

**BUILDING MEN'S HEALTH SHOULDER TO SHOULDER:  
AN EXPLORATION INTO THE INFLUENCE OF MEN'S SHEDS  
ON MEN'S HEALTH**

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The Australian National University.

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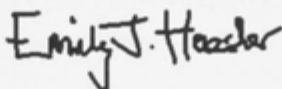




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I certify that the thesis entitled 'Building Men's Health Shoulder to Shoulder: An exploration into the influence of men's sheds on men's health', submitted for the degree of Doctor of Philosophy of The Australian National University, is the result of my own research. Except where reference is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis by which I qualified for or was awarded another degree or diploma. No other person's work has been relied upon or used without due acknowledgement in the main text and reference list of the thesis.

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A handwritten signature in black ink that reads "Emily J. Haesler". The signature is written in a cursive style with a large, stylized 'E' and 'H'.

Signature of author:

Date: 18<sup>th</sup> January 2016

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## ABSTRACT

Men in Western society have poorer health outcomes on a range of measures and are shown to have poor health knowledge and lower engagement in preventive health than women. Numerous social determinants of health increase men's health risks. Feminist theories of masculinity describe the influence of culture, environment and social interaction on perceptions of being a man. Hegemonic masculinity in today's culture constructs the ideal man as tough, self-reliant, independent and dominant to females and subordinate or invisible masculinities. Although not attainable to all men, this hegemonic masculinity is positioned as the ideal, and men either seek to attain it, or actively reject it through their masculine acts. Significantly, how a man views and acts out his masculine role can influence his health. Notwithstanding global and local culture, the culture of a specific place in which the man is embedded has a strong influence on portrayal of masculinity, including through health behaviours.

Men's sheds emerged in rural South Australia in the 1990s as a community initiative with a common purpose of providing men with a "backyard shed" environment in which to undertake meaningful work and socially engage with other men in a safe and familiar space. Men's sheds are promoted as providing social support, education and psychological benefits for Australian men. Although the men's shed movement has attained recognition within the *Australian National Male Health Policy*, there is limited research on the impact of men's sheds on men's health and the way men engage with their health. This qualitative research aimed to fill this gap by providing an in-depth investigation into the influence of men's sheds on men's health.

Set in four Australian men's sheds in rural and urban locations, this research explored how men's social networks are utilised to make sense of and manage health, and how the man's 'doing' of gender mediates both his social interaction and his health behaviour. Using a mixed methodology, qualitative thematic analysis of semi-structured interviews and social network analysis undertaken with 32 men attending men's sheds, the thesis unravels their experiences of masculinity, of engaging in the men's shed space and the influence of these experiences on health behaviour.

The findings suggest that men attending workshops actively rejected the hegemonic notion that older men embody a subordinate masculinity. These men actively take on meaningful roles as helpers in the community. In older age, some men reconstruct the ideal masculinity to incorporate more attainable characteristics and control of and responsibility for their health. Storytelling is often used to portray masculine characteristics of physical toughness and risky behaviour that are no longer directly attainable. Engagement in one's health was found to be normalised through attending a men's shed. As a space, the men's shed promoted health through providing tangible support in the way of education and health screening, as well as social networks through which health responsibility was modelled.

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## CHAPTER ONE: INTRODUCTION

Men's sheds emerged in rural South Australia in the 1990s as a community initiative with a common purpose of providing men with a 'backyard shed' environment in which to undertake 'work' and socially engage with other men in a safe and familiar space (Ballinger et al., 2009; Golding, 2006). Despite a general dearth of early formal literature espousing their educational, social or health benefits (Golding, 2006), men's sheds proliferated rapidly within Australia, from approximately 100 sheds in 2006 (Golding, 2006) to over 650 sheds with more than 45,000 members in 2012 (Australian Men's Shed Association [AMSA], 2012). By 2015 over 1,000 sheds were registered across Australia (AMSA, 2015).

In recent years two parent organisations, Men's Shed Australia (MSA) and the Australian Men's Shed Association (AMSA) have emerged as overarching men's shed bodies. Men's Shed Australia primarily assist sheds by developing programs and information that can be delivered in men's sheds. The AMSA is a government funded peak body that provides administrative resources for existing sheds and groups seeking to establish a men's shed. The association provides a website database of existing men's sheds, and is available to provide support with policy development, funding applications and relevant legislation. As a peak body, AMSA coordinate national conferences, and promote the men's shed movement in the community.

By virtue of their grass-roots establishment, many men's sheds have strong links to the communities in which they have emerged. The model for establishment, growth and ongoing maintenance of a men's shed appears variable in different regions, with sponsorship coming from a variety of often health-related sources (AMSA, 2015). The

Department of Veterans' Affairs, aged care facilities, neighbourhood houses, health centres and local governments have all been cited as the initial founders and ongoing supporters of men's sheds in different regions (Glover & Misan, 2012). Links to the community are clearly reciprocal, with men's sheds attendees undertaking projects for organisations within their local communities such as aged care facilities, hospitals, schools and child care centres (Glover & Misan, 2012). However, men's sheds operate under a clear principle of remaining autonomous, each with an organisational structure that maintains local ownership and control (MSA, 2012).

### **1.1 Research context**

Men's Sheds Australia (MSA) market men's sheds as having an important role in men's health promotion (MSA, 2012). Core operating principles for men's sheds include the delivery of a men's health program; offering of varied activities that keep men active and form part of a healthy lifestyle; promotion of personal responsibility for one's health and identification of community opportunities to become part of the formal health system. In recognising the role that men's sheds could play in the health welfare of men, MSA acknowledges the contribution of shed members in reaching men with minimal or no contact with the Australian health system, increasing the number of men engaging in preventative health checks, disseminating health promotion material and engaging with health providers to meet the health needs of men's shed members.

In their promotional material (AMSA, 2011b), the AMSA places less focus on the sheds' role in physical health but has a strong emphasis on the positive psychosocial aspects of participating in a men's shed. Describing the risks men face of loneliness, isolation and depression, AMSA highlight the opportunity attending a shed presents for

'old-fashioned mateship', 'having a yarn', 'being productive' and 'feeling good about yourself'. Reflecting its strong focus on networking and supporting one's mates, the AMSA website also operates an online forum for men to discuss men's issues.

With a slogan of "Men don't talk face to face, they talk shoulder to shoulder" (AMSA, 2015), the aim of the men's sheds movement is to promote social networks for an Australian demographic identified as being at greatest risk of poor health and social isolation, that is: older males from lower income, blue collar backgrounds (Ballinger et al., 2009). In addition, men's sheds also aim to play a role in both social support and health promotion through championing healthy lifestyles and health literacy, promoting men's health issues in the local region and more widely; and promoting and/or assisting men in other regions in establishing their own men's sheds (AMSA, 2015; AMSA, 2012).

Previous research on men's sheds has skirted the role a shed may play in either promoting health literacy or contributing to health outcomes. Golding (2008) conducted a large scale investigation into the impact of sheds on informal learning experiences and lives. The research reported that men's shed attendees perceive of improvement in overall wellbeing associated with the shed; however, formal health outcomes were not within the scope of this learning-focused study (Golding, 2008). Other small scale projects with a health focus, conducted in often isolated settings, have investigated the possibility that men's sheds be used as a health promotion platform (Misan & Sergeant, 2009); self-perceived psychosocial benefits of shed attendance (Ormsby et al., 2010; Ballinger et al., 2009); knowledge and behavioural change related to conducting a health presentations in a men's shed (Graves, 2001); and practical skills program implemented in a men's sheds (Cass et al., 2008). This research has established that

primary reasons for attending a men's shed are enjoyment, sense of belonging, opportunities for socialising and mentoring and potential for improvements in health and wellbeing (Golding, 2008; Ballinger et al., 2009).

Although previous studies provide support for the notion that men's sheds improve aspects of men's physical and/or mental health, they did not measure health outcomes. As yet there has been no focused investigation of the role the men's sheds may play in promoting men's health knowledge and behaviours. The need for greater understanding of how community groups such as men's sheds can effectively promote healthy lifestyles has been highlighted in the Australian National Men's Health Policy (Victorian Government Department of Health, 2010).

The Australian model of men's sheds has received positive attention from overseas as a men's social health initiative. A number of sheds have been established in Canada (Comeault, 2012), the United Kingdom and New Zealand based on the success of the Australian model. Developing a greater understanding of the role men's sheds and the social networks that develop within them play in promoting men's health and wellbeing will provide guidance to the ongoing establishment of men's sheds both in Australia and internationally.

Although Golding (2006) warns of the risk of both top-down government roll out of men's sheds and 're-badging' of men's sheds as learning or health programs, he also calls for investigation into ways in which men's sheds in their current community grass-roots form could be nurtured by government to achieve health and well-being outcomes (Golding, 2006). Developing an understanding of the influence of men's sheds on the health of men who attend them could inform national policy in strategies that are



effective in promoting men's health and could promote ongoing engagement of men's sheds as actors in positively influencing men's health. Knowing more about the influence of the men's shed on men's health may contribute significantly to an understanding of male health behaviours in Australia and may contribute to the advance of men's health policy in the future, and the refinement of service delivery models within men's sheds.

Men's sheds provide an opportunity through which grassroots men's groups can establish and continue engagement with men's health promotion through knowledge exchange, health-related activities and involvement at a local, state and national level in men's health policy. For the individual man, the influence of the men's shed space and the community within it may impact on his perceptions of gender identity, health status and health behaviour.

## **1.2 Research aims**

Underpinned by social constructionism and using feminist theories of masculinity, socio-geographic theories of health and social network theory, my thesis draws on in-depth case studies set in four urban and rural men's sheds. The research seeks to expose a deeper understanding of the ways in which men's engagement in the space and social network of a men's shed could be positively leveraged to improve health outcomes for Australian men. Additionally, the research seeks to understand the ways in which older men construct masculinity, and how promotion of men's health in Australia can capitalise on these perceptions.

### **1.3 Research questions**

This thesis aims to answer the following question:

What is the influence of attending a men's shed on men's health?

To explore this aim, the following additional questions emerged as sub-aims:

What is a man's experience of masculinity in the context of the men's shed?

How is masculinity related to a man's health and/or health-associated behaviours?

What social networks are established in men's sheds?

How do a man's social networks support his negotiation of his health?

### **1.4 Research method**

The research questions were approached from a social constructionist perspective using three theoretical frameworks – feminist theories of masculinity (Connell, 1987; Connell, 1995), socio-geographic theories of health and social network theory. The research was undertaken using a mixed methods approach that combined phenomenology and social network analysis.

Four Australian men's sheds in rural and urban locations provided the setting for the research. Data was collected from thirty-two interviews with men who attended the men's sheds participating in the research. A semi-structured interview format and two survey tools were used to collect information, and this was supplemented by egonet maps (Rogers, 2012; Rogers et al., 2011; Spencer & Pahl, 2006) that the men completed during interviews. Data analysis was conducted using thematic analysis techniques that

were supplemented by both visual analysis of egonets and social network analysis that utilised regression modelling.

## **1.5 Thesis structure**

This thesis is organised in nine chapters. The first two chapters provide the background to the research and the third chapter outlines the research methods. Chapter Four presents the findings that pertain to the case study men's sheds. Chapters Five to Eight present data derived from the interviews conducted with the participants. The final chapter explores the implications of the research.

In Chapter One I have provided background of the Australian men's sheds movement, introduced the reader to the research aims and questions and provided an overview of the methods for the research.

Chapter Two sets out the background literature pertaining to men's health and feminist theories of masculinity. The chapter also presents data on the status of men's health in Australia, and explores factors that relate to the high rates of morbidity that men have on many key health indicators (ABS, 2015), and their higher rates of mortality from accidents and suicide (ABS, 2012). Next, I describe factors that influence the morbidity and mortality of Australian men, including socioeconomic demographics (Schoen et al., 1998), ethnicity (ABS, 2015) and employment roles (ABS, 2011; Doyal, 2000). I explore the role of health literacy in promoting health, and the literature that suggests men have poorer understanding of health and lower engagement in managing their health (Peerson & Saunders, 2011; Galdas et al., 2005; Mansfield et al., 2003).

Chapter Two also explores the way men construct themselves with consideration to the often ingrained and rigid societal notions of what it is to be an ideal man. In this chapter I draw on the gender theory of Raewyn Connell, that details the concept of Western hegemonic masculinity and the impact of this phenomenon on the way men conceive and enact their gender (Connell, 1987; Connell, 1995). Finally, the influence of masculinity, including characteristics that are prescribed in the hegemonic masculinity of Western culture such as risky behaviours, physical toughness and emotional stoicism on men's health-related behaviour is expounded (Galdas et al., 2005; Denner, 2009; Mansfield et al., 2003; Courtenay, 2000a).

In Chapter Three I present the methodology and research methods used to undertake my fieldwork. I introduce the two other theoretical frameworks that underpin the research – socio-geographic theories of health and social network theory. I explore the influence of space on both the experience of being a man, and on health experiences. Of particular note is the influence of rurality on the ways in which men form their social identity (Smith & Winchester, 1998), and the theory that underpins the ways in which social networks may impact men's health engagement, from role modelling to provision of tangible health support (Giles et al., 2005; Kandrack et al., 1991; Brown & Bond, 2008). Having established the theoretical groundings of my thesis, I detail the methods that I used to undertake the research, including explanation of the thematic analysis techniques and the collection and analysis of social network data.

In Chapter Four I present case studies of the four men's sheds that participated in my study. I provide information on the setting and space in which the men who participated in my study engaged, and the administrative functioning of each of the sheds. I detail

ways in which men become involved in their local men's sheds, and the significance of the men's shed space to the interactions that occur within it. Chapter Four also details the primary activities that occurred in all the men's sheds in this research – workshopping and helping others. The significance of both these activities to the identity of men and their feelings of purpose, self-worth and value as they negotiated their roles as retired men are teased out. At the end of this chapter I propose that adopting roles of significance to the community is a direct rejection by these men of the traditional notion that older men embody a subordinate and invisible masculinity (Evans et al., 2011; Thompson, 1994).

Chapter Five presents findings related to the men's perceptions of masculinity and themselves as men. The importance men placed on personal characteristics as an indication of a man's masculinity, rather than his physical attributes, is outlined. The ways in which men found it acceptable to act as men as illuminated, including not acting like a girl, and expressing an appropriate (not excessive) level of emotional stoicism. Importantly, this chapter describes the ways in which older men both reframed their perceptions of what it is to be a man, and used alternative strategies such as storytelling to portray their masculinity.

Chapter Six presents findings related to the health status, health knowledge and health behaviours of the men who participated in interviews and the roles that the men's sheds played in health promotion. I discuss the ways in which men evaluated their own health, and the strategy of social grading that men often used in order to perceive themselves as more healthy. The chapter outlines the preventive health behaviours in which participants engaged, including their regular consultation with health professionals. In

this chapter I identify aspects of being in the men's shed, such as activities available, role modelling and education programs, that impacted the men's health and, importantly, assisted them in the high level of engagement with preventive behaviours that emerged in the interviews. The reconstruction of being healthy, in control and engaged in one's health as being masculine is explored.

Chapter Seven and Chapter Eight describe the social relationships that men in the men's sheds reported both in and outside of their men's sheds. In these chapters I explore the ways men interact with each other in the men's shed and the different structures that were observed in the way men formed connections with other men in the men's shed. I delve into some of characteristics of same-sex male friendships, including the expectations men have of friendship and the impact this has on help-seeking behaviour (Greif, 2009). These chapters use visual data from the men's social network maps to enhance the discussion on the ways in which men structured their social networks and the social support they received from their families, friends, and contacts to promote their health. At the end of these chapter I conclude that although there is a strong culture of helping in all the case study men's sheds, individual men rarely ask directly for assistance, especially with respect to health-related support.

Finally, Chapter Nine presents the conclusions and implications of the research presented in this thesis. I present practical implications of the research that can be implemented at national, community and individual levels to promote men's health. The importance of men's space within the community and meaningful activities to engage in within the space is discussed. I propose strategies to support grassroots community groups, including the reduction of redtape and bureaucracy that was shown to hinder

some of the men's sheds. The chapter concludes with strategies that can be implemented by individual health professionals when consulting male patients. These suggestions drawn on the findings related to men's engagement with their health, reluctance to ask for help and the psychosocial benefits that social engagement in retirement offer to older men.

## CHAPTER TWO: MEN'S HEALTH AND MASCULINITY

This chapter addresses the main theoretical approaches to men's health and gender in which this thesis is grounded. The chapter highlights the significance of health to the quality of life of Australian men through discussion of the gender disparity in morbidity and mortality. I explore factors that influence the poorer health outcomes of men and introduce the influence of men's health-related behaviours in restricting male health status. Health literacy, including health knowledge and preventive health behaviour, is discussed in the context of gender.

In Section 2.2 I introduce theoretical constructs of gender, most significantly the critical feminist philosophy of Australian sociologist Raewyn Connell that outlines a perspective on masculinity that defines the predominantly accepted way in which a man enacts his gender. The chapter enlightens the reader on the socially accepted expectation of hegemonic masculinity and the impact this has on men, most particular with respect to negotiating health.

In the third section of this chapter, I provide background to the Australian men's health movement and the various men's activist groups that have emerged in contemporary Australian history. The activity of these groups precipitated the introduction of a men's health policy in Australia, which is discussed at the conclusion of this chapter with respect to its relationship to the national men's shed movement.

### **2.1 Men's health: shouldering the burden**

Australian men have poorer health profiles than Australian women. Australian males born in 2010 have a lower life expectancy than females by approximately five years.



Although probability of surviving from birth to age 85 years has significantly increased over the past decade for both genders, females continue to have a considerably greater likelihood of reaching this milestone (52% versus 33%) (ABS, 2015). Men have higher rates of mortality from ischaemic heart disease, cerebrovascular disease and cancer, as well as higher rates of death from accidents (including drug induced death and motor vehicle accidents) and suicide (ABS, 2015).

Although females have an overall higher rate of morbidity with respect to long term health conditions (76% versus 73%) (ABS, 2015), men have poorer outcomes on many key health indicators. Incidences of coronary heart disease, cancer, mental health problems, sexual and reproductive health concerns and diabetes are higher in Australian males (Victorian Government Department of Health, 2010; Australian Institute of Health and Welfare [AIHW], 2014). Although burden of obesity is equivalent between the genders (28%), Australian men are more likely to be classified as overweight (42% versus 28%) based on body mass index compared with women (AIHW, 2014). Between 2011 and 2014 rate of overweight and obesity in Australian men increased from 65% to 70%, likely contributed to by a high rate of sedentary lifestyle. In the over 55-year age group only 40% of men participate in the recommended activity of 150 minutes per week, decreasing to 30% in the over 75 year cohort (AIHW, 2014). In addition, recent studies have demonstrated that the health status of older men, those who are under or unemployed, rurally located and those from a blue collar occupational background, is poorer than the broader Australian male population (Ballinger et al., 2009; Victorian Government Department of Health, 2010; AIHW, 2014).

The Australian Bureau of Statistics (ABS) analyses of National Health Survey data (ABS, 2006; ABS, 2015) provides a good overview of Australian men's health-related

behaviours, including risky health behaviours and highlights the reluctance of men to make healthy lifestyle choices (Peerson & Saunders, 2009b). Australian males have higher levels of risky alcohol use than females (15% versus 11.7%), with risky alcohol use by males exceeding that of females in all age groups from 18 to 65 years, and a higher incidence of binge drinking and hospitalisation due to acute intoxication for males (ABS, 2006; Victorian Government Department of Health, 2010; ABS, 2015). Males maintain an overall higher rate of smoking than females (23% versus 19%) (ABS, 2006; Victorian Government Department of Health, 2010; ABS, 2015), peaking in the 25 to 34 year age group at 33% (ABS, 2015), although their smoking rates are declining more rapidly than that of women.

