder" (Commonwealth Department of Health and Aged Care [CDHAC], 2000 p.30). 'Seeking help' specifically refers to one type of coping strategy employed when symptoms of a MHP become personally unmanageable (Mangen, 1982).

1.5 RESEARCH QUESTION

Through exploration of the experiences and perspectives of the male adolescent, this study raised the question: What are the barriers faced by male adolescents when seeking help for MHPs?

Other related questions in this study included:

- What are the major pressures felt by the adolescent male during this period?
- Who are perceived as readily available and/or approachable social supports?
- What is the preferred coping strategy when stressed, anxious, or depressed?
- How do male adolescents perceive the male role as portrayed in the home, the school environment, the media, and in society?
- What importance is placed on complying with reference groups?

1.6 CONCLUSION

This chapter discussed the need for research and promotion focusing on the prevention of mental health problems among adolescent males in Western Australia. It was suggested that through an investigation of the thoughts and feelings of the target group, social marketing campaigns may be tailored to educate and empower individuals to achieve positive mental health.

The following chapter outlines the literature relating to the prevalence of MHPs among adolescents in Australia, the preferred coping strategies employed by adolescents to deal with mental ill-health, the differences in coping styles between males and females, and the implications coping strategies employed by males may have on their mental health. Chapter three outlines the methodological paradigm and theoretical framework utilised in this study. The fourth chapter presents the personal accounts of the interviewees. Suggestions for social marketers to encourage help-seeking are provided in chapter five. Chapter six provides a discussion of the major findings. The seventh and final chapter outlines the implications of the findings for social marketing strategies and for future research, and discusses the limitations of this study.

CHAPTER 2

LITERATURE REVIEW

This chapter examines the literature relating to adolescent help-seeking behaviour. Theoretical perspectives on adolescent mental health are presented prior to a summary of the statistical and empirical data on the prevalence of mental health problems (MHPs) among adolescents in Australia and Western Australia. The various theories on coping are outlined, with emphasis placed on the resources, strategies, and outcomes that have been highlighted in previous studies. Finally, the trends in help-seeking behaviours according to demographic and psychographic factors are discussed.

2.1 ADOLESCENCE

Adolescence is recognised in most cultures as a period marking the transition from childhood to adulthood (Coleman, 1992; Coon, 1995). It is through this 'rite of passage' that the formation and development of an identity occurs (Coon, 1995). At this time a consistent and unified sense of self-concept is sought to allow the individual to establish appropriate roles in various social contexts (Coleman, 1992; Erikson, 1963; Frydenberg, 1997; Heaven, 1996; Phillips, 1993). As a result of this process, adolescents engage in behaviours that reflect their desire for independence from the family and acceptance in peer groups (Frydenberg, 1997; Fuller, 1998; Heaven, 1996; Phillips, 1993; Piko, 2001). Receiving approval from peers is said to be integral in confirming the adolescent's sense of self-worth and overall self-esteem (Broude, 1999; Wade, 1998; Wade & Gelso, 1998). Adolescents are therefore highly self-conscious and preoccupied with imaginary audiences (Broude, 1999; Coon, 1992; Elkind, 1967; Reimer, 2002; Schinke & Gilchrist, 1984). That is, adolescents tend to believe that those around them are aware of their every action and thought, and behave according to the reactions they anticipate from others (Elkind, 1967). The psychological and

environmental pressures faced by adolescents create challenging experiences that often pose personal and social obstacles (Coleman, 1992; Heaven, 1996; Reimer, 2002; Schinke & Gilchrist, 1984).

Adolescence is not only recognised as a time of significant physical development, but is also considered to be a period of emotional and cognitive turbulence (Coleman, 1992; Erikson, 1963; Fuller, 1998; Schave & Schave, 1989). Various theories attempt to account for the changes that occur during this period. For instance, psychoanalytic theory suggests the internal upheaval experienced during adolescence results from the juxtaposition of childlike vulnerability with adult desires (Coon, 1992). The appeal of disengagement with parents and increased freedom is equally met with a fear of incompetency to cope with adult responsibilities (Coleman, 1992; Schave & Schave, 1989). Sociological theory, on the other hand, proposes that the expectations held by the adolescent and significant others in the adolescent's environment provoke much of the internal conflict experienced (Hurrelmann, 1996). This conflict can result in 'role incongruity', whereby the pressure to adopt the new role of an adult incites inconsistency in identity, thus creating confusion and distress (Erikson, 1963).

2.2 ADOLESCENT MENTAL HEALTH

Historically, MHPs experienced during adolescence were believed to be a natural part of the healthy transition into adulthood (Peterson, Silbereisen, & Sorensen, 1996). It was not until more recently that researchers began to challenge this theoretical perspective, realising that mental ill-health is not normative among the majority of adolescents and that mental dysfunction is not something that can simply be outgrown (Heaven, 1996). Also in recent times researchers have discovered that if problems experienced during adolescence go untreated, these can be a continuation of mental illness later in life (AIHW, 2000; Burns, 2001b; Peterson et al., 1996).

Numerous MHPs are thought to emerge during adolescence as a result of the psychological developmental changes described earlier (Burns & Patton, 2000; Reimer, 2002; Saunders, 1992). Problems most commonly experienced include anxiety, stress, and depression (Hickie, Scott, Morgan, Sumich, Naismith, Davenport, Hadzi-Pavlovic, Gander, & Moore, 2000; Reimer, 2002; Saunders, 1992). Research suggests that MHPs experienced during adolescence differ among males and females in that mental ill-health for males is predominantly related to anxiety and stress over issues related to accomplishment, while females are more likely to experience MHPs stemming from unsatisfactory interpersonal relationships (Hassan, 1997; Peterson et al., 1996; Thompson, 1999).

2.2.1 Mental Health in Australia

The prevalence of MHPs experienced by Australians has increased significantly in the last century (Burns, 2001b; Henderson et al., 2000). By 1996, approximately 13 per cent of the Australian population was experiencing a MHP (ABS, 2000b). The prevalence of MHPs is particularly alarming for the adolescent age group, with a recent national survey revealing they are the primary cause of ill health for that cohort (Burns, 2001b). Research conducted in 2000 found that approximately 14 per cent of all Australian adolescents experiences some form of mental ill-health (i.e., anxiety, stress, or depression) (ABS, 2000b; Sawyer, Arney, Baghurst, et al., 2000). The most common MHP experienced by adolescents is depression, with up to 40 per cent of all mentally ill youth experiencing depressive symptoms (Burns, 2001a; CDHAC, 2000a).

Psychologist Margot Prior (1997) claims the declining mental health of Australian youth can be attributed to the overwhelming challenges adolescents face at an earlier age than previous generations.

One of the major concerns relating to mental ill-health among Australian youth is its potential link to suicide (Frydenberg, 1997; House of Representatives Standing Committee on Family and Community Affairs AGPS, 1997). The Australian Bureau of Statistics (2000b) estimates that up to 90 per cent of youth attempting suicide are

considered to be depressed. Numerous international studies on adolescent suicide have also noted that depression is a common antecedent prior to committing suicide (Adams, Overholser, & Lehnert, 1994; Andrews, 2001; Andrews, Henderson, & Hall, 2001; Berman & Jobes, 1995; Bloch, 1999; Burns & Patton, 2000; Carlton & Deane, 2000; Dori & Overholser, 1999; Puskar, Lamb, & Norton, 1990; Rotheram-Borus, Piacentini, Miller, Graae, & Castro-Blanco, 1994).

The rationale for prevention of mental ill-health is particularly pertinent today, with the Australian youth suicide rate the fourth highest in the world (See Appendix A) (ABS, 2000a; Australian Institute for Suicide Research and Prevention, 1997; Clausen, 1999; Lennane, 1997). There is further concern with the dramatic increase in suicide rates among young males in Australia, with the male rate now four times the rate of female suicide both nationally and in Western Australia (See Appendix B) (ABS, 1997; Goldney, 1997; Hassan, 1997). In 1997, male suicide among 15-24 year olds in Western Australia was 27 per 100,000 compared to 5 per 100,000 females (Hillman, Silburn, Zubrick, & Nguyen, 2000).

Stack (2000) suggests that the higher male suicide rate is likely to be linked to the ways in which males and females cope with critical stressors in their lives. Females are more likely to recognise signs of depression and take action rather than deny feelings of mental ill-health, which is the more common male strategy. In addition, females are more likely to seek help from professional services and support networks when experiencing a crisis than males (Byrne, 2000; Frydenberg & Lewis, 1993; Holahan & Moos, 1985; Piko, 2001; Real, 2000; Rostler, 2000; Weist, Freedman, Pakewitz, Proescher, & Flaherty, 1995). Frydenberg (1997) states that these factors are important in preventing suicide, suggesting that youth choose to suicide because they lack the coping skills needed to deal with the pressures they face.

2.3 COPING WITH MENTAL HEALTH PROBLEMS

2.3.1 Theoretical Perspectives on Coping

Coping involves the way in which individuals confront the challenges they are exposed to in their environments (Glanz et al., 1997; Hetherington & Blechman, 1996; Onyett, 1996). Frydenberg (1997) suggests the notion of coping is a multifaceted construct that extends beyond traditional claims of reactionary behaviours. In her comprehensive definition of coping, Frydenberg alludes to the behaviours and attitudes that play a role in the response to problems: “Coping is made up of the responses (thoughts, feelings and actions) that an individual uses to deal with problematic situations that are encountered in everyday life and in particular circumstances” (1997 p.25). Thus coping involves the cognitive appraisal and behavioural efforts required to master, tolerate or minimise the problems causing distress (Frydenberg, 1997; Hetherington & Blechman, 1996; Lohman & Jarvis, 2000).

The ways in which adolescents cope with stressors is an area that is not fully understood (Compas, 1987). Numerous factors may influence coping responses among members of this age group (Frydenberg, 1997). The various factors that have been noted in the literature include:

- Demographic factors such as gender, ethnicity, and family circumstances (Ben-Zion, Guttman, & Lazar, 1998; Boldero & Fallon, 1995; Esters et al., 1998; Fallon & Bowles, 2001; Kaniasty & Norris, 2000; Kids Help Line, 1996, 2000a; Kuhl et al., 1997; Schonert-Reichl & Muller, 1996; Takeuchi & Kim, 2000),
- The individual’s self-efficacy, self-esteem and locus of control (Ryan & Pintrich, 1997; Frydenberg, 1997; Glanz et al., 1997; Rickwood, 1995; Schonert-Reichl & Muller, 1996),
- The extent or intensity of the concern and the context in which the problem occurs (Lohman & Jarvis, 2000),
- Exposure to familial and peer coping patterns (Gray-Deering, 2000), and

- Mental health literacy, that is the beliefs, attitudes, and knowledge held about mental health (Jorm, 2000).

Each of these factors involved in motivating and inhibiting adolescents' coping responses is presented below in the discussion of the coping process. The four key components of the coping process include appraising the situation, assessing available coping resources, employing relevant coping strategies, and evaluating coping outcomes (Lerman & Glanz, 1997).

2.3.2 Appraisal

According to Lerman and Glanz (1997), the coping process begins with a primary appraisal of the situation, involving individuals' perceptual judgement of the potential threats in terms of severity and their susceptibility to problems. During primary appraisal the individual's reaction to the stressor is thought to be directed by one of two influences that prompts the individual to act accordingly. The first influence is 'motivational relevance', and relates to individuals' perceptions of the impact the problem may have on their life. The second influence is 'causal focus', whereby individuals believe they are the cause of the problem itself. Once the individual considers all aspects of the stressor during primary appraisal, a further consideration of options and coping resources signals the beginning of a secondary appraisal. During secondary appraisal individuals assess their role in the situation by evaluating their emotional reaction to the stressor as well as the coping resources available to them. During this stage of the process individuals will also begin to consider their ability to control or effectively manage the distressing circumstances. This involves a consideration of their locus of control and self-efficacy, factors discussed below.

Locus of control

According to Rotter (1973), locus of control refers to the beliefs individuals may have about their ability to control circumstances. Individuals with an internal locus of control are thought to use more active and productive coping efforts, based on the belief that they are capable of controlling their environment and thus have greater influence on the

outcome. Those with an external locus of control are thought to take a more passive approach to coping based on the belief that events within the environment occur as a result of fate or chance. Research has found that adolescents with an internal locus of control value their health more highly than those with an external locus of control and are therefore more likely to engage in productive coping activities such as information seeking (Heaven, 1996).

Self-efficacy

Unlike the generalised beliefs that govern perceived locus of control, self-efficacy can be thought of as the belief individuals have about their ability to cope in specific situations (Bandura, 1977b). According to Bandura (1977b), self-efficacy is a construct of individuals' confidence in successfully coping with the challenges they face to produce the outcomes they desire. Thus the strength of individuals' convictions not only influences their expectations of personal mastery, but also their persistence in continuing their coping activities. Self-efficacy is said to stem from four sources of information, namely past accomplishments, vicarious experiences, verbal persuasion, and current emotional state as it may impact on the ability to judge levels of stress and anxiety. Frydenberg (1997) has stated that maintaining a degree of self-efficacy can be of value during adolescence, as those who believe they can exercise control over certain aspects of their life and thus deal with the burdens placed on them are less likely to feel distressed during difficult times.

The appraisal of the emotional and physical impacts of stressors are thought to be mediated by the coping resources available to the individual (Lerman & Glanz, 1997). Internal and external coping resources are assessed to help guide decision-making at the next step of the coping process. The nature and types of resources available to adolescents are discussed below.

2.3.3 Coping Resources

Coping resources are the internal and external resources individuals may utilise when dealing with distress (Frydenberg, 1997). Internal resources include individuals' beliefs, attitudes, knowledge, and self-esteem that contribute to perceived locus of control and self-efficacy and direct decisions related to choosing appropriate coping activities (Lerman & Glanz, 1997). External resources encompass individuals' available support networks within their environment (Rickwood, 1995). The type of support network an individual has can play a significant role in motivating or inhibiting decisions to seek help (Cauce, Mason, Gonzales, Hiraga, & Liu, 1996). Internal and external resources are discussed in more detail below.

Internal Resources

Individuals' coping styles are said to be the enduring dispositional traits that enable them to consistently react and act in particular manner when confronted with challenges in their environments (Frydenberg, 1997; Lerman & Glanz, 1997). For instance, those considered to have an optimistic disposition are thought to respond more positively to the emotional and physical stressors in their lives (Frydenberg, 1997; Lerman & Glanz, 1997). Seligman (1990) suggests that an optimistic attitude can help protect individuals from depressive thoughts and feelings of helplessness, which in turn may also help prevent a breakdown of the immune system and loss of health. Furthermore, research on various health behaviours has shown that those with a positive rather than negative outlook on life are generally capable of demonstrating greater psychological adjustment to illness, with an increased likelihood of employing productive coping strategies such as planning and problem solving (Lerman & Glanz, 1997).

Mental health literacy may also be considered to be an important internal resource. As noted earlier, mental health literacy encompasses the beliefs, attitudes, and knowledge one has about mental health (Jorm, 2000). Mental health literacy not only aids the recognition of causes and risks associated with psychological distress, but also involves possessing knowledge of the resources available that can facilitate prevention,

intervention and management (Jorm, 2000). Should an individual lack the ability to recognise the onset of mental ill-health or lack effective coping skills, the utilisation of potentially helpful coping activities becomes extremely difficult (Jorm, 2000).

Additionally, the stigma attached to MHPs generates negative attitudes towards experiencing feelings of distress and thus inhibits the ability to employ productive coping activities that entail acknowledging the existence of a MHP (Jorm, 2000; Mangen, 1982).

Self-esteem may also have a considerable effect on individuals' internal coping resources. Self-esteem is said to be the inner feelings individuals have about their worth as well as the self-evaluations that vary according to roles, events, and judgments from others (Campbell, 1990). Self-esteem may not only impact on internal coping resources, such as the confidence individuals must possess in order to feel capable of taking an active role in handling their problems, but may also impact on the ability to form peer and family relations that form the basis of external coping resources (Polce-Lynch, 1998).

External Resources

The external coping resources available to individuals include all the channels of support within their environment (Lerman & Glanz, 1997; Rickwood, 1995). Social supports typically available to adolescents include informal networks such as family and friends, and formal networks such as doctors, psychologists, school counsellors, teachers, and help lines (Heaven, 1996; Mangen, 1982). Research indicates that most adolescents consider their informal social supports to be the most approachable help sources available to them (Frydenberg & Lewis, 1993). Both informal and formal support networks are considered important in educating and guiding adolescents as they can provide relevant information and advice (Dunst, 2000; Mangen, 1982; Schinke & Gilchrist, 1984), as well as provide an outlet for venting emotional distress (Frydenberg, 1997). Studies have found that having readily available and approachable 'support buffers' can assist the development of emotional competence required to overcome the challenges adolescents face (Hetherington & Blechman, 1996; Shulman,

1993). It thus appears that social support networks are crucial to mediating feelings of distress and encouraging emotional well-being during adolescence (Heaven, 1996; Lerman & Glanz, 1997; Mangen, 1982; Schinke & Gilchrist, 1984).

Factors influencing the utilisation of external resources have been found to include age (Frydenberg, 1997; Frydenberg & Lewis, 1993), gender (Frydenberg & Lewis, 1993; Holahan & Moos, 1985; Shulman, 1993), and cultural background (Kaniasty & Norris, 2000). Schinke and Gilchrist (1984) also suggest that the possession of adequate communication skills may impact on the ability to approach social supports.

Competence in communicating with others facilitates the development of interpersonal relationships and thus ensures the development of a sufficient support network. The ability to be expressive is thought to be especially important in building trusting and intimate relationships that enable adolescents to discuss their feelings and emotions with significant others (Frydenberg, 1997; Heppner, Walther, & Good, 1995; Mangen, 1982).

Family Support Networks: The family appears to play a particularly important part in the adolescent's overall emotional competence (Lewis, 1998). Research indicates that adolescents' reactions to stressors and thus their general coping styles are significantly influenced by the coping styles to which they are exposed within their family (Gray-Deering, 2000), particularly those demonstrated by parents (Hetherington & Blechman, 1996; Lohman & Jarvis, 2000). Furthermore, the relationships between adolescents and their parents and siblings determine in part the coping resources available to the individual (Lohman & Jarvis, 2000). Family environments marked by continual conflict, a lack of cohesion, and minimal support are less likely to produce adolescents able or willing to approach family members for consolation during times of distress (Lohman & Jarvis, 2000). Alternatively, families that encourage emotion-related discussion allow adolescents to develop socio-emotional skills that assist in increasing adolescents' awareness of their emotions, and allow them to feel

comfortable in communicating with others when feeling stressed or depressed (Lewis, 1998).

Some theorists have suggested that the level of interaction and communication that occurs in the parent-child dyad is in part determined by the ordinal position of the child within the family (Tucker-Jenkins, McHale, & Crouter, 2003; Kitamura, Sugawara, Shima, & Toda, 1998; Tomeh, 1975). Research suggests that the parent will interact and respond to the child differently depending on the role the child assumes (i.e. first-born, middle-born, youngest-born) (Kendrick & Dunn, 1979; Lewis & Fiering, 1982; Tuckman & Regan, 1973). Birth-order research has been conducted in numerous investigations in an attempt to determine the affects of birth order predispositions in relation to personality traits (Claxton, 1994; Tomeh, 1975), educational and occupational attainment (Marjoribanks, 1997), and experiences with ill-health (Brimacombe, Helmer, & Natelon, 2002). Studies have also examined the differential treatment and attention parents have given their children depending on their ordinal position (Tucker-Jenkins, McHale, & Crouter, 2003; Kendrick & Dunn, 1979; Kitamura, Sugawara, Shima, & Toda, 1998; Lewis & Fiering, 1982; Tomeh, 1975). These studies have found that first-borns are socialised predominantly by adults and therefore tend to be the children closest and most dependent on parents (Claxton, 1994; Lewis & Fiering, 1982; Tomeh, 1975). Second-borns or middle-children are reported to receive less attention from parents and as result tend to form strong peer relationships and interact more with non-parental adults (Claxton, 1994; Lewis & Fiering, 1982). The youngest children in the family have been found to be significantly socialised and exposed to the influencing effects of their older siblings and therefore form a dependency on their support (Claxton, 1994; Tomeh, 1975). This was found to be especially true if the youngest child had older female siblings rather than older male siblings (Lewis & Fiering, 1982).

Peer Support Networks: Researchers contend that the dynamic among peers during adolescence exists along multiple dimensions to incorporate the individual, the dyad, and the group (Bukowski, Bergevin, Sabongui, & Serbin, 1998). Relationships in peer groups are built on the cognitions, emotions, and expectations each individual has

while interacting with others (Bukowski et al., 1998). Adolescents require adequate social skills to allow them to interact with peers to ensure sufficient social support networks are formed (Hirsch, 1985). The quality of the friendships formed, and thus the social support available, is thought to have some bearing on the ease with which individuals feel they can approach their peers when feeling distressed (Hirsch, 1985). Although peers may be more likely to associate with the individual's concerns, there may be more of a personal risk involved when approaching them as social supports (Lerman & Glanz, 1997). That is, the possibility of being viewed negatively by peers at a time when acceptance in peer groups is of the utmost importance is a significant deterrent to seeking their support (Davies, McCrae, Frank, & Dochnahl, 2000; Le Surf & Lynch, 1999).

Once individuals assess internal and external coping resources they can then make decisions related to appropriate actions. The primary coping strategies found to be employed by adolescents are discussed below.

2.3.4 Coping Strategies

Coping strategies are the cognitive or behavioural efforts one makes to eliminate feelings of concern in a specific situation (Frydenberg, 1997). Coping strategies are thought to have a 'mediating' effect on the impact of problems on the individual (Lerman & Glanz, 1997; Lohman & Jarvis, 2000). From the literature two main approaches to coping are evident, one which focuses on the way internal cognitive and emotional processes enable individuals to cope with their concerns, and the other which focuses on the way individuals attempt to manage their problems by modifying their behaviours within their environments. These two approaches to coping can be thought of in the general sense as 'emotion regulation' and 'problem management'.

Emotion Regulation

This approach to coping has been emphasised particularly within the field of psychology. For instance, the *psychoanalytic perspective* of Sigmund Freud (1984) focuses on the way individuals engage in a series of cognitive processes to negotiate a resolution to protect their threatened self-esteem. These processes are commonly known as defence mechanisms, some of which include repression, denial, projection, and rationalisation (Frydenberg, 1997). The *life-cycle perspective* is based on the notion that coping is achieved through personal mastery, with the focus being on building self-esteem through achievement (Frydenberg, 1997). Folkman and Lazarus's (1988) *emotion-focussed* approach to coping provides another view, suggesting that individuals cope by altering how they think or feel about their concern (Lohman & Jarvis, 2000). The emotion-focused approach to coping is said to be most appropriate when the problem itself is unchangeable (Lerman & Glanz, 1997).

The various strategies that are most notably recognised as 'emotion regulation' can be further classified as non-productive and productive strategies. Non-productive strategies include those passive activities that are employed by individuals wishing to deny the existence of a problem or attempting to escape the stressful situation by removing themselves cognitively, emotionally, and physically (Piko, 2001). These emotional responses are noted in the literature to be forms of:

- Denial/suppression (Byrne, 2000; Carver, Scheier, & Weintraub, 1993; Frydenberg, 1997; Lerman & Glanz, 1997; Lohman & Jarvis, 2000),
Withdrawal/distancing (Carver et al., 1989; Davies et al., 2000; Folkman & Lazarus, 1985; Frydenberg, 1997; Kann & Hanna, 2000; Real, 2000; Schinke & Gilchrist, 1984),
- Avoidance (Amirkhan, 1998; Carver et al., 1989; Fallon & Bowles, 2001; Frydenberg, 1997; Lerman & Glanz, 1997; Lohman & Jarvis, 2000; Ryan & Pintrich, 1997),
- Distraction (Carver et al., 1993; Gray-Deering, 2000; Lerman & Glanz, 1997),
 - Distraction by seeking comfort in food (Hanninen & Aro, 1996)

- Distraction by indulging in alcohol or drugs (Davies et al., 2000; Frydenberg, 1997; Piko, 2001; Real, 2000; Rostler, 2000),
- Wishful thinking (Byrne, 2000),
- Worry and self-blame (Frydenberg, 1997), and
- Expressing anger (Folkman & Lazarus, 1985).

Emotion regulation, however, can also include productive coping strategies in the sense that the activities employed deal with the tension caused by the problem rather than the concern itself (Schinke & Gilchrist, 1984). These approaches include:

- Acceptance (Carver et al., 1993; Lohman & Jarvis, 2000),
- Positive reframing (Carver et al., 1993; Folkman & Lazarus, 1985; Frydenberg, 1997),
- Humour (Carver et al., 1993; Elias & Weissberg, 2000; Plancherel, Bolgnini, & Halfon, 1998),
- Emotional expression through writing (Rivkin & Taylor, 1999),
- Participating in physical recreation (Davies et al., 2000; Frydenberg & Lewis, 1993; Plancherel et al., 1998), and
- Venting feelings through discussion (Frydenberg, 1997; Lohman & Jarvis, 2000; Pattison, 1997; Plancherel et al., 1998).

Problem management

The second approach to coping, problem management, can be understood from social psychological and behavioural perspectives. The problem management approach is classified by Compas (1987) as *effortful* or *non-effortful responses*, whereby individuals continually adapt their coping strategies to the challenges in their environment.

Similarly the *evolutionary and behaviour modification perspective* focuses on employing problem-solving strategies to deal with concerns (Frydenberg, 1997).

Folkman and Lazarus (1988) interpret this approach as a form of *problem-focused* coping, where the individual takes an active role in attempting to minimise the source of distress by employing problem management strategies (Lohman & Jarvis, 2000). The

problem management perspective is said to be most effective when individuals' problems are changeable within their environment (Lerman & Glanz, 1997).

Problem management strategies are those attempts made by individuals to resolve the problem or reduce feelings of distress (Frydenberg, 1997). Activities include:

- Information seeking (Hetherington & Blechman, 1996; Lohman & Jarvis, 2000),
- Analysing the situation (Weist et al., 1995),
- Evaluating alternatives (Carver et al., 1993; Hetherington & Blechman, 1996),
- Cognitive planning and decision-making (Carver et al., 1993; Frydenberg, 1997; Gray-Deering, 2000; Hetherington & Blechman, 1996; Lohman & Jarvis, 2000; Piko, 2001), and
- Investing in relationships (Frydenberg, 1997).

Gender and coping strategies

Empirical studies investigating adolescent coping have consistently found gender to be a discriminating factor in the coping strategies individuals employ. The differing coping strategies utilised by male and female adolescents are thought to be a result of a combination of personal and situational factors as well as the perceived outcome of employing a particular coping strategy (Frydenberg, 1997). Researchers have found that each of the sexes learns to deal with their problems in a different manner (Frydenberg, 1997; Piko, 2001). This appears to be a result of the expectations regarding acceptable and unacceptable ways of coping for their gender (Frydenberg, 1997; Piko, 2001). For instance, adolescents tend to believe it is more acceptable for females to be verbally expressive when feeling stressed or depressed than it is for males (Pierre & Campbell, 1993). Additionally, the differences in coping strategies employed are attributed to the societal belief that male and female adolescents experience different challenges that require them to engage in differing coping activities (Byrne, 2000; Frydenberg, 1997).

Typically, research has found that female adolescents are more likely to employ productive emotion-regulation and problem-management strategies by being emotionally expressive about their concerns and opting to access social support networks to deal with their problems (Byrne, 2000; Frydenberg & Lewis, 1993; Holahan & Moos, 1985; Piko, 2001; Plancherel et al., 1998; Real, 2000; Rostler, 2000; Weist et al., 1995). This is not to say that females always employ these strategies, as some studies have found that females can internalise their stress and depression and resort to unproductive emotion-regulation strategies (Frydenberg & Lewis, 1993; Hanninen & Aro, 1996; Kann & Hanna, 2000). By comparison, males are more likely to employ some form of unproductive emotion-regulation strategy, such as activities that distract them from their emotions or concerns (Kann & Hanna, 2000; Piko, 2001; Real, 2000). The most common male coping activities have been found to include denying or suppressing their feelings through isolation and withdrawal and indulging in alcohol or drugs (Davies et al., 2000; Frydenberg, 1997; Piko, 2001; Real, 2000; Rostler, 2000). Males have also been found to externalise their emotions by participating in physical recreation; however this appears to be one strategy that may effectively alleviate stress and depression, even if temporarily (Davies et al., 2000; Fischer & Manstead, 2000; Frydenberg & Lewis, 1993; Plancherel et al., 1998). The primary difference between male and female coping, however, appears to be in the recognition of the existence of a problem. That is, male adolescents have been found to be less likely to acknowledge their concerns or admit being worried, thus hindering the appraisal stage of the coping process (Frydenberg & Lewis, 1993; Holahan & Moos, 1985; Shulman, 1993).

The emotional and functional outcomes resulting from the chosen coping strategies are said to provide an indication of individuals' ability to adapt to stressors in their lives (Lerman & Glanz, 1997). Coping outcomes are discussed in the following section in terms of the effectiveness of various strategies in alleviating emotional upheaval and achieving problem resolution.

2.3.5 Coping Outcomes

There is difficulty in discussing what may constitute effective or ineffective coping strategies, as what may be appropriate in one circumstance may not be in another (Frydenberg, 1997). Theorists, therefore, discuss coping strategies in terms of being active or passive (Schinke & Gilchrist, 1984), functional or dysfunctional (Frydenberg, 1997; Hanninen & Aro, 1996), adaptive or maladaptive (Schinke & Gilchrist, 1984), or engaging or disengaging (Lerman & Glanz, 1997). Overall, a positive result is most likely to occur when individuals choose to employ coping strategies that are active, functional, adaptive, and engaging. Such strategies include the productive emotion-regulation and problem-management activities described earlier. These coping strategies may help individuals change the perception they have of the situation or their coping abilities, assist in alleviating emotional upheaval, and/or work to eliminate the problem itself (Hetherington & Blechman, 1996). Passive, dysfunctional, maladaptive, and disengaging strategies, which include the activities classified earlier as unproductive ‘emotion-regulation’, are thought to be less successful in enabling individuals to overcome their distress as they can result in a negative attitude towards their coping abilities and/or failure to resolve the problem (Hetherington & Blechman, 1996; Lerman & Glanz, 1997).

Lohman and Jarvis (2000) suggest that coping activities that incorporate a combination of the two coping approaches of emotion regulation and problem management are the most successful in helping individuals deal with their concerns. In particular, the seeking of social support is a coping strategy that simultaneously incorporates both the regulation of emotion and management of problems (Printz, Shermis, & Webb, 1999). Seeking help not only allows individuals to vent their feelings (emotion-focused coping), helping to alleviate distress and therefore improve psychological wellbeing (Rivkin & Taylor, 1999), but also allows the individual to receive advice from help sources to enable problem resolution (problem-focused coping) (Frydenberg, 1997; Piko, 2001). The following section outlines the current help-seeking literature.

2.4 HELP- SEEKING AS A COPING STRATEGY

As noted earlier, seeking help from support networks is one coping strategy an individual can employ when attempting to reduce feelings of distress and/or facilitate the elimination of a concern (Rickwood, 1995). Seeking help from formal and informal supports usually occurs only once individuals recognise they can no longer manage the MHP alone (Mangen, 1982). When considering the utilisation of social supports, the individual typically takes into account the circumstances of the problem, the availability of support networks, and the perceived outcomes of seeking help (Frydenberg, 1997).

The psychological changes during adolescence can cause a great deal of inner-conflict (Taylor, 1994). Theorists profess seeking emotional support to be an important coping strategy during this time as it may relieve some of the pressure and confusion felt by adolescents (Clausen, 1999; Frydenberg, 1997; Rickwood, 1995). There does, however, appear to be a lack of empirical studies evaluating the effectiveness of seeking help from social supports, particularly among the adolescent population. Of the studies available, the findings suggest that help sought from informal support networks can have a direct effect in reducing stress and depression experienced by adolescents (Frydenberg, 1997; Kaniasty & Norris, 2000; Piko, 2001; Rickwood, 1995). This has been largely attributed to sympathetic tactics used by informal supports, such as listening to concerns, providing a resolution, and encouraging them to remain involved in distracting activities to assist them in maintaining psychological well-being (Rickwood, 1995). Other studies (for example Pennebaker, 1982; Scheier & Carver, 1994; Smith & Carlson, 1997), however, have suggested that seeking help from informal and professional forms of support has had little if any effect in aiding adolescents overcome their problems. For instance, Rickwood (1995) found that seeking support from help sources during adolescence may in fact exacerbate feelings of distress by encouraging the adolescent to engage in excessive introspection as they mull over their problems. This lack of agreement highlights the need for further

research to explore the advantages and disadvantages of seeking help for MHPs in adolescence.

2.4.1 Trends in Help Seeking

Numerous studies have attempted to investigate the possible factors that motivate or inhibit help-seeking behaviour (for example Ben-Zion et al., 1998; Boldero & Fallon, 1995; Cramer, 1999; Esters et al., 1998; Fallon & Bowles, 1999; Grayson et al., 1998; Kaniasty & Norris, 2000; Kids Help Line, 1996, 2000a; Kuhl et al., 1997; Leong & Zachar, 1999; Lopez, Melendez, Sauer, Berger, & Wyssmann, 1998; Rickwood, 1995; Ryan & Pintrich, 1997; Schonert-Reichl & Muller, 1996; Takeuchi & Kim, 2000).

Although many possible determinants have been identified, the reasoning behind help-seeking intentions and behaviours is yet to be understood. Most studies that have investigated the possible factors that motivate or inhibit intentional and/or actual help-seeking behaviour have been quantitative in nature and have thus focused on theory testing. Furthermore, it has only been in recent times that help-seeking research has attempted to specifically examine help-seeking in relation to adolescents. Researchers have acknowledged this deficiency and have stressed the need to develop theories that are applicable to younger age groups (Grayson et al., 1998; Kids Help Line, 1998b; Kuhl et al., 1997; Schonert-Reichl & Muller, 1996).

Intentional and/or actual help-seeking behaviours of the general population have been measured in relation to many variables, resulting in the identification of three major categories of potential determinants: Firstly, demographic factors such as age, gender, race, ethnicity, cultural/geographic region, family type and socio-economic background have all been examined in relation to help seeking (Ben-Zion et al., 1998; Boldero & Fallon, 1995; Chapman & Mullis, 2000; Esters et al., 1998; Fallon & Bowles, 2001; Gloria, Hird, & Navarro, 2001; Kaniasty & Norris, 2000; Kids Help Line, 1996, 2000a; Kuhl et al., 1997; Leong & Zachar, 1999; Lopez et al., 1998; Schonert-Reichl & Muller, 1996; Takeuchi & Kim, 2000). A second category includes psychographic and psychosocial elements such as self-esteem among the general population (Ben-Zion et

al., 1998; Lopez et al., 1998), self-awareness and self-worth among adolescents (Ryan & Pintrich, 1997; Rickwood, 1995; Schonert-Reichl & Muller, 1996), perceptions of competence among adolescents (Ryan & Pintrich, 1997), and locus of control among adolescents and older age groups (Ben-Zion et al., 1998; Esters et al., 1998; Kuhl et al., 1997; Leong & Zachar, 1999; Schonert-Reichl & Muller, 1996). Finally, studies conducted among both adolescents and the general population have also focussed on issues relating to problem type and severity (Boey, 1999; Boldero & Fallon, 1995; Cramer, 1999; Fallon & Bowles, 1999; Grayson et al., 1998; Kuhl et al., 1997; Le Surf & Lynch, 1999; Lopez et al., 1998), attitudes toward help sources (Boey, 1999; Boldero & Fallon, 1995; Cramer, 1999; Esters et al., 1998; Kuhl et al., 1997; Le Surf & Lynch, 1999) and attitudes towards individuals with mental illness (Boey, 1999; Boldero & Fallon, 1995; Kuhl et al., 1997; Leong & Zachar, 1999).

Among all of the variables noted above, gender was the element that surfaced as the most consistent determinant of help-seeking behaviour for both general and adolescent populations. Empirical studies investigating adolescent help-seeking behaviour have provided numerous indications that females seek help more than males (Boldero & Fallon, 1995; Ben-Zion et al., 1998; Kids Help Line, 1996; Kuhl et al., 1997; Raviv, Sills, & Raviv, 2000; Rickwood, 1995; Schonert-Reichl & Muller, 1996). For instance, the Kids Help Line (1996) has reported that over a five-year period approximately 72 per cent of their callers were female. Whilst theorists have acknowledged this gender bias in help seeking, little insight is offered into why males do not seek help as frequently as females.

2.5 MALE GENDER ROLES

Gender norms have been defined as the prescriptive guidelines encompassing the characteristics and the behaviours members of each sex are expected to embody or to enact (Archer, 1992). These standards of behaviour dictate masculine or feminine performances that form the basis of gender roles (O'Neil, 1982). Gender roles are

thought to result from assumptions that biological differences between males and females also account for innate behavioural differences (Moschis, 1987; O'Neil, 1982). For males, the foundations of the masculine gender role are constructed in infancy (Tolson, 1977). It is in early adolescence, however, that males use their gender roles to define and develop their identity (Archer, 1992; Reimer, 2002). Most theorists argue that gender identity is established at birth and internalised throughout life through socialisation (Archer, 1992; Bandura, 1986; O'Neil, 1982; Solomon, 1982). Socialisation is the process by which individuals adopt the values, beliefs, and standards existing within their society (Coleman, 1992). While the characteristics, behaviours, and norms expected of each of the sexes are dictated by society, they are mediated by socialising agents such as parents, siblings, peers, educational institutions, and the media (Archer, 1992; Coleman, 1992; O'Neil, 1982; Solomon, 1982). Bandura (1969a, 1977a) explains that these sources provide a benchmark for gendered performance through the mechanisms of modeling and reinforcement. From a young age individuals observe and model those with whom they associate, thereby acquiring and internalising information on the appropriate conduct for their own sex. Gendered behaviour is further reinforced through direct or vicarious experiences, whereby individuals learn that they are praised and rewarded when they comply with expectations of their gender role and punished when they do not (Bandura, 1969b, 1977a).