Being overweight, which is a key indicator of participation in preventative health behaviours such as diet and exercise, is also a health issue for Australian men. The most recent National Health Survey results (ABS, 2015) found being overweight was more prevalent in men than women in all adult age groups. Based on self-reported weight and height, 63% of men were considered to be overweight or obese compared with 48% of women, with historical trends showing the prevalence of overweight/obesity is rapidly increasing in all adult age groups (ABS, 2006; ABS, 2015). In men in the 65 to 74 year aged group, 73% had unhealthily high self-reported body mass indexes (ABS, 2015). Unsurprisingly, almost 70% of Australian men had been sedentary or only participated in low levels of exercise in the two weeks preceding collection of National Health Survey data in 2007-2008 (ABS, 2015).

Males report higher rates than females of experiencing any mental illness over the lifespan (48% versus 43%), although this figure is influenced by the higher levels of substance abuse reported by men (over double that reported in women, 35% versus

14%). Regardless, other mental disorders are relatively common in Australian males, with 12% experiencing a mood disorder (primarily depression) and 20% experiencing an anxiety disorder over the lifespan (ABS, 2015). The rate of mental illness has increased substantially over the last two decades, with only 17% of men reporting a mental disorder in 1997 (Andrews et al., 1999).

Australian males also have higher death rates from serious injury. The fatality rate for males from car accidents is three times higher than that for females (9.4 versus 3.3. per 100,000 persons) (ABS, 2012). Suicide is a particular issue for men, as one of the ten leading causes of male death. In the over 75 year age group suicide rates are more than four times that of women (ABS, 2012; ABS, 2010).

The preceding data outlining the health status of Australian men is similar to that reported in other Western cultures. Numerous studies in the US, Canada and Europe have illustrated higher levels of morbidity and lower longevity in males compared with females (Luy & Minagawa, 2014). Women in Western cultures appear to universally reduce risks to their health through higher levels of preventative behaviour (e.g. taking vitamins, maintaining a healthy weight, exercising regularly) and lower levels of behaviours that risk their health (e.g. risky alcohol use, smoking, dangerous driving) (Courtenay, 2000a; Doyal, 2000; Evans et al., 2011; Courtenay et al., 2002).

### 2.2.1 Determinants of men's health

Many factors are theorised to have some influence on one's health status, including biological factors, ethnicity, education level, economic status, workplace and health behaviour (Courtenay, 2000a). These factors interact in complex ways, and may be proxies for other determinants. Disentangling them and working beyond essentialist

categories is a vital preliminary step to understanding the generally lower health status males have when compared to their female counterparts.

Some commentators used a biomedical approach to explain issues of men's health. Noting that from birth, males have greater morbidity and mortality, with a greater vulnerability to congenital abnormalities, some theorists proposed that genetically, men are innately a weaker sex (Doyal, 2000; Waldron, 1995). The role of oestrogen as a protective factor against cardiovascular disease continues to be debated and the influence of androgens and cortisol, both higher in men, has been associated with a stronger desire for intense experiences, such as those attained through risk taking. Males have been shown to exhibit a greater physiological response to stress through increased heart rate and blood pressure, and to recover more slowly from these responses, possibly contributing to an increased risk of cardiovascular disease and lower immune functioning (Courtenay, 2003; Bird & Rieker, 1999). Emslie and Hunt (2008) found that lay people (both male and female) have strong beliefs in biological explanations of the health differential between men and women; however, exploratory studies indicated that biological factors associated with gender differences alone provided only minimal explanation for the overall poorer health status of men (Courtenay, 2003; Kandrack et al., 1991; Bird & Rieker, 1999).

The inability of a biomedical theory to provide an adequate explanatory framework for the poorer health of men leads one to seek a socio-medical approach to the issue. Socio-medical approaches investigate the impact of social and culture factors, including socioeconomic status, ethnicity, education, employment and health behaviours on health status (Kandrack et al., 1991).

Although socioeconomic status has been shown to contribute to health status through its influence on living conditions, exposure to crime, increase in stress and detrimental impact on access to both health information and health care services, the higher socioeconomic status men generally experience suggests this factor does not explain the poorer health of men (Courtenay, 2003). Studies in the US on health service access indicated that across all socioeconomic demographics, men are less likely than women to access health care, and in one study boys from low socioeconomic backgrounds were found to have greater health service utilisation than those from higher socioeconomic backgrounds (Schoen et al., 1998). Thus, although it may in part contribute to the poorer health of men, socioeconomic status alone is a poor explanatory factor for the lower health status observed in men compared with women.

Ethnicity has also been shown to predict health status in Western cultures, with minority groups exhibiting poorer health and lesser longevity. For example, Indigenous Australians have a significantly shorter lifespan and higher rates of all chronic health conditions than non-Indigenous Australians (ABS, 2015). This may be due to other social factors, such as socio-economic status or lower rates of health care service access, which are observed even after consideration to rural and remote locations. However, poorer health in Indigenous minorities is not gender-specific, with Indigenous Australian women experiencing a similarly low health status to Indigenous Australian men (ABS, 2015).

Men and women both experience high levels of education in Australia. Males do have a slightly lower of education, with lower levels of Year 12 completion (75% versus 84%) and attainment of a Bachelor degree (30% versus 41%) (ABS, 2012); however, these small differences appear unlikely to contribute to the different health profiles between

men and women, especially considering the historically recent rise in women's education.

Employment status and workplace factors are a determinant of health, and appear to contribute to the lower levels of health exhibited by men. Australian men experience a high level of workplace participation, with approximately 80% of men in employment in 2010 to 2011, a figure that has changed little over a ten year period (Equal Opportunity for Women in the Workplace Agency, 2012). Participation is highest in the 35 to 44 year age group (91%), with a gradual decrease to about 24% of men aged 65 to 74 years remaining in the work force. Although this is significantly greater than women (approximately 65% of women are in the work force, and approximately 12% of women aged over 65 years are working (Equal Opportunity for Women in the Workplace Agency, 2012)), these figures are deceptive, as women still take on the majority of home making and child rearing roles.

Unemployment is known to be associated with poorer health outcomes, including a higher rate chronic illness (for example, cardiovascular disease), higher mortality, increased risk of acute illness and higher rates of mental health conditions (for example, depression, anxiety and self-harm) (Harris, 2009;Waddell, 2006 ). Additionally, unemployed people engage in risky behaviours such as smoking and alcohol abuse at higher rates than those who are employed (Harris, 2009). In part, the lower health status of unemployed people is related to other social determinants of health such as lower education levels and poverty. These factors are not only directly linked to poorer health outcomes, but also reduce opportunity for active employment, further perpetuating health disparity between the employed and unemployed.

In general, employment itself provides numerous physical, social and mental benefits that are associated with better health. Significantly, the social status and social inclusion that arises from the structure and identity of employment is associated with lower rates of depression and substance abuse (Australasian Faculty for Occupational & Environmental Medicine, 2014 ).

However, closer analysis of the work roles of men reveals some employment-related factors that may be associated with poorer overall health. Employment in blue collar occupations is dominated by men, and this predisposes men to a greater risk of occupational-related injury. Higher rates of work place injury are experienced in blue collar jobs including labourers, machine operators and trade workers, and these industries are male dominant (ABS, 2011). However, women experience a higher rate of white collar workplace injury (e.g. musculoskeletal injury); injury from domestic roles (Doyal, 2000); and, if working in blue collar jobs, are just as likely as men to experience occupational hazards (ABS, 2011).

The above determinants, although indicating some physical and social factors that may be causative in the poorer health profiles of men compared with women, fail to provide sufficient explanation for the significant gender differences reported in health status (Evans et al., 2011; Matthews et al., 1999). In the next section, I address health literacy, arguing that it may provide some additional insights into gender differences in health status (Courtenay, 2000a).

### 2.1.2 Men's health literacy

The (American) Institute of Medicine defined health literacy as:

"[t]he degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions ...based on the interaction of the individual's skills with health contexts...and broad social and cultural factors at home, at work and in the community"(Institute of Medicine, 2004).

This definition of health literacy acknowledges that one's health understanding and behaviour requires a complex interaction of skills and understanding. It supposes that one cannot understand information without first gaining access to it, and one cannot act on health information without having both an understanding of its meaning and ability to extrapolate that to personal experience of health. This notion implies not only the functional skills to understand, interpret and use health information, but also incorporates the social context of health literacy, implying that it includes an actual health knowledge-base that may be influenced by education and exposure to specific health environments (Nutbeam, 2008).

Thus, health literacy is impacted by the environment in which we live (e.g. the people and services to whom we have access) and having the required skills to navigate this environment in order to access, interpret and act on health advice. This broad definition of health literacy, which encompasses key protective behaviours associated with good health, contributes up to 50% of variance in morbidity and mortality rates, and is therefore an important consideration in viewing the determinants of men's health (Mahalik et al., 2007).

Evidence suggests that Australian men have lower health literacy than women (Peerson & Saunders, 2011; Galdas et al., 2005; Mansfield et al., 2003). Men's knowledge of health, disease and risk factors associated with poor health is generally lower than that of women, and this may have a negative impact on preventive health behaviours, including health service access (Victorian Government Department of Health, 2010;



Courtenay, 2000a; Peerson & Saunders, 2011; Gabbard-Alley, 1995). In a gender-based study that included investigation into health knowledge, Green and Pope (1999) found that while men had appropriate knowledge related to management of minor health problems (e.g. feeling tired, skin rashes), women were more able to identify appropriate recommendations for managing the common cold, persistent cough, lumps and skin discoloration and had an overall better knowledge of signs and symptoms of illness. In other studies, men have exhibited lower knowledge than women about health issues, including male-specific health concerns such as testicular cancer (Peerson & Saunders, 2011; Singleton, 2008). Women have also been shown to have greater understanding of instructions for medication use (Gabbard-Alley, 1995). This gender disparity may be influenced by the traditional role of the woman as care-taker of the family's health (Richardson & Smith, 2011), the close association between health and reproductive issues, or the extensive exposure of women to health issues through women's magazines.(Gabbard-Alley, 1995)

Despite what is clearly a poorer health status and a higher level of negative behaviours associated with poor health outcomes, data from the National Health Survey showed that Australian men have a lower level of health service utilisation. In 2004 to 2005 Australian men had a lower level of health service utilisation than women, with 25.7% of women having accessed the services of a general practitioner or specialist, compared with only 19.9% of men taking the same action for their health (ABS, 2006). The trend for a lower utilisation of health service by men compared with women remained evident in the 2010 to 2011 National Health Survey. Overall, Australian males had a lower average number per person of Medicare services processed compared with females (12.8 versus 17.5 for 2013-2014), although in the over 65 years cohort Medicare service

utilisation for males exceeds that of females (ABS, 2015). The Australian data reflect those in other Western cultures in which men have similarly low access to health care services, regardless of income or ethnicity (Courtenay, 2000a; Courtenay, 2003; Green & Pope, 1999).

Although it could be posited that the higher access of health service utilisation by women is directly explained by visits associated with reproductive needs, numerous analyses control for this factor and still find females to have a significantly greater use of health services (ABS, 2015; Green & Pope, 1999; Smith, 2007). It can be theorised that through their contact with health services during reproductive years, women's knowledge of health systems and service availability, rapport with health professionals and established behavioural habits increase the likelihood of them accessing health care for other purposes (Victorian Government Department of Health, 2010).

Aside from a poorer health knowledge and access to health services than females, other shortcoming in men's health-related behaviour support the premise that men have poor health literacy (Peerson & Saunders, 2009b; Peerson & Saunders, 2009a; Peerson & Saunders, 2011). Men have been demonstrated to undertake restorative health practices, for example cutting down on activities and spending more days in bed during times of illness, less frequently than women (Kandrack et al., 1991). Men are less likely to take care of their health in other respects, for example by maintaining a healthy weight, exercising, refraining from smoking or alcohol use, or to undertake preventive health screening (Courtenay, 2000a; ABS, 2006; ABS, 2015; Peerson & Saunders, 2011; Singleton, 2008; Mahalik et al., 2007). Gender has been shown to be the strongest predictive factor of health literacy skills (Courtenay et al., 2002), with women clearly

demonstrating more positive health-associated behaviours. Those men who do undertake positive health behaviours, are more likely to be married or in a stable relationship with a female, and more likely to rely on a woman to both monitor their health status and facilitate health needs (Denner, 2009; Courtenay, 2000a; Kandrack et al., 1991).

The influence of a range of factors on men's health-related behaviours has been explored in the literature. Demographic factors, including age, education, ethnicity and socio-economic status have been investigated and associations established. However, socio-cultural factors that influence health literacy are more relevant to this thesis, as it explores the influence of being in a men's place. The literature identified two key socio-cultural influence on the health status and behaviour of men, the role of social networks in supporting (or undermining) health literacy and the concept of masculinity and 'being a man'.

Masculinity is identified as an important variable in performance of behaviours that impact on one's immediate and long term health (Courtenay, 2000a; Courtenay et al., 2002). Health behaviours are one way in which a man can demonstrate his masculinity. Enacting a traditional masculine identity of a tough and stoic man with a propensity towards risk-taking is explored within the literature and found to influence men's desire to engage in health promotion through accessing health information and performing preventative health behaviours (Courtenay, 2000a; Courtenay et al., 2002).

The influence of social networks on health has also been explored within the literature. The existence of a supportive social network has been shown to have a positive influence on health and wellbeing, through not only social support, but also exchange of

health information and modelling of health behaviours. These two factors appear key to the exploration of the influence of men's sheds men's on health in men attending them, and will be discussed in detail in the next sections.

## **2.2: Being a man: theoretical approaches to masculinity**

Scholarly literature predominantly conceptualises men's health as a consequence of masculinity, with different conceptions of masculinity forming the underlying theories regarding the problem of men's health. An exploration of theoretical approaches to masculinity provides an understanding of the concepts underpinning the issue of men's health in Australia, including its increasing position as a health priority.

Masculinity, a term that came into use in the 1850s, is a concept that encompasses attitudes, acts, behaviour and self-identification that impart a sense of maleness. In common use, it pertains to characteristics considered to be typical of the man, but although predominantly conceptualised as pertaining to men, it is not restricted to men (Person, 2006; Cheng, 1999). Numerous authors (Bederman, 2011; Hearn, 1998) have contended that masculinity is merely a heuristic category, a useful concept for scholarly discourse related to men, but nothing more than a "placeholder" for conceiving male gender issues. Theoretical approaches address such issues as where masculinity arises from and to what extent it is definable and identifiable.

A prominent debate within the gender field is the degree to which masculinity is pre-determined versus being a product of social and cultural exposures. Those in the 'pre-determined' camp ascribe to an essentialist account of masculinity. O'Neil (2010) provided a comprehensive overview of the term 'essentialism' as it applies to the field of gender studies. Essentialism connotes a state existent within a person, with an

implication of absence of external influence. In this respect, essentialism relates to the human's internal mindset or essence, encapsulating innate psychological characteristics and internalised gender role expectations that underpin masculinity.

With respect to men's health, a biological essentialist perspective is often used in the literature. The biological essentialist theoretical stance subscribes to a dichotomous perspective of gender in which one is either male or female, and biological sex predetermines one's gender display as either masculine or feminine (Cohen, 2010). In a challenge to Freud's assertions surrounding a theory of biological bisexuality, psychoanalyst Stoller (1968) laid out a biological essentialist theoretical perspective in the 1960s, attested that sexual self-identification, which is defined within the first few years of life, primarily arises from one's chromosomes, genitalia, sex hormones and sex assignment at birth. Thus, one's genetic makeup and the innate physical differences between males and females determine social exhibition of gender. The terms male/masculine (or female/feminine) become almost generic, as biological essentialism holds that one emerges from the other: being born a boy 'makes' one masculine.

However, essentialism (particularly biological essentialism) faces numerous challenges in modern day society. Subscribing to a notion that gender arises from biology leaves little space for the myriad of sexual expressions and identities emerging in mainstream society, including homosexuality and transsexuality. Biological essentialism supposes a static nature of masculinity, and provides little explanation of variations of masculine expression (Evans et al., 2011). In the feminist debate, essentialism has been criticised as a concept that reinforces the notion of patriarchy, and by the men's movement as a theory that augments power differentials amongst men (Cohen, 2010).

Anti-essentialist perspectives of the male gender uphold the notion that there are no specific characteristics that apply to all men, nor should men necessarily be masculine. The gender theories of Connell (Connell, 1995; Connell, 2009; Connell, 1993) and Butler (Butler, 1999) are both categorised as anti-essentialist, with both assuming the notion of societal-driven conceptions of gender and allowing more gender variation than the dichotomous view of man versus woman implied by essentialist perspectives. Importantly, anti-essentialism suggests the potential for the individual (or groups) to challenge societal constructions and for a fluid and changing notion of gender roles across individuals, time and cultures.

Butler (1999) champions an anti-realist perspective that gender is not pre-existent (specifically not pre-ordained according to biological sex), but rather arises from a person's role performance and its consolidation of a gender impression. Butler (1999) asserts that in itself gender does not exist but is merely given life from the performances and acts of the individual. As she explains:

we act as if that being of a man...is actually an internal reality or something that is simply true about us...but actually it's a phenomenon that is being produced all the time and reproduced all the time, so to say gender is performative is to say that nobody really is a gender from the start (Butler, 2011, web transcript).

Thus, masculinity is not a thing, but rather an abstraction from the way an individual performs and the meaning to which this is given by the individual and observers. She describes the influence on performative gender of social contexts and norms, but highlights the individual's role in interpreting meaning from these and either affirming norms or reinterpreting their own gender performance (Butler, 2004). Describing a fluid notion of gender, Butler embraces a concept that masculinity is not specific to, nor does

it merely express, a biological sex, and masculinity can be performed by both men and women (Butler, 1999; Cohen, 2010; Butler, 2004).

Another prominent perspective in modern gender literature embraces the constructionist notion of gender arising from culture. Australian sociologist Raewyn Connell's social constructivist perspective on masculinity emerged from a critical feminist analysis of masculinity and replaced biological essentialist theories as more influential and durable in many academic disciplines (Wedgwood, 2009). Connell's theory of gender proposes that masculinity is socially constructed, adopted from social expectations placed on humans based on their biological sex (Connell, 1995; Connell, 2009; Courtenay, 2000a). In contrast to the perspective described by Butler (1999), social constructivism as defined by Connell (Connell, 1995; Connell, 2009) maintains that biological sex remains central to the notion of gender, with social constructions defining the normative, or ideal, ways in which one's biological sex is expressed. Thus gender roles and stereotypes consist of acts, behaviours and beliefs that are constructed within specific societies and adopted by individuals who seek to conform to role modelling and societal expectations (Courtenay, 2000a). As masculinity arises from societal structures, it is necessarily a local construction (Connell, 1993), dependent upon locational culture, ethnicity and historical time, and it follows that masculinity inevitably evolves within its culture over time (Connell, 2012; Person, 2006). Nevertheless, Connell's constructivism gender paradigm acknowledges the role of individual men in defining their own masculinities, and ascribes significant importance to hegemonic and non-hegemonic masculine identities (Connell, 1995; Courtenay, 2000a).