Theorists suggest that the pressure to adhere to gender-role scripts poses serious problems to the psychological health of men (Copenhaver, 2000; Eisler, Skidmore, & Ward, 1988; Good & Wood, 1995; O'Neil, 1982). Males have been socialised to ignore feelings of pain, as well as being discouraged from admitting to others that they may be feeling weak or vulnerable (O'Neil, 1982). Furthermore, since males have been socialised to be emotionally inexpressive, they face difficulty in disclosing their feelings even if they had the desire (O'Neil, 1982). As a result, males tend to keep their fears, anxieties, and stresses to themselves, which is considered destructive to their health (O'Neil, 1982). The rigidity of the masculine gender role can therefore inhibit

help-seeking and can exacerbate existing mental and physical health problems as a result (Copenhaver, 2000; Eisler et al., 1988; Good & Wood, 1995).

2.5.1 Males and Help Seeking

Frydenberg (1997) found male adolescents' desire to remain independent and prove their self-reliance as they enter adulthood may account for their unwillingness to seek help. Other studies suggest that the perceived trust, availability, and approachability of help-sources are influencing factors in help-seeking among male adolescents (Glanz et al., 1997; Rickwood, 1995). Adolescent males are reported to turn to informal support networks such as family and friends; however they do so selectively based on the type of problem (Frydenberg, 1997; Rickwood, 1995). Family members are reported to be the first help-sources adolescent males turn to, particularly if they are considered to be supportive and close (Frydenberg, 1997; Rickwood, 1995; Shulman, 1993; Weist et al., 1995). In Frydenberg's (1997) study of Australian adolescent males it was found that female family members such as mothers, female siblings, aunts, and grandmothers were considered to be particularly approachable. Friends can also be considered a relevant option when adolescents feel they can not or do not wish to source assistance from family members (Frydenberg, 1997; Rickwood, 1995). Seeking help from formal or professional help-sources is less-frequently reported (Rickwood, 1995).

Most studies that have attempted to examine why males do not seek help as frequently as their female counterparts have been quantitative in design, and utilised a sampling frame of undergraduate students within North American universities. Furthermore, these studies have often attempted to discover the causes for males' disinclination to seek help specifically from formal help sources such as psychologists or counsellors (see Good, Dell, & Mintz, 1989; Good, Robertson, Fitzgerald, Stevens & Bartels, 1996; Good & Wood, 1995; Komiya, Good, & Sherrod, 2000; Wisch, Mahalik, Hayes, & Nutt, 1995). These studies attempted to understand male help-seeking behaviour using instruments such as the Gender Role Conflict Scale (GRCS; O'Neil, 1981) in

combination with the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH; Fischer & Turner, 1970). These studies concluded that a disinclination to seek help for problems stems from expectations the individuals and others have of men to act within the confines of their gender role. That is, there are expectations for males to maintain strength, independence, competitiveness, success, restricted emotionality, power and control, self-confidence, and resilience (Brooks-Harris, Heesacker, & Mejia-Millan, 1996; Good et al., 1989; Good et al., 1996; Good & Wood, 1995; McCreary, Newcomb, & Sadava, 1998; O'Neil, 1982; Rogers, Abbey-Hines, & Rando, 1997; Theodore & Llody, 2000; Wisch et al., 1995). These expectations make help-seeking difficult as they require males to display behaviour that contravenes social expectations, such as self-disclosure and emotional expression, vulnerability and weakness, and dependence on others (Good & Wood, 1995; O'Neil, 1982). Thus the disparity between culturally constituted masculine norms and the behaviours required to seek help is a cause of gender-role conflict (O'Neil, 1982).

While these findings are beneficial in identifying the pressures males face in relation to their socialised role, there are a number of factors these studies fail to address. In the first instance, these studies provide little insight into the sources and forms of pressure males face to conform to the socialised gender role. Also, these studies have not examined the role informal help-sources play in the help-seeking process. These findings are also limited in generalisability as the studies were conducted with university students who are not representative of the greater population of males in North America, let alone Western society in general. Furthermore, these studies again represent the attitudes and behaviours of university-age male adults, which may differ considerably to the attitudes and behaviours of younger male adolescents. Once again, this highlights the need for an in-depth examination of the barriers to help-seeking as experienced by adolescent males.

2.6 CONCLUSION

The research discussed in this chapter has provided an overview of the prevalence of mental ill-health among adolescents in Australia. The coping process involved in dealing with mental health problems during adolescence has also been presented. It was revealed that gender is a consistent factor in determining the types of coping strategies adolescents employ. Numerous strategies, in particular help-seeking, have been found to alleviate emotional distress and help resolve problems. Help-seeking is employed significantly less by males than females as a coping strategy, for reasons believed to be related to a conflict in gender role. Help-seeking requires individuals to be dependent on others, engage in emotion related-discussions, and may reveal weaknesses and vulnerability. This is in direct conflict to the expectations males in Western society face to display strength, independence, emotional restraint, and control at all times.

To address the deficiencies in past research, this study investigated adolescent males' thoughts and feelings on help-seeking utilising a different theoretical paradigm and methodological procedure to those employed in the studies reported in this chapter. As most studies were conducted quantitatively, the following study examined the topic of male adolescent help-seeking qualitatively to obtain a detailed understanding of attitudes towards help-seeking. A qualitative approach has the potential to examine the thoughts and feelings male adolescents have towards help-seeking to provide insights into the factors inhibiting and motivating the utilisation of support networks. Furthermore, this study developed an in-depth substantive theory on help-seeking, rather than a broad overview. This was achieved by investigating the experiences of male adolescents aged 15-17 years in Western Australia. The details of the research process involved in this study are discussed in the following chapter.

CHAPTER 3

THE RESEARCH PROCESS

3.1 THEORETICAL PARADIGM

Qualitative research is an interpretive approach applied to understand the socially-constructed realities of those individuals existing within specific social worlds (Denzin & Lincoln, 1994). A qualitative investigation generates meaning through exploration of how individuals construct their life worlds, to gain an understanding of their reality from an emic perspective (Barnes, 1996; Glaser & Strauss, 1967; Katz & Peberdy, 1997). In a qualitative design this can be achieved through the reflexive interaction between the researcher and the researched (Berg, 2001; Cresswell, 1994; Hussey & Hussey, 1997; Sarantakos, 1995). Qualitative research, therefore, is suitable for an inquiry seeking to understand social experiences within a particular context (Denzin & Lincoln, 1994).

The research area under investigation is apposite to qualitative methods as this study seeks to discover the underlying reasoning behind the coping decisions of male adolescents when faced with a mental health problem. Researchers using primarily quantitative methods to explore help-seeking behaviours have claimed past studies, including their own, are yet to provide a clear theory as to the motivating and inhibiting factors affecting help-seeking (i.e., Grayson et al., 1998; Kids Help Line, 1998b; Kuhl et al., 1997; Schonert-Reichl & Muller, 1996). For this reason, a qualitative investigation of the barriers to help-seeking behaviour among adolescent males through the inductive process of grounded theory was undertaken to generate a substantive theory of help-seeking (Glaser & Strauss, 1967).

While quantitative research typically requires a specific definition or hypothesis that guides the study, research topics in qualitative studies are more often guided by one or more general questions (Guba & Lincoln, 1994; Sarantakos, 1995). In grounded theory studies, research questions are open and loosely based on the curiosity of a problem or phenomenon in order to allow a substantive theory to emerge (Hueser, 1999; McCarthy, 1999; Strauss & Corbin, 1990). Thus, in order to explore the experiences and perspectives of male adolescents in Western Australia, this grounded theory study was guided by the question:

What are the barriers faced by male adolescents when seeking help for mental health problems?

3.2 GROUNDED THEORY

The application of the grounded theory method in academic and professional research has burgeoned since its inception, although is still relatively under-utilised in business research (exceptions include Delorme & Reid, 1999; Mick & Fournier, 1998; Phillips, 1997; Rust, 1993). Deductive methodologies are typically favoured over the grounded theory method in business because the traditional criteria for evaluating research do not readily apply to the strategies of data collection and analysis used in grounded theory (Goulding, 1998). These traditional criteria include validity, reliability, and objectivity (Holt, 1991). Although the grounded theory method may not be used regularly in the discipline of marketing, it is held in high esteem in disciplines such as nursing, education, and sociology where the need to understand individuals' concerns is instrumental in educating people to bring about changes in their behaviour (Glaser, 1999; Miller & Fredericks, 1999).

Glaser and Strauss (1967) developed the grounded theory method based on the foundations of the microsociological theory of symbolic interactionism. The basic tenet of this theory lies in defining the individual's reality through their prescribed roles and interactions with the social world (Annells, 1996; Kendell, 1999). Using this theoretical

underpinning, grounded theory provides a framework for generating an explanation of the underlying processes accounting for the behaviour under investigation (Byrne, 2001; Wuest, 2000).

Grounded theory enables theory building to occur inductively through an emergent design (Glaser & Strauss, 1967). The researcher's emerging understanding and subsequent theory development evolves from findings grounded in the data rather than *a priori* assumptions (Annells, 1996). This emergent design continues through the iterative process of the constant comparison method (Chenitz & Swanson, 1986; Glaser & Strauss, 1967). This means that data are collected, coded, and analysed concurrently to allow a constant comparison of similarities and differences in the data, and emerging themes can then be compared to the existing literature (Glaser & Strauss, 1967). Each stage of the grounded theory process is discussed in depth below.

3.2.1 Theoretical Sampling

To complement the emergent design of grounded theory, sampling decisions occur throughout the research process (Glaser & Strauss, 1967; Miller & Fredericks, 1999). Through a system of theoretical sampling the theoretical insights provided by the initial selection of cases help to initiate and guide the selection of additional cases based on the emerging interpretation (Strauss & Corbin, 1990; Wuest, 2000). Cases continue to be purposively selected and data collection ceases only when theoretical saturation has been reached (Pandit, 1996). Saturation occurs when no new categories appear in the coded data (Glaser & Strauss, 1967), and when the sample has provided adequate data to form the basis of 'rich' and 'complex' theories (Hall & Callery, 2001; Star, 1996). Theoretical sampling was employed during data collection in this study, whereby an initial seventeen interviews were conducted with males aged between 15 – 17 years. Additional interviews were conducted until it became apparent that theoretical saturation had been reached. This occurred after twenty-five interviews had been conducted.

Sample Composition

This study incorporates the views of twenty-five adolescent males from six different schools in the northern and southern suburbs of Perth, Western Australia. In total, thirteen interviewees attending co-educational schools (two public and one private) and twelve interviewees attending three different single-sex schools (all private) formed the sample of this study. A breakdown of the sample structure can be seen in Table 1:

Table 1: Sample Structure

SCHOOL	AGE	FAMILY POSITION
Public: Co-educational	15	Eldest
	15	Eldest
	15	Youngest
	15	Youngest
	16	Only child
	16	Eldest
	16	Middle
	16	Middle
	16	Middle
Private: Co-educational	16	Youngest
	17	Eldest
	17	Eldest
	17	Middle
Private – Single Sex	15	Eldest
	15	Eldest
	15	Middle
	15	Youngest
	16	Eldest
	16	Eldest
	16	Eldest
	16	Youngest
	17	Eldest
	17	Middle
	17	Middle
	17	Youngest

Two initial schools were sourced through convenience sampling, where formal contacts (school psychologists) at a single-sex school and a co-educational school were approached for participation by telephone. Based on their agreed involvement and permission from the Principals (see Appendix C for the letter used to obtain consent from Principals), students in years 10, 11, and 12 were informed of the study during health classes. Those students willing to volunteer formed the initial sample under investigation. Further participants were sought through informal channels, such as peer recommendations and colleagues' contacts. Given the nature of the research, these methods seem to be appropriate for accessing typically reticent study populations (Sarantakos, 1995).

The sample was differentiated by the type of school interviewees attended and their age groups. This study introduced a comparison of different educational institutions to the help-seeking literature, as existing examinations of help-seeking behaviour among adolescents have either been conducted within the context of one educational environment (e.g., Esters et al., 1998; Fallon & Bowles, 1999; Kuhl et al., 1997; Rickwood, 1995; Schonert-Reichl & Muller, 1996) or have not attempted to differentiate their sample by educational institution (e.g., Boldero & Fallon, 1995; Fallon & Bowles, 2001). Numerous studies indicate single-sex schools and co-educational schools differ greatly in terms of the effect they have on academic achievement, social interaction, self-concept, and self-esteem (Harker, 2000; Jackson & Smith, 2000; Leibold-McCloskey, 1994; Vezeau, Bouffard, & Roch, 2000; Zengerle, 1997). By comparing the views of male adolescents from differing educational environments, it was hoped the similarities and differences within each of the contexts would further develop theoretical properties within the emergent theory (Glaser & Strauss, 1967).

Although no effort was made to seek participants from specific ethnic or family backgrounds, approximately half of the sample was comprised of boys from families where one or both parents were migrants to Australia. The regions in which parents

were raised included Asia, Europe, and Africa. Most interviewees lived in two-parent homes with siblings. Almost half of the interviewees (n=11) were the eldest children in their families, while the number of middle and youngest children were almost equal (n=7 and n=6 respectively). Just one interviewee was an only child. Socio-economic and religious variations were expected given the types of schools chosen for this study and were apparent in the data.

This study did not seek to specifically recruit adolescent males known to be currently experiencing mental health problems. This was the case for a number of reasons. Firstly, the focus of the research was to develop an understanding of help-seeking behaviours principally for preventative health promotion at the primary (health enhancement through literacy) and secondary (health enhancement through resiliency) stages of prevention (Green & Kreuter, 1991). Secondly, the imperceptible nature of mental health problems makes it difficult to distinguish the extent to which an adolescent may or may not be currently experiencing a problem (Heaven, 1996), thus making it difficult to specifically sample for those experiencing either positive or negative mental health. Finally, the inclusion of overtly depressed adolescents was deemed inappropriate as the researcher does not possess formal counselling qualifications.

3.2.2 Data Collection

Although extensive data collection is thought to add to the quality of findings in research, data collection in grounded theory should only continue while it is deemed to be productive (Heuser, 1999). Repeating data collection when unnecessary is said to only add “bulk to the coded data and nothing to the theory” (Glaser & Strauss, 1967 p.111). For this reason, data collection ceased when theoretical saturation was reached.

Data collection occurred during a three-month period between November 2001 and January 2002. The data collection period was purposely timed during the interviewees’ pre-exam and post-exam period in order to explore their attitudes to help-seeking

during a period of potential mental and emotional tension. It was of significance to obtain the perspectives of male adolescents at a time when they were possibly stressed or anxious about examinations and were perhaps considering sourcing outside help. After the interview session interviewees were encouraged to have a 'de-briefing' with their school counsellors/psychologists to discuss any concerns that may have been raised during the discussion. Interviewees were also provided with an information sheet outlining positive coping strategies and additional avenues of support at the completion of the interview (see Appendix D).

Most interviews were conducted on school premises; however some interviews carried out after the school year had finished were conducted in interview rooms in public libraries and leisure centres across Perth. All interviewees were required to have their parents sign consent forms prior to their involvement in the interviews (see Appendix E). Interviewees were also required to sign a consent form at the commencement of the interview (see Appendix F). Interviewees were provided with refreshments such as cool drinks, crackers, and lollies, and were encouraged to take a break if required. All data collected were audio taped and transcribed verbatim at regular intervals during the period of data collection. This allowed for questions to be refined, the interviewing technique to be developed further, and analysis to commence.

Qualitative research aims to collate 'rich descriptions' of the realities of its participants (Denzin & Lincoln, 1994). In-depth interviewing is said to be one method that facilitates the collection of 'rich' data (Denzin & Lincoln, 1994). Projective exercises are also said to be a non-threatening method of attaining detailed information, particularly from child and adolescent participants (Clark, 1995). These methods form the basis of the data collection in this study and are described below.

In-depth Interviews

In-depth interviewing as a research method enables the strength and depth of individually-constructed perspectives, experiences, and meanings to emerge (Gilchrist,

1992; Minchello, Aroni, Timewell, & Alexander, 1990). Seidman (1991) suggests that through in-depth interviewing researchers can gain access to the context of individuals' actions and experiences and the way meaning is assigned to their behaviour.

Depending on the researcher and topic under investigation, qualitative interviews follow either a structured, semi-structured, or unstructured format using open-ended questions (Sarantakos, 1995). A semi-structured, open-ended interview guide was used in this study (see Appendix G). This ensured that questions were steered by the researcher's knowledge in the area while remaining open to interviewee-guided topics that emerged during the course of the interview (Morse & Field, 1995; Sarantakos, 1995). Semi-structured interviews incorporate elements of both the structured and unstructured formats in that they follow a consistent and systematic order of questioning while allowing freedom to probe and investigate topics beyond the set themes (Berg, 2001). This structure also allowed topics to be addressed in a more conversational flow, aiding the dynamics of a comfortable setting to establish rapport. While the strengths of this interview format lie in the flexibility a researcher has in exploring new issues (Sarantakos, 1995), weakness exists in the inability to question different interviewees in the same manner. Also, issues that were discussed with some interviewees did not arise with others, thereby possibly producing different accounts and making it more difficult to compare responses during analysis (Katz & Peberdy, 1997). This problem was minimised with the use of the interview guide, but it was inevitable that some issues were discussed in some interviews and not in others. This was not found to compromise the quality of the data collected nor to unduly affect analysis.

Projective Techniques

The aim of projective exercises is to allow interviewees to express their subconscious thoughts and feelings through 'multimodal' means, rather than simply through conventional interviewing (Clark, 1995). Projective exercises may be implemented during the interview process to allow interviewees to gather their thoughts in writing or to supplement and enhance the discussion (Clark, 1995). Projective exercises are

considered to be a 'rich' source of information, allowing the researcher to gain insight into interviewees' behaviours, emotions, needs, motives, relationships, and problems (Coon, 1992; Sarantakos, 1995). The participatory nature of projective techniques also allows interviewees' defences to diminish, and for this reason projective techniques are considered to be an effective means of gathering information that may otherwise provoke anxiety or hostility when sought via an interview question (Coon, 1992; Clark, 1995). Researchers are also able to observe interviewees when they are formulating their answers, which could further provide insight into interviewees' thoughts on the subject matter (Clark, 1995).

Two types of projective exercises were included in this study to enhance the depth of data and to provide interviewees with an alternative means to express their thoughts and feelings. The first projective method was an adaptation of a 'Structured Problem Solving' activity developed for the purpose of encouraging the behavioural and psychological management of depression (Morgan, Sumich, Hickie, Naismith, Gander, Scott, & Davenport, 2000). This exercise was conducted midway through the interview and required interviewees to list in writing the three greatest concerns they had at that time, the various options they had to deal with these problems, and the advantages and disadvantages of these coping options (see Appendix H). The second projective exercise was conducted in the concluding stages of the interview and consisted of a series of word associations, where interviewees were asked to verbally offer their immediate thoughts and opinions in response to the words read out by the researcher (Sarantakos, 1995). This exercise focussed primarily on the perceptions and attitudes interviewees had of mental health issues and those people suffering mental ill-health (see Appendix I for a list of the words used in this projective exercise).

Considerations for adolescents

Many theorists claim it is particularly important to establish rapport when interviewing children and adolescents (Fine & Sandstrom, 1988; Fontana & Frey, 1994; King & Churchill, 2000; Punch, 1994; Seidman, 1991). Being seen to identify with the interviewees is thought to be crucial to the acceptance of a researcher in an interview

situation (Punch, 1994). Only once the researcher has been accepted into the interviewee's social reality can full cooperative disclosure occur (Punch, 1994). Establishing rapport with those in late adolescence is thought to occur by breaking down hierarchical relationships so that the adolescent and researcher converse as equals (Fine & Sandstrom, 1988). This is best achieved when researchers converse with interviewees using the interviewees' level of language (Berg, 1989; Fine & Sandstrom, 1988) and researchers present themselves in a non-threatening way (Berg, 1989).

The researcher in this study attempted to establish rapport with interviewees during data collection by dressing in casual clothing, leading into interviews with discussions of current topics of interest (e.g., latest music, movies, video games, etc.), adopting the language used by the adolescents during discussions, and treating the adolescents as equals by encouraging them to freely ask the researcher any questions during the interview. The sex of the researcher is also said to play a significant role in the rapport created with adolescent interviewees (Berg, 1989; Fine & Sandstrom, 1988; Hamberg & Johansson, 1999; Seidman, 1991). It has been suggested that young males are particularly responsive to female researchers, as they are viewed as non-threatening and are often cast in the role of mother or sister (Fine & Sandstrom, 1988). This appeared to be the case in this study, where interviewees seemed to be very open with the female researcher. Many stated that they have a preference for discussing such sensitive issues with a female (as reported in the findings section to follow).

3.2.3 Data Coding and Analysis

It is during data collection in grounded theory that the coding of data begins (Glaser & Strauss, 1967). The initial development of categories and properties directs the researcher to continue the collection of data in an effort to develop the emergent theory (Calloway & Knapp, 1995; Kerlin, 1997). In grounded theory three types of coding applications occur during different stages of the coding process, however these may overlap at times. In the initial stages of this process, open coding is applied to simplify and categorise the data (Glaser & Strauss, 1967). This involves labelling incidents,

events, and social relations by line or paragraph to generate conceptual categories as well as the dimensions and properties within these categories (Babchuk, 1996; Glaser & Strauss, 1967; Hueser, 1999). Axial coding follows in the next stage of the coding process and involves uncovering the causal relationships between categories and the intervening conditions in order to understand the foci of the phenomenon (Babchuk, 1996; Glaser & Strauss, 1967; Hueser, 1999; Star, 1997). The final stage in this process involves selective coding, whereby the central idea/s linking the interrelationships within the data are identified and form the basis of a narrative (story) that makes explicit the core category/ies (Babchuk, 1996; Glaser & Strauss, 1967; Pandit, 1996). In this study, all three forms of coding were applied to the data to generate the grounded theory.

Data analysis entails the active questioning and searching for answers during the research process to enable the latent to become apparent (Morse & Field, 1995). Analysis in this study began during data collection, where interview transcripts were progressively coded to initiate the comprehension of the phenomenon. Through the systematic organisation of themes into conceptual categories the foundation of the substantive theory was generated. Open coding facilitated the sorting of data by identifying words, phrases and themes to be labelled and categorised. When core categories were selected, their relationships with other categories were refined through selective coding. This process continued until no further insights emerge from the data, i.e., the point of saturation (Glaser & Strauss, 1967). Saturation of the interpretation was verified by searching for negative cases or data that challenged the developing theory (Green, 1998; Kendall, 1999; Olshansky, 1996). As the collection of additional data yielded no further insights, a synthesis of the thematic categories prompted the development of alternative theories until the explanation best 'fitting' the data was reached (Glaser & Strauss, 1967).

Data reduction and interpretation were assisted by the use of the data analysis software package NUD*IST (Non-numerical Unstructured Data Information Searching Indexing

and Theorising: Nie, Hull, Jenkins, Steinbrenner, & Bent, 1975). This software was used to contextualise (take apart) and then re-contextualise (consolidate) elements of the data through hierarchical coding and categorisation (Huberman & Miles, 1994). It is suggested in grounded theory that researchers record their thoughts in the form of theoretical notes and memos to assist the analysis of data (Glaser & Strauss, 1967; Pandit, 1996; Strauss & Corbin, 1990). Theoretical notes are typically made during the coding process and are considered to be helpful in the later stages of theoretical development, for instance when there is evidence that the data relate to existing theoretical concepts (Pandit, 1996). Memos are used to document the researcher's thoughts, ideas, and evolving questions immediately after data collection and during the coding process (Glaser & Strauss, 1967; Strauss & Corbin, 1990). These strategies are also said to aid understanding of the theory generated by documenting the differences between the researcher's ideas and experiences, and those conveyed by the participants (Olshansky, 1996). In this study the use of theoretical notes and memos aided analysis by recording the researcher's ideas and thoughts during the process, which assisted the recognition of relationships identified between categories.

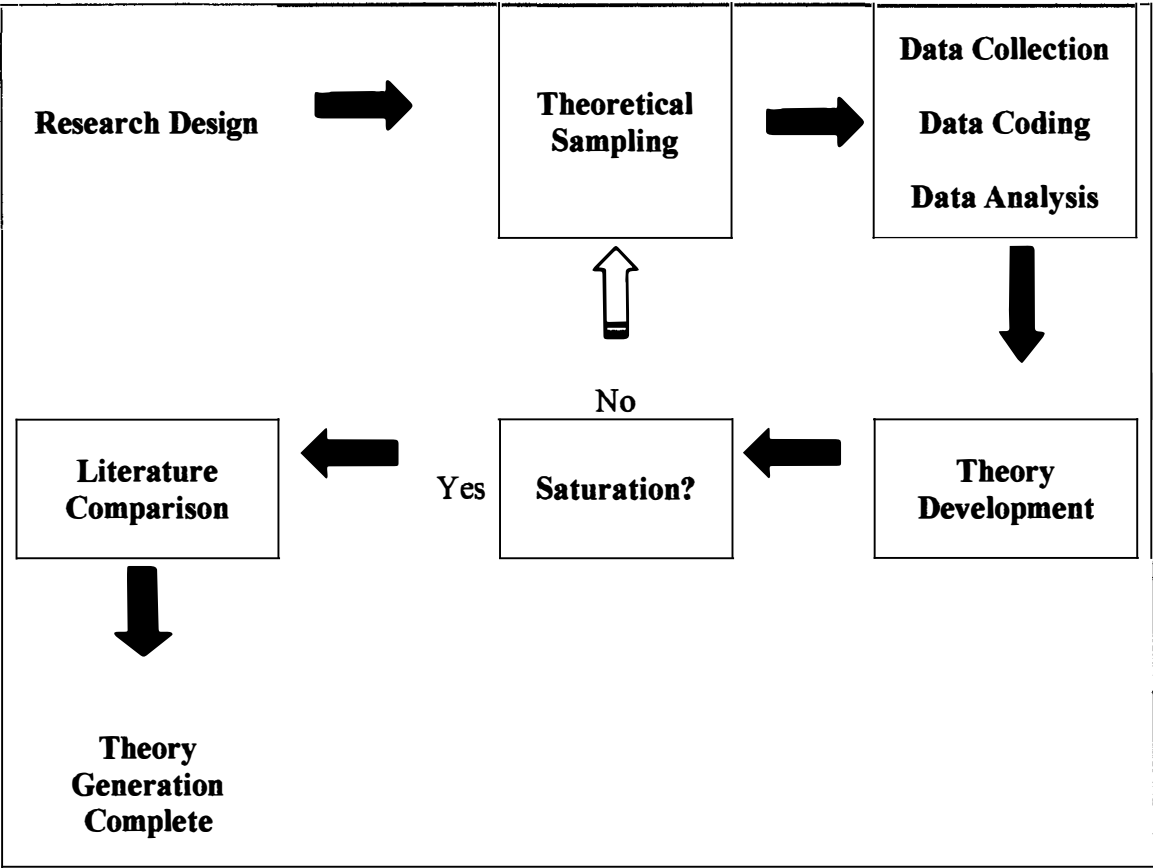
3.2.4 Literature Comparison

In grounded theory, the resulting interpretation is compared with the existing literature to examine similarities and variations, validate the interpretation, or reveal the deficiencies in the current knowledge of the phenomenon (Kendall, 1999; Yamona, 1999). Glaser and Strauss (1967) suggest that by commencing the investigation with data collection, prior to reviewing the literature, researchers are less likely to cloud their interpretation with preconceived ideas or theories. It is this 'theoretical sensitivity' that is said to allow researchers to express theoretical depth rather than pure description in their interpretation (Green, 1998; Wuest, 2000). In this study, the findings were compared with the existing literature to identify possible similarities and differences, as well as to assess the possible research "gaps" that could be filled by the resulting theory. Although the process recommends a comparison of the literature at the completion of data collection, some help-seeking literature was examined in advance to

enable the researcher to develop a basis for the interview guide. This study presents the written product (i.e., Literature Review) to readers prior to the presentation of the results of the data to conform to the conventions of academic writing.

The following diagram illustrates the sequence of each of the above-mentioned stages involved in the grounded theory process:

Figure 1: The Grounded Theory Process



3.3 THEORETICAL ASSUMPTIONS

The theoretical and philosophical assumptions of traditional grounded theory (as per Glaser & Strauss, 1967) are said to be aligned with a postpositivist paradigm of inquiry. That is, reality is viewed as apprehensible, and therefore the method is objectivist in orientation so that discoveries may be verified with further research (Guba & Lincoln, 1994). Competing interpretations of the grounded theory method have, however, created differing philosophical perspectives of its application (Annells, 1996). These changes have resulted in a paradigmatic shift towards a constructivist model of inquiry in which reality is indefinite yet interpreted subjectively in the creation of knowledge (Guba & Lincoln, 1994). While this study has thus far placed emphasis on the traditional approach to grounded theory (Glaser & Strauss, 1967), it is philosophically positioned to encompass a synthesis of these competing notions to complement the focus of the research (Kendall, 1999). Therefore, the following theoretical and philosophical assumptions relate to this study.

3.3.1 Ontology: The nature of reality

This study is ontologically constructivist as it seeks to understand how reality is created from the multiple perspectives of those under investigation (Annells, 1996). In constructivist ontology the complex worlds of individuals are assumed to exist only as they present them to the researcher (Yamona, 1999). Thus, findings are contextual and are simply understood for the purpose of practical application (Guba & Lincoln, 1994). In other words, this study attempts to understand the reported beliefs and attitudes of the male adolescents interviewed in an effort to identify what they perceive to be the barriers to seeking help when stressed or depressed.

3.3.2 Epistemology: Relationship between Interviewer and Interviewee

The epistemological premise of this study is based on the subjective interaction that occurs between the researcher and interviewee (Guba & Lincoln, 1994). As the creation

of knowledge occurs interactively the process may incorporate the subjectivity of the researcher as well as the interviewee. The question must then be raised as to whether this process can accurately depict the social phenomenon investigated (Yamona, 1999). Sargent, Nilan, and Winter (1997 p.17) state that it is not possible for researchers to disengage completely from the world they seek to understand as they “cannot understand without being influenced by [their] values, nor observe without interpreting what [they] see”. Thus in accepting that absolute objectivity is unattainable, attempts were made to minimise subjectivity during the theoretical process through constant comparison and saturation of data (Glaser, 1999).

3.3.3 Methodology: How knowledge is acquired

Methodologically, this study assumes verification of the substantive grounded theory is achieved during the research process (i.e., through the constant comparison of data and the search for challenging cases). Therefore it is assumed the confirmability (interpretive validity) and localised transferability (internal generalisability) of the interpretation is achievable (Winter, 2000). The transferability of the generated theory to external populations will be assumed in this study to be feasible through additional research (Guba & Lincoln, 1994).

3.4 VALIDITY AND TRUSTWORTHINESS OF DATA

The trustworthiness of the interpretation as it emerged and the theory that resulted was assessed according to each of the four criteria: credibility, confirmability, dependability and transferability (Lincoln & Guba, 1985). Credibility refers to demonstrating a plausible account of the theory generated by utilising techniques that assist the authenticity of the interpretation (Pandit, 1996). Credibility was established in this study by employing techniques such as theoretical sampling and negative case analysis during the research process. The confirmability and dependability of the interpretation were based on the systematic collection of data, as well as the use of a reflexive journal

to accurately record the process by which the theory was constructed (Pandit, 1996; Sarantakos, 1995). Finally, the transferability of the interpretation refers to the extent to which the findings can be generalised (Pandit, 1996). While internal generalisability was assumed through saturation of the data, external generalisability is not anticipated because of the unique interaction between the researcher and participants. Regular consultations between the researcher and the supervisor of this study enabled a deliberation of emerging interpretations, further enhancing the overall trustworthiness of this research (Altheide & Johnson, 1994; Annells, 1996).

3.5 CONCLUSION

This chapter described the theoretical paradigm and methodological procedure used in this study. The findings resulting from analysis of the data are presented in the following chapter.

CHAPTER 4

FINDINGS – BARRIERS TO SEEKING HELP

4.1 INTRODUCTION

As discussed in chapter two, adolescence is a period marked by the development of identity, with particular emphasis placed on establishing gender definition (Erikson, 1963). Conforming to set gender roles is believed to be an important factor in determining an individual's acceptance in society (Elkind, 1967). For this reason, adolescents aspire to comply with gender scripts to establish competence in conforming to the 'norm', which is viewed as essential to acceptance in the adult world (Bandura, 1969a). Competence in enacting gendered roles is most easily observed through individuals' behaviours, attitudes, values, and beliefs (Tolson, 1977). Thus, adolescent males wishing to communicate to others their ability to successfully shift into 'manhood' will be motivated to adopt the cognitive, affective, and behavioural markers aligned with the traditional 'masculine' gender role (Easthope, 1990). As outlined in the literature, these markers include embodying traits such as strength, courage, emotional restraint, resiliency, independence, competitiveness, and control (Brooks-Harris et al., 1996; Frosh, 1994; Good et al., 1996; Good & Wood, 1995; McCreary et al., 1998; Rogers et al., 1997; Segel-Evans, 1987; Theodore & Llody, 2000; Wisch et al., 1995).

Interviewees indicated that they valued traditional gender traits and aspired to embody them as they moved into adulthood. It was revealed that through the socialising processes of modeling and reinforcement, significant influences such as their parents, peers, schools, and the media explicitly and implicitly encourage these males to develop and display 'traditional' gendered characteristics. It was not surprising, therefore, that the traits the adolescents nominated as defining the 'ideal' male were

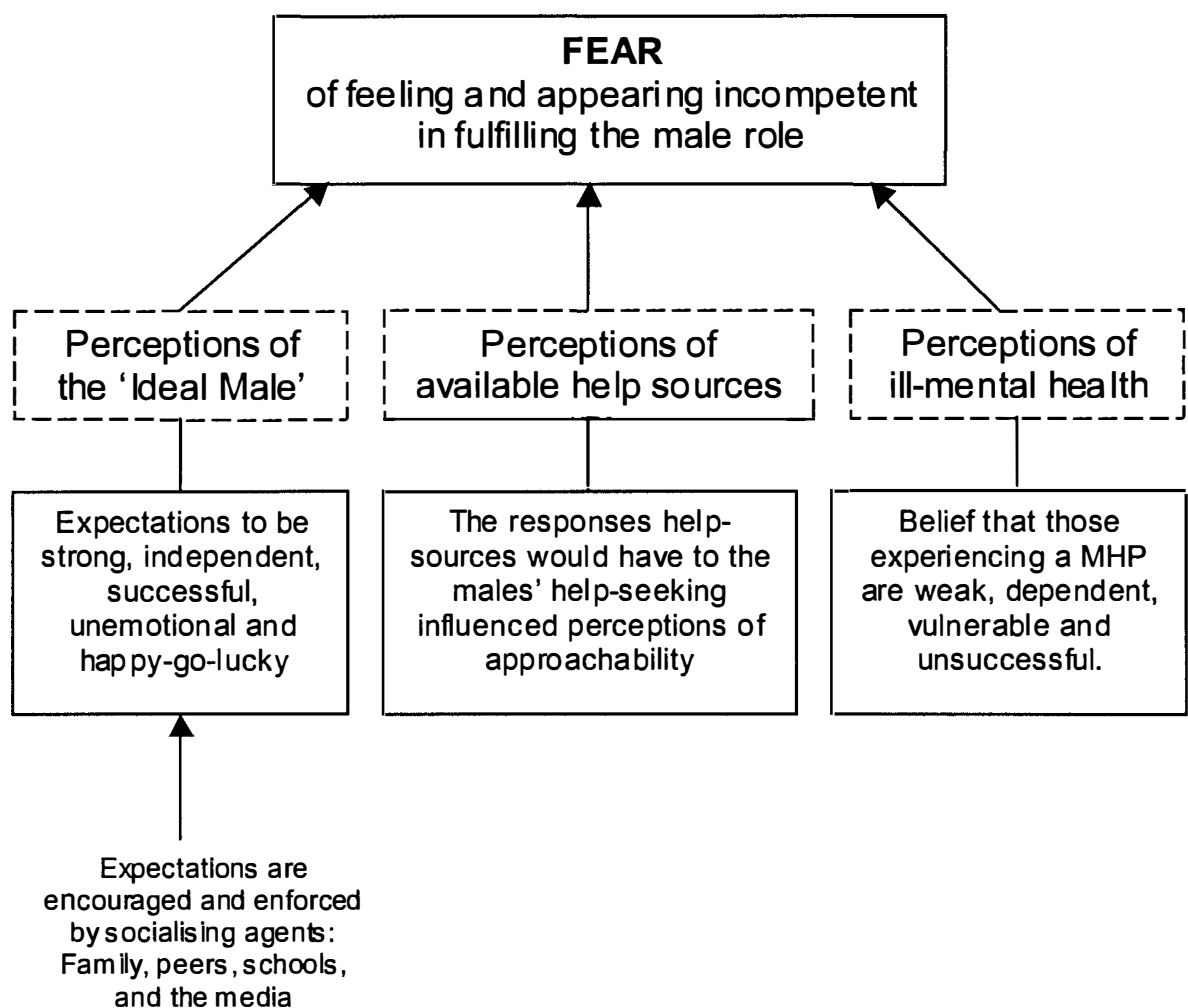
those they perceived to be enforced and expected by the primary socialising agents in their lives.

These ideal traits appeared to be a complete contrast to those traits males believed would be displayed by an individual experiencing a mental health problem (MHP). That is, the males viewed those with MHPs to be incompetent, unstable, dependent, and emotional. The interviewees not only believed these traits to be undesirable, but also believed other members of society also hold a negative view of those with MHPs. As seeking help from others would expose vulnerability, it was considered by the interviewees to be the course of last resort for dealing with mental health related concerns. It appears that sourcing aid from support networks requires individuals to not only reveal traits they believe to be undesirable, but those they believe are viewed as being a contradiction of the male role. Thus interviewees also held the belief that certain help-sources would disapprove of their help-seeking. The desire to live up to one's expectations and the expectations of others in successfully fulfilling the role of the ideal male would therefore lead the adolescents to conceal their problems. As a result, the adolescents preferred resorting to coping with their concerns independently through the behaviours of avoidance, diversion, and private resolution.

4.2 FEAR OF INCOMPETENCE IN THE MALE ROLE

The major outcome of this study was the identification of the primary barrier to adolescents seeking help for mental health problems. This barrier was found to be the fear of feeling and appearing to be incompetent in successfully enacting the traditional male role. The diagram below illustrates the relationship between this barrier and the three primary influencing factors.