As described by Connell, hegemonic masculinity is the most prominent form of masculinity expressed within a specific society (Connell, 1993; Cheng, 1999). a

“culturally idealised form of masculine character” (Connell, 1987 p.83) that is considered to be a “legitimate, natural [and] unquestionable” (Campbell & Mayerfeld Bell, 2000 p.532) state of the male gender. Throughout scholarly gender role literature, Western hegemonic masculinity is defined as being “White, heterosexual and middle class, and possessing stereotypical masculine traits of assertiveness, dominance, control, physical strength and emotional restraint” (Evans et al., 2011 p.8). Essentially hegemonic masculinity describes the ideal masculinity as “a man in power, a man with power and a man of power” (Cheng, 1999 p.298) and encompasses the stereotypical male: independent, dominant, strong, self-reliant and tough (Courtenay, 2000a; Evans et al., 2011).

From a critical feminist perspective Connell (1993), argued that this expression of manhood has emerged as the hegemonic masculinity due to its historical success in subordinating females and marginalised males (Connell, 1987). The notion of specific subjugation of the female, and her use as a validation of male sexuality, is espoused in both Connell’s initial works and other academic discussion on hegemonic masculinity and reflects an ongoing cultural centrality of male dominance (Donaldson, 1993).

Accordingly, an important conception of the hegemonic ideal is being seen as not feminine, as femininity is seen to be weak and thus undesirable. Marginalised males, or those who fail to display the superior characteristics ascribed to hegemonic masculinity, are relegated by society to a position of failure, and often described in effeminate terms (e.g. sissy, girl, gay).

Connell (1993) outlined the rise of numerous hegemonic masculinities throughout the nineteenth and twentieth centuries alongside industrialisation, political power and the growth of state bureaucracy. The calculated, rational businessman, now encapsulated as



a managerial ideal in contemporary Australian society, displaced the noble land owner as the exemplar masculinity. As tertiary education has become more accessible and the professions have increased in political significance, the managerial ideal has declined in importance, and a hegemonic masculinity stemming in technical knowledge and expertise has gained traction. Although Connell (1993) argued that hegemonic masculinities marked by violence subsided as science became more prominent in weapons development at the peak of the Second World War, she nonetheless draws attention to the continued focus of popular culture on male aggression and dominance-based war heroes (Connell, 1993). Informed by the progression of hegemonic masculinity within Western culture over the last two centuries, Connell contested the idea that as today's society evolves (perhaps as feminist perspectives develop greater mainstream traction), the current hegemonic masculinity will be displaced (Connell, 1993), as others have been over the previous centuries.

Research in Western cultures (primarily Australia, Canada and the US) indicated that boys and men have stronger and more stereotypical beliefs regarding gender than do women, and that the social pressure on males to live the hegemonic masculinity is greater (Courtenay, 2000a; Courtenay, 2003; Evans et al., 2011). Boys are introduced to the concept of hegemonic masculinity and its 'ideal' characteristics of manhood (the stereotypical male) at a young age (Evans et al., 2011), with gender differentiation generally agreed to be observable within the first year of life (Person, 2006), and an acute understanding of ideal masculinity evident within the primary years. Social exposure, parent role modelling and the mass media, imbue the boy with a clear sense of what is expected of a man. Younger boys have been shown to experience less warmth and nurturing in their early years; have greater exposure to competitive and violent play;

and greater encouragement to be independent and suppress emotion (Courtenay, 2003; Evans et al., 2011). Exposure to social structures such as sex-segregated schooling, boys clubs and to some extent sporting organisations reinforces the notion of boys versus girls, a differentiation from femininity, and the dominant patriarchal society (Cohen, 2010). Essentially within their earliest years, boys learn to “take it like a man” (Evans et al., 2011 p.10).

Throughout the teens and early adulthood, valorisation of sexual prowess, status within groups, physical strength and risk taking demonstrate social constructs of the hegemonic ideal (Evans et al., 2011). By middle life, work provides the predominant construction of masculinity and defines both the man’s usefulness to society and status within a masculine hierarchy (Evans et al., 2011). Successful partnership and fatherhood are identified as indicators of power and status.

The older man, largely unexplored within the gender literature, is faced with the challenge of being able to sustain hegemonic masculine characteristics throughout the aging process. With a decline in physical strength, workplace status and other significant gender roles such as fatherhood, masculine identity is threatened, and the older man becomes either “invisible” (Evans et al., 2011) or a subordinated masculinity (Evans et al., 2011; Thompson, 1994). Tannenbaum and Frank (2011) noted that older men maintain a desire to uphold hegemonic masculinity, often using denial and avoidance rather than addressing the signs of aging, and exhibiting prudence in selection of how they perform masculinity (e.g. less likely to engage in a physical fight).

Unless one asserts that all men display masculinity in the same ways, the concept of multiple masculinities follows from the acceptance of the social constructivist

perspective (Connell, 1993; Smith, 2007; Dalley-Trim, 2007). Within the complexity of Western society, there is a significantly broad array of masculine expression, as each individual is impacted by different gender role models; cultural, ethnic and religious norms; and exposure to societal constructs (Person, 2006). The Western hegemonic masculinity, strongly steeped in acquisition of power and prestige, is for many men an unattainable (and one could argue, an undesirable) ideal and is not the norm (Springer & Mouzon, 2011). Nye (2005) argued that the notion of masculinity belonging to men and the societal importance of hegemonic masculinity has been significantly unhinged by progression of Western consumerist culture in which feminism has risen and acceptance of homosexuality, transsexuality, unisexual gender and cross-gender display (e.g. "butch women") has increased. Nevertheless, constructivist gender role theorists argue that pursuit of the hegemonic masculinity provides the man with greater societal resources (Migliaccio, 2009); the man will be continually judged by society against his ability to attain the hegemonic ideal; and that men who deviate from or reject this expression of manhood experience significant societal scrutiny, stigma and subordination (Connell, 1995; Connell, 2009; Evans et al., 2011; Springer & Mouzon, 2011). In many academic conceptions of multiple masculinities, those men exhibiting a non-hegemonic masculinity are relegated to a marginalised or 'alternative' status, reflecting the theoretical construct of hegemonic power, and the subordination of less than ideal masculine types throughout history. Specific non-hegemonic masculinities identified within the gender literature as subordinate, or "constantly on the offensive and the defensive" (Kenway & Fitzclarence, 1997 p.120) include gay men (Cheng, 1999; Connell, 1995; Evans et al., 2011; Person, 2006), 'nerds' (Cheng, 1999), cultural minorities (Cheng, 1999; Connell, 1995; Evans et al., 2011) and older men (Evans et al., 2011; Thompson, 1994).

Wetherell and Edley (1999) contended that Connell's social constructivist theory of masculinity does not address the question of how masculinity influences the individual daily lives of men and how conformity to hegemonic masculinity is actually observed, that is, how masculinity is reproduced. They investigated the ways in which masculinity "regulate[s] men's lives" (Wetherell & Edley, 1999 p.352) through psycho-discursive analysis of 30 interviews with Australian men (aged 20 to 64 years). In analysing accounts from men regarding their masculine selves, they established primary reflections of masculinity that men use to represent themselves (defined by the researchers as *imaginary positions*). Wetherell and Edley (1999) found that the majority of men used mixed representations of their masculinity, descriptions of which were contextually based, and they provided an analysis that suggests that mixed masculinities, representing both complicity and resistance to hegemonic masculinity, are evident within each man's reflection of his gender. Thus the concept of multiple masculinities can be seen to exist not just amongst men as a group, but within an individual's own masculine portrayal.

Kimmell (1987) offered a different perspective on modern masculinity, in a discussion outlining the impact of the rise of feminism on masculine identity. Claiming a "crisis of masculinity" (Kimmell, 1987 p.262) has emerged from the breakdown of traditional gender roles, he asserts that the contemporary hegemonic masculinity is a renewal of the male identity that has been on "endless trial" (Kimmell, 1987 p.262) throughout the nineteenth and twentieth centuries. Kimmell (1987) outlined three primarily political responses to feminism – antifeminist, masculinist and profeminist – that each describe masculinity in different ways. The antifeminist stance reflects the biological essentialist perspective in defining women's natural role as producers of children and adulating the

“inevitability of patriarchy”(Emerson, 1985 p.277) as a consequence of biological function. The masculinist perspective on men’s gender identity suggests that having been struck a blow by feminism, men exert their masculinity through direct challenge of women’s rights and embrace their natural differences rather than become androgynous. Although not explicitly stated, this masculinity is implied by Kimmell (1987) to be aggressive, dominant and powerful and reflective of the hegemonic masculinity referred to by Connell. The third perspective on contemporary masculinity arises from the profeminist stance. Kimmell (1987) portrayed the profeminist masculinity as one that seeks to move beyond men as aggressors, highlighting the equality of men and women in gender role expression (e.g. display of emotions and adopting care roles).

Campbell and Mayerfeld Bell (2000) discussed masculinity as it pertains to the rural man. They clearly define two perspectives of rural masculinity – the masculinity of men in rural locations and the notion often portrayed in the media that masculinity incorporates rural qualities (e.g. the Marlboro Man<sup>1</sup>). The concept of the invisible masculinity with respect to rural men is put forward, with the assertion that in many descriptions of the rural person (e.g. the farmer), the default use of masculine terms (e.g. ‘he’) renders the masculine unacknowledged. The invisible masculinity is similarly described by other gender theorists.

Little attention appears to be given to the acceptance of diversity in masculinity, although Connell’s definition of a hegemonic masculinity implies a range of masculinities (Campbell & Mayerfeld Bell, 2000). O’Neil (2010) advances the debate

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<sup>1</sup> An image used in tobacco advertising that portrays a “real man” as a rough, well-built cowboy engaged in horse riding, sheep herding and hard country labour, usually wielding a lasso.

on masculinity with his focus on positive healthy masculinity, a position that highlights social constructs of masculinity that are neither biologically determined nor necessarily specific to males, but rather positive human characteristics that are reflected in the man. Although O'Neil (2010) outlined objections to the usefulness of a theory of positive healthy masculinity arising from its failure to provide an adequate deconstruction of masculinity and eclipsed by a tendency to focus on universal human qualities, the perspective has promise in the advance of men's psychological and physical health. Indeed, in the 'everyday world', this may be the perspective on masculinity that the majority of men embrace, whilst acknowledging the social pressures of hegemonic masculinity. In this respect, advance of the academic perspective of positive-healthy masculinity could provide a realistic and practical model that encompasses essentialism, social role deconstruction and the human experience of manhood.

### 2.2.1 The influence of masculinity on health behaviour

At first glance, it seems evident that a poor health status would lead one to perform behaviours associated with higher levels of health literacy. It seems logical that when health status declines, one would seek out health information, access health care, and engage in lifestyle modifications in order to address signs and symptoms (Brown & Bond, 2008). However, the information presented in Section 2.1.2 regarding men's health literacy does not bear this theory out. Despite having significantly high levels of morbidity, men continue to have lower levels of access to health services (ABS, 2015), lower knowledge of health-related issues and less independence in managing their own health. Thus, health status itself does not appear to be the sole, or perhaps even a strong, associative factor for adopting positive health literacy, and the question as to why many men fail to engage in healthy behaviours emerges.

As already discussed, men display masculinity in different ways and demonstrate their “toughness” through different social performances, often influenced by factors such as culture, sexuality and socioeconomic status. What little research is available on the reasons for gender difference in health literacy suggests that the socialised notion of masculinity, including the perception that males should be self-reliant, maintain personal control, suppress emotion and that “real men” should suffer in silence, impacts adversely on health behaviour and willingness to seek health care (Galdas et al., 2005; Denner, 2009; Mansfield et al., 2003), increasing the health vulnerability of men.

When one views the health-related behaviour of men through the lens of gender constructivism, a different understanding of the poor health literacy many men display emerges. Like masculinity, health behaviours are social acts that “can be seen as a form of practice which constructs...the person in the same way other social and cultural activities do” (Saltonstall, 1993 p.12). Enacting out the hegemonic masculinity through the way in which one does (or does not) engage in health care is one way in which a man can ‘do the male gender’ (Courtenay, 2000a; Doyal, 2000; Peerson & Saunders, 2011; Mahalik et al., 2007): essentially health behaviour emerges as one way in which a male can demonstrate his masculinity.

Being in control of one’s body is powerful. To appear strong and robust the man must ‘soldier on’ and deny pain, discomfort and other signs or symptoms of illness. Ill-health is generally constructed by society as a weakness and vulnerability, and signs of illness are strongly related to concepts of powerlessness and inferiority. Concurrently, health service utilisation and positive health behaviours are frequently constructed by society as feminine (Courtenay, 2000a). Health care, which strongly implies the concepts of ministration, compassion and nurturing, is predominantly seen as the woman’s realm

and involvement in health promotion and the seeking of health care is socially constructed as a feminine trait (Courtenay, 2000a; Evans et al., 2011). Thus, the male's avoidance of preventative health behaviours and actions to preserve one's health can be seen as a direct rejection of a feminised role and an adoption of socially constructed hegemonic masculinity (Courtenay, 2000a; Connell, 1995; Emslie & Hunt, 2008; Brown & Bond, 2008; Doyal, 2000; Smith, 2007).

In fact, rejecting healthy behaviours may be a more accessible form of hegemonic masculine display for many men. Those who fail to gain social status, or are not the physically tough ideal can enact their masculinity more passively through avoidance of a socially vulnerable role, that of the sick. For those men who have been subjugated due to their alternative maleness, taking risks with health may imbibe their own sense of masculinity, for example, the homosexual who engages in unsafe sexual practice.

Risk taking behaviour is another way the man can display his masculine strength and power. Men are well known to engage in risk taking behaviour at a higher and more dangerous level than women, including extreme sports, dangerous driving practices and fighting (often with increased risk when associated with alcohol use). This gender role, while epitomising hegemonic masculinity, is detrimental to the health of men and in direct contrast to the aspirations of preventative health behaviour (Evans et al., 2011). A recent US longitudinal study conducted over a two year period with 1676 young men aged between 15 and 23 years found that those who had expressed the strongest stereotypical beliefs regarding masculinity and manhood had higher rates of risk taking behaviour, including smoking, alcohol use and high-risk sexual activity (Courtenay, 2000a; Courtenay, 2003). Similarly, an Australian study involving 253 men (mean age 32 years, recruited from an undergraduate course and men's groups) located in



metropolitan Melbourne investigating health behaviours and perceptions of masculinity established a strong correlation between high risk health behaviours and traditional masculinity beliefs (Mahalik et al., 2007). Thus, striving for the stereotype of hegemonic masculinity is shown to be associated with risking one's health.

Some commentators (Brown & Bond, 2008; Evans et al., 2011) suggest that engagement in the type of risk-taking behaviour that impacts upon one's health is age-related, with older men having a greater understanding of their health needs and less importance placed on hegemonic masculinity as they redefine the social context of their manhood over the lifespan. Statistics related to health care utilisation of older men provide some support for this theory (ABS, 2015); however, the relationship between the male's increasing service access with age and changing perceptions of masculinity has had little attention in the literature.

The emotional restraint implied in the hegemonic masculinity is another factor influencing men's lower levels of health literacy. Expressions of pain, fear and ignorance are stereotypically feminine and not socially acceptable displays of masculinity. Males are taught from early childhood that "big boys don't cry" (Mahalik et al., 2007 p. 240). In seeking to uphold their status as a man, men are more likely to be expressionless and less likely to self-disclose information pertaining to signs and symptoms of illness. Consulting a doctor regarding health concerns can be perceived as admitting to weakness, and indeed studies have found that when consulting a health professional, men disclose less information and ask fewer questions than women (Gabbard-Alley, 1995). Thus, not only does emotional restraint influence a delay in seeking health care, it also reduces the man's exposure to health-related information, for both disease prevention and its management (Courtenay, 2003; Doyal, 2000).

Despite the perception the above discussion gives that the strive to portray socially acceptable masculinity at some level places a responsibility of poor health literacy on the individual man's shoulders, the social reinforcers of men's ill-health and the barriers men face in accessing health information and services are significant contributors to the problem.

As perceptions of masculinity are influenced by the media, so too is men's poor health literacy. Courtenay (Courtenay, 2003; Courtenay, 2000b) presents a case that media portrayals of men strongly encourage negative health behaviours, with men being more likely than women to be shown in unhealthy conditions (e.g. obese) and engaging in activities risky to health (e.g. smoking, drinking alcohol, violent situations). These behaviours, presented in the light of being masculine, reinforce the notion that an unhealthy lifestyle is manly, and normalise a rejection of preventative health behaviours.

The structure of the health system itself provides barriers to the access of men to health information and health care (Victorian Government Department of Health, 2010; Courtenay, 2000a) and can be viewed as a threat to masculinity. Through a discussion on changes required to make general practice more 'man-friendly', Malcher (2006) implies that the structure of general practice, with minimal after-hours access and short-notice appointments and significant waiting times in part contributes to poor utilisation by men. For many, finding an appropriate time to attend at health care services conflicts with one of the most important masculine roles a male undertakes: his work. For others, the loss of control associated with "fitting in" to a physician's schedule is a direct threat to independence and autonomy (Tannenbaum & Frank, 2011). The perception of community health centres and waiting rooms as feminised environments (Smith, 2007),

by their very existence incorporating the notion of dependence, help-needing and inferiority, creates further barriers to men in accessing services.

It should also be noted that many health care practices are themselves a direct threat to masculinity. Removing one's clothes for physical examination (Tannenbaum & Frank, 2011) immediately encapsulates a position of inferiority and vulnerability incompatible with the notion of hegemonic masculinity. Intrusive procedures, particularly testicular and rectal examinations, are viewed by many males as a threat to both manhood and sexuality.

Gender bias from health professionals is not uncommon. Meta-analyses of research on health communication indicate that men receive less of a physician's time during a consultation than women (Courtenay, 2003; Gabbard-Alley, 1995); are less likely to be provided with extensive explanations about investigations, health conditions or information regarding preventative health behaviour (Courtenay, 2003; Gabbard-Alley, 1995; Hall et al., 1988); and are less likely to be given either encouragement to interact or positive feedback (Hall et al., 1988; Gabbard-Alley, 1995). The studies were conducted in a range of countries, health care settings and (where reported in the individual studies) included an analysis of the impact of ethnicity and age on communication from a health professional (Hall et al., 1988). However, it is unclear the degree to which inequitable attention within health consultations is related to the female's propensity to disclose and ask questions more; however, evidence from doctors indicated they may be less comfortable communicating with male patients (Gabbard-Alley, 1995; Hall et al., 1988).

Clinician gender bias is also evident in diagnostic decision-making (e.g. depression is significantly underdiagnosed in men) and medication prescription (e.g. attention deficit disorder medication is prescribed to boys 3 to 5 times more often than to girls) (Courtenay, 2003). Referral to counselling or support groups is given less often to men than women, likely due to a presumption that men do not wish to talk about their health issues (Bird & Rieker, 1999).