Figure 1: Diagrammatic Representation of Barriers to Seeking Help



In this chapter the findings of this study are described in detail. The first section investigates the interviewees’ perceptions of the ideal male and how they inhibit help-seeking. This section is clarified by an exploration of the socialisation processes that have influenced the interviewees’ beliefs. The second section looks at the interviewees’ perceptions of available help-sources and the various barriers to seeking assistance. The third section explores the interviewees’ perceptions of those with mental health problems and outlines how the stigma of mental ill-health deters them from seeking help. The final section of this chapter considers the alternative coping strategies the adolescents utilise to deal with their problems as a result of these barriers to help-seeking.

Extracts taken from transcripts are presented as verbatim in most instances, although some grammatical adjustments have been made to enhance comprehension.

Background information of the interviewees is provided at the end of each excerpt. This information is abbreviated using the following key:

Age (in years): 15, 16, 17

School: SS = Single Sex school, CE = Co-Educational school

Family Position: O = only child, E = eldest child, M = middle child, Y = youngest child.

4.3 PERCEPTIONS OF THE 'IDEAL MALE'

Interviewees were asked to provide their views on the characteristics they believed to be embodied by the 'ideal male', as well as the type of traits they aspire to attain as they enter manhood. Their responses paralleled most characteristics aligned with the traditional male archetype, as described in the literature. That is, traits such as strength, independence, control, academic and athletic achievement, emotional restraint, and humour were not only thought to characterise the ideal male, but were also traits the interviewees desired. These traits are discussed below, and their implications for help-seeking behaviours are outlined.

4.3.1 Strength

Considered an important marker of masculinity, strength is valued and encouraged in males in western society (Gagnon, 1971). For instance, males learn from a young age the importance of possessing strength, and they are often encouraged to partake in activities or behave in a way that will allow them to 'grow up to be big and strong' (Badinter, 1992). Many interviewees indicated that they particularly valued 'strength' as a masculine trait, and expressed their desire to attain and display this attribute. Describing his 'ideal' self, one interviewee asserts: "*I'd be stronger; I've always wanted to be stronger*" (16, CE, O). It is interesting that this interviewee describes the attainment of greater strength as something he has 'always' desired, exemplifying the role socialisation plays in gender definition from a young age.

One way the interviewees believed they could exhibit their strength was through enhancing their physical appearance by building greater muscle mass:

I'd like to have more muscles. Not too much, because that's for show offs. Just a little bit more (15, SS, E).

I would like to be fairly strong in muscle and bulk (17, SS, M).

Muscles are a means of communicating one's strength, discipline, and control (Easthope, 1990). As these traits are associated with adult males (Phillips, 1993), growing muscles may allow the male adolescent to signal to others his ability to assume the external physique of an adult. This external change may indicate to others that a successful transition has also been made at another level. For instance, the desire to build muscle was also motivated by the belief that it would further serve the purpose of attracting the opposite sex:

I'd want to be muscly; all the girls love that (16,SS, Y).

It would be good to grow muscles...You want to look good for people, look good for yourself and girls (15, CE, M).

Self-presentation theories suggest that efforts to enhance one's presentation are primarily an attempt to convey a particular image or information to others (Baumeister, 1999). For these male adolescents, attaining muscles is not only a means to engender a feeling of strength, but also a way to communicate their strength to others, especially females.

According to some of the interviewees, strength is not simply based on one's physical appearance, but is a characteristic that can be displayed through action. This was apparent when the interviewees discussed the importance of displaying strength through their belief and value systems:

AM: ARE THERE ANY QUALITIES YOU THINK YOU SHOULD HAVE AS A MALE?

I: To be strong and to stand up for yourself. Also in a way to stand up for others. If one your mates aren't given a fair go you back them up (15,CE, M).

To be more upfront, like if something happens and you don't like it, you'll say something about it and not do something behind someone's back (16,SS, E).

Macho kind of...direct, don't care what people say. If you don't like something, kind of standing up for yourself, standing for others. Kind of being a tough guy (16,CE, M).

The ideal male, according to the interviewees, exhibits not only physical strength, but also moral and behavioural strength. The adolescents reported that it is qualities such as bravery, veracity, and mateship that are indicative of strength in character. These traits are synonymous with those commonly used to describe the archetypical 'Australian' male both in a historical context and in modern times (Edgar, 1997).

Strength and Help-Seeking

When confronted with a MHP they could not deal with alone, some interviewees felt they would have to face the daunting prospect of *feeling* and *appearing* weak if they sought help. These interviewees suggested that the act of admitting help was needed would lead them and others to believe they had failed to embody strength, and therefore failed in their role as a budding 'man'. As the following interviewees suggest, to admit they would need help for their problems would lead them to question their competency as a male:

There's a hell stereotype to be the big tough man, that you can take it... It would be more proving it to yourself. You have to prove that you're a man. You have to prove that you can take it. And if you can't take it, you're not a man. So therefore you have to prove yourself. You don't have a choice (17,SS, M).

I think guys think that if you need someone to help you with a problem then you aren't much of a person. You may feel like a loser or weak (15,SS, E).

These interviewees reported that they would *feel* as though they lack strength if required to source assistance for their problems. The first interviewee claims that

because social and cultural pressures enforce the image of strength, the desire to adhere to the stereotype and demonstrate competence as a man inhibits the decision to seek help. The interviewee's assertion that one does not 'have a choice' in the decision suggests there is a need to maintain a feeling of strength or risk sacrificing one's self-worth. This belief is reiterated in the second excerpt, where the interviewee suggests that the need to seek assistance for one's problems would incite a feeling of weakness, and therefore loss of self-esteem.

Jansz (2000) suggests the hesitation to expose one's feelings is a result of a fear of feeling vulnerable, which is generally assumed to be a sign of weakness. As strength is often an indicator of macho-ness (Edgar, 1997; Jackson, 1998), it was not surprising that interviewees relayed their fear of feeling weak as a fear of feeling less 'macho'. The following excerpts reveal how the expectation to uphold the 'macho' ideal may inhibit the interviewees' ability to express their concerns to potential help-sources:

Quite a lot of guys don't like expressing themselves, makes them feel less macho sort of thing (17, CE, E).

They feel like if they talk they will lose their macho-ness (15, SS, E).

While some interviewees claimed it was the fear of *feeling* weak that inhibits help seeking, others claimed it was the fear of *appearing* weak that would dissuade them from accessing help. As the following adolescents suggest, the possibility of damaging one's image by being seen as 'weak' can be a significant deterrent to accessing help from available help sources:

You have to have self-confidence and really it is about how people see you. If they [friends] think you need someone for a problem, they might think you're weak or something. So you need to overcome the psychological barrier of how other people would see you (17, CE, E).

Well the embarrassment, definitely. It's the sort of impression you give off. It's like a weakness, and you sort of, you think they [help-sources] will think something different about you then (16, SS, E).

AM: DO YOU THINK THERE ARE ANY BARRIERS TO SEEKING HELP FROM YOUR FRIENDS?

I: There's peer pressure, expectations, of you know, you're a male, you're supposed to be tough. You know, you're supposed to get over problems.

AM: SO IF YOU NEED HELP WITH YOUR PROBLEMS?

I: You're a woosie (16, SS, E).

Each of the excerpts reiterates that seeking help could be viewed by others to be a sign of weakness. Portrayal of such a trait is antithetical to the 'masculine' traits of strength and resilience and is expected to incite embarrassment, particularly from one's peers. These interviewees thus appear to fear accessing help as they are concerned that they will present an image that will be seen by others to be inconsistent with the accepted male role.

In summary, the importance of attaining and displaying strength is attributed to the function this trait serves in communicating one's competence in fulfilling the male role. Many interviewees felt they would fail to communicate adequate levels of strength if they were to seek help for their concerns. The fear of feeling and appearing weak may therefore prevent male adolescents experiencing MHPs from seeking assistance from help-sources.

4.3.2 Independence and Control

Attaining independence is an important aspect of the adolescent's transition into adulthood (Frydenberg, 1997). Most adolescents eagerly anticipate being able to assert control over their decisions and exercise their freedom from those in authority (Coleman, 1992). According to all the interviewees, being granted independence from others' control not only indicates they have attained the trust of significant adults, but

also functions to signal their successful entry into adulthood as a competent male. In discussions relating to their transformation from adolescent to adult, interviewees reported that they most valued the increased independence they were bestowed in the family and school environments.

All the males interviewed indicated that they embrace the increased independence granted by parents, as this allows them to exercise greater control over their decisions and actions:

The best thing is the freedom, I guess. Parents trust you more when you want to go out. Like if I'm out to 12.00am, they know I'm all right because I can look after myself sort of thing. Also I can start to do things that I want to do, not what my parents want me to do. I have to make more decisions on my own instead of people telling me to do stuff. I can look at my options instead of taking orders (17, CE, E).

You can make your own choices and start earning your own money and stuff. You don't have to get your parents to do everything for you. You can save up for things you want, which is good (16, CE, M).

Well, you get more responsibility. You're definitely treated a lot older by people around you, like adults and stuff. And you can start to do more things, like people trust you more and stuff (16, SS, E).

The interviewees acknowledged that along with the independence they are granted comes added responsibilities and the trust of their parents. These outcomes are welcomed as they come to represent the confidence significant others have in their competence to take control of their lives.

Similarly, being entrusted with greater responsibility at school serves as an indication to some adolescents that others believe they are capable of entering the adult world. The

following interviewees suggest the responsibility given to them by teachers signals their increasing ability to exercise some control in a school environment:

You get all new responsibilities and people trust you more, and the schoolteachers don't look at you like you're still young. They actually give you responsibility and you can do things yourself without everyone watching you (16, CE, M).

School's pretty good because they treat you like an adult, as you get older. It's very different to year 8 and 9 (16, SS, E).

Independence and Help-Seeking

If faced with a MHP, some interviewees felt that seeking help from others would challenge their belief that they *could* or *should* be capable of dealing with concerns independently. As the following interviewees suggest, the need to solve problems single-handedly stems from the desire to feel competent in doing so:

I'd like to think I can handle it myself (17, CE, M).

I'd just rather deal with [problems] by myself. I don't feel I am that useless that I couldn't work it out myself (17, CE, E).

You think 'Oh if I have to go to someone, I can't deal with it myself, what's wrong with me?' sort of thing (17, CE, E).

The belief that they could be or should be capable of dealing with problems independently made the option of seeking help unappealing for many interviewees. While the first two excerpts suggest that the interviewees believe they would be able to deal with their concerns without the aid of others, it is implied in the second quote that males should be capable of doing so. This is reiterated in the last excerpt, where the interviewee suggests that admitting one can not resolve concerns independently would generate the concern 'what's wrong with me?'.

For some interviewees seeking help was not considered to be an option, as it was believed that with increased maturity should come competence and self-sufficiency. As the following interviewee explains, the desire to prove competence in fulfilling the role as the independent adult male can inhibit the decision to seek help when it may be needed:

AM: *WOULD YOU ASK FOR HELP IF YOU HAD A PROBLEM?*

I: *It feels a bit stupid really. I don't think it would be much of an option.*

AM: *IN WHAT WAY WOULD IT FEEL STUPID?*

I: *Usually I think I can solve my own problems... Like teenagers are like between child and adult. They think they're an adult and that they can solve their own problems themselves, and they don't really want, they don't like the fact that other people are going to help with their own personal life (16, SS, M).*

An aspect of the desire to demonstrate independence is the need to appear in control. This may provide a strong deterrent to acknowledging the existence of a MHP:

I: *I don't think we admit we are stressed even if we are under pressure. I don't know if it's because we aren't willing to admit it to anybody or even ourselves that we're under pressure, but we don't do anything about it.*

AM: *WHAT STOPS YOU FROM ADMITTING IT?*

I: *I don't want to admit I'm under pressure. Everything is fine in my life (Sarcastically). Personally I see it as, if I'm under pressure and I'm stressed, I'm not totally in control... if you're not in control, you haven't got a full grasp of what's happening around you (17, SS, E).*

The desire to reassure oneself that 'everything is fine' is emphasised by the interviewee's sarcasm when making this assertion. This may indicate that he is not 'fine', yet he expects that he must keep up the pretence that this is the case, otherwise he must then also concede that he is no longer able to exert control over the situation and risk losing his perceived independence. Ultimately, the fear of feeling a lack of control may make individuals unwilling to acknowledge the existence of their

problems. An inability to acknowledge one's problems makes it impossible to admit to others that help is needed.

As the interviewees have suggested above, attaining independence during adolescence is achieved when those in authority believe the adolescents can competently assert control over their behaviour. When faced with a concern that could not be dealt with independently the adolescents had reservations about seeking help, as this behaviour was believed to signal to themselves and others their incompetence to behave as 'most' adult men appear to do, that is simply 'getting over' their problems without aid from others. The fear of feeling and appearing dependent and to be lacking control is thus likely to inhibit adolescent males' decision to seek help for any MHPs.

4.3.3 Emotional Restraint

In Western culture, openly expressing emotions is thought to be a characteristically feminine trait (Frosh, 1994). Males have thus been discouraged from displaying emotion as it is considered to be a sign of weakness and a trait inconsistent with strength and hardiness (Badinter, 1992). Polce-Lynch (1998) suggests that a desire to portray a socially desirable image leads males to underplay their emotional expression when disclosing feelings. Interviewees indicated that being emotionally expressive immediately implied femininity. Remaining emotionally detached was believed to be imperative to guaranteeing their acceptance in the adult male collective.

Many interviewees held the belief that displaying emotion was unnatural and unacceptable, particularly at a time when they place a great deal of importance on attempting to prove their masculinity and competence as a man. For instance, when asked to describe the characteristics that males should embody as they shift into adulthood, one interviewee responded with the following:

You've got to be able to reason. One of the differences between guys and girls is that we don't jump to conclusions all that much. And guys are more forgiving, you don't care if someone says

something to you, you don't care. So to be able to reason without emotions, without putting your feelings into it, be like impartial. I find that very masculine (15, CE, M).

This juxtaposition of the 'rational' male with 'emotional' female demonstrates this interviewee's attempt to explain the differences between males and females in relation to emotional expression. Attempts to gloss over possible variations in behaviour are said to reveal the nature of interviewee's beliefs, rather than evidence that such dichotomies exist (Arnould & Wallendorf, 1994). In stipulating certain behavioural patterns are exemplary of the different sexes, this interviewee attempts to validate his belief that a male can be defined by what he is not – female. This perhaps explains the importance the interviewees appeared to place on verifying their masculinity by ensuring they do not display behaviours that may be interpreted as feminine.

The belief that males are by nature less emotionally expressive is reflected in the following extracts. When interviewees were asked to describe the positive aspects of being a male, some indicated it was the lack of emotionality:

You don't have to worry. Like chicks have got all sorts of problems they have to deal with and they're all emotional, and we're all carefree (17, SS, M).

Girls seem to have heavier emotions than guys, so it's better being a guy because you don't really feel it (16, CE, M).

The first extract reflects the belief that males are unemotional as a result of experiencing fewer problems. In the second quote the interviewee attempts to justify the belief that males are inherently more rational by suggesting that females are by nature more emotional. It appears the interviewees' perceptions are aligned with the traditional 'rational/emotional' gender mythology, where females are thought to be instinctively emotional and expressive and males to be naturally untroubled and unfeeling.

The following quote also alludes to the belief that males do not display their emotions, especially by crying. This interviewee responds to a question regarding the extent of his emotional expressiveness:

I can't remember crying for a very long time. Like I was talking to my mate about this the other day. He said he only cries when he sneezes, but apart from that he doesn't cry at all (17, SS, M).

In this quote, the interviewee expresses that crying is not an emotional reaction he or his friend ordinarily experience. Vingerhoets and Scheirs (2000) suggest that males often avoid crying, as it is believed to be a form of emotional expression primarily enacted by females. The interviewee's decision to foreground an account of his friend's lack of emotionality whilst discussing his own emotionally inexpressive behaviour perhaps serves to normalise and justify this behaviour to both himself and the interviewer. Thus, in providing insight into the behaviour of another male the adolescent seeks to validate this behaviour as acceptable within the male domain.

Emotional Restraint and Help-Seeking

In order to seek help individuals must be capable of expressing their feelings of distress to help-sources (Folkman & Lazarus, 1988). The strongly held belief that males do not typically disclose their feelings or suffering made seeking help undesirable for many of the interviewees. For instance, some of the adolescents interviewed held the belief that being emotionally detached accounted for males' unwillingness to express the need for help when faced with a MHP:

It's almost genetic or natural or something. Guys just don't, you just don't talk about your problems (16, CE, M).

I don't think guys at this age are that communicative. They don't talk about that sort of thing (16, SS, E).

Basically, we're [adolescent males] less open about some things. If we don't want to tell anything, we won't. You don't force your

friends to tell you [either]. You say 'It's cool, it'll be right'. It's just one of those things (16, CE, M).

The assumption made in the first excerpt that males are genetically programmed to avoid disclosing their feelings or displaying emotion allows this interviewee to account for his own disinclination to be emotionally expressive. His views are analogous to genetic gender ideologies that suggest traditional traits linked with masculinity, such as emotional restraint, are natural and universal (Easthope, 1990). On the other hand, the second and third excerpts suggest the unwillingness to express concerns is an outcome of their developmental changes during adolescence. In drawing such conclusions, it is likely that they speak of their own inexpressive behaviour and the behaviour observed in peers. The literature reports that adolescence is a period during which males tend to recoil from displaying emotion (Reimer, 2002), although it is also suggested that many males continue to have a reluctance to share their feelings throughout their adult life (Jansz, 2000).

While this interpretation that it is unnatural for males to display emotions was quite common, many interviewees also attributed their unwillingness to seek help when faced with a MHP to the social forces that deem emotional expression among males to be unacceptable:

There's still the perception that guys can't cry. It's more guys that have this sort of image of guys, because females wouldn't mind if a guy cried or whatever. They tend to say that they prefer guys to show emotion and you have to communicate and stuff (laughs). But I think it's sort of the image perpetuated by guys (17, CE, M).

I personally think it's the whole 'a guy doesn't have emotions' kind of stuff... So I think it's the whole thing that guys don't feel upset, guys aren't meant to feel upset (16, CE, M).

Like guys aren't meant to cry and be all emotional (16, CE, E).

It's just a guy thing. It's like guys aren't suppose to talk about that stuff, they don't (15, CE, E).

It is suggested in each of these excerpts that the social guidelines that dictate that males 'don't' express emotion are learned and accepted by adolescent males who then hold the expectation that they 'can't', 'aren't' or are 'not meant' to be display emotion or discuss their feelings. It is suggested in the first excerpt that it is males that perpetuate these social guidelines, while it is believed that females do not hold the same expectations for males. The relevance of this finding will be explained in greater depth in the following section.

In summing up, it has been explained that all interviewees believed the typical male to be emotionally inexpressive. Whether this trait was attributed to biology or social forces, the expectation to maintain the masculine ideal of emotional restraint appeared to inhibit many of the interviewees' desire to source help when faced with a MHP.

4.3.4 Achievement

A determination to achieve specific goals was amongst the traits the boys admired and believed to be indicative of masculinity. Tolson (1977) states that achievements in the academic and athletic domains in particular, are commonly perceived to be a measure of masculine competence. The belief that the ideal male embodies these two competencies has endured through time based on the notion that the 'balanced man' is capable of using his brain as well as capable of successfully using his body in sports (Edgar, 1997).

Many of the adolescents interviewed indicated that they strive to accomplish in the academic and athletic domains. When describing the qualities of their ideal male, interviewees referred to the determination he would have in attaining intelligence and athleticism:

He'd be intelligent I suppose. Very determined (16, SS, E).

He'd be sporty because we've got a lot of sports, and he'd not give up on what he wants to do (17, SS, Y).

Some interviewees believed it was the ability to be proficient in both spheres, that is to display intellectual and athletic competence, that was truly reflective of achievement:

He'd be smart and sporty (17, CE, E).

He'd be active...smart... just good at everything (15, CE, Y).

Interviewees' admiration for intellect and athleticism was revealed in discussions regarding those people they considered to be role models. Interviewees nominated individuals ranging from political and sporting figures to family and friends. For most, it was the achievements of these role models that appeared to form the basis of their respect:

Sportspeople, like Ian Thorpe or someone. Being so young and achieving all that he has done already, all the World Championships and stuff (17, CE, E).

My dad because of his work ethic. He's an absolute bull at it. If something's got to be done he'll just go at it and won't stop 'till it's done, when it's perfect. I admire that in him (17, SS, E).

I've got a couple of friends that I've known for a while and they've achieved really well at school. They've tried really hard and they've done really well at school, and in sport and other activities outside school, and they've still maintained their high standard of school work (17, CE, E).

The interviewees' selection of accomplished role models reflects their admiration for those individuals displaying a determination to achieve. It appears then, that

adolescents may value and respect academic and athletic successes that are achieved through determination and hard work, as well as natural ability.

Achievement and Help-Seeking

Ryan and Pintrich (1997) found that adolescents are more likely to have negative attitudes towards seeking help for academic difficulties if they are highly concerned with perceptions of competence and achievement. In this study, all males interviewed reported being highly concerned with feeling and appearing competent in the academic domain. They stated that the fear of feeling and appearing to be an academic failure deterred them from being able to admit they were experiencing a problem and seeking help for it. For instance, the following interviewee acknowledges that his reluctance to admit he was experiencing a MHP came at a time when he was struggling academically:

AM: DO YOU GET STRESSED?

I: Probably, but I don't like to admit it. Yeah I probably get stressed. Like last year because some subjects were so hard and I was getting low marks, and yeah, I was getting stressed and I didn't realise it... Mum and Dad could probably see I was, but whether I wasn't willing to admit to myself I was getting stressed (17, SS, E).

Seeking help is made difficult when individuals are reluctant to acknowledge they are experiencing academic problems. As illustrated in this extract, interviewees may deny they are struggling to cope with their studies because they are uncomfortable with the notion that they are not succeeding academically. Good and Wood (1995) suggest that males feel pressured to achieve because societal norms have dictated that 'real men' are successful in their endeavours.

For many interviewees, the idea of attempting to obtain advice from various help sources incited feelings of inferiority, incompetence, and failure. As the following excerpts reveal, seeking help for MHPs would lead them to question their self-worth and lose pride for failing to behave according to the masculine gender role:

I wouldn't go out of my way to read [information] on the web or something like at www.helpline.com or something... I know nobody's going to find out, but I just couldn't... I'd just feel like a bit of a no-hoper (16, SS, Y).

I can't see a guy using a help line. It's like they'd feel like, 'Oh I've got to use a help line'. It would take away their sort of pride about themselves. They'd feel like 'Oh I'm talking to a help line, what am I doing?'... They would lose their self-pride about themselves if they had to get help (17, CE, E).

Probably pride would be [a barrier]... Most of the guys I know probably wouldn't ring a help line...I mean even though it's confidential, no one else knows about it, it's still a pride thing. You don't want to accept that you have a problem and if you ring a help line then you have to admit to having a problem. So if you don't ring you keep it that way (16, CE, M).

It was reported that actively seeking aid from help-sources would lead the interviewees to question their competence and make them feel like a 'no-hoper'. This can be seen, therefore, as a major deterrent to seeking help when they experience a MHP. The knowledge that their help-seeking efforts would be confidential does little to encourage them. It thus appears that the interviewees' fear of feeling like a 'failure' as opposed to an 'achiever' acts as an inhibitor to accessing help.

4.3.5 Humour

Possessing a sense of humour is a trait used by males to gain attention, affection, and acceptance from both males and females (Easthope, 1990). Having a good sense of humour was something that all interviewees considered to be highly desirable when describing their ideal traits. Those that perceived themselves to possess a good sense of humour indicated that this was one trait of which they were especially proud:

I can always make people laugh. I like being able to do that (16, CE, O).

I'm a nice person, so everyone tells me. I don't know, like I'm fun to be around, so all my mates have a good laugh on the weekends and stuff (15, CE, E).

These quotes suggest that the ability to be amusing is linked to these individuals' sense of self-worth, and that appearing comical is a method of forming an affiliation with peers. Portraying an image of joviality may thus be believed to be a means of inviting acceptance from others:

You should be able to get along with everybody, make them all laugh. You should be fun to hang around with (16, CE, O).

You've got to have a good sense of humour, even if it is a bit disgusting or a bit naughty. Everyone loves that (16, CE, M).

Most interviewees claimed that they would not only like to appear humorous, but would also value a friend who also had the ability to be amusing. When asked to describe the type of personality they would value in a friend, interviewees often listed 'humour' as the most important characteristic:

The ability to have a laugh and not take things seriously (15, SS, E).

The ability to have a laugh, to have a go. Somebody who notices that I can pull the piss out of him, somebody that understands that I'm not taking the mickey (17, SS, E).

A good humour so he can laugh at me... Just a good personality and good sense of humour (16, CE, Y).

It appears that the interviewees not only wish to befriend someone with a good sense of humour, but also someone who can understand their own comedy and find them humorous. Easthope (1990) suggests humour is a form of banter often used by males as

a means of affirming affection whilst appearing to deny any such fondness exists. In this sense, humour is a socially acceptable means of establishing a bond with other males. The tendency for interviewees to discuss humour in conjunction with interactions with peers supports this argument.

Humour and Help-Seeking

Most adolescents interviewed reported that they hoped to embody the image of the happy-go-lucky Australian male. The fear of feeling and appearing to be anything but jovial appeared to inhibit the acknowledgment of the problem as well as their ability to express their unhappiness to potential help sources. As the following excerpts illustrate, concealing one's concerns was most easily achieved by acting happy and carefree:

For most of last year I was pretty unhappy, but I've always put a brave face on (15, SS, E).

Some people you can't really see it inside. They just put on a smiley face and act as if nothing has happened (15, CE, E).

AM: *IF YOU HAD A PROBLEM WOULD YOU TALK WITH ANY OF THE HELP-SOURCES AT YOUR SCHOOL?*

I: *I don't think I personally would, because a lot of the teachers see, I hope the teachers here, see me as a happy guy who is mostly happy, always cracking jokes and stuff. And even though it's confidential I wouldn't like to go into the office and tell them about a problem because they might look at me differently. And even though they don't tell people, they will look at me differently than what everyone else does. So I'd rather keep how the school sees me now, rather than see me depressed or sad (16, CE, M).*

As these excerpts suggest, a façade of well-being was adopted to ensure the interviewees' problems or unhappiness went unsuspected. In the second quote the interviewee alludes not to his own behaviour, but that of his peers. He suggests that it is not always clear that someone may be experiencing a MHP as they may purposely seek to disguise their distress to ensure that others do not learn of their unhappiness. The

final excerpt furthers this notion of disguise as the interviewee suggests that he would not seek help from school-based resources for the fear of damaging the cheerful image he is recognised for at school. It appears then, that the desire to maintain the image of the happy-go-lucky male not only inhibits adolescents from seeking help, but also hinders potential help-sources from approaching those that may be in need of assistance.

4.3.6 Conclusion

The interviewees maintained that personifying traits such as strength, independence, control, emotional restraint, achievement, and humour are imperative to validate their competence to fit the male mould. The desire to maintain this image appeared to stem from their fear of feeling and appearing weak, dependent, out of control, emotional, unsuccessful, and unhappy. Interviewees perceived these traits to be a contradiction of masculinity, and were therefore reluctant to acknowledge the existence of a problem, admit help was needed, and consequently seek help for their MHPs for the fear of feeling and appearing incompetent in fulfilling the male role. The adolescents' need to feel and appear capable of embodying these 'male' traits was intrinsically tied to their sense of self-worth, especially during this transitory period when they desire to prove their ability to fit in with other adults, particularly other 'men'.

4.4 SOCIALISATION OF THE MALE IDEAL

In this study, the primary socialising agents responsible for encouraging the interviewees' adoption of masculine traits, as described above, were found to include parents, peers, the media, and educational institutions. Interviewees reported learning the male gender script from these socialising agents through the mechanisms of modeling and reinforcement. As outlined in chapter two, modeling involves the observation, identification, and emulation of behaviour displayed by individuals of the same sex (Bandura, 1969a, 1977a). The learning of gender roles through modeling

often occurs unconsciously (Bandura, 1977a). Appropriate and inappropriate behaviours for gender role are further learned through direct or vicarious reinforcement. That is, socialising agents are likely to reward behaviours consistent with gender norms and punish those found to be unacceptable to gender roles (Bandura, 1969b). As a result of modeling and reinforcement, individuals internalise gender role norms and replicate behaviours they believe will be rewarded and avoid those they believe will be punished. The mechanisms of modeling and reinforcement are discussed below for each of the socialising agents found to be relevant in this study.

4.4.1 Family Socialisation

Modeling

The interviewees' desire to appear competent in fulfilling the expectations associated with the male role seemed to be influenced largely by the gendered behaviours they observe within their families. The interviewees' perceptions of what are acceptable and normal family behaviours paralleled their reports of the gendered roles adopted by their fathers and mothers. Through a process of observing and learning the behavioural cues of the male and female members in the family, most have come to adopt the roles enacted by the father, and reject those roles presented by the mother.

Most boys interviewed indicated they were raised in a family where both fathers and mothers were employed outside the house. While this arrangement may appear to blur traditional gender responsibilities within the family, the interviewees indicated that the assignment of domestic chores in their households was predominantly based on traditional gender dichotomies, with their mother responsible for the bulk of the work within the home:

Mum cooks, and we all do our own if something needs to be done, but except Dad. Because Dads are Dads (16, CE, M).

AM: ARE THERE CERTAIN ROLES WITHIN YOUR FAMILY?

- I: *Yeah I suppose...I guess like my sister, she's setting the table and I'm not. Mum's usually like setting the table, ironing and cooking the food. Like Dad's just watching TV, like you'll never see Dad doing that.*
- AM: *WHY WOULDN'T YOU SEE YOUR DAD SETTING THE TABLE?*
- I: *Tradition probably. It's embedded in his mind or something, everyone's mind (16, SS, E).*

These quotes depict the way in which prescribed gender roles are reflected in the assignment of household chores in the interviewees' households. In attempting to validate the division of labour within the home, the first interviewee glosses over its possible reasoning by simply claiming it exists "because dads are dads". Similarly, the second interviewee rationalises his father's lack of participation in domestic tasks as something that is culturally expected. In reporting his household situation, this interviewee generalises that these traditional roles are accepted in "everyone's mind", communicating his assumption that in most familial environments the mothers would do the majority of the housework.

In most cases the father was excused from contributing domestically as he was believed to have greater responsibility as the breadwinner in the family:

Dad has had a lot less time. He's at the office a lot more. He goes back and he's really, really stressed. Mum's still the same but she probably does more of the housework. But in a sense, I don't know if this is mean, but you could kind of say, no one tells her to do it, but she does it anyway just for us. I guess Mum really wants the best for us, and Dad does as well, but he probably doesn't show it the same way, I guess (16, CE, M).

Mum does most of the housework because of the nature of Dad's business. He's on call 24 hours a day, so Mum does most of the housework, but Dad earns the money to pay for the house so it balances out (17, SS, E).

In each of these excerpts the interviewees report that their fathers have greater responsibilities in the workplace and therefore less time to contribute domestically. For instance, in the first extract the interviewee claims that despite both parents working outside the home, the father's lack of domestic responsibility is attributed to his demanding schedule. Although the interviewee conceded that his mother's time is also restricted, she still takes most responsibility for the housework. The mother's duties within the house are interpreted to be a sign of her affection and care for the interviewee and his siblings, feelings that his father may not show as often. In the second instance, the stay-at-home wife and mother is expected to assume domestic responsibility in the house that has been provided by the father's institutional labour.

Bittman (1991) reports that where domestic chores are shared by both sexes in the Australian home, females are typically expected to look after the 'indoor' duties such as cooking, cleaning, and child care, while males typically take on 'outdoor' duties such as maintaining the garden, car, and home. This situation was evident in the majority of interviewees' households where both parents were reported to contribute domestically - the father's duties were outside and mother's duties were inside:

My Dad does all the handy work and builds stuff. He just recently built a table and bar. My Mum does all the washing and cleaning inside the house (17, CE, E).

Dad does most of the gardening; mum does most of the cooking, cleaning and stuff (16, CE, M).

Observing behavioural cues from parents, the adolescents have deduced that their mothers are responsible for domestic duties within the house and their fathers are responsible for duties outside the house, whether it be in the garden or at the workplace. In each excerpt the division of labour is presented as being a balanced partnership in which both parties are satisfied with the arrangement.

One interviewee, however, did note that the assignment of domestic chores within his family had created dissonance. The following excerpt describes the way in which the household chores are assigned to the female in the family, despite both parents being engaged in full-time employment outside of the house:

Sometimes Mum will get pissed off because Dad will come home from working twelve hours, and he's pretty knackered, and he just grabs a beer and sits in front of the TV. And Mum's just come home from working eight hours and ... she's pretty knackered as well but she's got to cook dinner, wash clothes, prepare lunches for tomorrow, iron shirts etc (15, SS, E).

Once again, the suggestion is made that the tendency for women to do more housework is due to their less demanding obligations outside of the home. Gilding (1994) claims that in most contemporary Australian households where both the male and female are employed outside the family home, the female is still expected to take responsibility for the majority of housekeeping duties. This was also the case for the few interviewees living in single-parent homes who stated that despite their mother being employed in the workforce she was also primarily responsible for keeping the house. It appears the division of labour and the roles adopted by the primary male and female figures within the interviewees' homes closely resembled the roles adopted in the greater society. Interviewees' observations of these roles therefore provide them with some indication of what is expected of each of the sexes.

The father's role within the family, then, appears to be reinforced through belief systems based on tradition. According to the interviewees, the father or dominant male role within the family is generally excused from the role of the 'homemaker', and he is expected to assume a position that embodies more 'masculine' responsibilities. When interviewees were asked what these more 'manly' responsibilities might entail, emphasis was placed on the male's capacity to fill the roles of what could be classified as the 'Provider', the 'Protector', and the 'Authoritarian'.

The ‘Protector’, ‘Provider’ and ‘Authoritarian’: In the following passage, the interviewee perceives the prescribed gender roles to be enforced through social and cultural expectations, suggesting it is still very much the male’s duty to be the primary ‘Provider’ within the household:

Certainly males are expected to work everyday and stuff, and females still like can go to work or stay at home... Like if someone is a housewife or working-wife, society doesn’t really think it matters (15, SS, M).

In this excerpt the interviewee implies that society holds a double standard towards men and women in the workplace. While it is socially acceptable for females to assume the role of provider or homemaker or a combination of both, males are expected to contribute to society primarily on the basis of their employment.

The expectation to ‘provide’ for the family financially was also closely linked to the expectation to ‘protect’ the family from possible harm. Interviewees indicated that in the roles of the ‘Provider’ and ‘Protector’, the male is required to oversee the financial security of family members as well as their personal safety:

Well, basically they [fathers] are the strong figure. They look after the family, they go to work, make all the money, come home and still try and look after the family. Try to make sure everyone is safe (17, CE, E).

The role of the ‘Protector’ was also closely related to another role the interviewees perceived their fathers to enact, that of the ‘Authoritarian’. In this role, the male assumes the task of the guardian by enforcing control and taking charge of the household:

I think they [fathers] should be looking out for everyone and be in charge (17, CE, E).

They [fathers] should be in control of the situations in the family and be trying to help out the family (15, SS, E).

My Dad is sort of the guy who disciplines the kids and my Mum is the nice figure who is like 'Leave them alone, leave them alone' (16, SS, Y).

The last excerpt again presents the division of gender roles existing in the familial environment. With the male figure often presented as the 'Authoritarian', responsible for implementing disciplinary action in the family, the mother then assumes the counter-balancing role of the supportive nurturer.

The role of the 'Authoritarian' is also reinforced through the process of socialisation. In the following quote, an interviewee rationalises his father's extreme display of authority by suggesting that it is based on his father's own experiences with traditional gender roles:

My Dad grew up in the 'the male is the master of the house' and the sons have to be 'Yes sir, yes sir, three bags full sir', you know that type of thing. And they go out and help on the farm and the girls stay inside and help cook with Mum, and Mum shuts up. But that's not what things are like anymore, and he doesn't realise that. So Dad's like, like, he expects things to be that way. So when I open my trap and say 'No' it causes pretty bad fights (15, SS, E).

This interviewee's story is particularly revealing in that it reflects many of the prescriptive gender-typing processes illuminated in previous extracts. First, this extract reiterates the naturalised division of household labour that reaffirms the prevailing gender roles, with the men expected to work outside of the family home and the women expected to oversee domestic chores. Second, this story supports the notion that gender roles are learned through a process of socialisation, evident from the father's adoption of the authoritarian role which is believed to have stemmed from his own childhood experiences. And finally, the power struggle between the interviewee and his father

reflects the adolescent's emotional dissonance created by the pressure he faces to obey his parents at a time when he is trying to establish his independence. We see the male adolescent grapple with the expectation to follow his father's 'authoritarian' command, and the desire to exert some 'authority' over his own decisions and actions. This story, therefore, conveys the way in which gender roles can assume a degree of constancy through the generations.

Reinforcing

Moschis (1987) suggests that parents are most likely to socialise their children through reinforcement behaviours such as reward or punishment. During discussions with the interviewees, it was revealed that their own expectations to achieve appeared to stem from the reinforcement behaviours enacted by the primary socialising agents in their lives, their parents. The expectations parents' hold in regard to their sons' achievement, emotional expression, and independence appear to significantly influence the beliefs held and behaviours enacted by the interviewees. The following areas are presented in an order reflecting the emphasis and importance attributed to them by the interviewees.

Achievement: Many interviewees felt that their parents held high expectations for them to achieve academically and athletically:

My Mum and Dad expect a lot from me (15, CE, Y).

My parents have got very high expectations for me, but I just do my best (16, CE, M).

Parents' expectations for their sons to be successful were, according to interviewees, most often related to the adolescents' schooling:

Your parents are pretty much on your back to do heaps of study and stuff (15, SS, M).

I suppose a lot of guys are pushing themselves to do well in school because their parents want them to, and in sports and stuff. And I know there's a lot of people who do things because their parents want them to, like play an instrument or certain sport (16, CE, E).

As these interviewees indicate, parents not only hope their sons achieve academically, but that they also undertake artistic and athletic pursuits. It was believed by the interviewees that an inability to display competence in these domains would lead parents to view them as failures. Thus, such expectations were described as often leading to feelings of stress and anxiety in the adolescents, fearful that they would not be capable of pleasing their parents.