This discussion highlights some of the issues underpinning the poorer health of men and infers that the problems of men's health have great complexity and few simple solutions. A changing of the deeply ingrained notions of the individual regarding their gender identity and its influence on health behaviours appears to be a necessary component. Tannenbaum and Frank (2011) provide some insight into ways in which the hegemonic masculinity can be reconstructed, if not embraced, to induce men to take positive action for their health. In their sample of 48 older men (aged over 59 years) who participated in interviews, they (Tannenbaum & Frank, 2011) identified changes in men's health-related behaviours associated with aging. Although denial of signs and symptoms and reluctance to seek health care were highly evident, the inevitability of aging and associated illness required readjustment of the older man's perceptions of masculinity. For some older men, active address of their own health was incorporated into the ideals of hegemonic masculinity as an act of taking control and maintaining power. Fear of losing independence due to aging or ill-health provided sufficient impetus to address health concerns, and their new-found confidence in managing health behaviours was successfully incorporated into their gender paradigm (Tannenbaum & Frank, 2011).

### **2.3 The men's health movement and Australian health policy**

Recent worldwide recognition of gender health inequalities and failure of health care systems to address them has led to development of policies specific to the previously overlooked field of men's health. Ireland has been a leader in men's health recognition, with release of its first national men's health policy in 2009 (Holden & Vin, 2012; Richardson & Smith, 2011), and in the United Kingdom there has been recent systematic enquiry into male health care patterns to inform a national health policy (Wilkins et al., 2008). In Australia, the move towards addressing men's health has been slow, and primarily arisen from awareness within the community and gradual acknowledgement from professional groups of issues related to the health of men (Holden & Vin, 2012).

The previous discussion highlights how gender is embodied in health inequalities in Australia and Western cultures in general. One aspect of early feminism has been a focus on women's health, with early efforts arising from feminist scholarly attention to the lack of female participants in health research and the consideration of the male health state as normative (Courtenay, 2000a). The significant advance of early feminists in the realm of engendered health has led to an almost synonymous association of gender and health with women's health (Courtenay, 2000a), and as a result government response to the women's health movement has been significant (Smith, 2007). Some (Smith, 2007; Malcher, 2006) have argued that this has been to the detriment of men's health, which has experienced both minimal and slow recognition within gender studies, health sciences and in the political arena.

However, as will be explored in this section, the attention women's health has garnered from social and medical communities, health organisations and government should not be considered as primary cause for tardy address of men's health issues. In fact, the success of Australian women's health policy and programs provides a point of comparison through which one can understand the slow progress made to address men's health issues through national policy.

In contrast to the women's health movement, the contemporary men's health movement has had limited foundations from which to build. The lack of an obvious underpinning paradigm such as the general feminist crusade for equality of women that provided a natural impetus for the women's health movement has led to a men's health movement of disparate groups, with unclear goals, divergent interests and inadequate cohesion (Holden & Vin, 2012; Lumb, 2003). Unlike the women's health movement which was driven by groups with decades of experience in attaining feminist goals, those striving for address of men's health issues were relatively inexperienced in mobilising in social and political arenas (Holden & Vin, 2012; Lumb, 2003), and lacked a "broad, sustaining social movement with an underlying coherent social justice ideology" (Lumb, 2003 p.77) to drive a men's health agenda.

Three primary men's movement groups recognised as exerting influence on men's issues in Australia are the Profeminist, Mythopoetic and Fathers' Rights. In the 1970s and early 1980s Profeminist groups (such as Men Opposing Patriarchy) signalled the first emergence of an Australian men's movement. The Profeminist strand developed from men's support of feminist movement principles and, primarily as advocates for women, upholds the notion of an oppressive masculinity as described by Profeminist academic Connell. The Profeminists have declined in influence since the 1990s,

primarily due to the success of women's movement groups in their own right, and stands at the fringe of the men's movement today.

Fathers' Rights also developed in response to the women's movement; however, this strand holds that men have been oppressed and disadvantaged by women's equality, particular within the areas of family law and health. Fathers' Rights campaigns from the position that "women's conditions in society have improved at the expense of men" (Karoski, 2011 p.48).

The Mythopoetic men's movement emerged in the 1980s, also as a reaction to the feminist movement. This faction of the men's movement, strongly immersed in 'new age' philosophies and a self-help agenda, embraces biological essentialist masculinity from which it views men have been alienated through industrialisation. Robert Bly, Mythopoetic author, interpreted modern masculinity as having become either hypermasculine or overly feminine, and he identified a loss of the 'natural man' who should be in touch with his emotions (particularly with respect to other men), strengths and weaknesses (Karoski, 2011; Messner, 2000).

Karoski (Karoski, 2007; Karoski, 2011) identifies a fourth group of men prominent in Australia that he labels the Inclusives. Through discussions with men involved in the Australian men's movement, Karoski (2007) identified this consciousness-raising group that has a philosophical connection through their embrace of a holistic view of men in society. The Inclusives are men who accept the validity of the perspectives on gender of all the other men's movement strands, and seek a position of balance between the man as an individual and the man engaged in social or political processes and gendered

relationships. The group could be considered to believe in 'common humanness' (Karoski, 2007; Karoski, 2011).

The disparate views on the role of masculinity, the oppressed or otherwise status of men in society and the lack of cohesion towards a common cause hindered recognition of a men's movement in Australia, with the Sydney Morning Herald not using the term 'men's movement' until 1987 (Karoski, 2007). Likewise, a men's health movement, with a fragmented driving force, divergent interests of key stakeholders and competing definitions of precisely what men's health entails, was slow to progress (Lumb, 2003; Smith et al., 2009). In a network analysis of the development of the Australian National Male Health Policy (NMHP), Holden and Lin determined that collaborative action towards policy development was hindered by the poor connectedness of men's health interest groups and lack of sufficient momentum to gain government attention through a singular and cohesive "common voice" (Holden & Vin, 2012 p. 232), as well as divergent opinion between social groups, medical organisations and men's interest groups regarding the influence of social health determinants, biomedical factors, masculinity and gender equity on men's health status and potential strategies for its address.

However, with academic focus on men's health emerging in Australia with Connell's earlier publications (Connell, 1987; Connell, 1993); a number of men's events such as the Sydney Men's Festival; emerging analysis of men's health status (Fletcher, 1992; ABS, 1992) and increasing international focus on the health of men; the first National Men's Health Conference was held in 1995 and a draft NMHP was released by the Federal government for public comment in 1996. Without a significant movement



driving men's health policy initiatives (Holden & Vin, 2012), development of the NMHP stalled, although individual States (NSW and South Australia) forged ahead with recognitions of men's health (SA Department of Human Services, 2000; NSW Department of Health, 2001; NSW Department of Health 1998). It appears momentum was reinvigorated by medical profession advocacy groups, including the founding of GPs4Men in 2003 (Malcher, 2006). Notably, the Doctor's Reform Society of Australia (2003), Australian Medical Association (2005) and the Royal Australian College of General Practitioners (2006) released their own men's health policies (Smith et al., 2009; Richardson & Smith, 2011), and in 2010, following a Senate Select Committee meeting at which key stakeholders gave input, the first NMHP was released (Holden & Vin, 2012).

The NMHP identified six key priority areas: optimal male health outcomes, health equity between different groups of males, improved male health at all life stages, preventative health, the importance of developing an evidence base on male health and improved access of men to health services. The policy has received much debate in the literature, with protagonists criticising the lack of a clear definition of men's health (Richardson & Smith, 2011), failure to address the issue of masculinities (and specifically hegemonic masculinity), lack of timeframes in which initiatives will be achieved (Richardson & Smith, 2011), and lack of central coordination of initiatives (Richardson & Smith, 2011). However, the NMHP's acknowledgement of men's health as an issue for address, embrace of equity of health service access and promotion of health education and preventative services for men addresses key priorities of men's movement groups (Karoski, 2011; Richardson & Smith, 2011), and with a commitment

of \$16.7 million to support its implementation, it is a platform from which address of men's health can progress.

One of the key initiatives included in Australia's NMHP has been the support of men's sheds and recognition of their role in promoting men's psychosocial and physical health. The commitment of a pool of funding for men's sheds provides high profile recognition of the contribution men's sheds make to men's health promotion (Department of Health and Ageing, Australian Government [DOHA], 2010).

This chapter has explored the background of men's health in Australia and the important notion of masculinity that influences the ways in which men perceive themselves and their gender. I have presented previous literature that explores men's engagement with their health, and the way hegemonic masculinity influences both men's health status. In Chapter Three, in a discussion of the research methods, I will introduce two additional theoretical perspectives that I have used in conjunction with Connell's feminist perspectives to underpin the research, social network theory and socio-geographic theories of health.

## **CHAPTER THREE: RESEARCH METHODOLOGY**

In this chapter I focus on the methodology and methods used to construct the four in-depth case studies set in Australian urban and rural men's sheds. I commence with a discussion of the theoretical framework that underpins the research: feminist theory of masculinity (as discussed in the chapter two), socio-geographic theories of health, and social network theory and present a conceptual diagram illustrating the interplay between these underpinning constructs. I present the mixed methods approach I used in my exploration of men's sheds and their influence on men's health that combined qualitative research methods with social network analysis. In Section 3.3 I discuss the research setting and the individuals who participated in the research. Section 3.4 outlines the data collection methods and specific tools used to collect information about the men's perceptions of their masculinity, social networks and support they receive from their social networks to promote engagement with their own health. Data analysis strategies are presented in Section 3.5. I conclude this chapter with reflection on my role as a researcher and the influence of my background and perceptions on the data collection and analysis.

### **3.1 Theoretical framework and methodology**

The research project was approached from a social constructionist epistemological paradigm. A constructionist perspective views knowledge and reality as being created within one's mind, and social constructionism recognises the influence of the world around an individual in creating his or her reality (Andrews, 2012). From a social constructionist perspective, society is as an objective reality that is subjectively experienced by a person, creating meaning that contributes to the way in which that

person experiences the world. The premise of the social constructionist epistemology underpinning this research is that the social world in which an individual is immersed contributes to both the reality that he constructs and to the underlying subjective meaning of his experience. Social constructionism emphasises the influence of social experience – the places where one spends time (for example, the men’s shed), one’s social network (for example, one’s friendships), local culture and personal context (for example, masculinity) – on the individual. Thus, in conducting the analysis I sought to establish how the social experience of being in the men’s shed influenced the man’s construct of himself, his friendships and his health behaviour. As shown in Figure 3.1, several theoretical perspectives underpinned the research.

Figure 3.1 Theoretical framework and methods

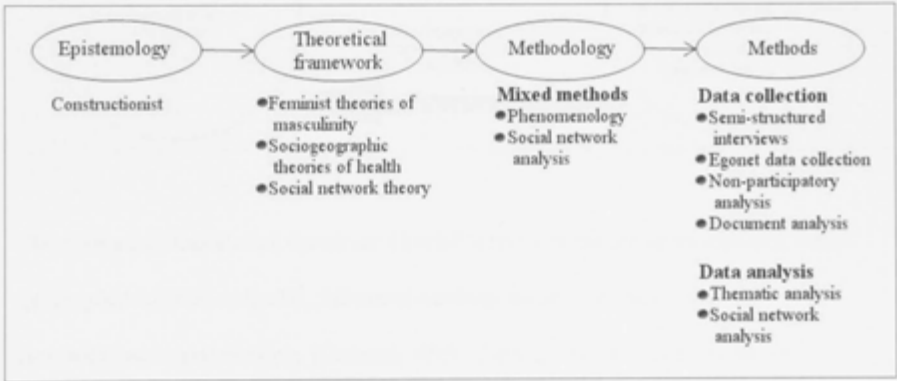
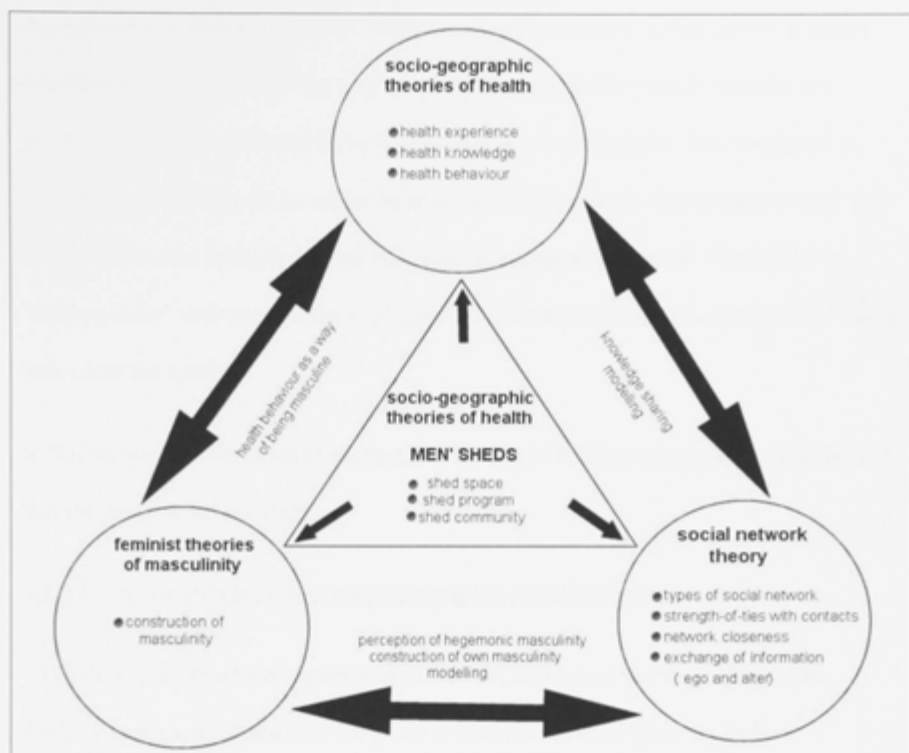


Figure 3.2 illustrates the conceptual framework I developed to describe the phenomena of interest to this thesis and the underpinning theoretical perspectives being used for its exploration and interpretation.

Figure 3.2 Conceptual framework



The theoretical framework draws on: Connell's feminist theory of masculinity, socio-geographic theories of health, and social network theory. Connell's social constructionist gender theory (Connell, 1995; Connell, 2012) focuses on the role masculinity plays in the lives, actions and identity of men to frame the influence of the men's shed on the man's life, social network and health. As discussed in Chapter Two, the way in which a man constructs his masculinity appears to have a powerful influence on both his relationships with other men and the ways in which he addresses his health. The men's shed was construed as a space in which physical and social cues influence the locally constructed masculinity that the men in that space adopt as the norm.

Connell's gender theory (Connell, 1995; Connell, 2012) underpinned my interpretation of the meanings men gave to their interactions within the men's shed and their health knowledge and behaviour. The way in which the man socially constructed his own gender performance, influenced by his perceptions of masculinity, was conceived as underpinning the ways in which he interacts in both the men's shed social network and his broader social network, as well the ways he addresses his health. The notion of "doing gender" underpinned the exploration of the way in which attending a men's shed influences his health.

In this section, I address socio-geographic theories of health and social network theories that the research draws upon.

### 3.1.1 Every man has his place: socio-geographic theories of health

Place is a space in which phenomena impact the individual (Smith & Winchester, 1998). Place encapsulates both the physical constraints of the space, as well as conceptual spaces that exist within it, including social interaction. The act of being within a place influences the construction of one's identity, including the behaviours that are acted as a social portrayal of oneself (Smith & Winchester, 1998). In a study on the construction of masculinity in space, Smith and Winchester (1998) argue that men constantly recreate their masculine selves in response to the different contextual spaces in which they engage.

The space in which one exists impacts both physical and psychosocial health. In their study on inequalities in health associated with place, Bolam et al. (2006) detail the direct physical health impacts of spaces, including exposure to pollution, physical dangers and availability of safe recreational areas. Their study also identified how

people construct their health as related to the subjective experience of the physical space in which they interact, including its spaciousness and physical appeal (Bolam et al., 2006).

#### *3.1.1.1 Social experience in space*

Beyond the experience of the physical space of a specific place, contemporary socio-geographical theories outline the influence on health of cultural and social interaction that occurs within a place. Place-identity is a

collective construction, produced and modified through human dialogue, that allows people to make sense of their locatedness (Dixon & Durrheim, 2000, p.40).

Thus said, place is undeniably crucial to the social identity theory proposed by Tajfel and Turner (1979). If social identity is constructed through one's interactions and experiences within their social network, places where an individual participates in their community provide the context through which this social engagement is mediated (Tajfel & Turner, 1979). Defining places in which individuals act out their social identity as *locales*, Giddens (1984) identified prominent and influential places on personal identity as being home, work and school; however other places important to the individual may provide a no less significant influence on identity and its portrayal (Giddens, 1984; Curtis & Jones, 1998).

#### *3.1.1.2 Space and the experience of being a man*

Places provide arenas in which men enact their masculine identity (Smith & Winchester, 1998). In the context of social-geography on masculine constructs, Connell (1995) describes the work-place as historically being a space where the man displays traits of hegemonic masculinity through choice of work, independence, providing for

the family, work habits and social networks. She outlines the historically changing workspace as influencing the hegemonic masculinity of the culture, for example in technological workplaces higher education and technical skill embody the masculine ideal rather than physical strength (Connell, 1995).

Recognising the social and cultural influence of the place on the way men express and experience (or 'do') their gender (Berg & Longhurst, 2003), recent socio-geographical studies have investigated the various constructs of masculinity in specific places, including the nature of masculinity in various countries (Ni Laoire, 2002; Myers, 2002), rural communities (Campbell & Mayerfeld Bell, 2000; Liepins, 2000; Bell, 2000) and local communities (e.g. neighbourhoods). Others have investigated masculinity in specific organisational settings including volunteer organisations (Hopkins, 2000); the military (Woodward, 1998); the police (Herbert, 2001); and within schools (Dalley-Trim, 2007). Smith and Winchester (1998) highlighted the role of men's spaces in forming social identity, where men meet in groups. For the male participants from eight men's groups, the meeting with other men in a place safe from power struggles in which masculinity is negotiated (e.g. the work and home place) provided opportunity to construct their personal identity with support from other men. The men's space provided not only social network support, but a physical space separate from traditional places in which the man engages in power negotiation.

### *3.1.1.3 Space and health*

Recent developments in socio-geographic concepts of health have focused on the influence of place on public and population health. While initially evolving from concerns with public risk and modelling environment and health interactions, social geographers have expanded the interest in place as it relates to public health through



exploration of concepts such as inclusivity in place, equality of health service distribution, and impact of health policy in specific places (Kearns & Moon, 2002).

Of particular relevance to this thesis are socio-geographic explorations of health conducted on the local level. Numerous health-related studies underpinned by social geography have explored the impact on health and wellbeing of local neighbourhoods and the communities within them using both qualitative and quantitative research methods.

Neighbourhood effects [on wellbeing] suggest an impact of place on people's characteristics and behaviours beyond that expected from individual and family characteristics (Holland et al., 2010, p. 3).

Mowbray et al. (2007) outlined the contribution of social geographic theories of health in identifying protective health behaviours that emerge from community resources and relationships one has within those communities. Numerous studies have explored health from this perspective, identifying community factors that protect individuals from negative health experience, for example post-traumatic stress disorder and drug addiction. Aspects identified within specific neighbourhoods, including role modelling, intergenerational cohesion, exposure to specific behaviours and opportunity to spontaneously interact with others have all been identified as geographic variables that can impact an individual's health and health behaviour (Holland et al., 2010).

Previous social geographers have explored the specific impact of one's experience of a defined place on his health, including locales and neighbourhoods, homes and the wider context of countries (Curtis & Jones, 1998; Bolam et al., 2006).

It is not just the physical characteristics of the spaces in which people live, but also how they feel about, identify with and act in their place of residence that affects their health (Bolam et al., 2006, p. 400).