Interviewees noted in the first projective exercise (as outlined in Chapter 3, see Appendix H) that the expectation to accomplish academically was one of their greatest causes of concern at this time of their lives. In particular, interviewees felt that the greatest pressure to achieve came from their parents during exam time. The pressure to be successful appeared to be especially important for those students in their final year of schooling and sitting their Tertiary Entrance Exam (TEE). The following quotes illustrate how parental expectations to achieve fuel the adolescents' fear of performing poorly in their exams:

AM: *WHAT WAS CONCERNING YOU AROUND EXAM TIME?*

I: *What my parents will think.*

AM: *WHAT DO YOU MEAN BY THAT?*

I: *How they would judge me on my scores... They were expecting me to do above average (17, CE, E).*

AM: *WAS ANYTHING WORRYING YOU DURING YOUR (TEE) EXAMS?*

I: *Expectations, mine and my parents. What they expected me to do. My Dad's more laid-back. If I do well, that's good. If I don't, well it's not the end of the world. Mum sort of says 'Do good', you know (17, CE, E).*

AM: *WAS ANYTHING WORRYING YOU DURING EXAM TIME (THE TEE)?*

I: *My parents were on my back ... There was a bit of pressure... to make sure that I do well and make sure that I was studying. Keeping on my back to make sure I didn't slack off (17, SS, M).*

In the first excerpt the interviewee fears his parents would 'judge' him based on his scores. The use of the word 'judge' is particularly significant in that it implies the interviewee believes that his parents would form a critical opinion of his accomplishments solely based on the score he was to receive. This further alludes to the belief that his parents would measure his worth or value on the basis of his academic achievements. It is perhaps this belief, regardless of its actuality, that drives some adolescent males to achieve in order to prove their competence to significant others. The second and third excerpts also suggest that parental expectations were the cause of worry during the interviewees' TEE. The final quote particularly reveals the interviewee's aversion to such expectations through the repetition of the slang phrase "on my back". This phrase is typically used in Australian culture to describe a persistent nagging one must endure from those in authority (Cooper, 2002), highlighting how his parents' expectations were enforced at this time.

Many interviewees indicated that the pressure to achieve was not just limited to examination periods, but existed year round. Interviewees reported that the pressure to accomplish academically or athletically was at times at the expense of their mental health. As the following interviewees explain, the greatest cause of their stress during adolescence was the pressure they felt to be successful:

AM: *WHAT DO YOU CONSIDER TO BE THE MOST DIFFICULT THING YOU HAD TO DEAL WITH THIS YEAR?*

I: *There's pressure from parents to do well in school and sports. So you push yourself a little harder. In the long run you'll do better, but you can get pretty stressed out (16, CE, E).*

AM: *HAS ANYTHING STRESSED YOU OUT THIS YEAR?*

I: *I don't know, I guess there's expectations and stuff...your parents would want you to do well in school or better than if you were a girl...Like whenever they try to put the expectations on me, I speak back to them and say don't put that expectation on me. It's a lot of pressure and I don't need it... They are expecting me to do well, and it's like, take your time to get to know me and you might realise I can't actually do that thing (16, CE, E).*

Despite indicating that stress resulted from attempts to meet his parents' expectations, the first interviewee suggests his current distress is outweighed by the possible long-term benefits that may emerge from his scholastic efforts. It is perhaps this interviewee's view that his parents' expectations stem from their desire to see their son reach his potential. On the other hand, the second interviewee implies that the expectation to achieve is largely the result of his being male. Theoretically this notion is defined as the role of the 'overdog', where society believes males to be capable of achieving to greater degree than females simply because of their sex (Jesser, 1987). This adolescent suggests that his parents hold a traditional view of gender roles and therefore expect that as a male he should be capable of achieving better academically than if he were female. The pressure to succeed for this interviewee not only appears to cause him distress, but also leads to his feeling misunderstood and believing his parents are unable to appreciate the extent of his capabilities.

Other interviewees noted that the pressure to excel academically was related to cultural background. For instance, the pressure to achieve appeared to be a particularly relevant stressor among those interviewees whose parents had migrated to Australia. Many of the males with parents of ethnic backgrounds discussed the importance that was placed on academic accomplishment. While many second-generation interviewees suggested that the pressure to meet their parents' expectations caused anxiety and stress, some also indicated that this pressure at times created conflict within their families. For

instance, the following interviewees, whose parents had migrated from Asia, suggested that intelligence is an attribute highly valued within their culture:

Mum expects me to, this is all Chinese people, expect you to be smart, and you know, you can't be. You have to be smart; you can't really do your own thing. I think the Chinese culture is just like that. I want it to change. You always have to keep studying, studying, studying and you get all this pressure from your parents, like you have to do well. And I'm like, 'come on, I want to rest' (15, CE, E).

AM: *WHAT HAS THE MOST INFLUENCE OVER YOUR LIFE?*

I: *My Dad, parents.*

AM: *IN WHAT WAY DO THEY HAVE AN INFLUENCE IN YOUR LIFE?*

AM: *They consider it as essential to follow what they say, but sometimes I refuse...Then we have this big talk and it turns into a fight.*

AM: *WHAT DO YOU USUALLY FIGHT ABOUT?*

I: *Most Asians expect their sons to become doctors but I don't think I'd be able to do that (15, CE, Y).*

These adolescents suggest they feel pressured by the academic standards that exist within their parents' home culture, and the expectations their parents have for them to live up to these ideals. Furthermore, as it is suggested in the second excerpt, conflict can arise when adolescents doubt they are capable of meeting their parents' expectations.

An adolescent of European descent also suggested that the pressure placed on him by his parents to achieve academically was largely the result of their ethnic background. In this instance the pressure to achieve appeared to emerge from the parents' desire to see their children accept educational opportunities that they were unable to experience:

I guess the general wog population, they've worked hard for everything they've got and they sort of expect you to work hard and do what they've done. And like, they're always telling me how they wished they worked hard at school and sort of went to uni and got a nice job. And they're always telling me that's what they want me to do, because they didn't and they regret not doing it. So I've sort of got to live up to that and do my TEE (16, SS, Y).

The generalisation that European migrants are hard workers reflects the cultural guidelines that have shaped the beliefs and attitudes of this interviewee. In maintaining the belief that the culture in which he has been raised values achievement and accomplishment, the interviewee comes to assume that he must also adopt this work ethic.

Other interviewees also suggested that their efforts to meet their parents' expectations stemmed from their desire to avoid disappointing them or to avoid possible punishment for failing to attain expected results. The following interviewees describe the importance of pleasing their parents:

AM: *WHAT HAS THE MOST INFLUENCE IN YOUR LIFE?*

I: *I don't know. I guess my dad influences me to be smart. I know I keep pushing this smart thing, but it virtually keeps coming and coming and coming.*

AM: *HOW IMPORTANT IS IT FOR YOU TO DO WHAT YOUR DAD WANTS?*

I: *Very important. Like it's important to him and I don't want to disappoint him because I love him and stuff... It stresses me a bit, because like I get this huge stack of pressure to do well (15, CE, E).*

AM: *WHAT IS YOUR GREATEST CONCERN AT THE MOMENT?*

I: *School work and studying... You want to enjoy yourself and go to parties, but you have to concentrate more on schoolwork... You want to have fun with friends, but your parents make you study instead.*

AM: *IS IT IMPORTANT TO DO WHAT YOUR PARENTS WANT YOU TO?*

I: *Very important. Good grades will mean happy folks... If I fail my tests then that will mean angry parents. So it is important (16, CE, M).*

It is significant that these interviewees are primarily concerned with disappointing their parents if they fail in their studies. This is expressed especially in the first extract, where the interviewee readily admits that the pressure to achieve within his family is the cause of his stress, and he maintains that the importance of pleasing them takes precedence above all else. Similarly, the second extract reveals that the interviewee is driven to achieve academically predominantly by the desire to win the approval or avoid the reproach of parents. Thus the fear of disappointing parents appears to be a primary motivation for these adolescents to continue studying in order to attain the accomplishments their parents expect of them.

Emotional Expression: While parental expectations were discussed above in particular reference to the interviewees' scholastic endeavours, some interviewees also provided evidence that various actions of family members reinforce other behaviours aligned with the traditional 'male' stereotype. For instance, some interviewees alluded to the way in which family members shaped their emotional expression during their childhood. As the following interviewees assert, the expectation to be seen as 'tough' and unemotional is reinforced by the expectations of parents and siblings:

AM: *IS THERE A DOWNSIDE TO BEING A MALE?*

I: *You're expected to be seen as the tough person, and you're not always that way.*

AM: *WHO DO YOU HAVE TO BE TOUGH FOR?*

I: *The parents and stuff expect you to be the tougher person and that you're not emotional and stuff (16, CE, M).*

AM: *WHAT WAS IT LIKE GROWING UP WITH THREE BROTHERS?*

I: *It was all right. Sometimes you'd get called a sook when you're growing up... so you become tough (17, CE, M).*

In the first excerpt, the interviewee suggests the need to be seen as strong and resilient is reinforced by his parents' expectations not to show emotion. This appeared to be a common belief among interviewees, who implied they were unlikely to display or express emotion to their parents when faced with a problem. Many interviewees indicated that they respected and admired their older brothers. It is not surprising therefore, that the adolescents would take the comments made by these siblings seriously. As reflected in the second excerpt, the interviewee learned that in order to gain the respect of his brothers and prove his maturity he was required to put an end to expressing his feelings when distressed by 'toughening' up.

Only one interviewee reported to have been assured by his parents that being emotionally expressive was acceptable behaviour for males. This interviewee describes how he was often encouraged to discuss his feelings with his parents and this allowed him to feel comfortable in approaching them in times of distress. Of significance here is that both parents had formal training in social work, and therefore had the advantage of being educated in communicating with youth. The interviewee stated that given his parents' background, he grew up in an environment where being emotional and sharing feelings was a frequent and normal practice:

AM: HOW WOULD YOU DESCRIBE YOUR FAMILY LIFE?

I: We're a pretty close family altogether I think. My parents always encouraged me to be my own person and that it's all right to be your own person.

AM: ARE YOU FAIRLY OPEN WITH YOUR PARENTS?

I: Pretty much. Because of their background, social workers, they get you to talk and stuff.

It was some time later in the interview that he again spoke of his family's attitude towards emotional expression:

AM: WHO DO YOU THINK HAS THE MOST INFLUENCE IN YOUR LIFE AT THE MOMENT?

I: Probably my dad. I guess because he's always encouraging me to break the stereotype and like saying

it's all right to be an emotional person, expressive and that sort of stuff (16, SS, E).

As this interviewee states, emotional expression is something encouraged rather than discouraged within his family. Although a few of the adolescents interviewed implied that they had on occasions been encouraged by parents to approach them should they require help, it was only this interviewee who specifically noted that his father encouraged him to be open and expressive. Thus, like the other interviewees this adolescent male had also been significantly socialised by his parents; however, in this case he was exposed to reinforcement behaviours that nurtured his emotional competence.

Independence: Some interviewees also referred to the way in which independence was encouraged within the family. For instance, one interviewee stated that as he gained increased independence he was expected to adopt the role of a surrogate 'Protector' in his parents' absence. This adolescent of Middle Eastern descent describes the way in which he is expected to act as the guardian to his sister, despite her being two years his senior:

AM: *ARE YOU TREATED DIFFERENTLY FROM YOUR SISTER?*

I: *Yeah, like I kind of feel sorry for my sister, but then I suppose my parents were brought up that way so you expect it.*

AM: *WHY DO YOU FEEL SORRY FOR HER?*

I: *Like, if she wants to go for a walk, I'll have to go with her. Say if she wants to stay at home, I'll have to stay at home with her, because it's a safety issue... I don't know how she takes it, she doesn't say anything about it; she acts like it's perfectly fine. I don't know what she actually thinks about it, I've never asked her. But I can see it, and I think if I was put in the same situation I wouldn't like it at all. But I don't say anything (16, CE, M).*

The socialisation of this adolescent into the role of the 'Protector' again creates a dichotomy of gender roles, with the female presented as vulnerable and dependent. This

excerpt reflects the way in which male adolescents may be educated and moulded to assume the roles expected by their families, who are in turn socialised by the norms within their culture.

It is apparent, then, that the interviewees' perception that the adult male provides, protects, and controls is socialised through a process of modeling and reinforcement. Initially, by observing the father or primary male adult in the family, the adolescents are able to discover and come to understand the roles that a 'man' is expected to adopt. Additionally, the traits that make these roles possible are reinforced by parents' expectations for their son to embody these prescribed male roles as he matures and proceeds into manhood. That is, to achieve and be successful in order to become the 'Provider'; display strength and independence in order to become the 'Protector'; and display control and emotional distance to establish a role as the 'Authoritarian'. It is also through monitoring the relationship between the male and female relationships in the family that the interviewees have come to understand to whom various roles are assigned and learned to accept the norms within their families.

4.4.2 Peer Socialisation

Modeling

The importance of forming an affiliation with peer groups appears to play a significant role in motivating conformist behaviours (Lohman & Jarvis, 2000; Martino, 1995; Salmon, 1992). Adolescents frequently conform to peer behaviour at this age, as it is of primary importance to feel accepted by others at this stage of development (Pleck & Sawyer, 1974). Interviewees indicated that to ensure acceptance by their peers, they needed to *"fit in and be like the others"* (17, CE, E), by *"being able to do [their] own thing and not standing out"* (17, SS, E).

Interviewees suggested that they were able to learn what was acceptable conduct by observing and then imitating their male peers. For instance, interviewees suggested that

their acceptance by other males was based on their ability to conform to standards of dress, behaviour, and interests. As the following adolescents report, modeling appearance based on standards set by peers is imperative to group acceptance:

There are quite a few people who feel pressured by their friends to appear a certain way, or dress a certain way (16, SS, E).

When I first came to [the school] I didn't really know the fashion sense and stuff so I just paid attention to what everyone was wearing and that influenced me. I basically stick to that image now. I wear the same clothes as everyone else (15, SS, M).

The way we dress is important. Most of the kids here, are 'surfies', we don't have any 'homies' here. But I like the 'homie' clothes, the dada pants and silk shirts and stuff. And if I was to rock up to a party like that they'd [friends] be like 'What the hell are you wearing?' ... I have mates out of school who are 'homie' style people, and all my mates in school are 'surfie', so I do have a range of clothes I just wear depending on who I'm with (16, CE, M)

Just as conforming to certain dress standards appeared important to the interviewees, many expressed a similar pressure to conform to certain behaviours expected by their peers. Interviewees considered the ability to model behaviours considered to be typically 'masculine' was one of the most practicable ways to be accepted by their peers. For instance, the following the interviewee suggests that acceptance is achieved not only by modifying dress to conform to that of peers, but also in changing personality and behaviour:

If you really want to get into the group, you like change the way you dress, or your attitude toward something, or your personality (15, CE, E).

It is interesting that the interviewees considered the ability to change their character to be as easy as changing their clothes. Changing personality or behaviour was perceived

to be simply a matter of modeling the traits displayed by their peers. The following interviewees describe the behaviour expected of them when interacting with their peers:

I: The guys here all expect you to be one of the 'guys'

AM: HOW DO YOU BECOME ONE OF THE GUYS?

I: Well, you just have to prove that you're tough really. That you can handle anything and that you're not going to lose it if you get hurt in sport or when something bad happens, like if you get dumped by a girl (15, SS, E).

It's more like stereotypes with my friends to be tough and macho... Especially with all the sports and stuff, you've got to be a tough football player or rugby player (16, SS, E).

The guys expect the other guys to get out there and play footy, the rough and tumble type thing, and the girls are seen as sitting around at lunch time and stuff (16, CE, M).

It is apparent in these excerpts that the interviewees believe they are expected to model their behaviour according to norms established by their male peers in order to gain access to membership in peer groups. Interviewees suggested that in most cases this involved the display of overtly 'masculine' behaviour. Much like the statement presented in the first excerpt, many interviewees often used generalisations when discussing what they believed to be typical male behaviour. That is, most interviewees stated that adolescent males were likely to adopt the traditional male role and then glossed over what this role entailed by simply classifying it as behaviour that is typically displayed by "guys". By using the word 'guys' to communicate a broader explanation of male behaviour the interviewees demonstrate that the signification of the male role is so readily established in western society that the researcher would understand the intended meaning. The excerpts above provide some clarification of what this 'male' behaviour encompasses, that is strength, resilience, and athleticism. As the third extract indicates, it is the display of athletic activities during lunchtimes that differentiate the males from the females who are engaging in the passive activity of "sitting around". Thus, the traditional gender dichotomy of the 'active' male and

‘passive’ female is used as one of the standards by which these adolescent males have learned the appropriate behaviours for their sex.

Some adolescents viewed the expectation to fit into a certain ‘masculine’ mould perpetuated by peers as a burden. As the following extracts reveal, the expectation to comply with the masculine behaviour expected by peers creates difficulty for those adolescents wishing to express their individuality:

It's hard to express yourself at school. You have to conform to other people. To do not what they want you to do, but what they expect you to do (17, CE, E).

[At school] we've got a certain, what's the word, there's a way that a male is meant to be perceived, you know. We're meant to be masculine, macho types. Likes sport, drinks beer, that sort of thing... It's a pain in the arse (17, CE, M).

The importance of conforming to the image or behaviour expected by peers was not only evident in the interviewees' attempted compliance with these expectations, but also in the distress it can cause when the adolescents feel they are unable to model these ‘masculine’ traits:

I: I tend to worry that I come across as different and I don't mean to.

AM: WHAT DO YOU MEAN BY 'DIFFERENT'?

I: Just not fitting in completely because I don't like football. And they all talk about the cricket and I just go 'What's an Over?' ... I don't particularly like a lot of the things 'guys' do. I don't like sport basically, and I don't like cars (17, CE, M).

This interviewee brings to light the pressure adolescent males can experience when complying with the expectations of their peers to engage in activities and discussions of activities that are accepted as typically ‘male’. The interviewee’s disinterest in these ‘male’ activities means that he lacks the appropriate knowledge that would allow him to

successfully commune with his male peers on a social level. An inability to bond with his male peer group appears to lead to feelings of detachment and therefore causes the adolescent to worry about his being 'different'. The reasoning for this fear of being perceived as different to one's peers is explicated in the following section.

Reinforcing

As has already been explained, males learn how to fit in with their peers by modeling their appearance and behaviour. It also appears, however, that males learn the necessary behaviour expected by their peers through reinforcement. Interviewees suggested that peers expected males to conform to traditional gender norms by appearing and behaving overtly masculine. If they fail to conform to peer expectations they are likely to suffer the consequence of being punished by their peers through teasing or exclusion. Kimmel (1994) asserts that peers act as a kind of 'gender police' during adolescence, threatening to declare males incompetent in the male role if found to be deviating from the expected male behaviours. The following interviewees describe how those males who suffer from bullying are those who appear to deviate from the perceived 'norm':

AM: *WHAT WOULD BE YOUR BIGGEST CONCERNS AT THIS AGE?*

I: *Getting bullied*

AM: *WHAT ARE THE GUYS MOST LIKELY TO GET BULLIED ABOUT?*

I: *Not fitting in straight away, being different, wearing different clothes and things like that. The way I see it people are always afraid of what's different and stuff (15, CE, M).*

AM: *WHY DO STUDENTS GET BULLIED?*

I: *Little things, these days. Being different in any way. Having different opinions on different issues, having different priorities (16, CE, M).*

Like if you choose to do something differently to what the majority are doing they think 'What is he up to?' The sort of tall poppy syndrome. If you stand out you're going to get cut down for sure (17, SS, E).

When the interviewees were asked to elaborate on what distinguishes those who behave 'normally' from those who behave 'differently', a distinct dichotomy became apparent. Those classified as normal were seen to behave according to the traditional male gender role, that is, displaying 'masculine' traits. Alternatively, those classified as different were thought to be displaying characteristics considered to be 'effeminate' rather than masculine. The disparity between these two groups was highlighted by the way in which each was classified by their peers. Those seen to be normal were considered to be 'macho', while those seen to be 'different' were labelled 'gay' or 'girly'. The following excerpts describe the nature of this dichotomy:

AM: *DESCRIBE THE WAY THE GUYS ACT HERE IN THE SCHOOL*

I: *Well, you have to act like a male. Like you can't act effeminate.*

AM: *SO WHAT WOULD BE CONSIDERED 'EFFEMINATE'?*

I: *So if you walk like it [femininely]. You have to be boyish really...just walk normally. The way he carries himself, like his voice or the way he walks or the way he acts around teachers or friends or anything (16, SS, E).*

AM: *HOW WOULD YOU DESCRIBE THE WAY THE BOYS ARE SEEN AROUND THE SCHOOL?*

I: *I think there's quite a bit of pressure to be seen in a certain way, you're either the macho type or the queer sort of guy, sensitive. Like you're either one or the other, you're not a mix you know.*

AM: *WHERE DOES THIS PRESSURE COME FROM?*

I: *It's pressure from other people to see you in a certain way. Most people want to see you as the bossy type or the sensitive type, sort of. It's a bit weird, you can't be both (17, CE, E).*

AM: *HOW WOULD YOU DESCRIBE THE WAY THE BOYS ACT AT SCHOOL?*

I: *Not like girly or anything (15, CE, Y).*

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AM: *HOW WOULD YOU DESCRIBE THE WAY THE BOYS ACT AT SCHOOL?*

I: *Not like girly or anything (15, CE, Y).*

There are some guys who are not really macho at all. Like there's one, he's still pretty cool, but he'd be seen as gay (16, CE, E).

It is apparent from these excerpts that the pressure to behave according to the expectations of peer groups is reinforced by the threat of being seen as effeminate, and therefore cast as 'gay' or 'girly' by peers. Thompson (1987) asserts that the most humiliating insults are those that question one's sexual orientation, and such insults are often used by adolescent males in an effort to establish status and power relations. Thus the pressure to conform to the masculine norm is reinforced among peer groups by the classification process that enables those who conform to the standard to be accepted and those who do not to be excluded and considered the 'other' (Archer, 1992; Browne & Fletcher, 1995; Epstein, 1998; Griffiths, 1995; Jackson, 1998).

Not only were those males who appeared to display feminine qualities cast as 'gay' or 'girly', they also often suffered further punishment in the form of bullying. When interviewees discussed the tactics used to tease other male students, references to being 'gay' or 'girly' were often used to insult. Thus the tag of being effeminate is used in a derogatory way:

AM: *WHAT SORTS OF THINGS WOULD YOU SAY WHEN YOU'RE TEASING SOMEONE?*

I: *'Look at you, you're such a pansy, you've got a small dick' (15, CE, E).*

We've got this really fat, ugly kid that we swear is a gay paedophile, so we make sure he knows about it (17, SS, E).

These extracts reveal bullying from the perspective of those who enforce it. When teasing their peers, references to being gay or feminine are used by these adolescents as a means to discredit the other's masculinity. Badinter (1992) claims that the Phallus, signifying power and control, is often used symbolically as a measure of one's masculinity. Likewise, the bullies in these excerpts attempt to emasculate other male

students by choosing to insult the size of their genitals and using the term 'gay paedophile'. By using these specific references to insult the other males, they reveal that such terms are already laden with negative connotations within their peer groups. Thus in suggesting one may be gay or girly the bully intends to not only insult, but also to alienate the victim from what is deemed normal and to make them feel abnormal and unacceptable in the peer group.

While few of the interviewees indicated that they had directly experienced bullying, many had experienced it vicariously through observation. Although interviewees did not directly encourage this behaviour, many implied that bullying was justifiable when a male had failed to conform to the 'norm'. The following interviewees suggest that males who overtly display their feminine characteristics 'annoy' their peers and are therefore more likely to have to contend with verbal taunts and the threat of physical violence:

AM: WHICH GUYS ARE MOST LIKELY TO GET TEASED?

I: I've noticed it's the ones that bring it upon themselves. Because you've got like two kids who might look feminine sort of. One of them is quiet, he doesn't say anything. The other one, sort of, is like always annoying people so they call him a 'poof', like that (16, CE, Y).

AM: WHAT HAPPENS TO THE GUYS WHO ARE SEEN TO BE ACTING EFFEMINATELY?

I: It depends really. If it's annoying it's most likely there will be a big group of guys who want to smash him and stuff (16, CE, E).

Like if there's a gay guy or he's a bit effeminate, he'll get a lot of shit at school. Like one guy actually left the school (16, SS, E).

Few interviewees were willing to admit to being teased, but those that did revealed that it was often for participating in what was considered by their peers to be 'unacceptable' behaviour for a male. For instance, the following interviewee discusses his own

personal experience with bullying when peers discovered he participated in what was viewed as a feminine activity, ballroom dancing:

At school I'm a little bit different to what I am with my friends out of the school, because I worry that if I do something that they don't like I will get knocked down. Because in year 6 and 7 I was getting a bit of shit because I used to do ballroom dancing. And they didn't like it and they give a bit of shit for that. So I got kind of knocked down, like my self-esteem. But I kind of picked myself back up and now I don't really care what they think (15, CE, M).

AM: *HAVE YOU EVER BEEN TEASED?*

I: *Yeah, I've been given a bit of crap for what I think and stuff before.*

AM: *FOR WHAT YOU THINK?*

I: *Like when kids say "When are you going to have sex?", and I say "I'm not going to have sex because I don't believe in sex before marriage", you get called a virgin. So if guys think you're a virgin you get teased a lot more because you're not being one of them (17, SS, M).*

Reimer (2002) asserts that adolescent males are likely to be revered by their peers if they engage in sexual intercourse. This may be because male sexual conquests are perceived to be a statement of power, strength, and domination (Phillips, 1993). Furthermore, the sexually active adolescent male reinforces his gender role by demonstrating to himself and others his competency to act as a male adult (Brittan, 1989; Honess, 1992). Thus a rejection of sexual activity during adolescence, as evidenced in the extract above, is perceived by the interviewee's male peers to be a rejection of the male role.

It appeared to be common knowledge among the interviewees that not only would they face the possibility of verbal and physical threats if they failed to conform to the expected male gender role, but the threat of exclusion from peer groups was also presented as another possible deterrent to acting 'differently'. The following adolescents provide insight into the risk of social exclusion if one is seen to fail to conform to the acceptable male role:

- I: They don't want to be an outcast so they make sure that they're doing the right thing at school.*
- AM: WHAT IS THE 'RIGHT THING'?*
- I: Just to make sure that you're not totally different. Like if you're different people don't mind, but if you're totally different people don't want to be around you*
- AM: WHAT DO YOU MEAN BY DIFFERENT?*
- I: Just not acting like one of the guys (15, SS, M).*

Like everyone wants to fit in and you sort of, I don't know, I guess you're pressured to do the same or be on your own. So there's quite a bit of pressure (16, SS, E).

- AM: HOW IMPORTANT IS IT TO COMPLY WITH YOUR FRIENDS?*
- I: Well, like it is really important. If you aren't in the group, no one is going to ask you to go to a party and stuff, you just sit at home by yourself. So you sort of have to live up to certain expectations (16, SS, Y).*

As the first interviewee indicates, there is a "right" way to act, and this involves acting like "one of the guys". The others reinforce that should they fail to act the "same" or as the "group" does, then they risk being isolated and alienated.

In summary, through the process of modeling and reinforcement the interviewees have learned what is acceptable and unacceptable male conduct in their peer groups. The adolescents' motivation to comply with the expectations of their peers can therefore be understood in terms of their desire to be accepted into peer groups and to avoid the consequences they may face for failing to enact the masculine role. At this age acceptance into peer groups plays an important role in creating a sense of self-worth (Pleck & Sawyer, 1974). Thus the belief that they can competently adopt the role of the male as demonstrated by their peers is imperative to adolescents' self-esteem.

4.4.3 Media Socialisation

Modeling

The media is also identified as a powerful socialising agent in conveying standards of behaviour and presenting models of traditional gendered roles (Brown, 1995; Nelson, 1987). Easthope (1990) suggests the strongly coded behaviours of masculinity are enforced in media images as much as they are in family and peer groups. For instance, the ideal male has been presented implicitly in fictional representations ranging from Tarzan to Superman, The Lone Ranger to Rambo, as well as images of males in sport and music industries. These characters are often presented as heroes, possessing traits that are idolised by males and admired by females (Fejes, 1992; Langker, 1995; Pecora, 1992). In this study, interviewees suggested that males in the media are often portrayed and differentiated through stereotypes. Regardless of the medium through which these images are transmitted, most of the male adolescents agreed that the ideal male is often presented as possessing traditionally masculine traits such as strength, intelligence, athletic ability, and emotional restraint. Interviewees did, however, point out that they are most frequently exposed to these stereotypes in television shows and films. The following excerpts reveal some of the characteristics that are used to illustrate the typical male in these media:

You can see that the media tries to make you feel like you should be a tough, courageous male. And you don't share your feelings and you don't commit, that sort of thing. They're all stereotypes (16, SS, E).

[The media] always show the charming guys who pull all the chicks at the pub...or the guy who is good at everything... You see your role models and stuff and so what they do you want to try and follow them, which is not always a good thing (16, SS, Y).

It is interesting to note that these interviewees also allude to the pressure that some may feel in modeling these stereotypes. For instance, the first quote suggests the media attempts to make one "feel" as though they "should" display the qualities presented as those of the typical 'male'. The second excerpt reiterates this point in suggesting the

powerful influence of the media may encourage adolescents to mimic the behaviours, positive and negative, of their role models.

Interviewees also discussed the stereotyped presentation of the male physique. They asserted that a muscly and toned body was used in the media as a sign of physical strength and a representation of male perfection:

They're supposed to be macho and all big and tough like Sylvester Stallone or something (16, CE, E).

[The media] portray [males] to the viewer in a certain way... certain stereotypes where they've [males] got to act in a certain way... Like you never see a guy modelling underwear if they've got a bit of an overhang and stuff. And so like, as a male, you think if I've got an overhang something's going on here... So you want to get the toned body because that's what it's meant to look like. It shows you can be tough and take anyone on (16, SS, Y).

These two extracts are particularly significant, as the interviewees identify characters typically used in the media as exemplars of the ideal male physique. In these quotes, the muscled and toned bodies of mythological characters such as “Rambo” and the “Underwear Model” come to signify strength and attractiveness. The adolescents indicated that the desire to model this physical form may be based on the meaning it conveys to others. It is in the last quote that the interviewee suggests that this ‘ideal’ physique may incite anxiety if the adolescent does not embody the muscular physique he believes he is “meant to” possess. The perpetuation of these idealised characters, then, is of some concern in regard to male body image. As Barthes (1997) states, it is the ‘distortion’ of reality that maintains these cultural myths.

The following interviewee, however, notes that although adolescent males may take cues from exemplars in the media, it is ultimately their own expectations that drive their desire to achieve the archetypical muscular physique:

There are probably a lot of guys that want the six pack and the huge biceps and triceps that could part a steel bar with two fingers... so it's the image that a lot of men want... For guys it's pressure that you put on yourself. There's no necessity to be Mr Universe, to be compared to Arnold Schwarzenegger, there's no sport or trade that requires it (17, SS, E).

From the outset, the interviewee provides an illustration of the prototypical masculine form, thus indicating that the idealised muscular physique is readily identified and accepted. Although the interviewee claims that it is the expectations of the individual that motivate the desire to attain this physique, such desire cannot exist without the pre-established cultural guidelines directing members of society to maintain this ideal (Hesselbart, 1981). Furthermore, as with 'Sylvester Stallone' or the 'Underwear Model', the specific selection of 'Mr Universe' and 'Arnold Schwarzenegger' as exemplars of this muscular physique again illustrates the way in which these cultural guidelines pervade society. Despite acknowledging the impracticality of attaining the muscular build presented by these idealised 'characters', the interviewee maintains that this stereotypical physique is the one desired by most males.

While most interviewees believed that a male's physicality was promoted as a prominent feature of masculinity, some suggested that this image had changed in recent times. These adolescents believed the media also portrayed intellectual and athletic abilities as traits embodied by the 'ideal' or 'successful' male:

In the past they've showed a big beefy guy like Arnold Schwarzenegger walking around. But like now... you don't have to be beefy to be strong, you don't have to be physically strong. You can be mentally strong (15, CE, E).

Like they don't always show the best looking guy, they might show them for sporting abilities or whatever... They're [the media] probably setting expectations for younger kids. They're seeing all these really professional people and think that it might be really easy to achieve that, when it's not (16, CE, M).

It was thus suggested that media representations of males are no longer solely centred on appearance, but can also include the portrayal of intelligence and athletic ability as signs of strength. As stated in these excerpts, this is viewed as both a relief and an additional burden. For the first interviewee, representations of mental strength alleviate the pressure he may have felt to model the physical strength displayed in media images. For the second interviewee, however, representations of athletic ability and success may provide false hope to male adolescents striving to model their heroes or constitute yet another hurdle to cross.

Reinforcing

Stereotypes enforced by the media were also often relayed in the form of dichotomies. Interviewees claimed that the media, particularly the news, presented adolescent males only when they had committed a crime or had been involved in an extraordinary achievement. It was suggested, therefore, that the juxtaposition of the underachieving rebel with the all-round achiever reinforces the pressure for males to prove their success or risk being labelled a failure.

The following excerpts are indicative of the general belief held by the interviewees that the media are responsible for portraying adolescent males in a negative light, rather than focussing on those that contribute to the community in a positive way:

I think we're portrayed as being a lot worse than what we really are, especially at this age. Like all you hear about is that 16 year old kid that stole a Commodore and raced it down the freeway, or some youth who were caught breaking in. And not just because I'm a Scout, but from that group of people, there are a lot more people who do a lot more stuff than that. I regularly go down with a bunch of Rovers and donate blood. So I think we're portrayed as a lot more worse than what we really are (17, SS, E).

When it comes to criminals and stuff, most of them are males. But if a woman does something they don't really bring it up as much as the males, which I think is a bit wrong because teenage boys get this tag as though they're out there drinking all the time

and the girls are at home sewing. Not really sewing (laughs), but aren't doing it. And most of the teenage guys get the tag by older people that they're hooligans and don't really care about much and it's kind of annoying. But you can't really change what the media thinks, that sort of thing that really annoys me. Because I'm not really like different to other boys. Like I'll get out there, but I'm not like bad. I don't even think the guys at the school are bad, but we get this tag (16, CE, M).

Many interviewees believed that the media only portray positive images of adolescent males when they have achieved great successes academically or athletically:

They think we're all druggies... They're always talking about the drug bust or leavers...they never show the good kids. [If they do], they're in the paper [because] they got the top TEE (16, CE, Y).

Well, the media, it's a bit hard to say. They show us in a negative light, because the only time they would show us is if we've committed a crime, and there's not really, like people don't know about when guys our age do something good, unless it's like 'Youth Awards' or something like that (17, CE, M).

The media portrays most people my age as in the devilish teenagers that hang around the train stations at 12'oclock at night and yeah I don't really like that stereotype... Or if they do show the positive images they're the full on one in a thousand kids or they show them from a school perspective, how well this person has done, they've done this, this, this, this (17, SS, M).

The dichotomy of 'Rebel' and 'Achiever' was continually referred to among the interviewees when describing the portrayal of adolescent males in the media.

According to the interviewees, this suggests that only two types of adolescent males exist, those that achieve academically and athletically, and those that do not achieve but rebel. This reinforces the belief that those who achieve will get recognition and are making a contribution, while those that do not achieve in these fields are unworthy of attention.

In summation, many interviewees considered the media to be an influential medium through which stereotypes of the male role are perpetuated. Interviewees reported that they feel pressured to model images of what is often presented as the 'ideal' male by exhibiting physical strength, intelligence, athletic ability, and emotional restraint. Additionally, the interviewees felt the role they were expected to adopt as a male had been limited by the stereotypes perpetuated in the media. Media portrayals of male adolescents as only either the 'rebellious' teenager or the 'hard-working achiever' reinforced the importance attributed to succeeding academically or athletically in order to avoid being labelled the alternative, a failure.

4.4.4 School Socialisation

Modeling

The expectations of the staff within the secondary educational institutions the adolescents attended also appeared to influence the interviewees' understanding of what is considered acceptable male behaviour. It was interesting that most interviewees who indicated that the traditional male gender role was enforced within their school were students enrolled in a single-sex school. This was for some, as illustrated in the following excerpt, viewed as a positive influence:

Yeah the school's good, because they start trying to get you to be like a man (16, SS, E).

This adolescent suggests the school attempts to encourage boys to assume their prescribed gender roles. Moreover, the positive view this adolescent holds towards such attempts indicates that he invites the instruction on becoming a 'man'. The following interviewees expand on exactly what 'male' traits they are expected to model within their educational institutions:

The school is certainly set in its ways... you're certainly expected to behave in a certain way, not to display too much emotion (16, SS, E).

At school they make you feel like you have to act like you can work without getting stressed. Like being good at sports or getting good marks is something that should come really easily (15, SS, E).

These excerpts highlight the various 'masculine' behaviours the males are encouraged to model within the schools, such as emotional inhibition and achievement. The second quote is particularly significant as it not only alludes to the value placed on competence in the academic and athletic domains, but also the expectations teachers have for the males to be resilient to the stress that may come with striving to succeed in these fields.

Reinforcing

The school is thought to be a site for reinforcing gender distinctions both in the classroom and on the playground (Archer, 1992). While interviewees reported that their peers were responsible for reinforcing the male role on the playground, staff members within the school were primarily responsible for encouraging the male role from an educational perspective. For instance, interviewees suggested that their teachers placed pressure on them to achieve in both academic and athletic pursuits:

There's very high expectations... academically and on the sports field in rugby and swimming. But it's kind of in a good way, like they're keeping you up there but they're making you sweat type of thing (15, SS, E).

I suppose at school it's got a fairly big athletic bent, that sort of pressure to be athletic. But at the same time they like you to be academic. They're big into the sport at school, and you see that... you get a bit of stick about it, if you're not moving very fast (17, SS, E)

The awards they give out at the end of the year are always to those guys who got the highest marks or were the best at sports. Instead of those guys who were not necessarily the best, but still tried their hardest (15, SS, E).

These males provide different views on the way in which academic and athletic achievement is encouraged in their schools. The first extract reveals the interviewee's positive attitude towards this encouragement, believing the school has the adolescents' best interests in mind in making sure they work hard to achieve. The second quote highlights the criticism the adolescents may receive for failing to achieve what staff members within the school expect of them. Finally, the third extract indicates that achievement is reinforced in the school through awards ceremonies.