In this research I explored how men experience the contextual space of a specific social place for men, in terms of the activities and the social networks in which they engage at the shed, and how these aspects of being in this place influence their health.

### 3.1.2 A shoulder to lean on: social network theory

The final methodological approach used in this thesis is social network theory. Every individual has a social network – a fabric of connections with other individuals (e.g. family, friends, work colleagues and organisation members) that evolves over time (Sluzki, 2000). Social network theory is a means of explaining the workings of people interacting with one another within these groups or network. Specifically, social network theory is concerned with the characterisation of and identification of constructions within a network as a whole.

Social network theory is underpinned by the assumption that, as personal interactions, ties between people in a social network are characterised by a flow of social content, such as information, social support and normative behaviours. Interactions between people in a network, as a social performance, enable the flow of relationship content. This premise is compatible with a social constructionist epistemology that suggests individuals construct and interpret meaning, identity and behaviour from and within the social environments in which they live and interact (Chia & Foo, 2006; Lind et al., 1998; Bosco, 2001). When looking at the content of relations between inter-connected individuals, social network theory often borrows from social capital theory, which outlines how resources accessible within personal interactions (e.g. information,

assistance) impact on the behaviours of individuals, as they seek to meet their personal needs within their social network.

The social network approach is grounded in the intuitive notion that the patterning of social ties in which actors are embedded has important consequences for those actors (Freeman, 2004, p.2).

Thus, one of the central concepts for social network theory is that people are provided with opportunities or constraints on their behaviours through their entrenchment in a social web of interaction with others (Brass et al., 2004).

Theories of social networks suggest that specific components of the social network are intrinsic to the function of the network. These characteristics include the type of social network and its composition, aspects of the relationships between the people making up the network and the type of content (e.g. information, social support) that flows within the network (Borgatti et al., 2009; Schultz-Jones, 2009).

Social network theory identifies different types of networks in which a person interacts and exchanges social capital. A personal, or ego-centric social network is one in which a specific individual is the focus, with the network consisting of those people immediately connected to the individual. Socio-centric networks, or organisational networks, are social networks that are closed; that is, they have specific boundaries and are contained within a known place, for example all people within a given organisation. An open-system network is one with unclear boundaries, for example a global network of organisations (Borgatti et al., 2009).

Numerous characteristics influence actual connections between individuals within the network. For example, the strength-of-tie, or level of closeness, between individuals is identified as significant to

the overall connectedness of actors in an environment and the likelihood that information will flow from one actor to another (Haythornthwaite, 1996, p.327).

Some social network theories define relationships based on type of interaction the actors within have with one another – either expressive ties (interaction based on personal commitment between people) or instrumental ties (interaction based on achieving a mutual goal). Various research supports social network theories that suggest expressive ties lead to stronger social network links, multi-directional flow of relational content and greater readiness of actors to exchange information (Chia & Foo, 2006; Reagans & McEvily, 2003; Krackhardt, 1992).

Brass et al. (2004) detail characteristics of interpersonal networks that influence interactions and flow of social capital. They identify individual similarities, personalities, proximity to each other with respect to mutual goals, and the influence of the environment, or place in which the network exists. Social network analysis is conducted by researchers attempting to understand network factors that influence a specific network, and the influence of these factors on the function and success (or otherwise) of a social network in meeting the individual's or the organisation's needs.

It is well-established that social networks have a significant role in the spread of health-related concepts. Beyond the well-known phenomenon of bacteria spread, social network research has emerged as an important tool in understanding the spread of chronic disease (for example obesity), mood, substance abuse, behaviour change, and

health-related social capital. Christakis and Fowler (2007) analysed the spread of obesity over 32 years in a large and densely inter-connected social network of participants in the Framingham Heart Study. Their data indicated that obesity spread from person to person within the social network in a way that could not be described by selective formation of friendships among people who were overweight. Their proposition that obesity is to some extent spread by social peers adapting similar health-related behavioural patterns (for example, exercise and dietary habits; Christakis & Fowler, 2010) has since been supported by further research on the spread of health behaviours through peer networks (de la Haye et al., 2010; Leahey et al., 2010). Most recently, Hill et al. (2015) used social network analysis to explore the spread of moods in a school-based network of adolescents. The research team established a contagious effect of healthy (but not negative) moods that they proposed spread through personal interaction, unconscious mimicry and rapport building. They proposed the lack of network spread of negative mood as related to the social withdrawal that is often associated with depression (Hill et al. 2015). This previous research provides support for exploring the influence of a social network such as that embedded in a men's shed on health and health-related behaviours.

#### *3.1.2.1 Social networks and men's health*

Substantial research has been conducted in a wide variety of settings that suggests an individual's social network has a significant implications for health and wellbeing (Sluzki, 2000). A seminal Australian paper found that stronger social networks were a marginally significant predictor of ten year survival in adults aged over 70 years (Giles et al., 2005), and international studies (Welin et al., 1992; Orth-Gomer & J., 1987; Kaplan et al., 1988; Welin et al., 1985) have determined that low levels of friendship or

social participation are associated with low self-perceived health ratings, increased mortality risk and a general increase in morbidity.

Social networks appear to inter-relate with health in a variety of ways. It may be that those who have poor health experience greater isolation; that is, those with poorer health engage in social ties less often, perhaps due to physical or psychological illness.

However, some research indicates that ties of a friendship type in themselves serve health-preserving functions, influencing health literacy and providing impetus to engage in health behaviours through knowledge transfer, role modelling, and psychosocial support (Giles et al., 2005; Kandrack et al., 1991; Brown & Bond, 2008). Those researchers who have investigated social networks and their influence on health from a gender perspective identify differences have generally contrasted male ego-centric social networks with that of females and identified some differences in the size, and content flow of the social networks. For example, Kandrack et al. (1991) found that Canadian women have larger social networks than men, and that women were more inclined to rely on their friends to discuss health issues. While Kandrack et al. (1991) found no differences between men and women in the significance on health of the relationships with siblings, parents, neighbours or co-workers, Brown and Bond (2008) found that familial relationships provide men with greater support than any other social interactions they may have.

The influences women in a man's social network have on his health are well-researched. In general, married men are shown to have better health than never married or divorced men (Koball et al., 2010; Staehelin et al., 2012; Wong & Waite, 2015). Wong and Waite (2015) discuss various physiological indicators of health (for example C-reactive protein and cardiovascular risk) for which married men demonstrate better profiles than

non-married men. Being married protects against negative psychological states associated with declining health associated with aging. However, Wong and Waite (2015) also discuss the influence of the quality of the marital relationship, and suggest that health benefits are more likely to be conferred when the marriage, including the sexual relationship, is strong.

### *3.1.2.2 Social networks and masculinity*

As we have seen, maleness impacts upon health status and masculinity has a powerful influence on the health behaviour of men. So too, the performance of masculinity can be seen as a mediating factor in the same-gender social networks of men; interacting being another way in which men “do gender”. Specifically, the way in which a man interacts with other men is not simply a result of being a man, but a component of the way in which he expresses his masculinity. Relating to the social network theory of Brass et al. (2004), masculinity may be a component of a man’s personality that influences the way in which he engages in friendships and exchanges social capital within his social network. Similarity with respect to perceptions of and portrayal of masculinity could influence the structure and function of a man’s social network.

The concept of (non-sexual) friendship is strongly gendered and can be seen as socially perceived by characteristics traditionally associated with the feminine. Commentary on the way masculinity influences the social networks of men – how to ‘do friendship’ – has highlighted the content of men’s social ties and the acceptable ways they perceive a man should interact (Greif, 2009).

Close friendships are often described as intimate and deep and this is perceived to be built on emotional attachment, self-disclosure, loyalty, frank communication and

nurturing. This perception of friendships fails to reflect the often different ways in which friendship between men is defined and performed and the way in which friendships can develop differently as a consequence of performing gender. In a qualitative investigation into the friendships of White, middle-aged men, Levy (2005) found that hegemonic complicity was the most influential variable in the types of same-gender social networks that men engage in.

As previously discussed, the hegemonic masculinity is exemplified by physical and emotional stoicism, control, dominance and mediating one's expression. The traditional perception of a friendship tie can therefore be perceived as a threat to masculinity, as the hegemonic man may seek to avoid performances that could be construed as feminine. Same-gender friendships ties between men may have a lower level of emotionally expressive content than the traditional notion of intimate friendship; however intimacy in these friendships should not be perceived as absent, but rather, performed in different ways. Male friendships are often instrumental ties, based on "the closeness of doing" (Migliaccio, 2009 p.229); and engaging in activities alongside each other. As men pursue hegemonic masculinity, these activities may reflect traditionally manliness, for example sports, physical labour or drinking. Migliaccio (2009) asserts that where a man's friendship ties are strongly characterised by masculine activities, and the man does not feel a threat to his masculinity, he becomes more able to engage in expressive ties and display aspects of friendship aligned with femininity such as expression and self-disclosure. Thus a close male friendship is a balance between an instrumental tie (performing masculinity alongside) and an expressive tie (Migliaccio, 2009).

Levy (2005) highlights that men often form friendships in groups in which there is no specificity between members, but rather, each group participant is a 'generalised



buddy'. Referring to this type of same-gender relationship as comradeship, Levy (2005) maintains that activity remains an essential component of the interaction while suggesting that this activity may be more interactive than the parallel activities on which one-one friendships are often based. Traditional intimacy is replaced by the intimacy of simultaneous activity and experience, and threats to masculinity are lower in the communal environment of group friendship, and Levy (2005) argues that a social network consisting primarily of instrumental 'comradeship' ties is a preferred network for men with more conservative views of masculinity.

### **3.2 Research methods**

This research was undertaken using a mixed methods approach, combining qualitative phenomenological methodology with social network analysis (SNA) to examine the influence that men's sheds play in building the health of Australian men.

Social constructionism emphasises the influence of social experience – places where one spends time, one's social network, local culture and personal context – on the individual. However, the phenomenon under investigation in this research, that is, the relationship between attending a men's shed, the social networks a man establishes in the men's shed and the influence these may have on aspects of the man's health behaviour, is a highly subjective and personal experience. Although this experience is influenced by broader societal notions of masculinity, acting within the men's shed space gives rise to a specific personal identity and meaning through which the man makes sense of his experience and behaviours, and develops his sense of self.

Phenomenology is the study of the lived experiences of people (O'Leary, 2005). As argued by Husserl, one of the fathers of phenomenological philosophy, people can only

have reliable certainty about the world around them through their personal experience and consciousness (Groenewald, 2004). The meanings and characterisation the individual gives to their experiences and the social actions that embody these experiences arise from that person's consciousness, and thus that person's reality can be considered a concrete phenomena (Groenewald, 2004; Fouche, 1993).

Phenomenological studies explore the conscious ways in which people both passively and actively live their experiences within different contexts and attempt to identify shared experience amongst individuals. This research draws on a phenomenological methodology in its exploration of the meaning that men give to their experience of being a man in the men's shed.

Social network analysis (SNA) is the study of the relationships between people and the role those relationships play in a person's life. Social network analysis generally applies quantitative analysis techniques to data that describe the structure of interpersonal relationships and the exchange of capital (e.g. information, support or resources) between individuals in the social network (Hawe et al., 2004).

There are two distinct approaches to SNA — the whole network approach, which seeks to analyse the full network of relationships existing within a defined space (e.g. the connections between every person attending a school) and the personal network approach, also referred to as ego networks or egonets (Edwards, 2010).

This research was undertaken using egonet SNA methods. An egonet is a social or personal network defined from the perspective of one person (known in SNA as an ego). The technique involves identifying the people with whom the ego associates (known as alters) and mapping the alters' relationships with the ego, from the ego's

perspective. In a traditional egonet, the technique would also include mapping relationships between the alters in the network, as identified by the ego (Hawe et al., 2004). In plain language, an egonet is a diagram that represents the relationships a person has with other people (e.g. friends) and the connections that the person identifies his or her friends have with one another.

In my preliminary investigation of the function of men's sheds in the Australian community, the objective of providing support networks for older men was evident. The men's shed movement aims to maximise the health of older men through the provision of opportunity for activity, social engagement and improved knowledge and skills. The adoption of egonet analysis as an approach to exploring the research questions reflects the pivotal role of social networks within a men's shed. By using egonet methods, I sought to explore the ways in which each man's social network contributed to his health and health-related behaviour. Thus, the egonet analysis I conducted was focused on the social connections of each participant, and the provision of health-related support he received from his social network, including the men at the men's shed with whom he had established relationships. Specific types of health-related support I explored in the egonet analysis included tangible support, information and emotional support and social interaction. These forms of social capital were identified as being associated with the objectives of the men's shed movement, and likely to be factors that could influence a men's health and his health-related engagement. Further, the way in which the man's social engagement was associated with his display of masculinity was also a subject of exploration in this research (for example, the gender of the people with whom he engaged and nominated as close contacts).

### 3.2.1 Mixed methods approach

Social network analysis offers an innovative research method through which quantitative evaluation of the structure of a person's interactive social network is made. A formal quantitative method toward SNA simplifies social relations and enables a systematic and precise evaluation and comparison of the relationship structure that supports an ego. Combined with statistical methods, SNA provides both visual and mathematical evaluation and quantification of an egonet map and characteristics of the social network, such as its size and cohesion (Edwards, 2010). Presentation of quantitative network data has a distinct role in helping the researcher detect patterns and identify relations between variables that may not clearly emerge from a verbal description.

However, a quantitative social network analysis does reduce a network's characteristics to numbers. Often these characteristics are stripped down to simple binary categories of present or absent, and all nuance of the social network in which the ego is embedded is lost. Thus, in isolation, a purely quantitative approach to SNA can limit the conception of rich, descriptive and subjective phenomena that arguably represents the very essence of a social network.

Network structure is not the whole story...and for that reason we need to supplement methods of formal network analysis with qualitative observations about what is 'going on' within a network. (Crossley, 2010, p.20)

A qualitative approach to social network analysis, in which data collection is embedded in interview techniques that delve into the personal meaning and interpretation of one's social connections, produces a rich description of the way in which people experience their networks. Qualitative methods provide another side of the story, a personal context

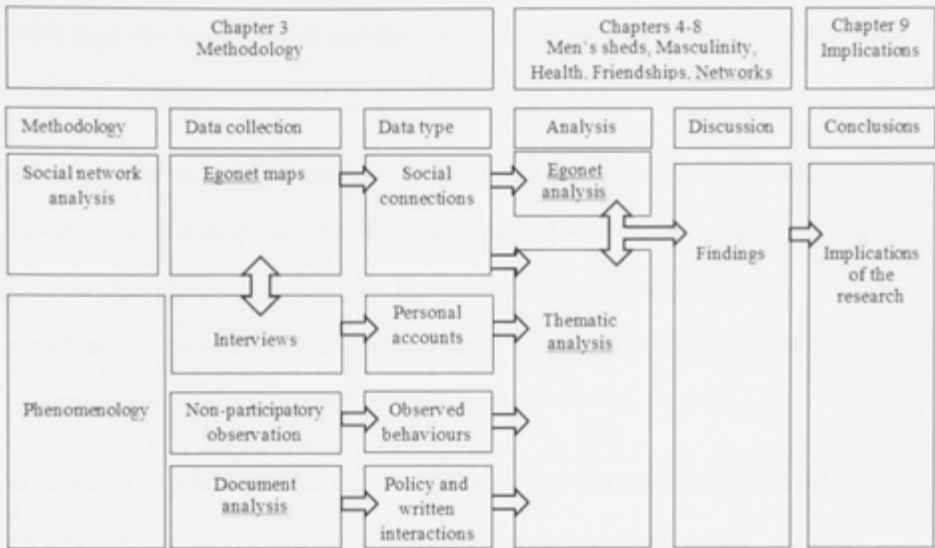
of the network information that cannot be fully translated to a mathematical construct (Edwards, 2010). Combining both qualitative and quantitative methods in a mixed methods approach therefore capitalises on the strengths of both these methodologies, and overcomes many of the limitations of each strategy used in isolation.

The integration of data collected using a mixed methods approach allowed me to understand the experience of men participating in the men's shed, and the influence this had on their experience of masculinity, their social networks and their health-related behaviours. I integrated the different research methods throughout the data collection and analysis processes (see Figure 3.3). The collection of interview and egonet data in parallel added depth and richness to both forms of data. The process of completing the egonets as a component of the interview clarified and expanded the information the participants provided about their social networks, and the types of assistance members of their networks provided. While completing the egonets, interviewees often reflected on the ways in which they engaged with members of their social network. Discussion of their perceptions on the masculinities displayed by their social peers while completing the egonets added additional meaning to the responses men gave to the interview questions about how they defined masculinities.

The data collected through non-participatory observation and analysis of the small number of documents available was integrated into the thematic analysis, particularly in addressing the ways in which men's sheds influenced health and health-related behaviours. Document analysis and participation in education seminars gave me a firm understanding of the types of information to which men were exposed, and their level of participation in health-related activities in the men's shed. Document analysis added greater meaning to the egonet and interview data related to support networks, and was

fundamental in unravelling some of the inconsistencies noted in the way men perceived the men’s shed as a network of support and their own roles in that network.

*Figure 3.3: Integration of research methods and data*



### 3.2.3 Ethical considerations

The research received ethics approval from the Australian National University (ANU) Human Research Ethics Committee.

Recruitment of specific men’s sheds as settings for the research was conducted through a direct invitation to the primary contact person at each men’s shed via email or postal letter. Only men’s sheds for which the primary contact person responded to my direct invitation were visited. Before undertaking any field research I discussed the purpose of the research and the ways in which it would be undertaken with the primary contact

person and, for most participating men's sheds, made an introductory presentation to the men's shed committee. Strategies for maintaining confidentiality, particularly with respect to access to private interview spaces were discussed. As will be discussed in the Section 3.3, these recruitment strategies not only ensured voluntary participation of men's shed sites in the research, but also promoted trust between the researcher and research participants.

Initially, the research was planned for two men's sheds; however, the nature of the information revealed in some of the interviews, particularly with respect to masculinity and sexuality, was especially sensitive. In order to increase the anonymity of participants, I increased the setting of the research to two men's sheds in each of the geographic regions (i.e. a total of four men's sheds).

At each men's shed information was available regarding my research through a public introduction from the primary contact person and/or shed president, posters around the shed and information sheets made available next to the sign-in register. Consistent with ANU ethics, I did not directly approach attendees at the men's shed and invite their participation in the research. Men were able to register interest in participating through approaching me in the shed or by email or telephone, or by leaving their contact details with the primary contact person. In this way, research participants made an active decision to engage with the research and remained free from obligation to participate. I responded to all men who approached me regarding their potential participation in the research, ensuring that all interested parties were given full and fair opportunity to engage if they so desired.

Before commencing interviews, participants were provided with a detailed information sheet about the interview process, including the topics that would be discussed, and the way in which their information would be managed and stored. Participants were assured that if they chose to participate they were free to withdraw at any time, including after the interview had been conducted. Participants completed a signed consent form before commencing the interview. In some interviews the interviewee became emotional when discussing their story, and in these instances I was careful to ensure the man was happy to continue the interview before proceeding with the discussion. Counselling services were available to men who felt a need for additional support following an interview, but were not required by any participants.