Interviewees also suggested that gender role expectations were reinforced in schools through the importance assigned to what is perceived as 'masculine' and extracurricular activities. As the following interviewees suggest, 'tougher' or more male oriented subjects such as sports, maths and science are viewed as those in which males are expected to excel. This is compared with subjects such as drama and music, which are either not offered or given little attention because they are not seen to be 'masculine' subjects:

I don't know if it's got anything to do with the school, but there's no drama (class) here or anything. It's kinda disappointing. But I guess that's kind of associated with the attitude here, I guess. I mean there's a bit of a music department but it's not very strong. Guys are more involved in the 'tougher' activities and that sort of thing (16, SS, E).

We are supposed to do sport and have physical ability. Expected to work well in school, perhaps not so much in the history and stuff, that girls most specialise in, but in the maths and science stuff (16, SS, E).

Overall, the school environment was described as yet another agent for socialising gender distinctions. The young males were expected to model the traditional male role, as staff members encouraged them to be emotionally inexpressive, resilient, and competent academically and athletically. The school environment was also responsible for reinforcing the male role through emphasis on certain 'masculine' subjects and

activities, by rewarding males who had proved their success in the academic and athletic domains, and in implicitly encouraging the young males to be resilient to the pressures they may face in striving to achieve.

4.4.5 Conclusion

It has been demonstrated in this section that the socialisation of the male gender role has occurred through the mechanisms of modeling and reinforcement. Socialising agents such as parents, peers, the media, and schools have played a key role in implicitly and explicitly encouraging the interviewees to adopt traits aligned with the traditional male role. For instance, the adolescents have come to understand what is deemed 'masculine' conduct by observing 1) the primary male role within their families, and 2) the ideal man as portrayed by male peers and stereotypical images presented in the media. The male gender role was also reinforced by parents, peers, the media, and schools when 'successful' adolescents were rewarded for their compliance with this role or punished for their failure to enact masculine traits. Interviewees' desires to embody prescribed gender traits such as strength, independence, achievement, and emotional inhibition can therefore be seen to closely reflect those attributes encouraged by the significant figures in their lives.

4.5 PERCEPTIONS OF HELP SOURCES

In addition to the perception of the 'ideal' male, interviewees' reluctance to seek help also appeared to stem from their perceptions of available support networks. Most interviewees nominated their family, friends, and school based-resources as those help-sources that were readily available to them should they wish to seek help for MHPs. Some interviewees included their local doctors and help-lines as other resources that would be available to them. Two additional services, web-counselling and psychologists outside of the school, were also occasionally discussed. The adolescents reported that the barriers they face in approaching certain help-sources when faced with

a MHP include: the belief that help-sources may react negatively to the adolescents' problems or to their help-seeking, the belief that help-sources would be incapable of relating to the adolescents' concerns, the belief that help-sources lack the closeness and familiarity needed to allow them to feel at ease disclosing their concerns, and finally the belief that certain help-sources are untrustworthy. Each of these barriers is discussed in detail below.

4.5.1 Help-sources will react negatively

The possibility of evoking a negative reaction from help-sources was raised as an important inhibitor to seeking help. Many interviewees held the belief that they would be punished or reprimanded by their parents and male peers if they sought their assistance, and therefore expressed a reluctance to seek help from them when faced with a problem.

Parents

The fear of being judged, criticised, lectured, or punished by parents appeared to account for why interviewees were reluctant to access their help when faced with a problem. Although parents were not altogether discounted from being likely help-sources, some interviewees considered them to be unapproachable. This notion was expressed primarily among interviewees who were experiencing problems such as poor school performance or alcohol and drug use. The interviewees' fear of being reprimanded is illustrated in the following excerpts:

[Males are] worried that [if] we ask for help, we'll get a lecture. Sometimes it's like if you're going to go up to a parent they're going to say, 'You got yourself into this situation, if you had of done this and you hadn't done that' (17, SS, E).

AM: *WHY WOULD YOU NOT SEEK HELP FROM YOUR PARENTS?*

I: *Probably thinking that they'll judge me. Like if I've done something that they wouldn't like, I wouldn't want to tell them (16, CE, M).*

- I: I'd probably go speak to my parents last because when it comes to something that is bothering you, yourself, I find it harder to go and speak to Mum and Dad. Because even though they are most likely to know, you still don't want to talk to them anyway, you want to find every other person you can before you speak to them...*
- AM: WHAT IS IT THAT MAKES IT SO HARD TO TALK TO THEM?*
- I: I don't know. Me and my parents we have a pretty good relationship. We don't fight much, and if we do it's usually because of something I can't get. I don't know, I suppose it might be the mental thing, that they are your parents. Like you know, you don't want to tell them your secrets. Like even though they won't hold it against you, if it's something really bad they'll always have it in the back of their mind and they might not let you go out because of this things that are bothering them (16, CE, M).*

Many interviewees suggested that the fear of inciting a negative reaction from their parents for being perceived to be acting incompetently makes parents unapproachable help-sources. For instance, in the quotes above the adolescents suggest that the very problem that necessitates their seeking help would prompt disapproval from their parents. This suggests that these interviewees' fear that the problem itself may make them appear to be irresponsible or incapable of taking control of their decisions. Making their parents aware of their 'incompetence', therefore, is perceived to not only evoke a negative reaction when seeking help, but is also thought to impinge on their future actions. As illustrated in the last excerpt, the interviewee fears that his parents will use his problems to justify punishment in the future. He implies that although his behaviour may not be reprimanded immediately, his parents may use this example to justify removing his ability to exercise independence at a later stage. The parents' authority and power to enforce punishment can therefore inhibit the interviewees' decision to seek their consolation.

Male Peers

As discussed earlier in the chapter, interviewees considered seeking help to be a contradiction of the behaviour typically enacted by a male. This belief appeared to be reinforced in part by the interviewees' male peers, who had been observed punishing certain males if they had failed to act according to the male gender norm. As a result, many interviewees considered their male friends to be unlikely sources of help if they were faced with a problem. This appeared to be attributed to the negative reaction interviewees expected to receive from their male friends if they were to ask for their assistance. The following interviewees relay their fear of expressing concerns to male friends because of the possible consequences:

You can't really express yourself as much around [friends] because you might be a bit timid or scared. Because I know they bitch about you behind your back, so you're worried that they might say something after you go (16, SS, E).

AM: *WHAT THEN DO YOU THINK ARE THE BARRIERS TO ASKING FOR HELP FROM YOUR FRIENDS?*

I: *Teasing could be the problem, even if they're joking. Like you want to go talk to someone but then they like tease you. I'd consider that a barrier (16, CE, E).*

Just like, they [males] feel like they will be the butt end of a joke, [so] they don't want to say stuff to their friends (17, CE, E).

[Males] probably wouldn't tell one of their friends, like they might be called a woose or something (15, CE, E).

The fear of being made the target of verbal taunting appears to deter the interviewees from considering their male peers when seeking help. Regardless of whether the teasing was in jest or had the intention of discrediting the adolescent, the interviewees felt that their male friends would not consider help-seeking behaviour to be acceptable. Thus with the knowledge that their male friends consider sourcing assistance for problems to be inconsistent with how 'men' are supposed to deal with their concerns, the

adolescents fear the possibility of losing their credibility to act competently as a male in the eyes of their male peers.

The possibility of being rejected or excluded from peer groups also appeared to worry the adolescents interviewed. As the following excerpts reveal, interviewees feared their peers might react to their problems by shunning them or showing disinterest if they were to express their more serious concerns:

AM: *WHAT DO YOU THINK ARE THE BARRIERS TO SEEKING HELP?*

I: *Embarrassment mainly. Like if you're going to tell your mates about something, you probably don't want to tell them something really serious because they might shun you away (16, CE, O).*

If you say something [to friends] you might be scared that they'll shut you out, and I just hate people like that (16, SS, E).

AM: *SO WHAT WORRIES YOU ABOUT SEEKING HELP FROM YOUR FRIENDS?*

I: *Possibly the reaction. The worry of getting the reaction of 'I care?' or 'It's my drama, I couldn't give a shit?' Great, this is my time of need and you're telling me that you don't care (laughs) (17, SS, E).*

It was noted earlier that adolescents place great importance on establishing membership in peer groups as a means of validating their acceptance (Lohman & Jarvis, 2000; Pleck & Sawyer, 1974). This can be seen in the third excerpt where the interviewee fears that his male friends would trivialise or disregard his problems, signalling their unwillingness to help. Despite attempting to downplay his response, the fear of having his problems dismissed by his peers prevents him from sourcing their help. The fear of not fitting in or being accepted by peers can therefore be seen to inhibit help-seeking from these informal sources.

Overall, the males' fear of evoking a negative reaction from their parents or their male peers appeared to inhibit their help seeking. As interviewees perceived these sources to be likely to reprimand them for their problems or tease and reject them for seeking help, they reported that they are unlikely to source their assistance if faced with a MHP.

4.5.2 Help-sources will be unable to relate

The perception that help-sources would be incapable of relating to the adolescents' concerns was also considered to be another barrier in the help-seeking process. The belief that certain help-sources, such as parents and help lines, would be unable to identify with the problems adolescents experience deterred interviewees from seeking their assistance.

Parents

It is common for teenagers to feel somewhat disconnected to their parents during adolescence (Coleman, 1992). Many interviewees claimed this feeling of being 'disconnected' made it difficult to approach parents when faced with a problem, as they were perceived to be incapable of relating to their concerns. Therefore, the belief one's parents would lack the appropriate understanding or knowledge required to offer relevant advice appeared to be another barrier to seeking their help. The following interviewee reiterates this belief:

*AM: WHAT WOULD YOU CONSIDER TO BE A BARRIER
TO SEEKING HELP FROM YOUR PARENTS?*

*I: Sometimes staying in touch with your parents... You can't
really relate. They don't know what's happening (16, CE,
M).*

Most interviewees cited the generation gap existing between themselves and their parents as the main reason why they believe their parents would fail to identify with their concerns. As the following interviewees state, it is the belief that parents would

lack an understanding of the current problems adolescents face, or the belief their parents would offer outdated advice that deters them from accessing their support:

The thing with guys is that we don't always have someone to talk to. Like sometimes you don't want to talk to your parents because they have old morals and stuff (15, CE, E).

I'd rather talk to someone my own age rather than my parents... My parents would be like "I remember 30 years ago..." And you're thinking '30 years ago you were wearing flares' (laughs) (17, SS, E).

They [parents] probably wouldn't understand, because they were brought up as teenagers in Bangladesh and I was brought up as a teenager here. They might say 'Back in my day we used to do this or that' but still I wouldn't know how hard or easy that was and they wouldn't know how hard or easy it is here. It just doesn't work. So I don't feel like they could help me all that much (16, CE, M).

This last extract is interesting in that the interviewee states seeking help from his parents is not only hindered by differences in age, but from experiencing adolescence in different cultural environments. Moschis (1987) states that children of immigrants are more likely to discard the values and norms of their parents' cultural heritage, and adopt those of the culture in which they live. The interviewee suggests there is a considerable disparity between the cultural norms and customs adopted by his parents as adolescents in Bangladesh and the norms and customs the interviewee is expected to adopt in Australia today. This cultural conflict results in the belief that his parents will be unable to relate to the problems he faces in the current culture.

Formal Help-Sources

The perception that help-sources would be incapable of relating to adolescents' concerns was not limited to informal support networks. Some interviewees suggested that this belief was also true for certain formal supports, in particular help lines. While the interviewees' knowledge of available help lines was limited, all were aware of the

Kids Help Line. The Kids Help Line is a non-profit organisation established as a service for children and adolescents aged to 18 who are seeking advice for their concerns (Kids Help Line, 1998b). Each year, around 1.5 million young people call the Kids Help Line (Kids Help Line, 1998b), with approximately 7.5 per cent of all calls made by teenagers in Western Australia (Kids Help Line, 2001). Males accounted for 26 per cent of callers from Western Australia in 2000, with the majority under the age of 15 (Kids Help Line, 2001). Despite being aware of the services offered by the Kids Help Line, not one male indicated that he would consider using this source of assistance. Interviewees were deterred from using the help line because they perceived it to be a service marketed to younger children:

I think the help-line is a good idea for smaller children (17, CE, E)

I think the name 'Kids Help Line' suggests it's for people who are younger... I would never use it (15, SS, Y).

Maybe if I was like 10 or something I would use it, but no guy I know would ever use Kids Help Line. I mean even the name says it's for kids. It's kinda insulting if you got to resort to that. You just wouldn't (15, SS, E).

Many interviewees claimed that the name Kids Help Line connotes the service is utilised primarily by young children and pre-adolescents. This appeared to dissuade the males from considering the Kids Help Line to be a service they could use when faced with their 'adult' problems. In a previous study, Miraudo and Pettigrew (2002) also found the name Kids Help Line led older adolescents to perceive the service to be incapable of dealing with their problems. It was mentioned earlier that the interviewees expressed a strong desire to be seen as budding adults, and it is therefore not surprising that these older adolescents steer away from using a service that explicitly challenges their desired self-concept.

In summary, interviewees claimed that they are reluctant to seek help from support networks failing to demonstrate that they are capable of relating to the concerns and problems adolescents may face. For instance, parents and the Kids Help Line were usually excluded as potential help-sources as they were perceived to be out of touch with adolescents' experiences.

4.5.3 Help-sources lack the intimacy needed for disclosure

Interviewees revealed that they were unlikely to feel at ease seeking help from help-sources they did not feel close to or did not have a personal relationship with. A sense of closeness was believed to evolve only when help-sources had attempted to foster intimacy through emotional disclosure or had made it clear that discussing feelings is acceptable. Social supports who had not encouraged interviewees to communicate openly about their feelings, such as some parents and male friends, were therefore deemed to be unapproachable. More formal help-sources such as those based in schools and help lines were also dismissed as potential help-sources. As these sources did not have frequent contact with interviewees to establish a close relationship, interviewees believed they would lack the closeness and familiarity needed to help them with their problems.

Parents

Primary caregivers such as parents are responsible for the development of a child's emotional competence, which includes the ability to recognise, regulate, and discuss emotions (Lewis, 1998). Openly communicating and expressing feelings within the family environment fosters interpersonal relationships between the parent and child and implicitly conveys a sense of acceptance and support (Lewis, 1998). It is assumed then, that children encouraged to divulge their feelings to family members are more likely to feel comfortable in turning to them as a source of help when faced with a problem. The following interviewees suggest the way in which emotional disclosure is fostered within the family environment plays a significant role in motivating adolescents to seek help from family members:

[It comes back to] the way the family communicates and the way they're brought up to talk about their feelings and emotions and problems (17, CE, E).

AM: *WHAT WOULD YOU CONSIDER TO BE A BARRIER TO SEEKING HELP FROM YOUR PARENTS?*

I: *Sometimes [communication] breaks down, and you can't talk to them. So I don't know how you can put it, just communicating (16, CE, M).*

AM: *WOULD YOU TALK TO YOUR PARENTS IF YOU HAD A PROBLEM?*

I: *I wouldn't go talk to them, nah.... It depends what it is. If I were in serious trouble I would go talk to my parents.*

AM: *WOULD YOU TALK TO ANYONE ELSE IN YOUR FAMILY?*

I: *No, not really. My oldest brother that lives here is not one to talk... unless he comes home drunk (laughs)... but it doesn't happen normally, none of that personal stuff. The whole family is like that, except my little brother. He comes and tells me stuff and I go 'I don't want to know' (17, CE, M).*

These excerpts suggest that lacking a close relationship with family members can hinder an adolescent's ability to communicate his feelings to them. For instance, in the third extract the interviewee asserts that he would not normally approach his parents unless he found himself having to deal with circumstances of a very serious nature. However it is likely that he will find this difficult as communicating personal affairs is something that "doesn't normally happen" within his family. The family norms appear to be learned through the modelling of elders in the family, as he claims that the "whole family" is reticent about these matters. The socialisation of this behaviour is further evident by the interviewee's unsettling admission that although his younger brother is fairly expressive he discourages him from venting his feelings. Thus with the interviewee's lack of emotional competence he is not only unable to verbalise his own feelings to family members but he is also unable to competently discuss others' feelings should they wish to disclose them.

It was noted earlier in the chapter that the socialisation process occurring in families led many of the interviewees to believe that displaying emotion is unmanly. This emotional inhibition impinged on their ability to openly discuss their feelings. During interviews many adolescents struggled to communicate their feelings and often reverted to using generalisations when discussing topics that dealt with their feelings. As openly discussing concerns and feelings is integral to the help-seeking process, lacking the skills and competence to do so impedes the individual's ability to access help (Good et al., 1998).

Male Peers

Although parents are said to be among the first socialising agents to set the standards for emotional competence for their sons (Lewis, 1998), peers can also play a significant role in socialising emotional expression later in life. The interviewees stressed the importance of conforming to behaviours enacted within male peer groups to ensure their acceptance. As emotional expression is not considered to be acceptable or 'normal' male behaviour, many interviewees felt they were unable to disclose their feelings to even their closest male friends. The belief that 'males' do not discuss their emotions thus appeared to thwart the opportunity for these adolescents to develop a close relationship that would allow them to talk about their personal problems. Interviewees were also concerned that if they were to express themselves to their peers they would discover their peers did not care or would not take their problems seriously:

AM: HOW WOULD YOU DESCRIBE YOUR FRIENDS?

I: I've got about seven or eight, but I consider Simon to be my best friend.

AM: SO IF YOU HAD A PROBLEM, WOULD YOU TALK TO YOUR BEST FRIEND, SIMON, ABOUT IT?

I: Nah, I don't think he cares. We don't sort of talk about that stuff (17, CE, M).

AM: WOULD YOU SEEK HELP FROM YOUR FRIENDS?

I: Nah, I wouldn't bother.

AM: WHAT MAKES YOU SAY THAT?

I: Guys just don't talk about that stuff. They don't really care about other people's problems (15, SS, E).

AM: DO YOU TALK TO YOUR MALE FRIENDS WHEN YOU HAVE A PROBLEM?

I: Not about everything, just some stuff. They don't really want to talk about stuff.

AM: SO WHEN YOU DO, WHAT SORT OF THINGS WOULD YOU TALK ABOUT?

I: Basketball and stuff... You know 'I don't really want to do this test' or something. But that's as deep as it gets (16, CE, E).

The guys I hang around with just don't want to be taken too seriously. Like if I told them I had a problem they'd say, 'Yeah man, it's all right. Do you want to go for a skate this afternoon?', like that. They don't want to take things seriously (15, SS, E).

Only two interviewees reported to feel comfortable in disclosing their feelings to their 'best-friend' of the same age, noting they had known these close male friends since early childhood. Although all of the other interviewees stated that they also maintained close friendships with their male peers, they did not consider them to be approachable help-sources. Lewis (1998) asserts that the emotion-related practices enforced within certain environments can significantly affect individuals' ability to express their emotions within that environment. This is evident in the excerpts above, whereby most of the males interviewed had rarely or had never discussed personal feelings with male friends. This made it difficult if not impossible to disclose their concerns to them when faced with a MHP. Even if adolescent males wish to establish a closer bond with their peers, attempts to do so may be hindered by the belief that their male friends are apathetic to their concerns, as suggested in the first and second excerpts. In the last two quotes the interviewees assert that their male friends tend to be dismissive of serious discussions, opting for those of a more superficial nature. While this appears to be interpreted by the interviewees to be a sign of disinterest or apathy, this may not necessarily be true. Their peers' indifference may be attributed to the socialised belief

that males do not display emotion. It may be the result of a desire to conform to peer behaviour in an effort to avoid negative consequences, or it may stem from the inadequate development of their emotional competence that creates difficulty for young males to openly express their emotions or be receptive to others' problems.

Formal Help-Sources

As some school-based help-sources were perceived to be almost strangers, interviewees considered their problems too personal to share with people they considered to be "*too distant*" (17, SS, M) or "*not close enough*" (15, SS, E). As the following interviewees explain, lacking closeness with their teachers or school counsellors/psychologists inhibits their decision to seek their help:

AM: *WOULD YOU EVER SEEK HELP FOR YOUR PROBLEMS FROM THE SOURCES AT SCHOOL ?*

I: *Not really. I don't think, no. I don't really like to talk to people that I'm not related to. They go to the same school, that's it, but they're complete strangers... If I talk to the counsellor, she's got no idea of what has previously happened. She can only tell you her opinion right there and then... Same with teachers, I talk to all the teachers about what has happened on the weekend and stuff but not personal issues (16, CE, M).*

I guess I would prefer to deal with it myself. Like I guess I look at those people [school psychologists], and think 'You don't know me. You don't know what's going on, what the hell are you going to tell me?' (16, SS, Y).

Similarly, some interviewees reported that they would not use a help line based on the lack of intimacy between the help source and the adolescent. Interviewees considered formal sources to lack the 'inside' knowledge required to help them, such as an understanding of their family background, circumstances at school, etc.:

I don't like the idea of talking to someone I don't really know...you have to speak to someone who knows you (16, SS, E).

Nah, you don't want to ring up someone you've never met before. You don't have a clue who they are, and tell them all your life secrets. It's not going to happen (17, SS, E).

Nah, I don't reckon I would [use a help line], because it's not my way of doing things. I don't know, because I think the help lines are good, but I don't see the point in talking to someone that doesn't know you. Like I think they should have some background of where you've come from and what you've been through before like calling up. But if you just need to talk to somebody and you have nobody else, then yeah they're good. But if you actually need them to help you deal with a problem then I don't think they're trained to do all this stuff. They don't know your background, your parents, your family and friends and stuff (16, C E, M).

The excerpts presented in this section have suggested that a sense of intimacy with a potential help-source is important in enabling young males to feel at ease when disclosing their feelings. For instance, some interviewees suggested that informal help sources such as parents and male friends were unapproachable, as they had not previously encouraged the adolescents to be emotionally expressive. These help-sources thus lacked the intimacy interviewees required to approach them for their personal MHPs. Formal help sources, such as school-based resources and help lines, were also often dismissed as potential help-sources on the basis that they too would lack the intimacy and knowledge required to be empathetic to the adolescents' specific concerns.

4.5.4 Help-sources are untrustworthy

The importance of confidentiality when disclosing problems to help-sources was emphasised by the interviewees. Trustworthiness is said to be an essential component to seeking help from informal help-sources (Frydenberg, 1997) and formal help-sources (Le Surf & Lynch, 1999). This appeared to be the case for those interviewees reluctant to seek help from their male friends and web-counselling services. These sources were generally perceived to be untrustworthy and unreliable.

Male Peers

Some interviewees questioned their peers' loyalty, believing they would reveal their personal problems to others in the school. Some adolescents were uncertain that even their closest friends could be trusted, and therefore stated that they would rather keep their problems to themselves than risk disclosure. The following excerpts reflect these views:

AM: *WOULD YOU DISCUSS YOUR PROBLEMS WITH YOUR FRIENDS?*

I: *Not everything, there is always some things you won't tell.*

AM: *WHAT SORT OF THINGS WOULD YOU NOT TELL YOUR FRIENDS ABOUT?*

I: *More like things you keep to yourself.*

AM: *IS THERE A REASON FOR THIS?*

I: *It's more of a loyal thing. You can't trust that they won't go blab to other people (17, CE, E).*

AM: *WHAT MIGHT BE A BARRIER TO ASKING YOUR FRIENDS FOR HELP?*

I: *You don't know how solid that friend is. If that friend is going to tell that friend and then tell that friend, and you walk into school the next day and everyone is looking at you and you're like 'What the hell, why is everyone looking at me?' (17, SS, E).*

I don't trust people. Like they could be my best mate, but I'm like, are they going to say something, or whatever. I've grown up with my Grandad always saying, "You don't have any friends, nobody's your friend". Typical wog, you know, trust no one. He would say, "you need one friend, you've got one friend, you're fine", and I've sort of grown up with that. Like I'll be really good mates with someone, but I'm never sure of them. I'll be like 'what's going on, have they said something behind my back?'. So I'm sort of paranoid in that way (16, SS, Y).

As it is highlighted in the excerpts, some of the interviewees were concerned that their peers would 'blab' their problems to others and as a result they would be viewed 'differently' by those at their school. It is interesting to note that interviewees

nominating a lack of trust as a barrier to help-seeking had all at one time reported to have entrusted their problems with a friend, only to have had that friend divulge their secrets to others. Frydenberg (1997) claims that a loss of trust in relationships early on in life can significantly influence an individual's attitude towards seeking help, even as an adult. The fear that their male peers would divulge their secrets to others appeared to make many of the interviewees reluctant to express their feelings to them.

Formal Help-Sources

Web counselling is a service that allows individuals to email or chat to counsellors over the Internet (Kids Help Line, 1999). Relatively new to Australia, few organisations provide this service through their websites, and the Kids Help Line appears to be the only web-counselling service for adolescents based in Australia. The Kids Help Line web-counselling service was launched in 1999, and reported to have received approximately 5000 enquiries the following year, primarily by females (Kids Help Line, 2000b). The Kids Help Line (2000b) has reported that the conventional perception that the Internet is a male-dominated domain led them to believe that offering a service on-line would attract more male clientele; however this has not been the case. Many interviewees in this study were not aware that the service existed prior to the interview. Some maintained that it would be a good way to maintain their anonymity if they wished to seek help, however the majority thought it to be a 'bad idea' and a service they would never consider using. The interviewees' negative views appeared to be attributed to the perception that web-counselling may be an unreliable and untrustworthy source of help. The following excerpts reflect the general concerns raised by interviewees about the safety of using the Internet to divulge personal details, with the fear that they would be receiving help from people who may not be qualified or legitimate help-sources:

I reckon [web-counselling] is pretty dodgy because you don't know who the hell you're talking to (15, CE, E).

I don't know how safe that would be. You always hear about paedophiles getting on the Net and stalking kids, so how do you

know for sure that that isn't happening when you go online and to tell these people your problems? (15, SS, E).

It's worse than a help line. At least with a help line you know the person on the end has a vague idea of what's going on and they're legit, you've got a voice at least. With web counselling how do you know it's not me typing on the end of the line? (17, SS, E).

In summary, interviewees were hesitant to seek help from sources they perceived to be untrustworthy. As interviewees also stated a preference for seeking help from informal supports, the availability of trustworthy informal supports appears important.

Interviewees were reluctant to seek help from those sources they believed would disclose their secrets to others, such as their male peers. Confidentiality appeared to be particularly important when seeking assistance from friends as the interviewees were concerned with maintaining a positive image among their peer groups. Trust appeared to also affect the interviewees' perceptions of formal help-sources. For instance, web-counselling was considered to be an unsafe and unreliable service given its method of delivery.

4.5.5 Conclusion

Interviewees' perceptions of the approachability of these help-sources were a determining factor in whether they felt they would seek their help. Although interviewees considered their parents to be the most available help-source, the belief that they might reprimand the adolescent, that they would be unable to relate to the adolescents' concerns, or that they had not fostered intimacy with the adolescents in the past appeared to deter the interviewees from seeking their assistance. Similarly, the interviewees' male friends were also readily available as help-sources, however interviewees were reluctant to access their help because they feared they would be teased or rejected, they had not established a close relationship with the interviewees to facilitate emotion-related discussions, or they had proven to be untrustworthy in keeping the interviewees' problems confidential in the past. Most formal resources

were considered to be unapproachable help-sources as they were perceived to lack the intimacy and knowledge that would only exist with those with whom they had maintained a personal relationship. The perception that formal sources would be unable to relate to the adolescents' problems, or that they were untrustworthy forms of assistance, also inhibited interviewees from considering them to be approachable.

Again, the pressures and expectations to maintain the image of the ideal male are reflected in the interviewees' perceptions of help-sources. The belief that certain help-sources would react negatively to the adolescents' help-seeking suggests the males fear that should they seek assistance for their problems they will be punished for appearing to be 'weak', 'dependent' and 'incompetent'. The need for help-sources to relate to the interviewees' concerns suggests they desire help-sources to be empathetic and understanding of the demands placed on them to maintain an image of competence as a budding 'man'. The intimacy shared with a help-source plays an important role in the comfort the interviewee has in disclosing his feelings. The perceived trustworthiness of help-sources is also of importance, as the interviewees fear their self-image will be threatened if help-sources reveal to others their insecurities and vulnerabilities.

4.6 PERCEPTIONS OF MENTAL HEALTH PROBLEMS

The stigma of MHPs is said to inhibit those experiencing mental ill-health from seeking help when in need (CDHAC, 2000). In this study, the stigma of having a MHP also appeared to contribute to the interviewees' reluctance to seek help when anxious, stressed or depressed. Through discussions and various projective exercises, interviewees' knowledge of, experience with, and perceptions of MHPs were explored. Despite the awareness of MHPs and interviewees' own personal experiences with mental ill-health, interviewees' perceptions and beliefs about societal perceptions of MHPs reveal the extent to which the stigma of mental ill-health exists among some members of this age group. Interviewees' perceptions, attitudes, and beliefs relating to the stigma of MHPs are discussed below, and the impact these negative attitudes have

on the interviewees willingness to seek help, particularly from parents and help-sources within schools, is presented.

4.6.1 Knowledge of MHPs

Through a series of word associations, interviewees were asked to name the types of problems one might be experiencing when faced with a MHP. Many were able to correctly identify anxiety, stress, and depression as the feelings one may have when experiencing mental ill-health. Only a few interviewees held extremely skewed views of MHPs, naming only mental health disorders such schizophrenia and mental retardation. Overall, it appeared that most interviewees had a relatively clear understanding of the nature of MHPs.

To explore the extent to which the adolescents interviewed may have encountered problems causing mental ill-health, another projective exercise was employed. The exercise required interviewees to list three major problems that had occurred during their adolescence. Several common concerns were evident, most of which have been mentioned above. These concerns included: their studies and expectations to achieve academically, their relationships with females and their sexuality, their relationships with male peers in dealing with bullying and peer pressure, and their relationships with parents in their struggles to attain independence.

To further address the level of awareness the interviewees had of MHPs, they were asked to describe the types of symptoms that they may experience when feeling stressed or depressed. Interviewees often used the illustrative examples to describe the physiological symptoms they experienced:

*Because I get piled on the pressure at home, I feel like –
'Kaboom' (15, CE, E).*

*I get that tight feeling in my chest, and then I mope around (16,
SS, E).*

If I'm stressed out I act all uptight and be like angry (15, CE, Y).

Interviewees also indicated that were often able to recognise the signs that may be displayed by a friend afflicted with a MHP. Interviewees felt that the most notable difference that would alert them to a friend's distress would be a change in their behaviour:

Well a lot of my friends are cheerful and stuff, so probably the first indication would be that they'd be moping around (16, CE, M).

They wouldn't be all bubbly and happy. They could be keeping to themselves, not talking very much, which is unusual. And not doing all the stuff that they usually do (16, CE, O).

Doesn't talk as much within the group, strays away from the group and is not as confident. Like has his head down or something, doesn't walk with like a purpose (16, SS, E).

Like he may not want to do something that he usually likes to do. He might be, you know, still cool, but a bit more on edge kind of thing (16, CE, M).

As these excerpts suggest, a disinclination to participate in usual activities, decreased optimism, and reduced verbal interaction, are differences that would signal to the interviewees that their normally happy, energetic, and talkative friends may be experiencing a MHP. According to these adolescents then, the traits that may be displayed by someone with mental ill-health include not exhibiting a happy persona, not having control of their situation, and being prone to emotional outbursts. These characteristics are clearly a contradiction of the types of traits the adolescents earlier suggested would be displayed by their idea of the ideal male.

4.6.2 Perceptions of Mental ill-health

In order to uncover perceptions relating to mental health, interviewees were then asked to relay their feelings, rather than their knowledge, when considering the notion of 'mental health problems'. Despite acknowledging that MHPs include concerns that may evoke stress, anxiety, and depression, interviewees simultaneously held impressions of those suffering MHPs that suggested that MHPs can be more serious in nature. The disparity between the adolescents' knowledge of MHPs, as presented in the quotes above, and their more emotive perceptions of those experiencing MHPs are evident in the following excerpts:

I think of people who aren't very happy and going nuts (16, CE, Y).

Well they're not seen in the same way, not seen as normal (17, CE, E).

Spaz, schizo, place with the padded walls, being kept away from sharp instruments (laughs). When you think of mental health problems you think of the loony bin, you don't think of stress and anxiety (17, SS, E).

Psycho, weirdo. They may not be able to do things by themselves. They might get depressed. They're not like everyone else (15, SS, M).

Like he acts a bit funny, is a bit weird. Not the normal type of person. I would think that's something to do with them. It doesn't affect me (17, SS, Y).

These perceptions are interesting given the interviewees' stated knowledge and reported personal experience with MHPs, thus illustrating the extent of the stigma MHPs carry for these interviewees. The interviewees' perceptions of mental ill-health lead them to infer that those experiencing a MHP would be unhappy, dependent on others, lacking control, and emotionally erratic, traits that are inconsistent with those

enacted by the ideal male. Additionally, by using exaggerated descriptors such as 'loony bin', 'psycho' and 'going nuts', the adolescents reveal their beliefs that MHPs are experienced by individuals lacking mental stability and competence. This is reiterated in the last extract where the interviewee not only perceives MHPs to be an abnormality, but also believes that he is immune from experiencing these problems. This sentiment is consistent with the perceptions held by most interviewees, where the adolescents readily admitted that they had experienced stress, anxiety, or depression but were uncomfortable with describing these feelings as a 'mental health problem'. This may indicate that the concept of 'mental health problems' is viewed more negatively than the problems the term encompasses. This appeared to also be the case for some interviewees, who linked the concept of 'mental health problems' with suicide:

I think of people who slit their wrists, are suicidal. Then again it is I suppose more than that (16, CE, M).

I think that it might be people who have had something major happen in their life, like something traumatic... I picture people with depression as always suicidal and that, even though I know it's not necessarily that bad (16, CE, M).

Although for some interviewees MHPs were immediately aligned with images of self-harm and suicide, they were quick to acknowledge that their perceptions may be extreme. Like other interviewees, their emotional perceptions of MHPs are of a more serious tone than their knowledge of the actual problems causing mental ill-health.

4.6.3 Beliefs about Societal Perceptions of MHPs

It was of particular interest to further explore interviewees' perceptions of societal beliefs concerning MHPs. This allowed for an examination of the ways in which interviewees' beliefs correspond with those thought to be expressed by referents. For instance, many interviewees believed that members of society also viewed those with MHPs as being abnormal. The stigma attached to MHPs is evident in the following

extracts, where it is suggested that society perceives such problems to be cause for shame and rejection:

*AM: WHAT DO YOU BELIEVE SOCIETY THINKS OF
THOSE PEOPLE WITH MENTAL HEALTH
PROBLEMS?*

*I: It's viewed as a sort of personal defect. Certainly not
something you want to discuss or something that you
want to be proud of (16, SS, E).*

*Well a lot of the time you see people looking down on them.
They're not seen as equals (15, SS, Y).*

*Sort of like they're an outcast... they're a different sort of race or
whatever. They're made to feel more pushed out of society, made
to feel like they don't fit, sort of thing (17, CE, E).*

*I think society looks down on people with mental health
problems... just because they're different and that's not what I'm
like, but that's what they would be like (15, SS, M).*

The interviewees were inclined to assume that the societal views of MHPs are predominantly negative. In the first excerpt, the interviewee states that society's negative attitude towards mental ill-health would imply that experiencing MHPs is something one should be ashamed to reveal to others. Other interviewees also suggested that those with MHPs might suffer from possible denigration if they are perceived to be unable to 'fit in' or comply with the norms of society. Given the belief of these societal views, it may be understandable as to why the adolescents are reluctant to reveal their problems to others by seeking help.

It was also interesting to note that interviewees believed that MHPs are perceived in society as being prevalent primarily among females, rather than males:

[Society portrays those with MHP to] be mainly girls, that... guys would be too cool to get that. I suppose if they [males] do [have a MHP] they're not allowed to show it (16, CE, O).

You think there are more girls that are depressed than guys because that's what society shows it to be... Possibly just as many guys are but they just don't show it (15, SS, E).

In suggesting that society holds this gendered view, the interviewees infer that their beliefs stem primarily from the cultural guidelines that appear to accept the prevalence of MHPs among females more so than among males. Hence the social and cultural expectation for males to remain 'cool' and rational when faced with a MHP may inhibit their ability to express their feelings when experiencing mental ill-health. Some interviewees also held the belief that society is less accommodating in allowing males to express their emotions or acknowledge a need for assistance in dealing with their distress.

4.6.4 Perceptions of MHPs and Help-Seeking

In order to seek help, it is necessary to first acknowledge that a problem exists (Hollis, 1994). Many interviewees conceded that the difficulty in acknowledging they had a problem was based on the dissonance created between their perceptions of those with a MHP and the expectations they had of themselves. The following excerpt illustrates how the negative perceptions associated with having a MHP inhibits the interviewee's decision to seek help:

I was having break fast this morning, I had the cereal box in front of me with "Kids Help Line - Bullying is a big problem" and I was thinking to myself if I would ever call that up. I know that no one's ever going to find out that I called up, but I would just feel like a bit of an idiot, calling. I've always pictured people who call those help lines as like pretty sad and stuff. Like obviously they've got pretty bad problems and so for me to call them I'd be facing up to the fact that I've got a problem that's really annoying me (16, SS, Y).

Self-concept refers to the perceptions and ideas held about oneself (Frydenberg, 1997). The notion of self-concept is widely acknowledged as an important factor in determining behaviour during adolescence (Erikson, 1968; Fitzgerald, 1993; Gergen, 1971). The excerpts above suggest that help-seeking behaviour is inhibited by the interviewees' desire to protect their self-concept. As explained earlier, interviewees perceived those with MHPs to be depressed, dependent, incompetent, and emotionally unstable. These traits are inconsistent with those the adolescent males wished to embody. Seeking help would thus involve the acknowledgement of one's MHPs, challenging the interviewees' existing and desired self-concept.

While some interviewees suggested that the threat to their own self-concept inhibited help-seeking, others reported that it was the fear of being perceived differently by others that made them reluctant to seek aid when experiencing a MHP. Grayson, Miller, and Clarke (1998) suggest that negative attitudes towards help-seeking are largely influenced by self-presentation, that is, the desire to convey a particular image to others. In this study, the stigma interviewees' perceived to be associated with MHPs made them reluctant to seek help from parents, peers, and staff in schools.