All interviews were audio recorded with the participants consent and were transcribed. At the end of each interview the egonet board was photographed using a digital camera with the man's consent and the data was transcribed. At the time of transcription, participants were given an alias that was used in all connection to the data (for example, file names, egonet names, transcribed text and for quotes throughout this thesis). Additionally, names used during interviews were changed during transcribing, with the assigned alias used for other interviewees, or codes used for other people (for example, family members). Recorded interviews were deleted following transcription. In Chapter 4 interviewee data is linked to the men's shed site. In order to prevent alias names being associated with specific men's shed sites, I have chosen not to provide an alias for quotes used in Chapter 4. These strategies prompted confidentiality of the participants, which was of particular importance given the sensitive nature of the topics discussed by some research participants.



### **3.3 Research participants**

#### 3.3.1 Research setting

The research was set within men's sheds in the Australian Capital Territory (ACT) and New South Wales (NSW) regions in Australia.

In order to investigate the influence of the setting of the men's shed on men's health the research was conducted in sheds located in urban and rural locations. Theories of multiple masculinities suggest that there are many ways in which a man "does" being a man, and Connell's theoretical perspective (Connell, 1987; Connell, 1995; Connell, 2012) suggests that the man's social environment, that is, the local and global culture of which he is a part, impacts upon how he negotiates and construes his own masculinity.

Previous research suggests that hegemonic masculinity is perceived and performed differently in different cultural settings, and the special case of being men in rural locations has been highlighted as particularly relevant to the classic hegemonic masculinity of being tough, being a fighter and surviving in isolation. Thus, selecting sheds in both urban and rural locations was intended to provide insight into ways in which men in different geographic settings identify and enact their masculinity, the ways in which this manifests in the social network and the resulting influence on health.

Participant men's sheds were selected based on purposive, convenience sampling.

Sheds in convenient locations, in urban and rural locations and that had both large and small memberships were invited to participate in the research. Initial approach was made via email and/or letters, with follow-up phone calls to the designated community contact person at each men's shed to determine the interest of committee members in

participating in the research. Men's sheds with a responsive committee that consented to participate in the research were selected for inclusion.

### 3.3.2 Interview participants

Interviews were conducted with a convenience sample of self-selected, consenting male attendees at the participating men's sheds. Within each shed, interviewees were those men who volunteered and approached me with an expression of interest after hearing about the research. All men who expressed direct interest in participating were interviewed during the full research period (i.e. I returned to the men's sheds after my initial non-participatory observation period to conduct interviews with men who contacted me many months after I had been in that men's shed).

At all sheds the committee formally introduced me to the membership and a brief presentation was given on the purpose of the research. Men were also made aware of the research through posters and information sheets at the men's sheds. The committees at each men's shed facilitated informing the men of my research through advertisements in their newsletters and via their information email lists. Word-of-mouth was also important in generating interest in the research in each of the sheds.

Additionally, I invited key informants within each of the men's sheds including men who held leadership roles (e.g. shed co-ordinator and committee members) and men who had taken key roles in the establishment of the shed to participate in an interview and/or provide information on the history of the men's shed.

I expected that men attending a men's shed would provide rich data on their health experiences and the influence that attending the men's shed had on their health. A

previous survey (Golding & Harvey, 2006; Golding, 2008) indicated that almost 90% of men attending a men's shed are aged over 45 years, and 67% are over 65 years of age (Golding & Harvey, 2006; Golding, 2008). In addition, the same survey found that in the previous five years before attending a men's shed, 45% of men had experienced a major health crisis, 30% had experienced a new impairment or disability and the majority had experienced a life changing event known to impact upon mental health including retirement, unemployment, marriage/family breakdown or financial crisis (Golding, 2006). I therefore anticipated that men at men's sheds would have considered their health and their masculinity as their evolving life circumstances and the ageing experience influenced their self-identity. As detailed throughout the results, my expectation was not disappointed. Interviews were extensive in length and breadth, with many of the participants discussing extremely personal health and life experiences, as well as circumstances that were intensely confronting to their masculinity.

Thirty-two men participated in interviews, 20 from urban men's sheds and 12 from rural men's sheds (see Table 3.1). The mean age of participants was 71 years (range 48 to 87 years), which was consistent with the findings reported by Golding (Golding & Harvey, 2006; Golding, 2008) regarding the demographics of men's sheds attendees.

Participants had attended their men's shed for a mean duration of 33.3 months.

*Table 3.1 Interview participant demographic characteristics*

location	number of interviewees	mean age (years)	age range (years)	mean duration attending shed (months)
urban	20	73.05	53 — 87	34.30
rural	12	68.42	48 — 87	31.75
<b>total</b>	<b>32</b>	<b>71.31</b>	<b>48 — 87</b>	<b>33.34</b>

Interviewees were primarily retired men, although three men were in part time employment and three were in full time employment. Men remaining in employment were equally distributed between rural and urban locations. The men had a wide range of career backgrounds, from blue collar labourers to international professional careers, and these employment backgrounds were similar between locations. The men participating in interviews came from a diverse range of cultural backgrounds, and cultural diversity was also evident within most of the men's sheds. Five participants had immigrated to Australia as independent adults and two participants had immigrated as children.

The majority (87.5%) of the men were either married or in a long term relationship with a female significant other. One participant had never been married, one participant was divorced and had not entered a new relationship and two participants were widowers who had not entered new relationships.

All the participants openly identified as heterosexual while in the men's shed; however, in interviews two participants discussed the challenges they had experienced regarding their sexuality throughout their lifespan and implied previous homosexual relations. The influence of sexuality on the man's self-perception of his masculinity is discussed in Chapter Five.

### **3.4 Data collection**

Data collection consisted of semi-structured interviews, non-participatory observation and document analysis. The semi-structured interviews incorporated the use of two previously developed questionnaires, the Male Role Attitudes Scale and the Medical

Outcomes Study Social Support Survey, as well as collection of egonet data using a specially designed interactive white board.

### 3.4.1 Data collection questionnaires

The literature reports more than a dozen different validated scales that measure different attitudes toward, or components of masculinity, primarily developed in the 1980s and early 1990s. The Male Role Attitudes Scale (MRAS; see Appendix 1) is used to evaluate the man's attitude toward the stereotypical hegemonic masculinity construct in Western culture, as discussed in Chapter Two. In particular it addresses male status, toughness and anti-femininity (not to be confused with being anti-woman). The scale was adapted by Pleck et al. (1993) from the 110-item Brannon Masculinity Scale (Brannon, 1985). The scale was validated in a study of almost 2,000 men and has moderate internal reliability ( $\alpha = 0.56$ ).

Although the reliability is lower than many other masculinity scales, I selected this scale because, unlike other validated scales addressing masculinity, the MRAS:

- has a small number of items and can be completed quickly,
- does not compare the genders or measure attitudes toward women, and
- does not measure gender orientation.

I further adapted the scale by adding two items that specifically refer to health and older age and, after trialling the tool in preliminary interviews, adjusted the wording of two of the original items.

Each item on the MRAS has responses on a four-point Likert scale indicating level of agreement with the item ('agree a lot', 'agree', 'disagree', and 'disagree a lot'). In

interviews, I delivered the items verbally and respondents indicated their level of agreement. A visual representation of the four-point scale was placed on the table to remind the interviewee of the responses. Additionally, respondents were encouraged to discuss each item on the scale to further elucidate their perceptions of masculinity.

The Medical Outcomes Study (MOS) Social Support Survey is designed to measure the health-associated support that people may obtain from their major social relationships. The original survey was designed with 20 items that cover tangible support, affection, positive social interaction and information and emotional support (Sherbourne & Stewart, 1991). A more recently published updated version contains 19 items (RAND Health, 2015a). The survey tool focuses on the perceived availability of support rather than its adequacy. The original version of the survey was validated in a sample of almost 3,000 US participants ranging in age from 18 to 98 years (Sherbourne & Stewart, 1991).

For use in my interviews I adapted the original version to include additional statements regarding health-associated support that addressed tangible support, information and emotional support and social interaction that a man may seek from other men. Items were developed with consideration to the background literature on the services provided by men's sheds (see Chapter Four) and men's health determinants (see Chapter Two). For example, additional items I added to the survey included 'someone who shows you how to be healthy' and 'someone who shares information about their own health or health problems with you' to represent the role-modelling aspect of health support that a men's shed environment could provide. To prevent the adapted survey being overly long, I removed some items from the original tool that were similar in meaning. For example, 'someone to give you advice about a crisis' and 'someone to turn to for

suggestions on how to deal with a personal problem' were reduced to one item, 'someone to turn to for advice or suggestions on how to deal with personal or health problems'.

The final adapted MOS Social Support Survey (see Appendix 2) contained 18 items covering tangible support a man may require in managing his health (5 items), information and emotional support a man may require to manage his physical and emotional health (6 items), positive social interactions that promote physical and emotional health (5 items) and emotional health (2 items).

In using the MOS Social Support Survey, the respondent was asked how often he has each of the types of support available to him, and who he would ask to provide that type of support. In the original scale, five levels of availability are presented to the respondent (Sherbourne & Stewart, 1991). In trial interviews it was apparent that a three-point scale using 'none of the time', 'some of the time' and 'most of the time' (removing 'a little of the time' and 'all of the time' from the original tool) provided a sufficient indication of availability of support and reduced the complexity of the survey.

#### 3.4.2 Interview and social network data collection

The qualitative research questions were well suited to a primarily qualitative interview strategy to explore the key areas of this thesis: health, masculinity, social networks and the men's shed. Semi-structured interviews provide a systematic progression of inquiry and allow the interviewer to

build a conversation within a particular subject area, to word questions spontaneously, and to establish a conversational style but with the focus on a particular subject that has been predetermined (Patton, 2002, p.343).

The semi-structured interview was also developed to incorporate collection of data pertaining to the man's egonet. Spencer and Pahl (2006) outline the development of a qualitative interview approach that incorporates collection of egonet data. This strategy was adapted to include a process of constructing a visualisation of the man's social network using an egonet diagram that has been previously described by other social network researchers (Spencer & Pahl, 2006; Rogers, 2012; Vassilev et al., 2013).

Where possible, interviews were conducted within the men's shed space and interview participants were encouraged to identify spaces within the men's shed that the man considered significant to his experience within the shed. I initially planned to include mobile interviewing techniques, or 'narrative walks' that have previously been used in socio-geographic research to add rich data to the context of an individual's experience of the place as an influence on health (Holland et al., 2010). However, this was not practical in most of the environments. At most locations, the men's shed space was small and offered minimal confidentiality. Many men who participated in interviews also had restricted mobility. Mobile interview techniques were used when conducting supplementary interviews with key informants on the men's shed histories. Other interviewees identified physical areas of the shed that had particular significance at the beginning of the interview, following the interview and during non-participatory observation sessions.

Some shed locations did not have appropriate facilities for conducting interviews during shed operating hours and interviews with men from these sheds were conducted at venues agreed on by myself and interviewees. These included the men's shed in non-operating hours, the men's homes and quiet cafes close to the men's shed.



Interviews lasted between 50 minutes and 170 minutes, with the length of interview generally determined by the extent to which the man detailed his personal history.

Interviews were audio-recorded with the consent of participants and later transcribed with identifying data removed. All participants were assigned a unique alias used for reporting direct quotes.

#### *3.4.2.1 Interview structure*

The semi-structured interview proforma (see Appendix 3) incorporated:

- semi-structured interview questions,
- the MRAS,
- identification of health-associated activities undertaken by the man, including a personal valuation of the importance of these items in maintaining his health,
- a name generator for relationships considered significant to the man, and
- the adapted MOS Social Support Survey.

Each interview consisted of a series of semi-structured interview questions, commencing with the man providing a broad background regarding his age, work history, and how he came to be in his current location. Aside from gaining a basic understanding of the man's social history and demographics, the beginning of the interview acted as an ice-breaker as the interviewee and I become comfortable talking with each other. For many of the men this was an opportunity to explore major events in their life histories.

The interview progressed to a discussion of the man's involvement in the men's shed – how he came to be attending the shed, how long he had attended, patterns of attendance and activities in which he normally engaged at the shed. Men who had additional

involvement in the men's shed such as committee members provided detail regarding their involvement, their motivation and future goals for the shed. Men who had been involved in the establishment of the shed provided historical background around the impetus and practicalities of commencing and building a social group.

The interview progressed to a discussion of the man's health, commencing with the man's concept of his own health status, major health events (e.g. disease, illness, hospitalisation), his self-perceived level of health knowledge, activities in which he engaged to promote good health (e.g. preventative screening, medical check-ups, medication, support groups, lifestyle modification) and any behaviours that may impact negatively on health (e.g. smoking). Throughout this section of the interview I wrote down each health activity in which the man described engaging, and at the end of the discussion I recalled each activity, asking the man to indicate how often he engaged in each activity and his personal valuation of the importance of each activity in maintaining his health.

#### *3.4.2.2 Masculinity*

The next stage of the interview focused on masculinity and was framed around the Male Role Attitudes Scale to provoke discussion regarding masculinity. Although some men provided a quick assessment of whether they were in agreement with each statement on the scale, most engaged in extended discussion about the statements and appeared to reflect more deeply on how they perceived their own, and others' masculinity. Following delivery and discussion of the Male Role Attitudes Scale, the interview progressed to specific questions on the man's perception of his own masculinity, any

changes in his attitudes that he perceived over his lifespan, and reflection on the influence of attending the men's shed on his perceptions.

#### *3.4.2.3 Social networks*

The use of multiple strategies to collect data on a social network can lead to collection of rich network data, especially when collected via interview (Hlebec & Kogovšek, 2011). Two of the most common strategies for collecting data for the construction of an egocentric social network are use of a name generator and a role relation approach. Using the name generator approach, the interviewee is asked to use free recall to identify individuals in their social network. A role-relation approach uses a range of questions in response to which the interviewee identifies individuals in their social network that perform specific roles – either relationship roles (e.g. friend, family member) or task-oriented roles (e.g. person who drives to appointments). Each strategy has advantages and disadvantages in generating an accurate picture of the egonet (Hlebec & Kogovšek, 2011; Hogan et al., 2007 ).

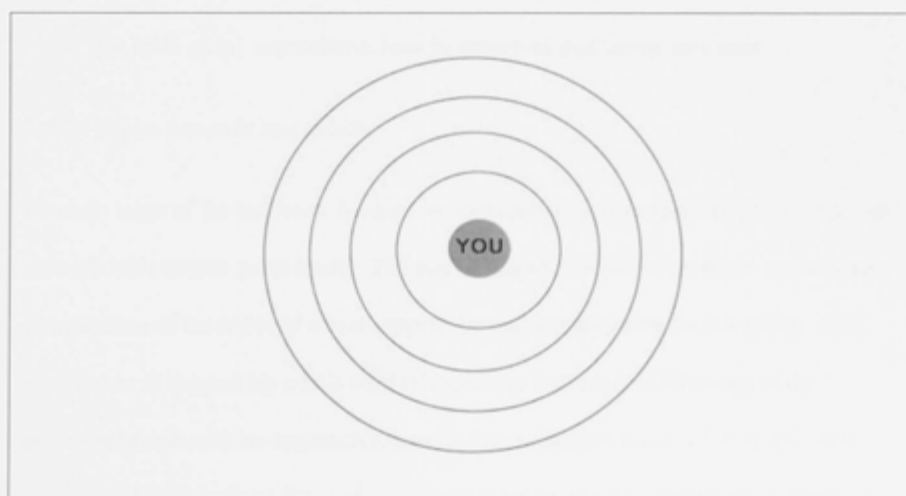
In order to maximise accuracy of social network data, I chose to use a combined strategy. Initially the man used free recall (name generation) to identify social contacts and, later in the interview, the man was asked to identified contacts who performed specific roles associated with his health (see below).

In discussing his social networks, I first asked the man to complete the name generator listing important social relationships he had with other men at the men's shed; within his family circle; and through other social outlets (for example, other clubs, church or neighbours). These social contacts were categorised in three types of relationship (i.e. men's shed friends, family members and other contacts). After completing the name

generator, I asked the man to place each person he had identified on an interactive egonet board, indicating how close he perceived his relationship with that person to be.

The egonet board (Figure 3.4) see was a tactile activity consisting of a magnetic white board and magnetic buttons. I wrote the names of each of the man's contacts onto individual magnetic buttons and the man placed each button on the egonet board. The egonet board was presented with a central button labelled as "YOU" with four concentric rings, broadly indicating the perceived level of closeness the man had with that social contact. The man used these rings to generate a visual representation of the closeness of his relationship with all the social contacts he identified using the name generator, building up a visual picture of the number and strength of his social ties.

*Figure 3.4 Egonet board*



I debated labelling the concentric rings (for example, using descriptors such as confidante/friend/ acquaintance) to provide a guide for respondents. However, after discussions with numerous people, it became clear that such terms are interpreted

differently and could restrict the way in which a man perceived his relationships. I chose to follow the methods used by other social network researchers (Rogers et al., 2011; Spencer & Pahl, 2006) and leave the rings unlabelled to allow personal interpretation and prevent defining a relationship for the man. The rings did, however, provide a guide for assigning a numerical value of closeness for use in the quantitative social network analysis.

The egonet board activity commenced with the people the man nominated in his men's shed social network and then progresses to family members and other social connections. When each person was placed on the board I discussed with the man:

- how he knows the person and what they do together,
- why he considers that person to be a close contact (or otherwise),
- whether he considers that person to be healthy, and
- for male social connections, how he perceives that person as a man.

#### *3.4.2.4 Social networks and health*

The next stage of the interview focused on the support the man received from his social network with respect to his health. The aim of this section of the interview was to attain an indication of the kinds of social support the man had available for his health, and what forms of support his men's shed relationships provided. In this stage of the interview, a role-relation approach to egonet data collection was used, with the man being asked to identify social contacts associated with specific health-related task-oriented and support roles.

Using the items on the adapted Medical Outcomes Study Social Support Survey, the man was asked to nominate whether he had each form of support available to him and,

if he did have a relationship that provided that type of support, he identified one or more social contacts who he perceived as fulfilling this role. When using this role relation approach, the man could (and usually did) nominate contacts he had already identified using the initial name generator, but some men nominated additional contacts, who were then added to the egonet board if the man considered the relationship to be sufficiently close and/or significant. With each nominated social contact, I asked the man to identify whether that person would be available to provide him with support some of the time or most of the time. This information was used to determine how much support the man had available from his men's shed network, his family network and his network of other social contacts.

The interview ended with identification of people the man considered to provide him with emotional support for his mental health. This provided a transition to the debriefing component of the interview, in which the man's overall feelings about the interview and information he had shared were discussed, and the positive aspects of his social supports were highlighted. In the debriefing most of the men indicated that this was the most extensive discussion they had had about their perceptions of their masculinity and their feelings regarding the influence of their life experiences on their perceptions of being a man, and this was framed in a positive light by the men.

#### 3.4.3 Non-participatory observation

The setting of the men's shed and how men interact within that setting influence the way in which men interpret and act out their masculinity, social networks and health. Thus, an understanding of the men's shed setting, including the location, activities and ways in which men interact was significant to interpreting the influence of the men's

shed environment on both their experiences as men and on their health attitudes and behaviours.

The man's perceptions related to these areas of enquiry were explored through the semi-structured interview process. However, it is not uncommon for a person's verbalised belief to be contradicted by behaviour. Engaging in observation of the environment, interactions and activities related to the area of inquiry can provide a visual check and a confirmation of information reported within interviews (Mak et al., 2005). Direct observation of social interactions has also been highlighted as a strategy to reduce survey data error in collection of social network information (Borgatti et al., 2009). Observing the environment is an important component of data collection when having an understanding of the physical setting is integral to exploring the phenomenon of interest, as was the case for my exploration of the men's shed setting.

There is no substitute for witnessing or participating in phenomena of human interaction – interaction with other people, with places, with things, and with states of being such as age and health status (Mak et al., 2005, p.14).

As a female, it was not possible for me to fully engage in the experience of a men's shed through participatory research. My interactions could only be as a non-man, thus my involvement was always limited to a non-participatory role.

Before conducting any observation in the men's shed, I obtained consent from leaders at the shed (either the social secretary or the shed president) to attend a regular social meeting day at the men's shed and to leave posters and information sheets within the shed introducing myself and explaining my research. On my first visit to each shed, the shed leader who had consented to their shed's participation in the research formally introduced me to the attendees and thereafter I engaged in non-obtrusive observation of

the session, being available to engage with those men who approached me and observing the activities and patterns of social interaction throughout the session.

Initially, I used non-participatory observation to build trust and, in the men's sheds that permitted extended non-participatory observation, an ongoing rapport with men's shed members, including committee members who facilitated access to potential interviewees. Maintaining positive relationships is a key component in gaining trust and consent from potential interviewees, and careful observation enables identifications of key informants (Mak et al., 2005).

Through non-participatory observation I was able to observe the ways in which men spoke with each other, the locations of their important interactions, activities in which men engaged and verification of social network data (i.e. I could observe if the men interacted with those people they nominated during interviews as regular contacts within the men's shed). I observed the everyday experiences of the men in sheds, how they portrayed themselves and the accepted ways in which masculinity was construed in the environment at each of the sheds.

Non-participant observation consists of recorded detailed field notes, which I chose to document primarily using audio recordings completed immediately after each observation period. These audio recordings were transcribed and information has been incorporated as it relates to each area of inquiry and most particularly in Chapter Four that details the history and operation of each men's shed.



#### *3.4.3.1 Urban location one*

Formal data collection commenced at the first urban men's shed in March 2013. I initially made contact with the a member of the executive committee in May 2012 during the design phase of this research and received feedback on the project aims and methods and preliminary approval for the research to be undertaken in the first urban location men's shed.

At urban location one, non-participatory observation included observation of the *Spanner in the Works* (a health promotion program conducted annually in men's sheds throughout Australia) in 2012 and 2013, ten weekly three-hour social sessions, four guest speaker sessions, two three-hour workshop sessions, attendance at an executive committee meeting and attendance at the men's shed Christmas party.

#### *3.4.3.2 Rural location one*

I commenced non-participatory observation and interviews at the first rural location in June 2013. The non-participatory observation was conducted over two four-hour sessions in the men's shed that included both social and workshop activities. In a third observation session a men's shed participant showed me around the shed during a non-meeting day. At this rural location the majority of interviews were conducted at interviewees' homes, and this gave opportunity to observe the men's 'real' backyard sheds, of which all men were exceedingly proud and my insight into the magnitude of a backyard shed was dramatically expanded.

### *3.4.3.3 Urban location two*

I attended urban location two in January 2014. Initial contact with the shed was organised by a man attending the men's shed at urban location one who was intimately involved in establishment of the shed at the second urban location at a Canberra retirement village. He facilitated permission for my attendance at the men's shed at urban location two. The men at this location were decidedly less enthusiastic to have a female researcher observe activities within the shed, and non-participatory observation was limited to two sessions (each approximately two hours) in the men's shed during social meetings. Men at this shed were more clearly seeking social opportunities without women present and the shed environment itself, which consisted of a relatively small shed set up with long tables and chairs that made moving between different groups difficult, was not conducive to easy socialising.

Interviews at this location were conducted in the participants' homes or at the retirement village café, and generally included a tour of the retirement village facilities in close vicinity to the man's unit. Given the nature of the shed location within a retirement village, these locations were intrinsically related to the setting of the men's shed. As it was summer, it was appropriate to conduct some interviews in the participants' gardens and this also enabled observation of the lifestyle of the men in the village and their fluid social contact with other men from the shed. Passers-by were acknowledged and introduced and social interactions occurred amongst men's shed members prior to and occasionally throughout some interviews.

#### *3.4.3.4 Rural location two*

I attended the final research location, rural location two, in June 2014. After a long process identifying an appropriate fourth location the men's shed committee at the second rural location confirmed that the membership of the shed were happy for me to visit and observe activities, and that men had expressed interest in participating in interviews. At this shed I observed four shed sessions that included social and workshop activities, two guest events to celebrate opening of additional shed facilities, a session in which the men's shed members mentored younger, developmentally disabled men and a committee member meeting. Interviews with participants from this men's shed were conducted in a range of locations - in the shed itself, in local cafes and in Canberra.

#### 3.4.4 Document analysis

Document analysis was conducted to seek out evidence that provided verification of information uncovered during interviews regarding the ways in which the men's shed supported men's health and social networks.

Documents of all types can help the researcher uncover meaning, develop understanding, and discover insights relevant to the research problem" (Merriam, 1988, p.118).

Documents of interest that were expected to provide support for the activities within men's sheds that contribute to men's health and social networks included guest speaker programs or calendars, shed mission statements and shed advertising material.

However, for the most part there was limited documentation available at any of the men's sheds locations providing insight into the areas of interest. None of the sheds had a documented activity calendar detailing specific events or guest speakers; this

information was universally exchanged in-person at meetings. For some sheds, mission or value statements were available either on the wall at the shed or on the shed's website. Information from these document sources was used to complement the narrative of the establishment and operation of the men's sheds by key informants.

For two shed locations, access to the regular email newsletter from the shed was made available and I was able to observe documented evidence of social interactions and ways in which men at the shed supported each other in health-related activities. This information, which provided supplemental support to interviews, has been incorporated into the relevant chapters throughout this thesis.

### **3.5 Data analysis**

All interviews were audio recorded with the participants consent and were transcribed as part of the first phase of thematic analysis. At the end of each interview the egonet board was photographed using a digital camera with the man's consent and the data was transcribed to a digital diagram using aliases used for each nominated contact.

#### **3.5.1 Qualitative data analysis**

Transcription was a time consuming process, made more difficult by the heavy European and rural Australian accents of many of the participants. Transcription of a two hour interview took 16 to 18 hours to complete. While initially discouraging, my experience that transcription is labour intensive is in accordance with the conclusions of other researchers (Braun & Clarke, 2013; Arksey & Knigh, 1999). Estimates provided by experienced qualitative researchers suggest that it would realistically take a

minimum of eight hours to transcribe sixty minutes of interview data (Braun & Clarke, 2013).

However, the transcription process provided me with an opportunity to become intensely familiar with the interview content, assisting in the initial identification of key pieces of data within each interview, as well initial ideas as to the patterns and themes within the data that could answer the research questions. Re-listening to the interviewees' tones, hesitations and expressive sounds (e.g. crying) provided me with additional context to many of the responses, as well as a trigger to recall body language and facial expression of the interviewee during the interview. This important opportunity to become intimately familiar with the interview content (Arksey & Knight, 1999; Braun & Clarke, 2006; Fereday & Muir-Cochrane, 2006), including and beyond the spoken word, is lost when transcription is conducted by another party. The close attention required to accurately transcribe interviews is noted as facilitating close reading of the interview data and the interpretation of data that follows (Lapadat & Lindsay, 1999). This process was aided by transcription software.

Data analysis was undertaken using thematic analysis. Thematic analysis is a broad term to describe data analysis that seeks to identify themes and analyse patterns within qualitative data. In this research study I have used a specific thematic analysis methodology as described by Braun and Clarke (Braun & Clarke, 2013; Braun & Clarke, 2006) that was appropriate for exploring the man's lived experience of masculinity, friendship and health within the men's shed. Thematic analysis is an inductive process; that is, it progresses from specific observations identified in the text, to broader themes and analytical theories about the data. Through the observation of specific parts of text, patterns and regularities are identified, and these inform the

structure of themes and their inter-relationships as they describe the lived experience of the research participants. Analysis of the text, particularly in early stages, is open and fluid, with numerous textual components of interest identified and a gradual development of the ideas, meanings and themes arising from that text (Trochim & Donnelly, 2006). This technique was compatible with the phenomenological approach underpinning the research, through which I sought to richly explore the man's lived experience of the men's shed.

After transcription, which gave an extensive overview of the interview content, I read and reread each interview thoroughly and identified key information within each interview that appeared to contain a theme related to one of the specific areas of inquiry (or to multiple areas) of this thesis, i.e. men's shed, masculinity, social networks or health. The first stage of the coding process involves

recognizing (seeing) an important moment and encoding it (seeing it as something) prior to a process of interpretation (Fereday & Muir-Cochrane, 2006, p.83).

As thematic analysis is a process through which themes are identified and become the unit of analysis, components of text that may be of interest to the analysis could be a single word, a phrase or sentence, a paragraph, or more (Zhang & Wildemuth, 2005). For the most part, components of text that I identified in this process are phrases or sentences, extending to paragraphs when the men provided rich and detailed descriptions of their experiences. Although the identification of text was guided by the descriptions provided by the men, aspects of this stage of the data analysis could be described as theory-driven (Braun & Clarke, 2006), as I specifically searched for parts of text that reflected the pre-defined areas of inquiry of this thesis.

On subsequent reads, I concentrated on the data identified for each specific area of inquiry and started coding these texts according to their apparent meanings as given by the men. At this stage, the data analysis became a data-driven process, with the specific data directing the codes that I identified. Braun and Clarke (2006) highlight that data identified and coded by the researcher may have semantic value (i.e. clear meaning arising from the words the interviewee uses) or latent value (i.e. an implied meaning interpreted from what was actually stated). Being alert to tone and expression was useful to me in identifying specific linguistic styles, including sarcasm and use of humour, both of which were commonly used by the interviewees, and use of linguistic style as a mechanism to portray masculinity was identified in the thematic analysis. The codes I identified are not without contradiction, which reflects the different social constructions of the men who participated in interviews, and the final conceptualisation addresses both similarities and differences in the men's experiences. Indeed, Braun and Clarke (2006) alert the researcher to code all data of interest, regardless of their apparent support or otherwise of the dominant paradigm.

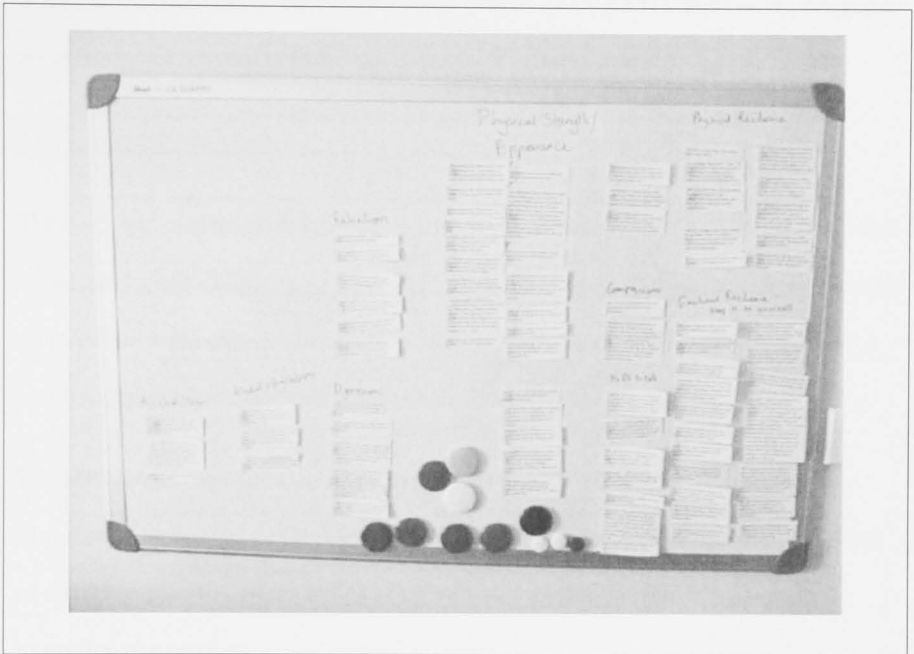
In the third stage of thematic analysis, I commenced identification of broader themes that could be meaningfully found in the coded data. A theme is

a central organising concept, which tells us something about the content of the data that is meaningful...it tells us something meaningful in relation to our research question (Braun & Clarke, 2013, p.224).

In this process the coded data was collated and sorted, and data with similar meanings were grouped together. To facilitate this process I used visual mapping and physically sorted the coded data on a white board so that I was able to conceptualise connections

and relationships between themes and could easily move coded data between themes as I sought to find an overall thematic structure that described the data.

*Image 3.1 Early identification of themes*



Phase four of the thematic analysis involved reviewing and refining the identified themes. To do this I reviewed the data included within each code and specific theme. During the revision phase of thematic analysis, data that was not sufficiently similar (i.e. internally homogenous) within a theme and themes that were not sufficiently dissimilar to others (i.e. externally heterogeneous) were revisited and restructured (Braun & Clarke, 2013; Fereday & Muir-Cochrane, 2006; Patton, 1990). At this stage I had peers review the data, to comment on the whether the themes and structure represented the interview data. Numerous revisions were undertaken throughout this process.



Finally, the themes were organised under overarching themes that I have used to structure the analysis and group similar themes together. An overarching theme identifies broad concepts, encapsulating the ideas of a number of themes, but is not crucial to the portrayal of the data (Braun & Clarke, 2013, p.231). The coding categories are presented in Appendix Four.

### 3.5.2 Data collection tools

The two tools used in the interview process, the Male Role Attitudes Scale (MRAS) and the adapted Medical Outcomes Study (MOS) Social Support Survey provided an overall score indicating level of traditional masculinity (Pleck et al., 1993) and a functional social support index (Sherbourne & Stewart, 1991).

The MRAS was calculated using a score of 1 to 4, with 'agree a lot' scoring 4 and 'disagree' a lot scoring 1 (Pleck et al., 1993). This produced a maximum possible score of 40 (range 10—40), where a high score indicates a greater level of traditionally masculine perspectives.

The adapted MOS Social Support Survey score was calculated using a score of 1 to 3, with 'most of the time' scoring 3 and 'none of the time' scoring 1. First, a score was calculated for each of the four subscales by calculating the average of the scores for each item. An overall score was calculated as an average of the scores for the 18 items included on the overall survey. The overall score was then transformed to a 0 to 100 scale using the published formula (RAND Health, 2015b):

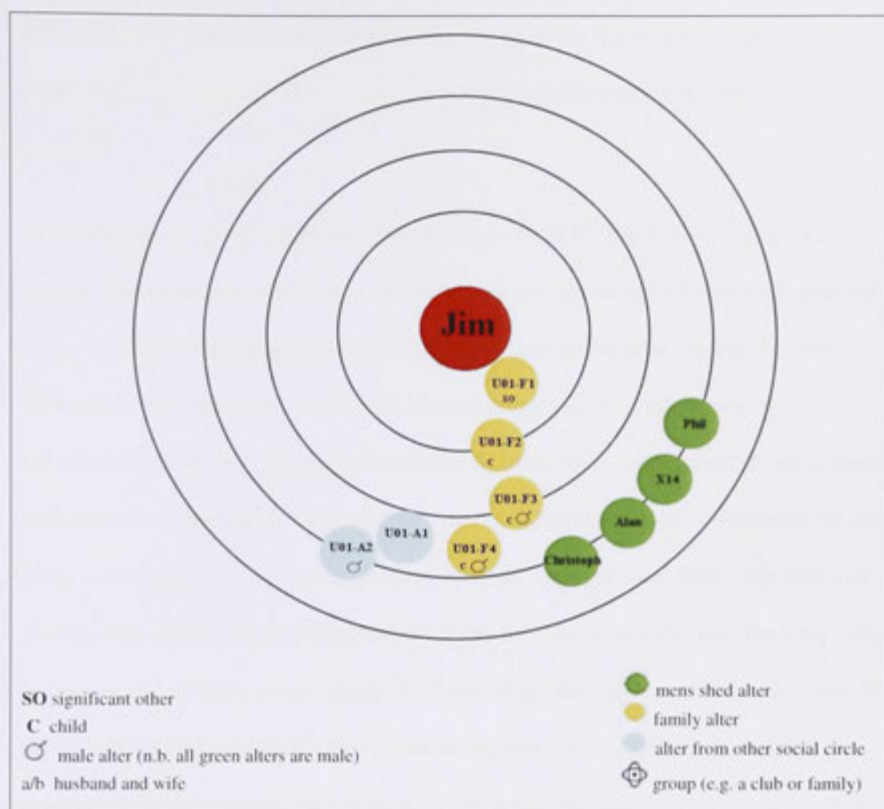
$$100 \times \frac{(\text{observed score} - \text{minimum possible score})}{(\text{maximum possible score} - \text{minimum possible score})}$$

Subscale scores and overall scores were calculated for each of the man's social networks.

### 3.5.3 Egonet analysis

Alongside the interview transcription process, I also transcribed the man's egonet from photo to diagram. Adapting a colour coded format (see Image 3.2), I developed a visual representation of the structure of relationships in the man's egonet. As shown in the image below, the man's alters from the men's shed (green), his family alters (yellow) and alters from other social circles (blue) are all identified on the egonet using the concentric circles diagram that the man used to construct his social network. Additional information included on the egonet diagram included the gender of the man's social and family alters (n.b. all men's shed alters are male) and specific familial relationships (significant other and children). Together with information attained from interviews, this data informed analysis of men's friendships.

Image 3.2 Example of transcribed egonet



Traditional egonet analysis involves quantitative analysis of the size and strength of the network, including the ties between alters in the network (variously called cohesion or density) (Falci & McNeely, 2009; Schultz-Jones, 2009). This presented challenges for this research project, as the men were generally unable to provide an indication of the ties between the alters they identified. This was particularly evident when discussing their men's shed networks: if men were aware of a tie between their men's shed alters (and this was more often than not uncertain), they were generally unable to provide a meaningful evaluation of the strength of those ties. A typical response was "well they're

all in the shed, so I guess they know each other". Without a somewhat reliable and differential evaluation of between-alter ties, I considered traditional egonet analysis strategies to be inappropriate for analysis of the available data for the egonets in this project.

To overcome this problem, I drew on methods used by O'Malley et al. (2012) to evaluate the closeness of an ego's network, without consideration to between-alter ties. First, for each of the man's networks; that is, his total social network, men's shed network, family network and network of other social contacts, the degree was calculated. The degree identifies the number of alters the man identified in that network, without any consideration to the type or strength of the man's relationship with the alter. Next, a strength-of-tie value was given to each alter derived from where the alter was placed on the man's egonet diagram (see Image 3.3). As men were instructed to place buttons at any position on the egonet diagram using lines, spaces or both, a strength-of-tie scale from 8 (strongest tie) to 1 (weakest tie) was applied. This scale proved appropriate to the vast majority of egonets. For a few egonets, the man had placed his spouse directly on top of the YOU button, in which case the diagram was restructured with each alter moved out one value so the spouse maintained a unique highest strength-of-tie value of 8.



Table 3.2 Example of network value calculations

	Jim's network values			
	Total network	Shed network	Family network	Other contact network
Degree	10	4	4	2
Total alter strength-of-tie values	43	12	24	2
Network closeness	0.5375	0.375	0.75	0.4375

3.5.4 Statistical analysis

The traditional masculinity score (MRAS), Medical Outcomes Study (MOS) Social Support Survey scores, egonet degrees and egonet network closeness values were entered into Statistical Package for the Social Sciences version 22 (IBM Corp, 2013). To explore the influence of attending the men's shed on the man's health support, paired t-tests were used to compare the man's available social supports from each of his networks. Independent samples t-tests were used to compare data between men from rural and urban locations.