Parents

Some interviewees indicated that the desire to maintain the 'untainted' image they had consistently portrayed to parents as their trouble-free and happy go-lucky son made it difficult to ask their parents for help when stressed or depressed. It is suggested in the following excerpts that the barrier to seeking help stems from a fear of projecting an undesirable image to parents:

I'm a bit paranoid, like I worry about things too easily. Like having to tell Mum and Dad that I'm not all right, I'm paranoid that it will change the way they see me. So I'm a bit worried about that, I suppose (15, SS, E).

You sort of feel like they'll [parents] think something else about you (15, SS, Y).

Given the beliefs about societal perceptions of MHPs, interviewees were concerned that parents would also view the interviewees' MHPs to be of a serious nature. As a result, interviewees were reluctant to express their distress to parents for the fear of worrying them unnecessarily:

I: At home I don't [show my feeling] because I don't want my Dad to worry about me

AM: WHY JUST YOUR DAD AND NOT YOUR MUM?

I: Mum and Dad got divorced recently, so I decided to live with my Dad because I didn't want him to be alone and stuff... I don't always tell him stuff because he's had a pretty crap year already (15, CE, E).

I'm not open with my parents... because I feel like they've got too many things on their mind, they shouldn't be worrying about me... they'd just stress (16, CE, M).

AM: DO YOU TALK TO YOUR PARENTS WHEN YOU'RE FEELING DOWN?

I: Sometimes... They give good advice and stuff, but then you forget about it and it happens again. You sort of feel bad about asking... You just don't want them to worry about you really and you just don't want to bring your problems to them, rather just leave it and try to deal with it yourself (16, SS, E).

These excerpts illustrate the interviewees' reluctance to approach their parents when faced with a MHP for the fear of appearing bothersome or causing undue stress. Frydenberg (1997) asserts that adolescents may avoid seeking help from parents to protect them from what may be perceived to be a serious or painful problem. This appears to be the case for the interviewee in the first quote. It is relevant to note that this interviewee's parents had divorced just months prior to the interview, with the adolescent residing with his father at the time of interviewing. It was later explained by this interviewee that he did not feel he should burden his father with his feelings on the divorce, as it may have been painful for the father to discuss.

Peers and School Resources

A desire to maintain a positive self-image around the school also appeared to be a deterrent from seeking help from school-based help-sources such as school counsellors and psychologists. As the following interviewees report, the prospect of being perceived to be someone with mental ill-health challenged the image they wished to present to peers and teachers within the school:

AM: WOULD YOU GO TO THE SCHOOL COUNSELLOR IF YOU HAD A PROBLEM?

I: Yeah I have once, and then you just don't go there again.

AM: WHY DIDN'T YOU WANT TO GO BACK?

I: Mainly you don't want to be seen there really (16, SS, E).

AM: IS THERE A REASON WHY YOU SAY YOU WOULDN'T GO TO THE SCHOOL COUNSELLOR?

I: Just being noticed in there, and people being around you that ask a lot. There would be lots of people that would notice you were there and then you get more attention and maybe that might throw you off (17, CE, E)

I: You might be a little self-conscious about going up and talking about problems

AM: WHAT WOULD YOU BE SELF-CONSCIOUS OF?

I: What others would think of me, if they had to know about it. But if that weren't an issue, I wouldn't worry about it (16, SS, E).

I don't want to go to the psychologist because then people think I've got a problem. I sort of steer clear of that (16, CE, E).

As demonstrated in these excerpts, the belief that being seen to be in need of help would cause others to change their view of the individual appeared to represent a significant barrier to confiding in help-sources within schools. As has been suggested, the interviewees not only considered it important to *feel* competent in embodying the traits of the ideal male, but, as illustrated in this section, they felt it is equally important

to be *seen* by significant others as embodying the traits of a competent male. Thus given that the interviewees' believed that society views individuals with mental ill-health to possess traits contradictory to those displayed by 'real' men, they were unwilling to seek help for fear of being seen to be either.

4.6.5 Conclusion

It can perhaps then be suggested that despite a certain level of knowledge of MHPs, the distorted perceptions of those suffering MHPs held by adolescents prompt a reluctance to acknowledge that they may be facing a mental health problem. Additionally the negative beliefs and attitudes stemming from such perceptions may result in an unwillingness to admit that they are incapable of solving their own problems and should resort to sourcing help from others to ease their distress. Furthermore, the belief that society not only belittles those with mental health problems but also expects males to be resilient and independent makes expressing one's feelings difficult and thus inhibits the act of approaching relevant help sources.

4.7 OUTCOMES OF HELP-SEEKING BARRIERS

Although most interviewees stated that they were not depressed at the time of interviewing, each was able to reveal at least one recent incident when they experienced feelings of anxiety, stress, or depression. While the adolescents' personal stories varied, they appeared to deal with their negative feelings in a similar manner. That is, their primary response was to attempt solving the problem unaided: *I'd deal with it on my own (17, SS, M), I tried to handle it myself (17, CE, E)*. To examine exactly how these concerns were 'handled', the second component of the projective exercise required interviewees to describe the options available to them to deal with these problems. Interviewees reported several coping strategies, however the coping responses most frequently enacted included avoidance, diversion, and private resolution. (Each of these

strategies is discussed in detail in the sections to follow). Very few adolescents indicated that seeking help or discussing the problem with another person would be included in their primary options for dealing with a problem causing mental ill-health. These options were suggested to be the course of last resort. When the situation was considered to be dire, interviewees stated that they were willing to access support, mainly from informal female help-sources.

4.7.1 Avoidance

Avoidance appeared to be one of the most commonly employed strategies among the adolescents interviewed. Avoidance as a coping strategy refers to an individual's denial of the existence of a problem or an attempt to evade employing a strategy to solve a problem (Ryan & Pintrich, 1997; Wilson & Deane, 2001). For the interviewees, avoidance strategies included ignoring problems, deciding to deal with them later, or steering away from potential stressors. In most cases, avoidance appeared to be a means of escaping problems in the hope that they would never have to be dealt with. The following excerpts illustrate the way in which interviewees avoided their problems in the past by trying to forget or ignore them:

AM: HOW WOULD YOU SORT OUT THE PROBLEMS YOU HAVE WITH YOUR FAMILY?

I: To be honest I wouldn't try to fix it...I would just try to forget about it ... It's sad but I cope with most issues by avoiding them. If I avoid it, it's not a problem (15, SS, E).

AM: WHAT DO YOU DO WHEN YOU ARE FEELING STRESSED?

I: Nothing, I choose to ignore it in the hope that it will go away (17, SS, E).

I try to sort it out by myself. If I can't then I just try to forget about it (15, CE, Y).

While the first two excerpts reveal how problems were passively avoided by interviewees, the last excerpt differs with the interviewee suggesting that he was only to

resort to avoidance should he be incapable of resolving the problem single-handedly. Some interviewees also suggested problems may be avoided by removing oneself from the distressing situation:

Some people might try to escape... not turn up to school, try to avoid the things that are making them depressed (16, SS, E).

As this interviewee states, a problem may be avoided by escaping the environment in which the problem is most likely to occur. Avoidance by escape appeared to be enacted frequently when interviewees experienced periods of family conflict. In these cases some adolescents would resort to 'running away' as they believed it to be the only option or the best available option for dealing with their family problems:

I was fighting with my parents so much, so I just ran away... what else could I do? I mean you feel like your parents just don't want you, so you keep on going. You just feel like this is the only way (15, SS, E).

AM: HOW DO YOU COPE WITH THE PROBLEMS YOU HAVE AT HOME?

I: You can always get away from it. I had a pretty big argument with my folks [at the] end of last year. I left about three times... I went to a friend's for the night... It helped to be able to walk away, get away from it.

AM: DID YOU TALK TO YOUR FRIEND ABOUT YOUR PROBLEMS AT HOME?

I: Nah, I chose to avoid it (17, SS, E).

I: I go through stages where I get along with my parents, and then I don't. If I don't, then I go get myself a hotel room for a couple of nights. There might be a week where I'll go play golf with my dad just about everyday and go to the shops with my mum, and then the next week we'll be hysterical and I'll leave.

AM: HOW OFTEN DO YOU LEAVE HOME?

I: I've done it a few times, but it gets expensive. I get to go to all the hotel rooms and get the cheap rates, but nothing is as good as being at home. You don't have any worries when you're at home (16, SS, Y).

These adolescents maintain that when confronted with intense family conflict they are most likely to cope by escaping from their home life. As these excerpts suggest, this coping response may be believed to be necessary or simply based on the desire to remove themselves from the situation. Avoidant coping strategies thus appear to be employed by some male adolescents in an effort to forget about problems and reduce the possibility of experiencing further distress.

In some cases avoidance was not believed to be merely an option that allowed interviewees to forget about their problems. Instead, as the following interviewee asserts, avoidance offers some time to distance oneself from problems:

AM: WHAT STRESSES YOU OUT?

I: Expectations... from friends, parents, whoever.

AM: HOW DO YOU COPE WITH THESE EXPECTATIONS?

I: Put it on a shelf and deal with it later (17, CE, E).

Although this excerpt demonstrates that the interviewee has the desire to avoid his problems, unlike preceding statements he implies that avoidance is not merely a means to an end. In stating that the problem will have to be dealt with at a 'later' stage, the interviewee implies that avoidance is a coping strategy he would employ only for a period of time. Other interviewees also reported avoiding their problems only until they felt they were ready to acknowledge and resolve them or until they vanished of their own accord.

4.7.2 Diversion

Most interviewees reported employing various diversionary activities when attempting to cope with their MHPs. Although some interviewees engaged in unhealthy coping responses such as "getting drunk" and "smoking weed", relatively innocuous coping activities were most frequently employed. These diversionary activities appeared to be

enacted by interviewees who embraced the opportunity to become preoccupied with something other than their problems:

I jump on the computer and muck around for a couple of hours, so I don't have to think about it (16, CE, E).

I try not think about it too much, put my mind to something else. Go outside; go for a walk or something. Or just even talking to a friend, even if it's about something else (17, CE, E).

Many interviewees reported frequently engaging in sporting activities as a means of diverting their attention away from their problems. As the following interviewees state, physical activity is also an outlet for expressing anger:

With guys they probably take their anger out through sport and fitness, or something like that. Try and take their mind off it probably (16, CE, O).

I do a lot of sport so I can put all my concentration on sport. That way you can kind of let out your frustrations and not worry about it (15, CE, E).

I play sport so then I can forget about everything for a while (16, CE, E).

Some interviewees also reported that listening to music was an alternative method of diverting attention away from their problems for a period of time:

When I don't want to deal with it [problems] straight away, I go to my room, shut my door, and crank up the music (17, SS, M).

First thing I usually do is go to my room and listen to music. It depends, if I'm really angry I'll put on Eminem or Limp Biskit or something like it, which I don't know, helps me express my anger or something, like someone else also feels this way. But then if I want to cool off I listen to some R and B (16, CE, E).

As these excerpts have illustrated, playing sport or listening to music appeared to provide interviewees with an outlet to express their anger, as well as allow them to diffuse the negative feelings they may be experiencing. Alternatively, some interviewees reported employing diversionary strategies that function to calm and soothe or generate happiness:

I cope with it [stress] the same way I cope with most things, I go sailing. It's a good stress relief. It's something you've got to constantly think about and if you think about the boat you're not thinking about your other problems. So it's good in that respect ... it sort of makes you happy (17, SS, E).

I just go and have fun. I do a lot of sport so I put all my concentration on sport and you kind of don't worry about it (15, CE, E).

I heard somewhere that if your feeling depressed, you do a lot of exercise and that lifts your feeling. So I'd go riding or something (15, SS, Y).

To calm myself down I go out with my friends, listen to music, go on my computer (15, CE, Y).

Diversionary coping strategies, therefore, were more likely to be employed for a specific period of time as a form of stress relief. Interviewees indicated that once they had vented their anger and frustrations and had calmed down they were able to begin some form of problem solving.

4.7.3 Private Resolution

Where interviewees reported addressing the existence of a problem, the typical response was to make it a private issue that was not discussed with others. Thus the adolescents interviewed claimed to have deliberately remained silent about their problems:

I definitely keep things to myself (17, CE, M).

I kind of just kept it to myself. I've never been completely open when something gets to me (16, CE, M).

I tend to keep to myself a bit, like I mean I sort of will talk to anyone, but I won't if I've got problems. I won't talk to anyone about it (16, SS, Y).

I just push it back and bottle it up (15, CE, E).

During this time, interviewees preferred to keep their thoughts and feelings private. To ensure their confidentiality was maintained, interviewees assumed a façade of well-being:

I kept it to myself and acted like nothing was happening (15, CE, M).

For most of last year I was pretty unhappy, but I've always put a brave face on (15, SS, E).

AM: *WOULD YOU DISCUSS YOUR PROBLEMS IF A FRIEND APPROACHED YOU?*

I: *I don't know; if someone came up to me I'd probably just go 'Nah, I'm fine' (17, CE, E).*

As interviewees had reservations about disclosing their feeling of distress to others, they sought alternative means to express themselves. Nelson (1988) asserts that individuals may turn to reflective coping methods when distressed in order to search for solutions to their problems. Some interviewees reported employing introspective coping strategies that can be enacted in private to attempt to alleviate their feelings of anxiety, stress, and depression. They reported seeking seclusion to write their thoughts down or draw:

I've got this book and when something's bothering me I just write something down and it gets it out. So instead of talking to someone I write it down (16, CE, M).

I'd just write about it or think about it. Like sometimes I'll hide it until I feel up to telling my friends...so I write it down (15, CE, E).

I just wrote about it ... I do that a lot - just start writing (16, CE, M).

I do graffiti, not on walls, but in sketchbooks, and I suppose through that I express how I feel (15, SS, E).

Private resolution was in most cases preferred over seeking help, as it offered interviewees the space and time to consider the various options to deal with their problems:

I would think about it myself first...because sometimes when you think about it for a while you realise things are the other way round, and maybe you have time to cool down (15, CE, Y).

I would think about it in my own head ...so I would be able to create my own thoughts and deal with it on my own (17, SS, Y).

Thus, cognitively processing various coping options to resolve the problem, as well as expressing emotion in creative ways appeared to provide the interviewees with the opportunity to arrive at a possible solution or the realisation that help was required.

4.7.4 Seeking Help

Despite admitting that seeking help would be the best solution, many interviewees reported failing to source help when they were in a situation that may have required it. When asked if seeking help was an option to resolving their MHPs, most interviewees

suggested that seeking help was only considered when they were no longer capable of dealing with their concerns alone or able to generate alternative solutions to solve their problem:

AM: HOW WOULD YOU HANDLE THE PROBLEM?

I: I'd think it out; think of all the ways I could fix it.

AM: WOULD YOU AT ANY POINT GET HELP IF YOU COULDN'T FIX IT?

I: Yeah, I think that's a big part. But, like getting your own space and thinking it through by yourself first, yeah. But if the problem gets too big you have to always go to friends or parents (17, CE, E).

I: I would try and solve it on my own first.

AM: AT WHAT POINT WOULD YOU TRY AND GET HELP?

I: When I realised it wasn't working or when it failed to help (16, SS, E).

AM: AT WHAT STAGE OF THE PROBLEM WOULD YOU DECIDE TO GET HELP?

I: Probably after a couple of tries of trying to fix it up, trying to do my best, and then realising that I'm out numbered or I can't do it myself (17, CE, E).

For these interviewees seeking help appeared to be an option only when they felt they had exhausted all other avenues of self-reliant coping. Other interviewees, however, reported to only source help for their problems when they had reached a state of desperation when the problem had begun to consume their every thought:

AM: AT WHAT POINT WOULD YOU TALK TO SOMEONE?

I: When I get all confused and then I start to go crazy (16, CE, M).

If it was extremely desperate, but usually it doesn't get that bad (16, CE, M).

When it starts worrying me all the time and I think about it all the time (16, SS, E).

When interviewees had acknowledged they were no longer able to deal with their MHPs alone and had accepted that they were in need of assistance, some had reluctantly sought help. As discussed earlier in the chapter, they were unwilling to seek help from those perceived to react negatively to their help-seeking behaviour, those perceived to be incapable of relating to their concerns, those lacking closeness and familiarity with the interviewees, and those perceived to be untrustworthy. Thus, interviewees were more inclined to seek help from those perceived to be sympathetic, compassionate, understanding, familiar, and trustworthy. For many of the interviewees, informal female help-sources such as mothers, female siblings, female peers, girlfriends, and female supports within schools best fit these criteria. When approaching these female help-sources, interviewees reported to be less concerned with feeling and appearing incompetent for seeking help as they believed these help-sources would be more likely to accept their help-seeking behaviour rather than reprimand or ridicule them for being emotionally expressive. A few interviewees also reported finding a select group of male mentors and professional help-sources to approach when experiencing a problem they could not handle single-handedly. The interviewees' attitudes towards seeking assistance from each of these help-sources are discussed below.

Mothers

Although interviewees reported being reluctant to seek help from their parents, further into the interviews it became evident that the adolescents were specifically referring to their fathers in most cases. It was the father or primary male figure in the family who was expected to react negatively to the adolescents' help-seeking efforts. This appears to be congruent with findings presented in the previous section, where in most families the father was the authority figure responsible for implementing disciplinary action. Thus it did not appear to be contradictory that the majority of interviewees later suggested that their mothers were help-sources they would consider approaching:

I'd try and handle it myself or I'd go to mum, either one (15, SS, E).

I'd go to my mum or solve it myself and not really tell anyone else (17, CE, E).

Interviewees appeared to hold this preference for their mothers' counsel based on the belief that their mother would have the relevant knowledge to deal with the situation, would encourage them to vent their feelings, and would offer support:

I've got the same relationship with him [Dad] as I do my Mum. He just couldn't, my mum just has the answers, she's the Mum, Dad's the Dad (16, CE, Y).

Mum and Dad probably know what to do if you were stressed. Well Mum would, Dad really wouldn't (15, CE, E).

I find it easier talking to my Mum because she would be more confident. Dad would be like 'Come on, get over it', and she [mother] would be like 'Explain more' (17, CE, E).

I don't know about my Dad, I wouldn't talk to my Dad... I suppose my Mum would be more understanding. Dad would say 'Get on with it, it doesn't matter, you'll be right' (15, CE, E).

While interviewees believed their mothers would be encouraging of their help-seeking behaviour, interviewees stated that their fathers would encourage them to be resilient and expect them to dismiss the problem. This appears to be a clear example of the way in which socialisation of the traditional male role impinges on help-seeking. It is interesting to note that most interviewees nominating mothers as approachable help-sources are the eldest children in their families. Various psychological theories state that as first-born children are 'first on the scene' they typically form closer ties with parents and tend to be more communicative with their parents compared with latter-born children (Coon, 1992).

Female Siblings

The belief that certain help-sources would be unable to relate to the interviewees' concerns appeared to be a barrier to seeking their aid. As a result, interviewees were inclined to seek assistance from sources that were considered to be capable of associating with their problems, such as those closer in age. Frydenberg (1997) asserts that during adolescence it is common for teens to shift their dependence from parents to those similar in age such as siblings and peers. This shift is attributed to the belief that these sources of support have a degree of 'recency' that allow them to be more understanding than their parents of the experiences faced by adolescents (Branwhite, 2000). Many of the males with older sisters appeared to maintain a close relationship with them, and as a result felt they would be comfortable in approaching them to deal with a variety of problems:

AM: *WHO IN YOUR FAMILY WOULD YOU TALK TO IF YOU HAD A PROBLEM?*

I: *Probably my older sister... If it is something I don't want to talk to my friends about, then yeah she's the best one to go up to for advice.*

AM: *WHY DO YOU THINK THAT IS?*

I: *Well we're pretty close, and she has a bit of experience in these things because she's only a couple of years older (15, SS, E).*

AM: *WHO WOULD YOU MOST LIKELY GET HELP FROM IF YOU HAD A PROBLEM?*

I: *If I tell anyone first, I'll tell my older sister.*

AM: *WHAT SORT OF PROBLEMS WOULD YOU TALK TO HER ABOUT?*

I: *I've got no money, I need a job, can I borrow five bucks? If I have a problem with Mum or Dad as well.*

AM: *ANYTHING ELSE?*

I: *Not really. If it is, like I might say 'Oh, this guy is the biggest idiot, do you know what he did to me? He's such an idiot, he said this, that, and the other'. She's someone you can just talk to. It's really good.*

AM: *WHY WOULD YOU CHOOSE HER OVER THE OTHER PEOPLE AVAILABLE TO YOU?*

- I: When I talk to my sister it is a lot better advice than talking to one of my friends because more often than not your friends won't know your family but your sister will (16, CE, M).*

It appears the interviewees' older sisters are often deemed approachable help sources as they are perceived to be sympathetic, understanding, and capable of imparting valuable advice. In these extracts the interviewees reveal that they are able to approach their sisters for advice on problems ranging from family concerns to school-related problems. The first interviewee suggests his sister has the advantage of having recently gone through adolescence and is therefore seen to be capable of relating closely to the experiences he would face. In the second excerpt, the interviewee suggests the knowledge his sister has of the family situation allows him to feel at ease when seeking her advice.

Female Peers

Interviewees reported that were often not accepted by their male peers if they were seen to fail to behave in accordance with expectations. As seeking help was thought to be 'unacceptable' behaviour for males, interviewees assumed that rejection and exclusion from peer groups would result if they approached their male friends. It is not surprising then, that the interviewees were more likely to nominate their female friends as the more approachable help-sources. In the following extracts interviewees suggest that their female friends are more likely to be sensitive about their problems, and more accepting of their help-seeking behaviour:

- I: If I had a problem I would talk to one of my good friends that I've got now.*
AM: ARE THESE FRIENDS MALE OR FEMALE, OR A MIX?
I: It would probably be one of the girls because we're really good mates now... The guys would probably give you a bit of shit if you ran to them for your problems, but the girls wouldn't (16, CE, M).
- AM: IF YOU HAD A PROBLEM, WOULD YOU TALK TO ANY OF YOUR FRIENDS?*

I: I'd probably tell one of the girls or something because they're usually more sensitive about these things than guys are (15, CE, E).

AM: WHAT ABOUT YOUR FEMALE FRIENDS, WOULD YOU TALK TO THEM IF YOU HAD A PROBLEM?

I: Yeah... They're just easier to talk to...because they, I don't know, like if you tell them they don't care. They're more compassionate (16, CE, E).

In a similar vein, some adolescents also suggested that if their friend had a problem, they would direct them to receive help from a female friend, rather than offer their assistance:

AM: IF ONE OF YOUR FRIENDS HAD A PROBLEM, WOULD YOU ENCOURAGE THEM TO TALK TO YOU ABOUT IT?

I: I'd probably encourage them to talk to someone. Like if a guy came up to me I'd tell him to go talk to one of the girl friends because they'd be more help than I would (15, CE, E).

AM: IF A FRIEND HAD A PROBLEM, WHAT WOULD YOU DO?

I: I'd probably tell them to go see somebody or talk to somebody about it...

AM: WHO WOULD YOU TELL THEM TO TALK TO?

I: If it was only semi-serious probably just a girl, because they're good with sorting out problems.

AM: WHAT ABOUT A MALE FRIEND?

I: Probably not (16, CE, O).

It is interesting that most interviewees encouraging male friends to discuss their problems were more likely to direct them to female peers rather than offer to help them personally. It appears that female friends are the preferred option as they are not only considered to be more sympathetic and understanding than their male counterparts, but they are also believed to possess the skills required to sort out personal problems. This belief perhaps stems from traditional perspectives on gender role traits that claim

females are by nature more nurturing or are otherwise socialised to adopt the role of the nurturer (Stoll, 1974). This sentiment is evident in the second excerpt in the assertion that a friend could receive help from “just a girl”. This statement could be subject to many interpretations. For instance, the interviewee may be implying that ‘only’ a female would be capable of helping a male with his problem. Alternatively, the interviewee could be suggesting that because he considered his female friends to be of less importance to him than his male friends, appearing incompetent for seeking help is of lesser consequence.

As has been discussed, the fear that their male peers would divulge their secrets to others appeared to make many of the interviewees reluctant to express their feelings to them. On the other hand, interviewees appeared to be more willing to seek aid from their female companions who were considered to be trustworthier:

I'd tell a girl mate because you can trust them and you know that nothing is going to come out once you've told them (15, CE, E)

AM: *WOULD YOU TALK TO ANY OF YOUR OTHER MALE FRIENDS IF YOU HAD A PROBLEM?*

I: *Nah, I don't trust them. There's a lot of backstabbing and stuff... Guys can be the biggest bitches. It's shocking...*

AM: *WHAT ABOUT YOUR FEMALE FRIENDS?*

I: *I'd probably go talk to Vicky because I just trust her and we get along really well. She comes to talk to me all the time. Yeah, so I'd probably go talk to her (17, CE, M).*

AM: *HOW WOULD YOU DESCRIBE YOUR FRIENDS?*

I: *I've got...like a lot, half boys, half girls.*

AM: *WHO WOULD YOU SAY ARE YOUR CLOSEST FRIENDS?*

I: *Most of my close friends are girls. I trust them more.*

AM: *WHY WOULD YOU TRUST YOUR FEMALE FRIENDS MORE THAN YOUR MALE FRIENDS??*

I: *Just 'cos I know the girls will keep things to themselves (16, CE, E).*

Female companions were perceived to be more likely to keep the adolescents' problems a secret. This appeared to be attributed to the trust the interviewees had reciprocated with their female friends. It is relevant that all the interviewees nominating their female peers as approachable help-sources attended co-educational schools.

Girlfriends

Those interviewees with girlfriends also indicated that their girlfriends were approachable sources of support. In the following excerpts, it appears that one of the roles of a girlfriend is to console the male adolescent and help him relieve his anxiety and diffuse his anger:

AM: *IF YOU HAD A PROBLEM, WOULD YOU TRY AND GET HELP FROM ANYONE?*

I: *I would go up to my girlfriend. You just go 'Hey' and then she'll give you a hug and it's okay (15, CE, E).*

AM: *WOULD YOU APPROACH YOUR FRIENDS IF YOU HAD A PROBLEM?*

I: *Nah, that stuff is private.*

AM: *IS THERE ANYONE YOU WOULD TALK TO IF YOU HAD A PROBLEM?*

I: *My girlfriend. Because these things usually end up with me swearing, I can't stop myself from swearing, so I just call her...*

AM: *DO YOU SEEK HER HELP FOR PARTICULAR PROBLEMS?*

I: *Nah, I tell her everything (15, CE, Y).*

Again, it is interesting that all the interviewees nominating their girlfriends attended co-educational schools. This appears to reflect the different opportunities these adolescents are provided to form friendships or relationships with the opposite sex. For instance, those at single-sexed schools maintained predominantly male friendships, with only a few maintaining female companions or girlfriends outside of school. Alternatively, those at co-educational schools indicated they had a mix of male and female friends, with many also maintaining a romantic relationship with a female from their school. Those at co-educational institutions claimed the opportunity to interact with females

was invaluable, while other interviewees suggested the lack of such opportunities was a downside to attending a single-sex school. The extent to which female companions may be regarded as an important component of the adolescents' social groups is readily apparent from interviewees' suggestions that females are a help-source they would be willing to approach if they did decide to seek help.

Female Teachers

Although most interviewees reported that they were unlikely to ever seek the aid of help-sources within their schools, many adolescents at a particular co-educational school nominated one young female teacher as a readily available and easily approachable source of help. She was deemed to be more of a friend than authority figure for her ability to empathise with the experiences and concerns of the adolescents:

AM: *WOULD YOU APPROACH ANY OF THE SCHOOL RESOURCES FOR HELP?*

I: *Probably my English teacher...she's like just got out of uni, like 22, and she's pretty cool. And we muck around with her, go see her during other classes and stuff. A bunch of girls even go to her for help, like instead of the school nurse and stuff... Because she's easily approachable and is still practically a kid. She's like a fun teacher (16, CE, O).*

AM: *WOULD YOU SEEK HELP FROM ANY OF THE STAFF AVAILABLE TO YOU AT THE SCHOOL?*

I: *My English teacher maybe. She's a legend. She's one of the best teachers I have. She's young like 21, and you'd probably make her like one of your friends.*

AM: *WHAT ABOUT THE SCHOOL PSYCHOLOGIST OR NURSE?*

I: *No... They're too much like parents (15, CE, E).*

[I would speak to] my English teacher because she's young and she's really nice. One of my mates has actually gone and spoken to her about stuff, like his problems. And plus I get along with her really well (16, CE, M).

This teacher appears to be considered an approachable help-source for a number of reasons. In the first instance, being of a relatively young age she is assumed to be able to relate more closely with adolescents' concerns, especially compared with other teachers who are perceived to be around the same age as the interviewees' parents. Additionally, this teacher's relaxed approach in the classroom allows her to be viewed as someone who would be sympathetic and considerate of adolescents' problems outside of class time. Finally, these interviewees believe she is a competent and trustworthy help source with additional proof from their peers who have previously sought her assistance. This supports Branwhite's (2000) suggestion that an adolescent's perception of a help-source can be significantly influenced by recommendations made by peers who have previously received assistance from this source of help.

Male Mentors

While most interviewees were reluctant to seek help from their male peers, some with older male friends reported considering them approachable help-sources. Badinter (1992) asserts that when young males lack the presence of a close male figure in their lives they will often seek the advice and behavioural cues of a somewhat older and smarter male who comes to be admired as a male mentor. For a few interviewees, the male mentors in their lives were perceived to be approachable help-sources for their ability to relate and empathise with the adolescents' concerns, as well as being capable of offering relevant advice.

Although interviewees with older sisters considered their female siblings to be likely sources of help, most interviewees with older male siblings reported that although they were available they were not considered to be approachable. Alternatively some interviewees without older male siblings reported to have older male friends from who they were likely to seek help. These interviewees appeared to revere these older friends, who often came to assume the role of their surrogate 'big brother'. In the following excerpts it is explained that these older males are deemed to be approachable help sources for their perceived experience in dealing with some of the concerns and problems the interviewees may be facing:

I've got a mate in year 12 who lives up the road and he's pretty much the closest thing I've got to an older brother, so I tell him most things. It's good because he's been there and done that, so he can help (16, CE, M).

I've got a mate who's a year older. He's got a few problems, like his parents separated and stuff, and a couple of years ago he had a few friend problems and stuff. We've become really good mates. I see him all the time, and I tend to talk to him a bit now... I've known him for about a year, but I've only started to talk to him as a friend in the last few months. It's good to have someone like that who's been through it (16, SS, Y).

In these excerpts, male mentors are considered to be approachable help-sources because they are perceived to have shared similar problems experienced by the interviewees. A sense of 'shared experience' is said to be a significant factor in choosing potential help-sources (Boey, 1999; Branwhite, 2000). This also appeared to be the reasoning one interviewee had for approaching the male psychologist within his school for help:

AM: *WHEN YOU WERE GETTING BULLIED, DID YOU AT ANY STAGE TELL ANYONE, OR ASK FOR HELP FROM ANYONE?*

I: *I told [the school psychologist].*

AM: *WHAT MADE YOU DECIDE TO GO TO THE SCHOOL PSYCHOLOGIST?*

I: *He was my best friend. He used to be the basketball coach and we built a good friendship. So it was always easy to go to him, easier actually than my parents. So I thought I'd go to him and it doesn't matter.*

AM: *IF YOU HADN'T MET THE SCHOOL PSYCHOLOGIST THROUGH BASKETBALL, WOULD YOU HAVE GONE TO HIM ANYWAY?*

I: *Probably not, because we bonded in some aspect of my life ... I only went to him because of the friendship I had with him (17, SS, Y).*

The friendship this interviewee shared with the young male school psychologist allowed him to feel at ease in approaching him for help when he experienced incidents

of bullying. The interviewee suggests that the bond he established with the school psychologist during basketball training made it possible to approach him as a friend and mentor, rather than a formal source of help. Interviewees often implied that school-based help-sources seen outside of their normal authoritarian role, such as partaking in coaching or extra-curricular activities, were able to establish a more informal relationship with students. The notion of friendliness thus appears particularly important to enable adolescents to consider approaching school-based resources.

Professional Help-Sources

Although many interviewees expressed a reluctance to seek help from most types of formal help-sources, a few suggested that they would seek the assistance of a professional if they felt informal sources “*couldn’t help*” (16, CE, O) or “*wouldn’t have the right answers*” (16, CE, Y). Doctors and psychologists were the interviewees’ preferred formal help-sources as they were considered to be reliable for their perceived knowledge and expertise. Leong and Zachar (1999) report that individuals are more likely to have positive help-seeking attitudes towards formal help-sources when they are perceived to be a trustworthy professional:

I’d try people who know me, relatives and friends, etcetera. I would seek their advice first, and if they suggest I go to someone else, a professional, I would (16, SS, E)

Well I have friends and stuff. But if I was ever feeling that bad, I would want to talk to someone that knew what they were doing. (15, SS, Y).

4.8 CONCLUSION

This study has found the primary barrier to seeking help for interviewees to be the fear of feeling and appearing to be incompetent in the male role. This fear appears to stem from interviewees’ socialised perceptions of the ‘ideal’ male, perceptions of help-sources, and perceptions of mental ill-health. As a result, the adolescents interviewed

reported to use alternative coping strategies to deal with their MHPs. The interviewees stated a preference for coping with their MHPs using the methods of avoidance, diversion, and private resolution. Where seeking help was deemed to be necessary, interviewees were inclined to source assistance from those considered to be accepting, nurturing, empathetic, friendly, and trusting. For most interviewees this included informal female help-sources such as mothers, older female siblings, female friends, girlfriends, and in a few cases a young female teacher. Male mentors, doctors, and psychologists were also considered to possess these characteristics by a few adolescents. Thus, help-sources deemed to be approachable were those perceived to be less likely to make the interviewee feel or appear incompetent in fulfilling the male role.

CHAPTER 5

SOCIAL MARKETING SUGGESTIONS

The coping decisions of interviewees appeared to be primarily motivated by the desire to be self-reliant, resulting in attempts to solve their problems unaided. When self-reliance was no longer considered to be a viable option, despite initially expressing a reluctance to seek help, some adolescents admitted that sourcing assistance would in most instances actually alleviate their distress:

AM: WHAT WOULD HELP YOU COPE WITH YOUR PROBLEMS?

I: Nothing really. I reckon it's just time. It would be easier if I could talk to someone though (16, SS, E).

Being able to talk to someone that wouldn't get sick of your problems (16, SS, E).

Well talking about it, you can get it out of your system (17, CE, E).

As has been discussed, however, the option of seeking help was greatly inhibited by the inconsistency in the interviewees' perceptions of someone in need of help and the perceptions of who they aspired to be and were expected to be. Reducing the barriers they faced in seeking help therefore required an examination of the types of resources interviewees believed would allow them to receive assistance for MHPs without challenging their sense of self-worth. Interviewees were asked to provide their views on the external aids they themselves would be inclined to utilise most frequently, or those resources they believed other males of their age would choose. The interviewees reported that they would be more willing to seek help if information was made readily accessible, information was presented in a way that they could relate to, and if

information served the purpose of normalising MHPs, included specific skills relevant real life situations, and encouraged others to be empathetic to those in need of help. Each of these elements is discussed below.

5.1 ACCESS TO INFORMATION

Accessible and relevant literature should cater for males wishing to employ self-reliant coping activities, as well as encouraging them to approach external help sources. The most accessible forms of self-sourced information were considered to be those found on the Internet or through various mainstream literary publications. Alternatively, information could be made accessible to interviewees when provided by parents or educational institutions.

Interviewees reported that if they were required to source assistance regarding mental health problems or coping strategies they would opt to attain information that was easily accessible, provided adequate knowledge, and maintained confidentiality. Thus the Internet was believed to be one medium that fulfilled these requirements:

AM: WHAT WOULD BE THE BEST WAY TO GET MENTAL HEALTH INFORMATION OUT TO MALES?

I: Probably the Internet, because it's the most easily accessible. We've got computers in every classroom and most people have it at home... [They are] probably a bit easier and a bit more confidential, no one can see you. Like you have to walk up and grab a certain magazine off the stand but on the net you can just look it up (16, CE, O).

I think it would be easier on the Net because it's in the comfort of your own home. Like if it's a, like a shop type thing in the city, I would feel a bit weird just casually strolling in and saying 'I've got problems' and stuff, just to get a pamphlet. But if it's in the comfort of your own home, you don't have to worry about it (16, CE, M).

The Net is pretty good, because it's so accessible... [and] because you can do it without anyone else knowing, it's anonymous (16, SS, E).

Although some interviewees discounted Internet-based help-lines as a source of assistance, many still considered the Internet to be an attractive option for attaining written information given its accessibility and confidentiality. These factors appear important, and perhaps account for the interviewees' aversion to accessing information made available only in public areas, such as pamphlets and manuals:

With a pamphlet they actually have to go to a place and grab the pamphlet and there might be people looking at you and you have to say 'I'm getting this for my little brother, it's not for me okay' and run (15, CE, E).

The importance of maintaining privacy when attempting to source assistance reflects the interviewee's desire to ensure that others are not aware of the difficulties they may be experiencing. Additionally, the standard and brief information provided in a pamphlet is unlikely to provide the specific information that is viewed as being of relevance to individual's problems, as noted below:

Everybody's problems are different. This pamphlet's not going to solve my problems, so I wouldn't go out of my way to read it... [So] if they gave me a pamphlet I wouldn't put it in my top pocket and read it on the bus (16, SS, Y).

Mental health information made accessible through mediums other than those with a specific intention of providing assistance were also preferred by the interviewees. For instance, while advice provided in problem-specific pamphlets and magazines were unlikely to be read by the young males, information that was found in mainstream magazines or on the back of cereal boxes were believed to be a more acceptable means of acquiring the information:

Magazine or books is also a good idea. But you can't have a magazine of men's problems, it would have to be in a sport

magazine and have a tiny bit on it (15, CE, E).

I'd read about health and stuff if it was in a magazine like RALPH or FHM (17, SS, M).

I look on the back of cereal boxes sometimes... Like I was reading on there, ages ago, it was about friendships and doing the wrong things, and drugs and stuff, and I was sort of reading through that, and there were things that I could relate to. And that was sort of the best way... I could just sit there and read it off the cereal box. It's something that's there...it's just on the cereal box, so why not (16, SS, Y).

While interviewees were unlikely to obtain problem-specific assistance themselves, they appeared to have no objections to having others offer them this information. For instance, many interviewees believed parents could take a more active role in providing their children with help-related information:

Maybe parents can give some information to their child so if they've got any problems they can talk to them about it (15, SS, M).

For those guys who can't talk to their parents, then the next best thing would be if the parents gave them like a book or pamphlet to read, so at least they getting some info on it (16, CE, O).

I reckon it'd be a good idea if there were pamphlets and stuff not just for guys our age, but also for parents. That way they can get an idea of what's going on, and then pass it on to their kids so they can talk about it (17, CE, E).

As these quotes suggest, if parents were to receive information on mental health they would have a greater awareness of the problems the adolescents may be experiencing and may therefore be better equipped to initiate discussions on MHPs with their children. Any discomfort the interviewees reported to feel in approaching their parents for advice may be eliminated if parents first approached them. This may not only help

to educate both parties, but may also foster a communicative environment that allows the adolescents to feel that discussion of such problems is acceptable.

Although most interviewees indicated that if their parents were to provide them with information on mental health and coping they would be inclined to read it, only one interviewee reported that this had actually occurred:

My Dad gave me this film the other day, something to do with men and how to stay healthy. It was really good. He got it from the library and it was meant for men to look at. Like don't be a bastard and about risk and how men are more risky and what men do... There's also a book that my dad showed me, it's called manhood...I read a lot of that and it was very good, and for written information it pretty much summed it all up (17, SS, M).

In this extract, the interviewee expresses genuine gratitude for being offered these resources, which he was able to read and view in his spare time in the privacy of his home. The interviewee appeared to be at ease during this discussion, and was enthused rather than embarrassed at having viewed and read the help-related material. As with the previous interviewees who had stumbled across helpful information in magazines and cereal boxes, there appears to be less shame in reading help-related information when it is attained unintentionally.

Interviewees also considered Health Education classes in schools to be an opportune occasion to acquire information about mental health problems and coping. Interviewees felt that they would not only have received the benefits of being educated on mental health issues, but would be able to attain this knowledge without the embarrassment of having to physically source the information themselves:

I think if they could obtain the information without having to search for it. Something you could get from school, like in class, and then you can read it later in a place that's convenient (17, SS, E).

I'd say we should learn it in school. I'd say, like through assemblies and stuff. Get the whole year to come into the hall and get someone to come in and speak about depression (17, SS, M).

It could be given to them like in health class or something, and if they wanted more they'd know where to get something else in detail (16, CE, Y).

Providing adolescents with information through schools would not only make information readily accessible, but would also educate them on other avenues from which they could source additional assistance. Furthermore, by providing information during class time adolescents have access to information that they would otherwise only be able to attain if they were to visit the school psychologist privately.

Some interviewees, however, felt that if information was to be disseminated through schools, some males may feel the need to assert their strength or control in scoffing at the information presented. The following interviewees suggest that despite the bravado some males may display in a school setting, most would privately appreciate the opportunity to receive the information:

Most people would come out of it, like at the theatre room, like when people come to talk to us people walk out and say, 'That was a load of crap'. But really, I try to take it all in. I don't know if other people do or if they're trying to be tough or something (16, SS, E).

At the school they could talk about it, and some would say, 'How crap is this'. But some would actually get something out of it (17, SS, M).

Another drawback to the teaching of mental health issue in schools is likely to be the discomfort experienced when openly discussing these issues with class members:

In a class it's a bit, you feel like they're [peers] judging you, you can't really talk (17, SS, M).

With the class thing, whether you agree with what they're saying like, 'Oh yeah, alcohol's going to ruin your life' or whatever, in front of your friends you can't show how you feel about that. You can't show that you're actually worried that, like, say you drink too much or whatever, you can't actually show how you feel about that. I couldn't sort of express myself because you have to live up to expectations (16, SS, Y).

Although providing information in a class setting was thought to remove part of the embarrassment some may experience when obtaining it on their own, interviewees believed that expectations for the male class members to uphold the 'macho' image might prevent them from truly expressing their views and taking the opportunity to discuss their concerns with others of the same age. Many interviewees suggested, however, that males may react more positively to mental health related information delivered in health classes if it was to be presented in a relaxed rather than academic setting and in a way that they could relate to.

5.2 PRESENTATION OF INFORMATION

The way in which the information is delivered was reported to have a significant effect on how it would be received. Many suggested that they were less likely to find information relevant in a class situation if provided by a teacher they considered to be lacking appropriate knowledge and empathy. Inspirational speakers, sportspeople, and young adults were the preferred choices for their perceived ability to provide truthful and anecdotal experiences to which the adolescents' could relate:

AM: HOW WOULD YOU LIKE TO BE TAUGHT ABOUT COPING AT SCHOOL?

I: By getting a young person like a 20/21 year old who can relate. It's hard to relate to some guy who says '52 years ago, when I was your age' ... Whereas if you've got some

guy who's goes '3 years ago, I was in your situation' you're likely to relate to him a bit better (17, SS, E).

I think having teachers is all right, but usually there is a big age difference between teachers and students. So maybe it might be best to have like uni students... people studying psychology or something. It might be easier to talk about (16, CE, M).

Have someone who is experienced to come into the class room and talk about it ...they don't have to be an expert really, just a normal person like us who has been through that sort of stuff and got out of it (17, CE, E).

If like a Professor comes along and goes this is how you deal with stress yah, yah, yah and doesn't give any examples of what he's been through then I don't think it is as effective as someone who's been through it all, who comes in to speak about it. Because you can always relate to something when it has happened to someone else, than someone it hasn't happened to...I think guys would listen to, not an old guy, [but one] like 25, 26. Maybe a sports person. A lot of guys I know play a lot of sport, so it's always easier to relate to sport and problems and how to relate to it (16, CE, M).

Interviewees also felt that the information provided in schools should be presented creatively and in a way that was likely to be appreciated by those of their age group. The following adolescents discuss the importance of conveying information to the target audience in an appropriate way:

AM: *WHAT DO YOU FEEL WOULD BE THE BEST WAY TO GET MENTAL HEALTH INFORMATION OUT TO GUYS YOUR AGE?*

I: *With a magazine they may not even pick it up. With a pamphlet they may walk straight past it. It has to be something the guys can relate to, I guess. Well reading is boring, so if the school put on a play that wasn't too young. We had one that came to school that was too young, for bullies and stuff. But if it's too young you just think, 'It's got nothing to do with me', but if it's*

something you can relate to, [if it's] realistic, then that would be good (16, CE, M).

I've seen drug pamphlets they've got up at the library and they're disgraceful. They've got cartoons on them and look like they're aimed at 10 years olds, and those involved in [drugs] are not 10 years old, but are 16 and 17 year olds.... The cartoons are ridiculous, like little kids saying 'No'. It's not appealing to the right kind of target audience (17, SS, M).

Interviewees appeared to be particularly critical of information that was conveyed in a way that was seen to be too childish for their age group. At an age when asserting competence as an adult is of extreme importance (Erikson, 1963), information intended for adolescents should reflect their growing maturity, or may otherwise offend (Beattie, 1996).

5.3 CONTENT OF INFORMATION

Most interviewees felt that the topic of coping with MHPs was not covered adequately in the current health curriculum in their schools compared with other issues they were taught repeatedly, such as sex and drugs. Many, however, felt that the addition of mental health related information would be one that they would benefit from significantly:

We did drugs every year in health and so we know everything, and about sex as well... We don't really get taught about stress and handling it and stuff like that... I think it could be like a small thing in health, just to keep reminding you of how to do it (15, CE, E).

They should lay off on the effects of cigarettes and alcohol because everyone does that every year, and start to do more on setting up your life and coping with things (16, CE, Y).

They don't really talk about that stuff [mental health] and you'd expect them to 'cause it affects most people. All they talk about is sex and drugs. So you're like we did this in year 8, so it's repetitive (15, CE, E).

The 17 year olds sampled were especially enthused with the idea of being taught about mental health and coping strategies to deal with MHPs. Many felt that they could benefit from learning techniques to handle the anxiety and stress they were likely to feel around exam time:

If it's particularly about exams and stress, then I think the upper school would be interested. After having sat exams and knowing what they're about, I think being taught about how to deal with it before hand would be good (17, CE, E).

I think a course on coping with stress during the TEE would be good because... most people get stressed out by the TEE. So I think that it would be good to teach in a health class (16, CE, M).

I don't have much stress or depression, but for those who get stressed easily around exams, then getting taught a couple of methods of calming down might help them (15, SS, M).

Most interviewees felt that a lack of awareness of the pervasiveness of certain MHPs sustains perceptions of the abnormality and disgrace associated with experiencing them. Many, therefore, considered their health classes to be the opportune environment to 'normalise' MHPs and reduce the stigma associated with having mental ill-health:

It'd be good if in Health Ed they could tell everyone they have the same problems and make it seem like your not the only one... Also tell you about places of where to go to for help and stuff (15, CE, Y).

It would be good if you could just realise that other people are going through the same things as you and you shouldn't really worry about stuff. It would be good if there was an instant remedy like that. I reckon that it would help heaps if we were

told to talk about it with friends. That way we wouldn't feel weird asking them "Does anything worry you like this?"; "Has this ever happened?" (16, SS, E).

When you realise people have gone through the same things as you, you just feel better. Because you know people have to deal with the same things and you don't feel like you're being picked on, you go, 'Oh yeah he's gone through the same thing I am, all kids go through this'... So I think there should be more teaching of the acceptance of it. If you get taught that it's ok to feel that way (16, SS, E).

Negative perceptions associated with experiencing a MHP were believed to be significantly reduced by increasing the interviewees' literacy in mental health issues. Interviewees believed that being educated in mental health may help them to discover that others of the same age are experiencing similar problems in adolescence. This was believed to help provide relief to those experiencing MHPs as well as eliminate some of the shame adolescents may have in approaching their friends for help. Some interviewees emphasised that health classes should teach adolescent males specific skills in becoming approachable and empathetic help sources for their friends:

Maybe through the school in Health Education, they should give guys situations, like 'Your friend has done this, this and this. What would you tell him to do?' Just to teach you how to address a problem, how to go about solving it, thinking of all the options, and letting people know of the disadvantages (16, CE, M).

Just to hear that you've got someone who will support you like your mates or something. Like 'If you're stressed talk to your friends' or something like that. Hearing that would just give you more confidence to go up to your friends and say 'I'm stressed' (15, CE, E).

This would appear to be a good strategy considering most of the adolescents indicated that although they would not initially approach their peers for help with a problem, they were more likely to express their concerns if a friend approached them first. The following interviewees suggest that if a friend were to initiate the discussion on MHPs

it would indicate that they found expression of emotions and sourcing help to be acceptable:

AM: *IF IT WERE YOU THAT WAS DEPRESSED, WOULD YOU PREFER TO TELL YOUR FRIEND, OR HAVE HIM ASK YOU IF SOMETHING IS WRONG?*

I: *I'm not the sort of person that goes and seeks help, but I wouldn't expect my friends to come and ask me.*

AM: *WOULD YOU LIKE THEM TO ASK YOU?*

I: *Ah, yeah probably because if they ask me it's like, 'Great, he's asked me, I can tell him now'. (17, SS, E).*

AM: *IF YOU WERE DEPRESSED, WOULD YOU FEEL COMFORTABLE ABOUT ASKING YOUR FRIENDS FOR HELP, OR WOULD YOU RATHER A FRIEND COME UP AND ASK YOU IF YOU NEEDED HELP?*

I: *I think it would be harder if I approach them first, overcoming that barrier of actually asking them for help.*

AM: *SO IN THAT SITUATION WHAT WOULD YOU DO?*

I: *If they seemed approachable, then I would drop hints so they would ask me (17, CE, E).*

AM: *WOULD YOU APPROACH A FRIEND IF YOU THOUGHT THEY WERE HAVING PROBLEMS?*

I: *Yeah, I'd say, 'What's wrong?' or 'How's your day been?' and stuff like that.*

AM: *WOULD YOU RATHER APPROACH A FRIEND OR HAVE A FRIEND APPROACH YOU?*

I: *I'd prefer for someone to say 'What's wrong' to me so I can talk about it, otherwise I'd keep it to myself a lot longer I think (17, SS, M).*

5.4 CONCLUSION

Although all interviewees reported that seeking help would be a course of last resort when faced with a problem, many admitted that expressing their concerns to help-sources was a solution that was likely to be most beneficial to them. This was further evidenced when interviewees expressed a positive attitude towards being educated

through information disseminated through the Internet, parents, and schools. Interviewees placed emphasis on the need to maintain their confidentiality when sourcing information, the need to be presented information by persons considered to be legitimate to the target audience, and the need to foster acceptance, disclosure, and empathy in the education of MHPs. Thus, despite the adolescents' disinclination to seek help, the interviewees provide some hope that appropriate and relevant strategies for promoting positive mental health could encourage adolescent males to seek help when faced with a MHP.

CHAPTER 6

DISCUSSION AND SOCIAL MARKETING

RECOMMENDATIONS

6.1 INTRODUCTION

This chapter outlines the grounded theory of the barriers to seeking help for MHPs that has been developed and provides social marketing recommendations. The barriers identified are those experienced by adolescent males in Western Australia. The grounded theory also describes the motivating and inhibiting factors that appear to contribute to these barriers to help-seeking. Findings from this study are compared with existing literature to validate the interpretation as well as uncover the deficiencies in the current understanding of the phenomena. This chapter thus serves to summarise the results in the grounded theory format of core category and properties and to link the category and properties to previous findings reported in the literature.

Through the inductive process of grounded theory (Glaser & Strauss, 1967) insight was obtained into the barriers adolescent males face in seeking help for MHPs such as anxiety, stress, and depression. Although the findings have been explained through the illustrative quotes presented in chapter 4, a brief discussion of the core category and the three properties is provided in this chapter. In this study the core category refers to the primary barrier to help-seeking, which in this case was found to be the interviewees' fear of feeling and appearing incompetent in successfully enacting the traditional male role. This primary barrier appeared to stem from the interviewees' socialised perceptions of the ideal male, their perceptions of available help-sources, and their perceptions of those with mental ill-health. These three influencing factors are identified as the properties of the core category as they appear to contribute

significantly to the fear of seeking help for MHPs as expressed by the adolescent males interviewed.

6.2 CORE CATEGORY

As discussed in chapter 2, males in Western society are pressured by socialising agents to integrate aspects of the traditional male gender role into their identity (Buchbinder, 1994). Males are taught from a young age that a failure to adopt the characteristics and behaviours aligned with masculinity may render them incompetent in ever becoming a 'real man' (Segel-Evans, 1987). The fear of feeling and appearing incompetent in performing the male role emerged as the primary barrier the adolescent males faced in seeking help for their MHPs. This fear appeared to be particularly pertinent at a time when the interviewees were trying to prove their competence as a 'man' as they entered adulthood.

Interviewees provided insights into the desire they had to prove to themselves and to others that they could successfully embody the characteristics and enact the behaviours displayed by 'men'. These included demonstrating traits such as strength, independence, emotional control, achievement, resilience, and humour. On the other hand, interviewees believed that revealing their need for help in dealing with their MHPs would result in exhibiting traits typically aligned with femininity, such as weakness, dependence, emotion, vulnerability, and sadness. The disparity between masculine behaviour and help-seeking behaviour creates dissonance in the mind of the adolescent who desires to comply with the male role, yet believes he must deviate from it in order to source assistance. The interviewees suggested that any such deviations from the masculine norm may not only lead them to feel as though they are incapable of being a 'man', but may create concern that significant others would also question their masculinity.

Interviewees reported that because of their fear of feeling and appearing incompetent, they were likely to deal with their problems through the strategies of avoidance, diversion, and private resolution. These strategies allowed the males to keep up the appearance of competence in the male role by protecting them from the ramifications they believed would result if they were to seek help. According to Jones and Berglas (1999), individuals engage in 'self-handicapping' activities to maintain their perception of their own self-competence and to protect this perception from possible denigration by others:

If one is excessively worried about his basic competence and simply cannot face the prospect of being judged incompetent, it is better to exert less than total effort, thus inviting probable (but not inevitable) failure, than to try and risk a possible failure that would implicate the self more irrevocably (Jones & Berglas, 1999 p.432).

In effect, the adolescent males interviewed resorted to self-reliant coping strategies to protect their self-concept and the image they present to others. The notion of self-concept is widely acknowledged as an important factor in determining behaviour during adolescence (Erikson, 1968; Fitzgerald, 1993; Gergen, 1971). Self-concept refers to the perceptions and ideas held about oneself and is largely constructed through gender-definition (Archer, 1992; Frydenberg, 1997; Reimer, 2002). Interviewees' reluctance to seek help appeared to be related to their desire to protect their self-concept. Coping through self-reliance, even if detrimental to their mental health, allowed the interviewees to maintain their sense of masculinity. Some interviewees suggested that the fear of being perceived differently by others made them reluctant to seek aid when experiencing a MHP. This sentiment is congruent with Goffman's self-presentation theory (1959) that suggests the desire to convey a particular image to others results in the selective presentation of behaviour and the concealment of behaviours that may be inconsistent with how individuals wish to be viewed. Studies have found that a concern with self-presentation incites reluctance in individuals to seek help when experiencing a problem (Grayson et al., 1998; Leary et al., 1994; Ryan & Pintrich, 1997). Seidler

(1989) suggests that it is the desire to protect the image presented to others that inhibits males' expression of emotion and vulnerability when distressed.

Hollis (1994) asserts that the behaviour of men is significantly influenced by the fear of being perceived to be 'feminine'. The pressure to prove one's masculinity leads to the avoidance of any possible behaviour that may require them to deviate from male norms (Bly, 1996; Seidler, 1989). The fear of femininity has been reported to be the primary barrier to seeking help for many adult male populations (Brooks-Harris et al., 1996; Davies et al., 2000; Good et al., 1989; Good et al., 1996; Good & Wood, 1995; Mahalik, 2000; McCreary et al., 1998; O'Neil, 1982; Real, 2000; Robertson & Fitzgerald, 1992; Rogers et al., 1997; Theodore & Llody, 2000; Wisch et al., 1995). The pressure to avoid effeminacy is said to begin during childhood but is particularly enforced during adolescence (Nelson, 1988). Knox, Funk, Elliot, and Greene-Bush (2000) discovered that a failure to display masculinity is ranked highly on male adolescents' list of 'feared' possible selves, that is the images of self that are feared and dreaded. The males in the current study also demonstrated a fear of failing to display masculinity. Dissonance theory (Festinger, 1957) suggests that inconsistent cognitions are intolerable for humans, motivating them to eliminate discrepancies in identity and strive to achieve congruence between their self-image and the social labels they wear. For the interviewees in this study, the desire to maintain the 'masculine' image ultimately resulted in avoiding help-seeking as it may result in the social labels of 'sissy'. It appears, therefore, that the fear of appearing to be incompetent in meeting male role expectations may serve as the fundamental barrier among male adolescents to seeking help when confronted with a mental health problem.

6.3 PROPERTIES – INHIBITING FACTORS

The fear of feeling and appearing to be incompetent in the male role when seeking help appeared to stem from interviewees' socialised perceptions of the 'ideal' male, perceptions of help-sources, and perceptions of mental ill-health. These three

influencing factors were identified as the primary properties of the core category. Each is discussed below.

6.3.1 Perceptions of the Ideal Male

The interviewees' perceptions about the ideal male and the various characteristics that define him appeared to be the first property in the core category. Gagnon (1971) suggests that males learn from a young age that traditional masculine traits are valued in Western society. It was not surprising, therefore, that the interviewees expressed a desire to attain traits such as strength, independence, control, emotional restraint, achievement, and humour as they entered manhood. Interviewees believed that embodying the characteristics aligned with the traditional male role would allow them to validate their competence to fit the male mould. When faced with a MHP, the adolescent males were reluctant to choose help-seeking as a coping strategy as it was perceived to be a contradiction of the very ideals they aspire to embody. Thus the adolescent males were more likely to avoid acknowledging their problems or admitting their need for help in an effort to maintain their sense of competency in the male role. The masculine traits of strength, independence, emotional restraint, achievement, and humour were identified as the five components that define this property. Each is discussed further below.

Strength

Interviewees suggested that attaining and displaying strength is important in communicating their competence in fulfilling the male role. Seeking help on the other hand was considered to be a sign of weakness, thus antithetical to the portrayal of masculinity. Many interviewees therefore felt they would fail to communicate adequate levels of strength if they were to seek help for their concerns. While some interviewees suggested that a fear of feeling weak would inhibit them from sourcing assistance with their MHPs, others reported that it was the fear of appearing weak that would dissuade them from accessing help. The findings of this study support previous reports that the pressure to display strength and avoid exhibiting weakness acts as a significant

influence in inhibiting help-seeking behaviour among adolescent males (Brown, 1995; Davies et al., 2000; Janz, 2000; LeSurf & Lynch, 1999; Polce-Lynch, 1998; Seidler, 1989). For instance, Reimer (2002) found that young males' desire to 'act tough' and their belief that self-disclosure is indicative of weakness motivated them to minimise or deny their problems, thus preventing them from seeking help. Taken together with these previous findings, the outcomes of this study suggest that the importance adolescent males in Western societies place on feeling and appearing competent in personifying strength acts as an inhibitor to seeking help for MHPs.

Independence

Interviewees reported that they valued highly the increased independence they were bestowed in the family and school environments as it signalled their successful entry into adulthood as a competent male. Increased independence served to reflect the trust significant others had for the adolescents to exercise greater control over their decisions and actions. The ability to exercise independence and control appeared to be important to the interviewees in affirming the successful transition from adolescence into the adult world. Theorists have acknowledged that attaining independence during adolescence is an important aspect of establishing adult identities (Coleman, 1992; Frydenberg, 1997; Hollis, 1994; Shores, 1995). In contrast, interviewees equated seeking help with dependency and an inability to take control of their lives.

Interviewees believed that they should be dealing with their MHPs without assistance, as gender-role norms dictate that males should be autonomous. Admitting they cannot resolve their problems independently would generate the concern of incompetency in the male role.

According to Griffiths (1995), the desire to display independence inhibits adolescents' reliance on others, particularly adults. This appeared to be demonstrated in this study as well as previous examinations of adolescent help-seeking. For instance, studies conducted in the United States of America (USA), Canada, England, and Australia have all found their sample of adolescent males to be reluctant to seek support from others as a result of their desire to be self-reliant and self-sufficient (Davies et al., 2000;

Frydenberg & Lewis, 1997; Komiya et al., 2000; LeSurf & Lynch, 1999; Schonert-Reichl & Muller, 1996). While the need to display independence has been reported in this study and others as a significant inhibiting factor in adolescent help-seeking, the present study extended the understanding of this finding by linking it to the element of control. The male adolescents in this study reported that a fear of losing control over their ability to act independently prompted a disinclination to reveal their need for help in resolving their MHPs.

Emotional Restraint

Interviewees expressed the belief that remaining emotionally detached is a natural and desirable trait of the Australian adult male. Given this belief, interviewees were reluctant to display emotion openly as they believed it implied femininity. Theorists suggest that as emotional expression is typically aligned with femininity in Western society, males often avoid the expression of emotion to maintain a sense of masculinity (Badinter, 1992; Easthope, 1990; Edgar, 1997; Frosh, 1994; Nelson, 1988; Pedersen, 1991; Polce-Lynch, 1998). To ensure they felt and appeared to be competent in the male role, interviewees reported avoiding displaying emotion to others. Folkman and Lazarus (1988) assert that in order to seek help, individuals must be capable of expressing their feelings to others. The interviewees' unwillingness to express emotion thus rendered help-seeking difficult. These findings are congruent with previous studies that have found that males' fear of emotional openness incites reluctance to seek assistance for their problems (Good et al., 1989; Good et al., 1996; Karniol, 1998; Komiya et al., 2000; LeSurf & Lynch, 1999; Mahalik, 2000; Plancherel et al., 1998; Polce-Lynch, 1998; Wisch et al., 1995).

Achievement

Achievement in the academic and athletic domains was amongst the traits the interviewees admired and believed to be indicative of masculinity. All males interviewed reported to be highly motivated to achieve in these areas. When experiencing difficulties in achieving, the interviewees stated that the fear of feeling

and appearing to be a failure deterred them from being able to admit they were experiencing a problem and seeking help for it. The notion that 'real men' achieve effortlessly is said to stem from societal norms enforced by socialising agents (Brown, 1995; Cohen, 1998; Edgar, 1997; Good & Wood, 1995). It has also been reported that parental expectations of achievement are significantly higher in adolescence for males than females (Brown, 1995; Silverstein & Lynch, 1998; Thompson, 1999). In their study of adolescent help-seeking, Ryan and Pintrich (1997) found that adolescents who are highly concerned with perceptions of competence and achievement are more likely to have negative attitudes towards seeking help for the difficulties they face. More specifically, studies in the USA found that adult males were reluctant to seek help as they equated help-seeking with failure, therefore experiencing gender-role conflict when in need of help (Good & Wood, 1995; Wisch et al., 1995). This study expands knowledge in the area of help-seeking by providing evidence that a fear of feeling like a 'failure' as opposed to an 'achiever' also inhibits adolescent males from accessing help.

Humour

Possessing a good sense of humour and appearing to be carefree was something that all interviewees considered to be definitive of the ideal male. To ensure they maintained the image of the happy-go-lucky male, interviewees reported presenting a façade of joviality even when burdened with a MHP. The desire to hide their unhappiness appeared to be motivated by the fear of feeling and appearing to be unhappy, which interviewees believed would render them undesirable as a friend to their peers. As their lack of emotional expression kept them at a distance from their peers, humour was considered to be a socially acceptable means of establishing a bond with other males. Frydenberg (1997) suggests that humour can be used to release emotions and relieve anxiety and stress. A study examining the coping methods of adolescents in Switzerland found that humour was often used effectively as a short-term coping strategy (Plancherel et al., 1998). In contrast to the findings of Frydenberg (1997) and Plancherel et al. (1998), the current sample of adolescent males did not appear to use humour as a form of stress relief, but rather used humour to mask their MHPs and avoid being seen as in need of help. The importance of being accepted by their peers

prompted the males to present an image of being 'happy' and 'trouble-free', as opposed to the less desirable image of someone in need of help.

In stipulating that certain behavioural patterns are exemplary of the different sexes, interviewees were able to validate their masculine self-concept by differentiating masculinity (or maleness) from what it is not – feminine. This was apparent from the importance the interviewees placed on ensuring they do not display behaviours that may be interpreted as feminine. From a young age individuals learn appropriate patterns of behaviour through the process of socialisation (Murphy & Elwood, 1998). Interviewees in this study reported that socialising agents such as parents, siblings, peers, educational institutions, and the media had a significant influence in encouraging them to adopt the behaviours deemed to be appropriate for their sex. As described in Bandura's theory of Social Learning (1969a, 1977a), interviewees were encouraged by the socialising agents in their lives through the process of modeling and reinforcement to embody traits aligned with the traditional male role. For instance, interviewees reported that expectations associated with the male role were influenced by the gendered roles enacted by their parents and male norms enforced by peers. The media was also identified as a powerful socialising agent in presenting models of masculine ideals. Standards of male behaviour were further found to be encouraged in the school environment, particularly in single-sex schools. Past studies on adolescent help-seeking have acknowledged the role parents play in encouraging 'masculine' behaviour that results in males' reluctance to seek help (Branwhite, 2000; Elias & Weissberg, 2000; Fallon & Bowles, 2001; Fivush & Buckner, 2000; LeSurf & Lynch, 1999; Lewis, 1998). Other studies have also examined the way in which males are socialised to adopt traditional masculine traits through peer interaction that inhibits help-seeking (Brod, 2000; Kimmel, 1994; Ungar, 2000). This study, however, extends help-seeking literature in finding that the socialisation of the male gender role through the media and school environment may also deter adolescent males from seeking help.

To conclude this section on the perceptions of the ideal male, the traits the adolescent males considered to be indicative of the 'ideal' man included strength, independence and control, emotional restraint, accomplishment, and humour. This appears to be the first study to find the combination of these traits to be relevant to male adolescent help-seeking. While previous studies have identified one or more of these traits to be relevant to help-seeking behaviours, none have integrated them into a single theory of help-seeking behaviour.

6.3.2 Perceptions of Help-Sources

Interviewees' perceptions of help-sources were a determining factor in their help-seeking decisions and form the basis of the second property in this study. The way in which interviewees perceived available help-sources directly influenced their decision to approach them when experiencing a MHP. Four key perceptions of help-sources that inhibit help-seeking were identified: The belief that help-sources may react negatively to the adolescents' problems or to their help-seeking efforts, the belief that help-sources would be incapable of relating to the adolescents' concerns, the belief that help-sources lack the familiarity and intimacy needed to allow for emotional disclosure, and finally the belief that certain help-sources may be untrustworthy. Details of how each of these components is directly related to the interviewees' fear of feeling and appearing incompetent in the male role are provided below.

Negative Reactions

The males' fear of evoking a negative reaction from their parents, or their male peers appeared to inhibit their help seeking. Interviewees perceived these sources to be likely to reprimand them for their problems or tease and reject them for appearing to be 'weak', 'dependent' and 'incompetent'. Although parents were considered to be available help-sources, the fear of being judged, criticised, lectured, or punished by them made many interviewees fail to perceive them as approachable sources of assistance. LeSurf and Lynch (1999) also discovered that adolescents' help-seeking was influenced by the negative reactions they anticipated from adults, such as being

patronised, dismissed, or punished. These expectations were largely based on the adolescents' past experiences with seeking help from adult figures such as parents and teachers. In the current study this was found to be particularly true of the interviewees' fathers who were reported to be the authoritarians in the family. Fathers' authority and power to enforce punishments made many interviewees reluctant to seek their assistance for fear that the problem itself may not only prompt disapproval, but it may also incite a negative reaction that could result in the removal of the adolescent's independence and control. Alternatively, interviewees felt their mothers would be more likely to display empathy and console them, therefore they were deemed to be the more approachable parent. Previous studies have also found that adolescents consider their mothers to be approachable help-sources for the sympathetic ear they are likely to provide (Fallon & Bowles, 2001; Frydenberg, 1997; Schonert-Reichl & Muller, 1996).

Many interviewees considered their male friends to be unlikely sources of help when they are faced with a MHP. This appeared to also be attributed to the possible negative consequences interviewees expected to ensue if they expressed their concerns to their male friends. Having observed other males suffer verbal taunts and social exclusion for failing to act according to the male norms, interviewees believed that seeking help would be viewed as unacceptable male behaviour among their peer groups. With the knowledge that loss of credibility or possible rejection may result from seeking their help, interviewees reported steering away from approaching their peers when faced with a MHP. Although previous studies have suggested that the fear of being judged negatively by peers acts as deterrent to seeking help (Davies et al., 2000; Grayson et al., 1998), these studies have only been conducted with adult males. Furthermore, these studies did not to examine the source of the males' fear, as has been provided in the current study.

Unable to relate

Interviewees were reluctant to seek help from help-sources they perceived to be incapable of relating to their problems. The need for help-sources to relate to the interviewees' concerns reflected a desire for help-sources to be empathetic and

understanding of the demands placed on male adolescents to maintain an image of competence as a budding 'man'. The belief that some informal and formal supports would be unable to identify with adolescents' experiences inhibited many interviewees from sourcing their help. The belief that parents would lack the appropriate understanding required to offer relevant and up-to-date advice appeared to deter the interviewees from accessing their support. The perceived difference in age and for some difference in the culture in which they were raised made interviewees feel somewhat disconnected from their parents. Although this feeling is reported to be common during adolescence (Coleman, 1992), this study identified perceived disconnection as an inhibitor of male adolescent help-seeking. In contrast to the present study, Schonert-Reichl and Muller (1996) found their sample of Canadian adolescent males to consider their fathers approachable help-sources for their perceived experience in dealing with similar problems. There may thus exist cultural differences in the importance of this variable to help-seeking behaviours.

Interviewees demonstrated a vague knowledge of the available help-lines they could access when in need of help. All were familiar with the Kids Help Line as a source of external assistance. Despite this knowledge, interviewees expressed a reluctance to utilise the Kids Help Line, as it was perceived to be out of touch with adolescents' concerns. Believing the service was aimed at primary school aged children, interviewees perceived it to be incapable of dealing with the 'adult' problems they faced. Mirauda and Pettigrew (2002) also found that older adolescents may not consider the Kids Help Line to be a source of help they would utilise, as it can be perceived to be applicable to younger children only. The perceived inability for formal help-sources to provide the technical or personal competence desired by the help-seeker has also been reported to be a barrier to help-seeking in adult samples in the USA (Davies et al., 2000) and China (Boey, 1999).

Studies have shown that help-sources believed to be capable of relating to adolescents concerns, either by demonstrated experience in a similar situation or otherwise, are

perceived to have authenticity and are therefore more likely to be approached for help by adolescents (Grayson et al., 1998; LeSurf & Lynch, 1999). Other studies (for instance Branwhite, 1998; Davies et al., 2000; Kuhl et al., 1997) have extended these findings and report that adolescents are likely to consider their siblings and peers to have the greatest degree of recency in similar experiences, and are inclined to source their assistance for this reason. These findings are consistent with those of the present study, where the adolescent males suggested that if they were to seek help for their MHPs, their female siblings, female peers, and slightly older male mentors would be their preferred choices for their perceived ability to relate to their problems and the low likelihood of being ridiculed or punished.

Lacking intimacy

Interviewees revealed that they were unlikely to feel at ease seeking help from help-sources with whom they did not share a sense of intimacy. Interviewees considered maintaining a close relationship with a potential help-source to be important in enabling them to engage in self-disclosure when seeking help. Help-sources who had attempted to encourage interviewees to be emotionally expressive, such as interviewees' mothers and girlfriends, made it clear to the adolescents that discussing feelings was acceptable, and therefore they posed no threat to the interviewees' masculinity. Branwhite (2000) and LeSurf & Lynch (1999) found that the level of intimacy offered by informal sources, such as family and friends, increases the responsiveness adolescents have towards seeking their aid, and this is supported by the findings of this study. On the other hand, help-sources were considered to be unapproachable if they had not fostered emotional intimacy and communication with the interviewees, such as some fathers and male friends. Similarly, studies on adult male samples have found that the adherence to the masculine gender role had restricted the development of close relationships with other males that would allow for shared intimacy (Eisler & Skidmore, 1987; Good & Wood, 1995; Pleck & Sawyer, 1974). Some studies conducted with adolescent samples in the USA have found adolescent males to be particularly close to their fathers and therefore more inclined to approach them for help (Greenberger & McLaughlin, 1998;

Herman-Stahl & Petersen, 1996). This again suggests that cultural differences may result in different variables being relevant to help-seeking behaviours.

Formal help-sources, such as school counsellors and help lines, were also perceived to lack the closeness and familiarity interviewees need to feel at ease in seeking help for their MHPs. Formal help-sources have been found to be less approachable help-sources as they have poorly developed personal relationships with those seeking help (Branwhite, 2000; Davies et al., 2000). In an examination of adolescent help-seeking in England, LeSurf and Lynch (1999) found that although the adolescents appreciated the anonymity of help lines, many considered them to be too impersonal. Previous findings, therefore, appear to be concordant with the findings of the current study.

Untrustworthy

Interviewees reported that the perceived trustworthiness and reliability of a help-source would significantly influence their decision to seek their help. The importance of confidentiality when disclosing problems to help-sources appeared to be related to the interviewees' fear that their self-image would be threatened if help-sources revealed to others their insecurities and vulnerabilities. Interviewees were particularly reluctant to source help from their male peers, even their closest friends, for fear they would disclose their secrets to others in their peer group. Some formal help-sources were also perceived to be untrustworthy, unsafe, or unreliable. For instance, interviewees raised concerns about the safety of using the Internet for web-counselling, fearing that help-sources may not be appropriately qualified. Although the anonymity this service provides was perceived to be an attractive feature, interviewees generally expressed the view that they would not seek help via web-counselling because of their concerns over the trustworthiness of the advice-giver.

Trustworthiness is recognised as an influential factor in adolescent help-seeking (Branwhite, 2000; Polce-Lynch, 1998). Piko (2001) found that males have a greater reluctance to trust help-sources with their personal problems than females, although the

reasons for this were not investigated. Previous studies have noted that experiences where adolescents' confidentiality had been breached by help-sources appeared to deter them from seeking help in the future (Lopez et al., 1998; Schonert-Reichl & Muller, 1996). LeSurf and Lynch (1999) report that respect for confidentiality was the one quality adolescents viewed as being essential for any school-based help-source. However, they also found that it was those help-sources in schools, such as teachers and school counsellors, who would most often break the trust of adolescents by approaching their parents for consultation. Frydenberg (1997) also suggests that adolescents are more likely to seek help only once they have developed and maintained the trust of a significant other. However, should a help-source betray their confidentiality, it can significantly influence their attitude towards seeking help even in adulthood (Frydenberg, 1997). Leong & Zachar (1999) found that their adult sample expressed a positive attitude towards help-sources perceived to be trustworthy and competent in keeping their problems private. This appeared to be the case with the adolescent sample in this study, with many interviewees nominating their female peers as potential help-sources because of their perceived ability to maintain confidentiality. Contrary to previous research and the findings of the current study, Kuhl et al. (1997) found the perceived trustworthiness of a potential help-source to be an insignificant factor in determining help-seeking among their sample of adolescents in the USA.

In conclusion, this study found that the male adolescents interviewed were unwilling to seek help from their fathers, male peers, and various formal help-sources as these sources were expected to react negatively to their help-seeking behaviour, to be incapable of relating to their concerns, to lack closeness and familiarity with the interviewees, and were perceived to be untrustworthy. Instead, interviewees were more willing to source assistance from informal female help-sources such as mothers, female siblings, female peers, girlfriends, and female supports within schools as they were perceived to be sympathetic, understanding, close, and trustworthy.

Overall, this study found the male adolescents to be more inclined to seek help from informal rather than formal help-sources. This finding is consistent with previous studies conducted with adolescent samples in Australia, the USA, Canada, England, Israel, and Norway that have found informal help-sources, particularly parents and peers, to be adolescents' preferred support networks (Bo, 1996; Boldero & Fallon, 1995; Cauce et al., 1996; Fallon & Bowles, 2001; Greenberger & McLaughlin, 1998; Herman-Stahl & Petersen, 1996; Kuhl et al., 1997; LeSurf & Lynch, 1999; Schonert-Reichl & Muller, 1996; Raviv et al., 2000). This finding emphasises the need for adolescent males to develop strong relationships with potential informal help-sources. Forming closer ties with parents and peers may result in greater acceptance of male help-seeking, may enable help-sources to relate better to the adolescents, as well as foster emotional intimacy and trust. This is supported by previous studies that have found that close relationships with parents and peers constitute a protective factor in adolescent coping (Compas, 1987; Copenhaver, 2000; Cramer, 1999; Heppner, Walther, & Good, 1995; Herman-Stahl & Petersen, 1996; Hetherington & Blechman, 1996; Gray-Deering, 2000; Greenberger & McLaughlin, 1998; Lewis, 1998; Lohman & Jarvis, 2000; O'Koon, 1997; Printz et al., 1999).

The importance of fostering personal relationships with females, such as mothers and friends, is especially highlighted in this study. Those interviewees close to their mothers reported preferring seeking her assistance to any other available help-source. Similarly, interviewees attending co-educational schools had the advantage of developing friendships with females, who appeared to be a valuable source of help. Past studies comparing single-sex and co-educational schools have documented that males in co-educational schools are advantaged in the opportunities they have to foster relationships with females, who are believed to be a beneficial influence on males' maturity and self-confidence (Jackson & Smith, 2000; Zengerle, 1997).

6.3.3 Perceptions of Mental Health Problems

The negative perceptions interviewees held about mental ill-health and the stigma they believed to be associated with experiencing MHPs also appeared to contribute to their disinclination to seek help from available supports. The fear of feeling and appearing to be incompetent in functioning as a 'normal' male in society serves as the third property of the primary barrier. It was found that the distorted perceptions of those suffering MHPs held by adolescents prompted a reluctance to acknowledge their MHPs and an unwillingness to admit that they may need help. Additionally, the belief that society treats those known to be experiencing mental ill-health differently appeared to further inhibit help-seeking further. The stigma of mental ill-health resulted in the interviewees' reported unwillingness to seek help from parents and help-sources within schools.

Stigma aligned with mental ill-health has been found to inhibit help-seeking among both adult samples (Boey, 1999; Grayson et al., 1998; Jorm, Medway, Christiansen, Korten, Jacomb, & Rodgers, 2000; Leong & Zachar, 1999) and adolescent samples (Boldero & Fallon, 1995; CDHAC, 2000; Esters et al., 1998; Gloria et al., 2001; LeSurf & Lynch, 1999). The male adolescents in this study reported that the stigma associated with MHPs prevented them from seeking help when they experienced anxiety, stress, or depression. The interviewees' own negative perceptions about mental ill-health, rather than the perceived societal attitudes, appeared to hinder their help-seeking considerably. A recent study conducted by Leong and Zachar (1999) found that self-stigmatisation, that is an individual's own perceptions of their mental-illness, inhibited help-seeking as much as the social stigma of MHPs might. Similarly, LeSurf and Lynch (1999) report that adolescents' negative attitudes towards their own MHPs can make them reluctant to seek assistance from school-based counsellors. The interviewees in the present study reported that those experiencing a MHP would appear to be weak, dependent on others, lacking control, emotionally erratic, and unhappy. Given that the interviewees view those with mental ill-health to possess traits that are contradictory to those displayed by 'real' men, they were unwilling to seek help for fear of feeling and appearing to be incompetent in embodying masculinity.

The disparity between the adolescents' knowledge of MHPs and their perceptions of those suffering MHPs was revealed when they expressed the belief that those with mental ill-health would be considered to be 'abnormal' or 'crazy', as opposed to the more accurate description of 'stressed' or 'depressed'. Interviewees' perceptions of those experiencing mental ill-health were found to correspond closely with those reported to exist within society. For instance, the interviewees believed that the stigma of mental ill-health in society makes experiencing a MHP something one should be ashamed of and would be the cause of denigration if revealed to others. This finding is concordant with those of previous studies (for example Desatnik, 1990; Leong & Zachar, 1999; Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999; Link, Struening, Rahay, Phelan, & Nuttbrock, 1997; Saunders, 1991). Sayce (1998) reports that those with mental ill-health are shamed in society, and are often subject to social exclusion and isolation. The belief that mental ill-health is shameful appeared to be a significant barrier to help-seeking in studies conducted with adolescent samples in England (LeSurf & Lynch, 1999) and Australia (Sawyer et al., 2000). Interviewees also believed that society was less accommodating of males with MHPs, particularly in accepting that they may be in need of assistance in dealing with their distress. Mangel (1982) reports that society finds the presentation of mental health symptoms by women to be more acceptable than when compared to men. Thus the expectations perceived to be placed on males to be resilient and self-reliant when faced with a MHP appear to inhibit the interviewees' willingness to express their feelings to others when experiencing mental ill-health.

The desire to maintain the 'untainted' image of the carefree and happy son made it difficult for interviewees to approach their parents for help when experiencing a MHP. The belief that parents would hold similar views of mental ill-health to perceived social beliefs concerned interviewees that they may distress their parents unnecessarily. Past studies have found that adolescents' desire to protect parents from burden and from

what adolescents may perceive to be serious problems results in the avoidance of seeking help from parents (Frydenberg, 1997; Grayson et al., 1998).

The desire to present a positive self-image at the school the interviewees attended also appeared to be a deterrent from seeking help from school-based help-sources. The prospect of being perceived as incompetent challenged the image they wished to present to peers and teachers within the school. According to LeSurf and Lynch (1999), their adolescent sample members reported that those who sought assistance from school-based resources were generally believed to lack friends which necessitated sourcing help from a counsellor. The fear of being made a social outcast by peers also appeared to make the adolescents in the present study reluctant to seek help from school-based resources.

6.4. CONCLUSION

Using a grounded theory approach, this study developed a substantive theory of the barriers adolescent males in Western Australia face in seeking help for MHPs. This study found the primary barrier to help-seeking to be the interviewees' fear of feeling and appearing incompetent in successfully enacting the traditional male role. This primary barrier appeared to emerge from the interviewees' socialised perceptions of the ideal male, their perceptions of available help-sources, and their perceptions of those with mental ill-health. This is the first study to bring these variables together to explain adolescent (male) help-seeking behaviour.

The variables identified in this study help to provide insights into key areas that need to be addressed in social marketing strategies. The following sections outline the implications of these findings for those attempting to assist male adolescents prevent and/or manage MHPs. The first section provides recommendations for social marketers in terms of the 4 Ps as they apply to social marketing. The second section offers suggestions for adolescents and their carers.

6.5 RECOMMENDATIONS FOR SOCIAL MARKETERS

The primary aims of social marketing campaigns are to encourage consumers to change their beliefs, attitudes, or perceptions (cognitive change); to carry out a specific action (action change); or to adopt, modify, or put an end to certain behaviours (behavioural change) (Kotler, 1984; Kotler & Roberto, 1989). Social marketers can prompt cognitive, action, and/or behavioural change by informing and persuading consumers of the benefits they may receive or by reducing/eliminating the barriers consumers face in taking the necessary action to change (Egger, et al. 1999). Based on the results of this study, it appears that social marketing campaigns focusing on primary prevention of mental ill-health should inform consumers of healthy coping practices, reduce the barriers they currently face in seeking help from certain help-sources, and promote the benefits that may be derived from seeking help. Suggestions for social marketers are presented in the form of the four elements of the traditional marketing mix: Product, Place, Price, and Promotion (Pride & Ferrell, 2000).

6.5.1 Product

The ‘actual’ product in this study includes the ideas social marketers hope adolescents will acknowledge and accept (Kotler, 1984). The ‘core’ product includes the underlying benefits the adolescent may receive from the actual product (Donovan & Henley, in press), in this the prevention of mental ill-health. The strategies that may initiate cognitive, action, and behavioural change for male adolescents include:

- Creating an awareness of the symptoms aligned with experiencing a mental health problem to aid early recognition and prevention of mental ill-health for themselves and for others;
- Informing adolescents of the healthy coping strategies they can adopt to alleviate the symptoms they may be experiencing;

- Persuading adolescents to seek help from informal and formal support networks when their problems become personally unmanageable;
- Providing advice on how to approach informal help-sources, as well as information on other formal help-sources that are available within the community;
- And finally, reassuring young males that mental health problems are common during adolescence in an effort to normalise their experiences and reduce the stigma associated with mental health problems and seeking help.

6.5.2 Place (Distribution)

This includes the ways in which adolescents can access the product to facilitate cognitive, action, and behavioural change (Hudson & Brown, 1983). It may be useful to include certain people in the distribution of the product who may act as intermediaries in delivering the ideas to adolescents (Donovan & Henley, in press). The following places and people may help to distribute the product effectively:

- The family home: This study suggests that male adolescents' attitudes towards and perceptions of help-seeking are modelled on those displayed within the familial environment. Parents should therefore take primary responsibility in distributing positive mental health messages to their children. Strategies for parents are discussed in depth below.
- The school: The male adolescents in this study also cited the school as a convenient place to deliver ideas regarding mental health. Methods that teachers and other educators may adopt to help distribute this product are also discussed below.

- **Help Lines:** Although all the adolescents interviewed had a negative attitude towards the use of one particular help line, there was no evidence that the type of service itself was unwanted. Therefore, the benefits this source of distribution may provide (such as being accessible to those unable or unwilling to seek information or advice from other help-sources as well as offering confidentiality and anonymity) make it an important way to offer this type of product (Donovan & Henley, in press).
- **Doctors' Offices/Health Clinics:** While few adolescents nominated doctors' offices or health clinics as places they would readily go to for help with mental health problems, these are places that adolescents can be assured of receiving professional and reliable information. They may also be sites that can provide written information (i.e., pamphlets or booklets) that can be easily accessed by adolescents.
- **Internet:** The interviewees stressed the importance of maintaining confidentiality in the help-seeking process, therefore the Internet may be yet another source whereby the product can be delivered to the target market whilst maintaining privacy. Recent statistics indicate that 47 per cent of Australian adolescents have access to the Internet from their family home (ABS, 2000c). Therefore, this may be considered to be a convenient method of distributing information on a mass level.
- **Media:** On average, Australian adolescents spend 70 per cent of their leisure time watching television and listening to the radio (ABS, 1995). Therefore, these media outlets would be effective locations to deliver the product to adolescents, not only in the form of advertisements, but also by embedding information, advice, and avenues of help in popular programs.

6.5.3 Price

Social marketing campaigns include costs of expense, time and effort, as well as the psychological costs consumers may encounter with changes in their cognitions, actions, or behaviours (Donovan & Henley, in press). For instance, there are costs involved in creating and distributing materials to family homes, schools, and health clinics; setting up subsidised services such as help lines; as well as costs involved in developing Internet sites and media campaigns. For male adolescents, the greatest cost of seeking help for their concerns was perceived to be the social embarrassment they would encounter with having their positive and healthy self-image destroyed. Kotler and Roberto (1989) suggest that this psychological cost may be reduced if the social marketing campaign provides the consumer with incentives that could be perceived to override any costs. This is a key function in the promotion of the campaign and is discussed below.

6.5.4 Promotion

This includes the strategies and activities undertaken to persuade consumers to adopt the product (Donovan & Henley, in press). Promotion of the product in this case would benefit from advertising and personal selling:

- Advertising: The product should be advertised in places adolescents are most frequently exposed to, such as homes, schools, and the media. The style of advertising campaigns appears to be particularly important to adolescents. For instance, in this study adolescents revealed the importance of being able to relate or empathise with advertising campaigns, and their dislike of being patronised. Therefore, the product needs to be presented as something that is commonly adopted by those of their age. Help-seeking could be portrayed as a responsible and adult action that is taken by adolescents wishing to exercise their independence in making healthy life choices. Additionally, messages

directed at young males could emphasise that real strength is displayed in the recognition of one's problems and acknowledgement that help is needed. Advertising campaigns may also help to normalise mental health problems and reduce stigma by presenting statistics of the widespread occurrence of mental ill-health among adolescents. Advertising should also include the various options available to adolescents in coping with their problems, including various sources from which they can obtain assistance. It is important that campaigns outline the credibility, reliability, and trustworthiness of these help-sources. Further research could also determine the types of incentives that could be offered to male adolescents to motivate adoption of the product.

- **Personal Selling:** While advertising campaigns may attempt to educate consumers, they can also be used to stimulate personal communication (Hudson & Brown, 1983). For instance, campaigns could also target parents, educators, and peers in an effort to encourage them to look for symptoms of mental ill-health in their children, students, and friends, and offer their assistance or encourage them to seek help from others. While parents and educators may be a convenient way to deliver the message to adolescents (as discussed below), personal selling from peers may prove to be particularly effective. The benefits of 'peer selling' as outlined by Donovan and Henley (in press) include the frequent and informal communication they are able to provide the adolescents, as well as the perception that they are capable of relating to the adolescents' concerns.

6.6 RECOMMENDATIONS FOR ADOLESCENTS AND THEIR CARERS

Although social marketing efforts may offer strategies to encourage positive mental health, the responsibility should be shared by all members of society (Ewles & Simnett, 1995). This study has found that adolescents, parents, and educators can play an important role in promoting healthy coping strategies that allow young males to achieve mental well-being. Although the socialisation of gender ideals contributed to the fear interviewees' expressed towards seeking help, the socialisation process can also be a potential source for motivating help-seeking. Just as socialising agents encourage males to adopt the traditional characteristics and behaviours expected of men, they could also wield their power to encourage males to adopt characteristics that would make seeking help more acceptable. For instance, Broude (1999) suggests that a blend of traditional male traits such as mastery, independence, and assertiveness with traditional female traits such as emotional openness, empathy, and sensitivity may contribute to fostering positive mental health. Practical suggestions for adolescents, parents, and teachers are provided below.

6.6.1 Suggestions for adolescents

First and foremost, it is important for adolescents to understand that they are not alone in their feelings of stress, anxiety, and depression. In fact, almost half of their peers will be experiencing similar negative emotions at some stage of their transition to adulthood. Also of great importance is adolescents' ability to recognise a mental health problem when they or someone close to them is afflicted (Browne, 1995a; Tate, 2001). Addressing a mental health problem relies on diagnosis, and there are numerous symptoms that adolescents can learn to recognise in order to acknowledge that they are experiencing a mental health problem. These include physical symptoms such as chronic headaches, fatigue, insomnia, and possible weight gain or weight loss (Frydenberg, 1997; Saunders, 1992). Symptoms may also be evident in emotional reactions or mental functioning, such as depression, irritability, mood swings, over-

sensitivity, poor concentration, and indifference (Frydenberg, 1997; Saunders, 1992). Finally, adolescents may recognise signs of a mental health problem if they detect changes in their behaviour, such as having the desire to isolate or withdraw from family and friends, a desire to act promiscuously, or turning to illegal drugs and alcohol to escape or for comfort (Frydenberg, 1997).

Once a mental health problem is recognised and accepted, there are various strategies adolescents can employ to cope with feelings of stress, anxiety, and depression. Not all will suit all adolescents, but it is important for young people to be aware of the full range of options available to them to improve the prospect of finding an effective strategy for the individual. Some of the strategies suggested by the literature and the findings of this study include:

- Ensuring social contact is maintained with peers, such as through social outings and sporting activities (Frydenberg, 1997; Heaven, 1996; Mangen, 1982; Taylor, 1994).
- Learning about mental health problems and how they are manifested. There are numerous good sources of information. These include:
 - *Teenage Stress: A Guide for Teenagers and A Guide for Parents* by Charmaine Saunders (1992, Sally Milner Publishing),
 - *The 7 Habits of Highly Effective Teens: The Ultimate Teenage Success Guide* by Sean Covey (1998, Econo-Clad Books), and
 - *Life Strategies for Teens* (2000) and *Life Strategies for Teens Workbook: Exercises and Self-Tests to Help You Change Your Life* (2001) by Jay McGraw (Simon & Schuster Trade Paperbacks).
- Brochures published by health promotion agencies, e.g., Healthway in Western Australia and The Centre for Mental Health Services in the USA.
- Brochures published by specific mental health organisations, e.g., the Youth Mental Health Outreach Project (Australia), Beyondblue: A

National Depression Initiative (Australia), Caring for Every Child's Mental Health Campaign (USA), and Depression Alliance (UK).

- Websites such as,
 - (<http://mentalhelp.net/psyhelp/>).<http://www.kidshelp.com.au> (Kids Help Line),
 - <http://www.reachout.asn.au> (Reach Out Suicide Initiative),
 - <http://www.headroom.net.au> (Headroom),
 - <http://www.theriver.com/Public/teenhealth/adolesce.htm> (It's up to YOUth Teen Health Forum),
 - <http://www.teenhealthconnection.org> (Teen Health Connection),
 - <http://www.mental-health-matters.com> (Mental Health Matters).
- Self-help journals available online such as,
 - *Tools for Coping with Life's Stressors* produced by James J. Messina, and Constance M. Messina (<http://www.coping.org/>), and
 - *Psychological Self-Help* produced by Clayton E. Tucker-Ladd.
- Accessing familiar help sources such as family members, friends, sporting coaches, religious leaders and groups, and teachers. Although informal supports were preferred as help-sources over formal supports, they may not be qualified or able to provide the assistance required by male adolescents suffering serious MHPs. Informal supports may thus play an active role in encouraging young males to seek professional assistance from formal supports when needed (Branwhite, 2000; Browne, 1995b; Tate, 2001). The *Helping Friends Program* operating in Queensland, Australia has found encouraging adolescents in secondary schools to promote help-seeking to their peers helpful (Dillon, 2001). Brochures such as *What to Do When a Friend is Depressed: Guide for Students* published by the National Institute of Mental Health and the websites of Reach Out and Headroom (listed above) also offer

guidelines to adolescents wishing to approach friends they suspect may be experiencing a mental health problem.

- Adolescents can also access formal help sources capable of providing problem-specific information and treatment. Such formal sources include school psychologists, doctors, and mental health clinics.

6.6.2 Suggestions for parents

The provision of social support by parents is believed to produce positive outcomes for adolescents' mental health (Andrews, 2001; Durlak & Wells, 1997). The emphasis placed on the family environment by both the adolescents and the psychologists in this study suggests that parents can play a major role in assisting their adolescents through their mental health problems. Specific recommendations from this study and the literature include:

- Explicitly stating a family commitment to open communication and assisting each other in times of need. Dunst (2000) suggests building family support networks is important for encouraging positive parent-child relationships and fostering healthy learning and development in children.
- Parents leading by example by sharing with their children when they are feeling stressed or depressed about particular issues. *The Emotionally Intelligent Parenting* program developed by Elias, Tobias, and Friedlander (1999) suggests that not only is it important for parents to display their feelings in the home, but it is also extremely important for parents not to dismiss or scold children when stressed or angered by non-family related situations.
- Pro-actively approaching their children when they appear to be unhappy and offering a non-judgemental, empathetic ear.

- Ensuring children are aware of the various help-sources available to them (e.g., family members, friends, teachers, school psychologists, doctors, help lines, etc.).

- Becoming educated in the risk factors and symptoms of mental health problems in order to detect the signs of mental ill-health in adolescents and initiate preventive intervention if required. *The Resourceful Adolescent Program for Parents* is one program offered in Australia on video and through workshops to educate parents in adolescent mental health and appropriate prevention and intervention measures (Ham & Shochet, 2001). Publications specifically written for parents are also available. These include the following books, brochures, and websites:
 - *Raising Emotionally Intelligent Teenagers: Guiding the Way for Compassionate, Committed, Courageous Adults* by Maurice Elias, Steven Tobias, and Brian Friedlander (2002, Crown Publishing Group),
 - *Raising Resilient Children* by Robert Brooks and Sam Goldstein (2001, McGraw-Hill Professional),
 - *Closing the Gap: A Strategy for Bringing Parents and Teens Together* by Jay McGraw (2001, Simon & Schuster Trade Paperbacks),
 - *Facts for Families* published by the American Academy of Child and Adolescent Psychiatry and *Youth Suicide Prevention: A Parent's Guide* published by The Scout Association of Australia,
 - *Parenthood Web: Fostering Resilience in Children* (http://www.parenthoodweb.com/Library/ERIC_ResilienceChildren.htm),
 - *Parent and Family Resources - UC Berkley School Psychology Homepage* (http://www-gse.berkeley.edu/program/SP/html/parents_family.html).

6.6.3 Suggestions for teachers/educators

In the context of targeting the adolescent population, educational institutions are believed to be an important environment for imparting modeling practices and establishing the framework for prevention and intervention (Egger et al., 1999; Fuller, 1998; Glanz et al., 1997; Kane, 1993). In essence, educational institutions along with the wider community should play an active role in positive mental health promotion to empower and motivate adolescents to adopt healthy coping behaviours (Bell et al., 1983; Puckett, 1993; Robinson & Alles, 1984). Based on the insights provided by the adolescents interviewed in this study, appropriate courses of action in the school environment may include:

- Placing mental health issues in the curriculum prior to children reaching their adolescent years. Normalising mental health problems requires acceptance of the existence and prevalence of such problems prior to adolescents experiencing them for themselves. Normalisation will be a difficult task as portrayals of mental illness in the media (a prime socialising force for adolescents [Moschis, 1987]) provide distorted and stereotyped images of sufferers of mental ill-health (Wilson, Nairn, Cloverdale, & Panapa, 1999). The stigma that is currently attached to mental health problems makes it difficult for adolescents to consider help-seeking as a viable option, making the normalisation of mental health issues an education priority.
- Teaching materials relating to mental health could include information relating to the various coping strategies available. Such strategies should include ways in which adolescents can attempt to deal with their problems on their own as well as information on why, how, and where to access appropriate help sources.
- Educators can keep abreast of mental health research and the various strategies used in Australia and internationally in the education of primary and secondary students. Books offering such strategies include:

- *Higher Expectations: Promoting Social Emotional Learning and Academic Achievement in Your School* by Raymond J. Pasi and Maurice Elias (2002, Teachers College Press),
- *Promoting Social and Emotional Learning: Guidelines for Educators* by Maurice J. Elias (Editor) (2000, Association for Supervision & Curriculum Development),
- *Fostering Emotional Well-Being in the Classroom* (2nd ed) by Randy M. Page and Tana S. Page (2000, Jones and Bartlett Publishers, Inc).

Websites providing such information include:

- www.mhca.com.au (Mental Health Council Australia),
 - <http://www.agca.com.au/> (Australian Guidance and Counselling Association),
 - <http://www.schoolpsychology.net/> (School Psychology Resources Online),
 - <http://facpub.stjohns.edu/~ortizs/spwww.html> (The WWW School Psychology Homepage),
 - [http://online.curriculum.edu.au /mindmatters /index.htm](http://online.curriculum.edu.au/mindmatters/index.htm) (MindMatters),
 - <http://smhp.psych.ucla.edu/> (UCLA School Mental Health Project).
- It appears very important for adolescents to perceive potential help sources as trustworthy. In order for teachers to be considered viable help sources by adolescents, they will need to assure them of confidentiality. Schools could assist this process by providing ways by which adolescents can consult their teachers without being witnessed by other students. *The Connect-A-Kid Program* currently operating in some schools in Melbourne, Australia offers students this opportunity by partnering them with teachers who can act as mentors during difficult times (Aston, 2001).
 - As empathy is another important factor in a help source, teachers may

need to consider their approaches to adolescents they suspect are experiencing mental health difficulties. These adolescents will need to feel the teacher is capable of understanding their problem(s) and will take their concerns seriously. This is perhaps an ideal strategy for dealings with all students, as the prevalence of mental health problems in this group means that at one time or another some of the student body will be experiencing mental-health-related difficulties.

- Using guest speakers may be an effective way of encouraging adolescents to perceive mental health problems as normal and treatable. There is some evidence to suggest that student psychiatrists in the final stages of their training can be effective as guest speakers as a result of the combination of their relative youth, knowledge, and expertise (Battaglia, Coverdale, & Bushong, 1990).
- Schools can also play a role in educating parents about the prevalence of mental health problems among adolescents and effective ways to treat such problems. Some schools in Australia utilising programs such as *The Gatehouse Project* (Burns, 2001a) and *The Connect-A-Kid Program* (Aston, 2001) already include regular parent education and information sessions in their schools.

CHAPTER 7

CONCLUSION

This study was designed to explore possible barriers encountered by adolescents in developing and achieving positive mental health. Male adolescents in Perth, Western Australia were consulted in an attempt to provide insight into the motivating and inhibiting factors influencing help-seeking as a coping strategy. The findings from this study complement those that have emerged from studies conducted on adult male samples, yet provide a new perspective to male adolescent help-seeking. Previous studies utilising adolescent samples have not always provided in-depth reasoning for the different barriers faced by males and females in seeking help. The findings from this study provide a substantive theory accounting for adolescent males' unwillingness to seek help that could help to clarify and extend the existing adolescent help-seeking literature.

It can be concluded that the expectations to adopt culturally-constituted masculine norms prevented the adolescent males in this study from seeking help in fear of feeling and appearing incompetent as a 'man'. Negative attitudes towards seeking help may be the result of dissonance created between adolescents' ideal image or expected role and the perceived attributes of someone in need of help for a MHP. These factors reflect the possible barriers faced by adolescents in achieving positive mental health and provide insights into key areas that need to be addressed in social marketing strategies.

7.1 LIMITATIONS

Although the major themes identified in this study contribute to the understanding of adolescent help-seeking behaviour, they have some limitations. First, the sampling methods used in this study limit the generalisability of the findings. The use of

convenience sampling introduces bias to the results, as those adolescents with significantly different views may have refrained from participating.

Second, the study only sampled adolescents from six public and private educational institutions in Perth, Western Australia. As a result, the findings may only be indicative of the views held by this specific group, and not of those adolescents in other schools or those residing in regional or rural areas. The data were also limited as most informants could be classified as middle class, with relatively few boys appearing to belong to particularly high or low socio-economic families. It is possible that a sample comprised of boys from non-middle class-families would provide different views on the barriers to seeking help for MHPs.

Finally, the use of a qualitative method for analysis in this study resulted in a subjective interpretation dependent on the "worldview" of the researcher. The findings, therefore, cannot be considered to be demonstrative of the deductions other researchers may make, or those that may result from a quantitative investigation.

7.2 IMPLICATIONS FOR FUTURE RESEARCH

Given the substantive nature of this study further research is needed to examine the generalisability of the findings. For instance, the study should be replicated using a sample of adolescent males from a wider range of schools to encompass a broader range of social classes, ethnicities, and family structures. Future research should also attempt to identify the help-seeking behaviours of adolescent males not attending secondary schooling, such as those in the workforce or held in institutions. The adolescent help-seeking literature would also benefit from investigating the views others, such as parents, teachers, school counsellors/psychologists, have of the barriers male adolescents face in seeking help for MHPs. Finally, the findings of this study could be used to develop a statistical measure for quantitative analysis to establish validity across a representative sample. Most studies investigating help-seeking

behaviour have utilised scales measuring attitudes towards seeking help from formal supports (i.e., Fischer & Turner's [1970] Attitudes Toward Seeking Professional Psychological Help [ATSPPH]). This study provides information that may be used to develop a scale that could examine the factors motivating and inhibiting help-seeking by adolescent males in relation to both formal and informal help-sources.

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APPENDICES

APPENDIX A

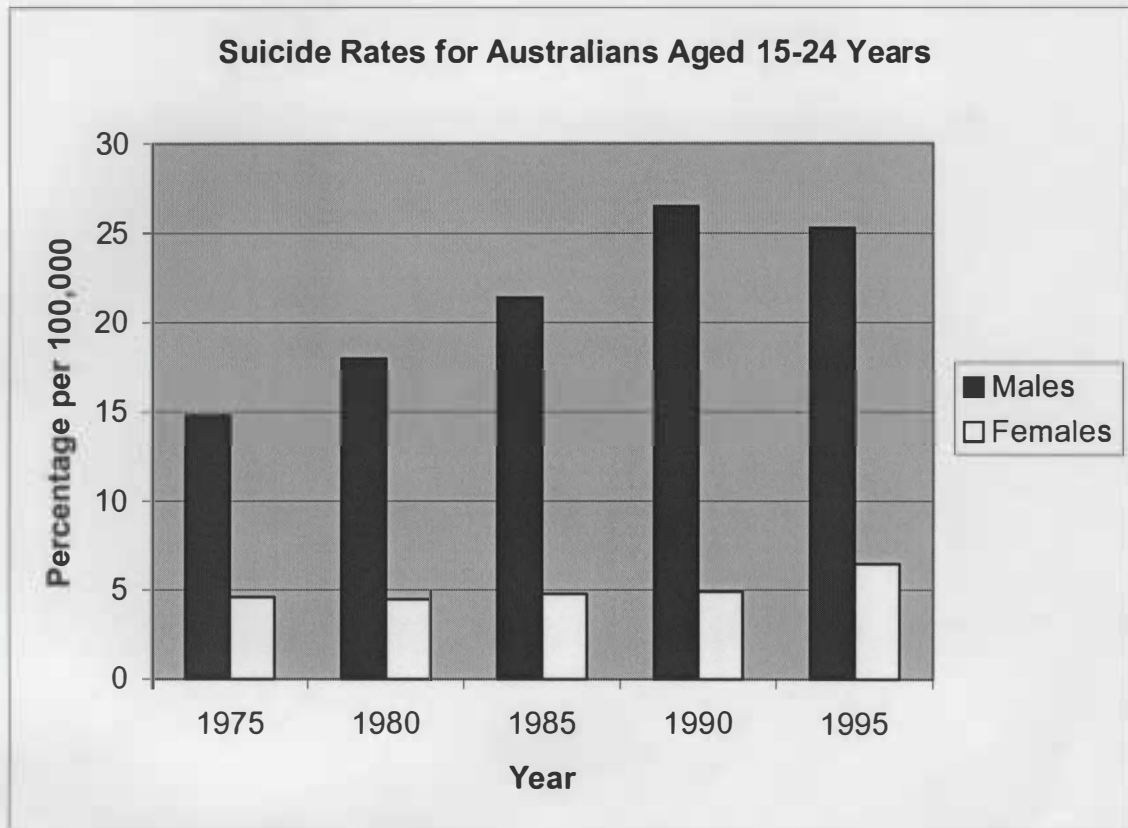
World Suicide Rate 15-24 Year Olds (per 100, 000)

		Males	Females	Persons
Country	Year	Rate	Rate	Rate
Iceland	1991	61.0	4.9	33.3
Finland	1991	42.2	7.3	25.1
New Zealand	1989	37.9	7.0	22.6
Australia	1991	26.7	6.4	16.7
Switzerland	1991	26.0	6.2	16.2
Canada	1990	24.6	5.0	15.0
Norway	1990	22.1	6.3	14.4
Sweden	1989	19.8	8.3	14.2
USA	1989	22.2	4.2	13.3
Hungary	1991	19.6	5.3	12.6
Singapore	1990	13.3	7.7	10.6
Germany	1990	14.4	4.3	9.5
Poland	1991	15.8	2.4	9.3
Ireland	1990	14.2	4.1	9.3
France	1990	14.1	4.4	9.3
Denmark	1991	12.0	3.6	7.9
UK	1991	11.5	2.3	7.0
Japan	1991	9.1	4.7	7.0
Netherlands	1990	8.2	3.6	5.9
Spain	1989	8.4	1.9	5.2
Israel	1989	6.2	3.6	4.9
Portugal	1991	6.9	2.1	4.6
Italy	1989	5.1	1.6	3.4
Greece	1990	5.2	1.1	3.2

Source: Australian Bureau of Statistics, 1994

APPENDIX B

Adolescent Suicides in Australia, 1975-1995



Source: (Australian Bureau of Statistics, 2000a)

APPENDIX C

Principal Consent Form

[Date]

[Principal's name]

[School name]

[Address]

Ms Amanda Mirauda
Masters Student
Edith Cowan University
100 Joondalup Drive
JOONDALUP WA

RE: Consent to conduct research at *[School name]*

Dear Ms Mirauda,

I am consenting to the research you wish to conduct at *[School name]* for your Masters Thesis. This is subject to the approval of the Human Research Ethics Committee at Edith Cowan University.

I have spoken with you and/or the School Psychologist with whom you have been in correspondence and understand the nature of the data required. I consent to conducting the research on school grounds, during class time, and with adolescent males in years 10, 11, and 12 during November and December 2001.

Upon receiving parental consent from those students participating, it is preferred data collection take place between *[Date]* and *[Date]*. During this time the School Psychologist *[Name]* will assist you in organising interviews with students and will also provide students with a debriefing at the conclusion of the interview.

From hereon in, correspondence related to the data collection of this study at *[School Name]* is to be directed to *[Name]* *[Position]* on *[Phone Number]*.

Yours Sincerely,

[Principal's signature]

[Principal's name]

[School name]

APPENDIX D

Information Sheet for Interviewees

SOMETHING TO THINK ABOUT

Everyone feels anxious, stressed or depressed from time to time. There are a few things, however, you can do to help alleviate these feelings.

First, you must be able to identify the symptoms. Things to look out for include:

- Feeling nervous all the time
- Finding difficulty in concentrating on your work or other activities
- Feeling tired or having trouble sleeping
- Feeling sad for extended periods of time

Second, you can begin to look after yourself by:

- Maintaining a healthy diet
- Relaxing by participating in activities you enjoy alone or with others
- Exercising regularly
- Getting plenty of sleep

Finally, you can learn to deal with your problems effectively by:

- Avoiding 'quick fixes', such as alcohol, smoking, and other drugs
- Trying not to worry about what 'might' happen, problems are dealt with IF and WHEN they happen
- Keeping your problems in perspective, try to be optimistic
- Talking about your problems with someone you trust, bottling things up will only make you feel worse

If you don't feel you can talk to your family members or peers, remember there are always teachers and counsellors available within your school. If you don't feel you can talk to these resources, there are many doctors, counsellors, and telephone services specially trained to help you. Here are a few services available within the community:

KIDS HELP LINE:	1800 551 800
SAMARITAN YOUTH LINE:	1800 198 313
FAMILY HELP LINE:	1800 199 008
ALCOHOL/DRUG INFORMATION:	1800 198 024
SEXUAL HEALTH HELP LINE:	1800 198 205

(Information adapted from "Who said it's easy being a guy?", City of Melville & Healthway, 2001)

APPENDIX E

Parent/Guardian Consent Form

[Date]

Dear Parent/Guardian,

As part of a research thesis for Edith Cowan University, a study regarding the pressures faced by adolescent males and the coping strategies they employ to deal with these pressures is being conducted at [enter school name]. This research plays an important part in gaining insight into ways health care agencies and educational institutions can promote positive emotional and mental health in adolescent males.

Confidential interviews will take place during school hours on school grounds. Those students and schools participating **will not be identified** in the final research report. Should your son wish to participate, your consent is required and the form below must be signed and returned to the school by [date]. Participation would be appreciated, however your child is not obliged to take part in this study.

Should you have any questions, please feel free to contact either myself or the School Psychologist [Name] on [Number].

Amanda Mirauda
Post-Graduate Student
Edith Cowan University

(Please circle either 'consent' or 'do not consent' and return by [date])



I consent / do not consent for my child (Full Name) _____
to participate in the study regarding male health.

If consenting, your signature indicates that you have read the information above and have given permission for your son to participate. Please realise that you may withdraw your son (or your son may withdraw) without prejudice at any time after signing this form should either of you decide to do so.

Parent/Guardian Signature: _____

Date: _____

APPENDIX F

Interviewee Consent Form

DISCLOSURE STATEMENT

The purpose of this investigation is to explore the views of male adolescents regarding the pressures they face and the coping strategies used to deal with these pressures.

By participating in this research, you are significantly benefiting the community by extending research into adolescent coping practices.

Interviews are confidential and recorded material will be kept safely locked in a cabinet, accessible only to the researcher conducting this investigation.

Interviews will be approximately 1 – 2 hours in duration.

You may at any time withdraw from the interview process.

Questions prior to commencement or after the interview session can be directed to the principal investigator – Amanda Mirauda, Master of Business (Marketing) student at Edith Cowan University. Questions may also be directed to the project Supervisor - Dr. Simone Pettigrew, Senior Lecturer at Edith Cowan University on 9273 8227.

CONSENT FORM

I _____ have read the information above and any questions I have asked have been answered to my satisfaction.

I agree to participate in this activity, realising I may withdraw at any time.

I agree that the research data gathered for this study may be published provided I am not identifiable.

Participant:

Date:

Investigator:

Date:

APPENDIX G

Interview Guide

- Warm Up – Introductions, consent forms, general discussion to break ice
- Adolescence:
 - Feelings about attending their school
 - What are the positive/negative aspects of attending a single-sexed / co-educational school
 - How do they feel about impending exams?
 - What are their plans after graduating from high school? Reasoning?
 - Views on being an adolescent and the shift into adulthood
- Gender:
 - Who are their role models and why?
 - What do they aspire to become, what traits would this encompass?
 - Their description of the ideal or perfect (Australian) male?
 - Perceived requirements of male gender traits as dictated by the family/ peers / school / media / society
 - What are positive/negative aspects of being an adolescent male?
 - Projective exercise 1
- Reference group dependence:
 - Views on significant influences on their perceptions of the male role
 - Importance of complying with family/peers/media
 - Views on pressure to conform and expression of individuality
- Help seeking:
 - Pressures they face within family / school / society
 - Perceived available/approachable social supports. Reasoning?
 - Coping strategies they employ to deal with problems. Reasoning?
 - Views on employing different coping strategies (provide prompts)
 - Projective exercise 2
- Debriefing
- Send to School Psychologist for debriefing

APPENDIX H

Projective Exercise 1

PROBLEM SOLVING

Step 1: List three major problems a male may experience during adolescence.

Step 2: Write down what options are available to deal with these three problems.

Step 3: List the advantages and disadvantages of each option.



PROBLEM	OPTIONS	ADVANTAGES	DISADVANTAGES
1.			
2.			
3.			

Adapted from: Hickie, Scott, Morgan, Sumich, Naismith, Davenport, Hadzi-Pavlovic, & Gander (2000).

APPENDIX I

Projective Exercise 2

MENTAL HEALTH PROBLEMS – WORD ASSOCIATION

- When you think of ‘Mental Health’ what immediately comes to mind?
- When you think of ‘Mental Health Problems’ what immediately comes to mind?
- When you think of people who have ‘Mental ill-health’ what immediately comes to mind?
- What do you think are the beliefs held in society about people with mental health problems?
- Have you ever seen, heard, or been taught about any information regarding any of the following mental health related topics? If so where?
 - Anxiety
 - Stress
 - Depression
 - Coping skills
 - Sources of available help
 - Helping friends with mental ill-health
 - Suicide