Multiple linear regression was used to explore models to predict various variables of interest to the research, including influences on masculinity, closeness of a man's total social network, closeness of a man's shed social network and level of support the man perceives he has for promoting health. Independent variables used in linear regression modelling were derived from the background literature and factors emerging from the qualitative data analysis and included demographic characteristics (location and age), time since joining the shed, network degree and closeness scores and traditional masculinity scores. Significance at the 99%, 95% and 90% levels are reported.

### 3.6 The researcher's role

The influence of the researcher is a significant consideration in qualitative research. Research design, data collection and data analysis are all influenced by the role the researcher plays in undertaking and interpreting the research (Panelli, 2004). As the researcher both collecting and interpreting the data for this project, my own background and experiences directly affect the research process (England, 1994).

I am a 44 year old female from an Australian background who has been married for 22 years, has two children and lives as a family unit in Canberra, ACT. I have a bachelor's degree in nursing and post graduate qualifications in geriatric nursing.

My interest in relationships between people extends to my time in clinical nursing when I made a conscious choice to pursue a nursing speciality in which I could develop longer term relationships with the people in my care. I spent more than a decade working in aged care, through which I had extensive contact with older men and their families, often over a longer duration of time (up to 8 years). Working in the aged care sector gave me significant exposure to men with health issues, and experience counselling them and their spouses and families through health crises and end-of-life care decisions.

In my academic career I have continued my interest in relationships, having published numerous systematic reviews over the past decade on relationships between aged care staff members and families of care recipients. More recently I have also worked on research into the older person's experience of sexuality, knowledge and attitudes of health professionals towards later life sexuality and sexual health, and the role of aged care staff in promotion of self-identity and sexuality. My background experience gave

me a solid understanding of some of the concepts framing this research and experience in developing a rapport that would facilitate in-depth discussion of these concepts with older men.

With respect to data collection, it must be acknowledged that an asymmetrical relationship exists between the interviewer and the interviewees (Kvale, 2002; England, 1994; Panelli, 2004). This asymmetry arises on numerous levels, including the power relationship established in an interview process, the one-way nature of an interview dialogue and the researcher's role as interpreter of the information arising in the interview (Kvale, 2002). Being aware of the researcher's influence on the interview process, from the establishment of a contract to undertake the interview; role in determining the interview theme and discussion points; the phrasing and delivery of questions and the way in which the interview is completed (Kvale, 2002) is important in promoting neutrality of participation, and in acknowledging bias in the research outcomes.

In recognition of this asymmetric relationship, I allowed fluidity in the interview process and encouraged men to tell their stories and discuss their perceptions without interruption allowing the interviewee to explore his own ideas on topics. The men were given opportunity to explore their stories at length, and any interjection on my behalf was made for the purposes of exploring deeper meaning of the man's experience, to encourage rich data generation (O'Leary, 2005). After each discussion of experiences and perceptions, I redirected the man back to the areas of inquiry. This semi-structured approach, together with self-reflection regarding my reaction to the man's story, acknowledged the bias my role as a researcher brought to the interview process (Kvale, 2002). I also frequently used a confirmation process during the interviews in which I



summarised the information I had heard and interpreted back to the man, requesting clarification that I had understood his perception as he intended.

In order to remain aware of my influence as a researcher on this qualitative research, I maintained a record of my decision-making regarding study design, my reactions to the interview process and non-participatory observation sessions and alterations that were made to the research design as the research progressed (e.g. adaption of data collection tools, increase in field locations and development of the SNA techniques). After each interview was conducted, I used audio memoing to record my experience of the interview, including elements that could bias my interpretation of the data. Throughout the transcription and coding I used memo writing to record my thought processes regarding theory and ideas I identified in the data. This documentary process provides the researcher with a process of self-reflection and awareness of her own influence on the research (Creswell, 2007). Throughout the data collection and analysis stages I regularly sought feedback and advice from peers of both genders, to increase awareness and identification of researcher bias and ensure the clarity of data interpretation and thematic development.

An important consideration for this research project was the influence of my gender on the data collection and analytical process (England, 1994; Panelli, 2004; O'Leary, 2005). As a woman in the men's shed environment, there was distinct possibility of unwelcome from men's shed members. In order to overcome this potential ethical consideration, men's shed committee members acted as gate-keepers and facilitated my presence in their sheds. However, individual men may have altered the way they portrayed themselves in the men's shed environment as a result of a female's presence. My personal feelings are that few men made specific checks on the way in which they

behaved or spoke due to the presence of a woman. What I observed during my time in the shed was consistent with the literature on masculinity. Expletives, 'dirty' jokes, and other traditionally masculine mannerisms were on clear display in all of the men's sheds. Conversations between the men were rarely personal or emotional, interactions generally took place over other activities (e.g. the workshop, card games and BBQs) and exhibition of vulnerability was minimal. Thus, I interpreted the behaviour I observed to be a reliable indication of the ways in which the men engaged when a female was not in their midst. However, it remains that

no matter how welcome, even enjoyable the fieldworker's presence may appear to 'natives,' fieldwork represents an intrusion and intervention into a system of relationships (Stacey, 1988, p.22-23).

In the interview process, my gender may have influenced the ways in which at least some of the men engaged. However, my instinct was that my being female may have increased the depth of discussion, honesty and level of trust that men exhibited in interviews. In many interviews, men provided detailed and honest accounts of challenges they had faced to their identity as a man (either personally or with respect to family members or friends) including homosexuality, transsexuality, illegitimacy and sexual dysfunction. Whether such revelations would be made to another man so openly is questionable. Additionally, some men were open in expressing negative feelings and even open hostility towards the women's liberation movement and appeared uninhibited in expressing attitudes that could be considered sexist in modern society. My feeling as a researcher was that these open expressions indicated the men's comfort with the interview process and my gender. Memoing my reactions to such expressions and debriefing after each interview, allowed self-reflection on my role in collection and interpretation of the data (Creswell, 2007).

My position as a health professional may also have influenced the information that men conveyed in interviews. First, many men relayed substantial details regarding previous health events and illness. Some men volunteered personal sexual information, for example a number of men detailed problems in their relationships related to sexual dysfunction and sexual differences with their partners. It is doubtful that these men would have provided as extensive range and detail of their health experiences if I was a lay person. However, in some instances it is possible the men policed the information they shared. For example, most men indicated they rarely if ever drank alcohol. This may have been due to a fear they would be judged negatively if they detailed honest accounts of higher alcohol intake. My feeling as a researcher is that this was not the case for the majority of participants. In most instances the men provided valid reasons for their low alcohol intake, and it appeared overall that the men's sheds, which had alcohol-free policies, had been legitimately successful in minimising unhealthy patterns of alcohol use. My assessment is supported by the men who did provide honest assessments of unhealthy behaviours including some men who drank alcohol in greater quantities, smokers and men with poor eating patterns.

Social researchers seek to understand the phenomenon they research by positioning themselves in the place and amongst the people they research (Panelli, 2004; O'Leary, 2005). While I have outlined above the limitations to my fully experiencing the men's shed due to my gender, in one of the men's sheds I was able to experience the men's shed from the perspective of my research topic at a greater depth than I anticipated. While I was engaged in the intensive non-participatory observation period at the first urban location shed, my father underwent emergency cardiac bypass surgery. This was a health crisis that many of the men at the shed had personally experienced, and they were

not short of advice, information, empathy and solicitude each week when I returned to their shed social meetings. In interviews the men consistently referred to emotional support they had encountered or observed being given in the shed when a man was confronted with health-related issues. I experienced this first hand when I dealt first with the critical aspect of a parent's potential death, and later the practical aspects of the family caregiver role. Personally experiencing the health-related supportive role of the men's shed social network provided me with greater depth of understanding of my research material, and, as with many men, gave me strength to address my father's situation at that time.

### **3.7 Rigour of the research**

As a research study embedded in social constructionist epistemology this project was undertaken using a phenomenological analytical approach to unravelling the meaning of data. Paralleling the concepts of reliability and validity that emerge from the positivist, empirical perspective of quantitative research, qualitative research must also demonstrate an appropriate systematic and rigorous approach to research design, implementation and interpretation (Fossey et al 2002; Guba & Lincoln, 1985). A multitude of sets of criteria by which the rigour of qualitative research can be evaluated are available in the literature (for example, Kuper et al, 2008; Guba & Lincoln, 1985; Fossey et al 2002; CASP, 2013); however, the single most important component for a reader making an evaluation of the rigour and relevance of qualitative research is having a strong understanding and appreciation of the methodological approaches used by the researcher, and the implications of these approaches (Kuper et al, 2008; Barbour, 2001).

In conducting and reporting this study, I have attempted to address key indicators of rigorous qualitative research. The research methodology and design reported in Chapter Three demonstrates a key element of rigorous qualitative research: congruence between the area of investigation – the influence of men’s sheds on men’s health – the social constructionist epistemological framework and the selection of a mixed methods approach that combines phenomenology and social network analysis (Fossey et al., 2002). Adoption of this mixed methods approach (often referred to as triangulation of data) that incorporated different data collection strategies (i.e. interviews, egonet mapping, non-participatory observation and document analysis) allowed information to be viewed through a variety of lenses, leading to a richer and more complex understanding of the experience of men participating in men’s sheds. Using a range of data collection and analytical techniques allowed for comparison and corroboration of participant accounts of their engagement in men’s sheds (and their social networks more broadly) and enhanced their accounts of the support they receive in promoting their health. Sampling strategies were appropriate to answering the research question and to engaging in the research setting. In Chapter Three I have coherently and transparently detailed the participants, data collection methods and the mixed method analytical approaches to interpreting the data. Where data collection tools have been used, the degree to which they provide a reliable and valid strategy by which to evaluate data has been reported. Data collection was conducted over an extended period of time, over which I spent extensive hours observing in men’s sheds in order to be fully immersed in the research setting, develop an intimate understanding of the research participants’ experiences and corroborate interview data. Section 3.6 provides detail of my engagement as a researcher, including the perspectives and potential bias that I bring to the research.

A significant indication of the authenticity of qualitative research is the degree to which participants' views are represented in the presentation of the findings (Fossey et al, 2002; Streubert-Speziale, 2007). In presenting the data (Chapters Four to Eight) I have attempted to provide rich descriptions from the participants that provide examples of the themes I constructed from the data. Although the thematic analysis was discussed with other experienced researchers and individuals with similar demographics to the participants, the nature of this thesis as an independent work precluded the extensive perspective of multiple researchers. An additional limitation to the research is the lack of engagement with participants after the thematic and social network analyses were conducted and findings, implications and conclusions were derived (i.e. reciprocity). In part this was not undertaken for confidentiality purposes, but I was also aware of the continuously changing nature of egonets and the likelihood that participants would reconstruct new egonets representing their changed perspectives of their social networks when presented with the data. In Chapter Nine I have attempted to demonstrate the transferability of the research (Kuper et al, 2008; Streubert-Speziale, 2007) through clearly describing the implications it has for men's sheds, and for men's health more broadly.

This chapter has presented the theoretical framework that underpins my research that will be drawn upon throughout the following chapters in a discussion of the research findings. The methods used to collect and analyse data have been described, and the research setting in four Australia urban and rural men's sheds has been introduced. In the next chapter I present an in-depth historical background and description of the four case study sheds.

## **CHAPTER FOUR: SPACE AND PLACE: IN THE MEN'S SHED**

This chapter relate to the men's shed space and the ways men occupy their time within that space. I begin by providing detail on the history and the story of each shed, including the impetus for the establishment, the administrative models and the space in which the men meet. Because all men's sheds have unique settings and histories, this chapter sets the scene for exploring the topics of inquiry for this thesis, providing detail about how each shed emerged and the way it has evolved. In the second section I explore ways in which men became aware of their local men's shed and provide insight into strategies through which men can be attracted to the shed space that is most relevant to those seeking to establish a new men's shed. In the third section I present the men's perceptions of the importance of the men's shed space. Finally, I explore two major activities that occur in the men's sheds in which this research was set – workshopping and helping in the shed and the community.

### **4.1 Starting up: Establishment, operation and the men's shed organisation**

The story of how an individual men's shed in Australia comes to be is as unique as the men within each shed. As part of understanding the environment of each shed, I sought out representatives in each shed who could share the rich background of the shed's establishment and the story of how the shed evolved in to the place that I observe the men in today.

Although each shed's birth and progress has been different, the impetus to start the shed at each location was the same: a perceived need for men to connect with one another was identified and formation of a group for this purpose was initiated by one or more

men in the community. In most cases assistance in establishing the men's sheds was provided by already formalised groups.

The story of each organisation was narrated to me by key informants who had been involved in the organisation establishment and/or men who maintained a close interest in organisational structure and development through roles on the committee in the past or present. In this section of my thesis I have not identified interviewees by their alias in order to promote anonymity and prevent associating locations with informants in the sensitive analysis in later chapters.

#### 4.1.1 Urban location one

The men's shed at location one is in an urban location on the south side of Canberra. The shed has been running for approximately eight years and is established under the auspices of Communities at Work, an ACT government body that administers numerous community-based health and welfare services. The initiative for the men's shed came from a local church group where the pastor and church goers recognised a need for a men's social group. Early planning for the social group was conducted by a group of men from the church who were, and remain, passionate about the notion of men supporting each other in a social setting.

Immediate practicalities the group faced were appropriate premises and an operational structure. The group had heard about the Lane Cove Men's Shed, "probably on the radio" (*previous committee member*), and determined that aligning their new group with the men's shed organisation provided structure, values and mission, and a handy establishment manual available from Lane Cove.



The first couple of years were very strained. We just didn't know where we were going. We didn't have much help. We had a manual from the Lane Cove Men's Shed and we endeavoured to follow their guidelines. *(previous committee member)*

An inaugural committee was established to seek out premises for the new men's shed and a sustainable financial plan. The committee established an arrangement with a local scouting group to sub-let hall space for their social meeting day, and was still meeting in this space when I contacted the group and conducted non-participant observation. The space offered the convenience of two large indoor hall areas, office space, a kitchen and storage areas. The outdoor verandah (see Image 4.1) is a common place to congregate for a yarn, and is mentioned throughout my interviews with the shed members as a specific place to have a heart-to-heart.

*Image 4.1 Men's shed at urban location one*



However, despite being practical, and a financially viable option, the scout hall was not an appropriate venue for a workshop –recognised as one of the specific functions of

men's sheds – a shed of equipment which men can use as they work shoulder to shoulder. The search for a space continued.

We initially started meeting at the church for committee meetings, and once we found this place [scout hall], from there we tried to find other places through the government to buy land or find a vacant building or something. But it just all fell on deaf ears. It was just all talk. Not for us, but for the government I think. *(previous committee member)*

A financially viable management structure was established through an alignment with the ACT government through the Communities at Work auspice program. The government entity provides management services, covers insurance arrangements and, takes on some of the administrative requirements while mentoring the group to eventually become a self-governing, incorporated organisation. With a venue for social meetings, a financial and administrative structure, an alignment with the men's shed organisation and promotion within the church, the shed committee were keen to find additional space for members to establish a workshop.

Eventually an agreement was struck to lease space for a workshop from the Lion's Club.

We were in the doldrums for a while, it was quiet. Once we got the shed ... things started to move along then. *(previous committee member)*

Located approximately 20 minutes' drive from the social meeting hall, the workshop is a large shed fitted out with woodworking machinery (see Image 4.2), acquired through the Federal Government grant scheme and donated by members and sponsors. Set on the fringes of Canberra, the workshop location has a rural feel, as the men congregate for their morning cuppa outside under the trees in the shadows of the Brindabella mountains. On the same Lion's Club property other community groups maintain sheds for various creative endeavours that require large space and equipment.

*Image 4.2 Workshop for urban location one*



Although not an ideal situation, with the workshop located quite a distance from the social focal point, the shed was finally fully operational and membership started to grow quickly, confirming the initial observation that local men were in need of a supportive social outlet.

The numbers grew from a small group of guys at the church and a couple of outsiders we just kept growing. It's just wonderful to see the number we've got on our books now, 90-something people. *(current committee member)*

The shed has grown to approximately 95 members at the time I visited for non-participatory observation, with 30 members attending on a regular basis. The men's shed opens the workshop on two weekday mornings and the social meeting occurs one morning a week in the scout hall. The social meeting includes card tables with lively cribbage, a dart board, occasional computer classes and a monthly BBQ lunch. Every six to eight weeks a guest speaker is organised. The shed's operation is funded by annual membership fees, weekly attendance fees, fund-raising and government grants.

From an early stage the church group aligned with the Men's Shed Association. The mission of the men's shed movement was reflective of the vision of the initial committee.

It was just a 'there's men's sheds developing around the country, let's be one of them' and there was never any thoughts that I'm aware of to go in any other direction. *(current committee member)*

The goals and values of the location one men's shed outlined in the code of conduct and in the shed promotional material capture the essence of the men's shed culture – mateship, sharing and community.

The mission statement for this shed is mateship...So it's mateship on the leaflet, it's also sharing skills, which I don't think we have a difficulty doing in a practical sense, and the last one was community projects. *(current committee member)*

As the group work toward incorporation, the committee is formalising policies and procedures, with assistance from Communities at Work. The members who were current or past committee members frequently expressed frustration during interviews at the levels of bureaucracy involved in the incorporation process and working with local government.

Working with Communities at Work was never easy because we didn't know their systems and we wanted our own, but we couldn't do that. *(current committee member)*

[They] have been, 'Oh if you really want to get incorporated you have to do things properly... It was getting to be a pain in the neck, so I left [the committee].  
*(previous committee member)*

Concurrent with moves toward incorporation, the men's shed at urban location one was preparing for a second relocation at the time I made my non-participatory observation visits. Keen to have their own space outside of the Lion's club and scout hall, the men's

shed had acquired a lease on a local government building under construction that would be custom built to their requirements and a unique space for the men's shed.

This men's shed appeared to be somewhat active in the local community. First, the members are regularly performing in-kind support (e.g. building repairs, assisting at scout events) for the scout group that owns the shed premises. The group regularly runs local fund-raising barbeques throughout Canberra and uses this opportunity to raise the shed's profile. A group at the workshop run a production line preparing wooden toys for donation to charity. All the members of the committee who spoke to me expressed a desire to increase the men's shed work in the community, although at the time that I attended the shed these plans were taking a backseat to preparing for relocation to the new shed venue.

I think that we can be doing a lot more for people outside the men's shed in the community, to actually enhance our position in the community with the experience we've got, the people we've got and those sorts of things. (*current committee member*)

#### 4.1.2 Urban location two

The second urban men's shed is located within a local retirement village on the south side of Canberra. In a back corner of the large property, nestled amongst small units and community gardens, a custom build shed that operates as a social hall and a machine room houses the men's shed group (see Image 4.3). At the time of my non-participatory observation visits 12 months after the shed's establishment, the shed had grown from a foundation membership of 35, to approximately 55 members on the records and about 15 men attending on a weekly basis. The shed was open on two mornings a week – one

workshop day and one social morning tea – and members have access to the shed equipment and workshop at any time.

*Image 4.3 Men's shed at urban location two*



The shed was established in 2013 as an initiative for men to connect with other men within the retirement village environment. Although initial impetus for the men's shed came from members of retirement village, the shed enjoys financial support from the retirement village and it is promoted as one of the selling points to prospective retirement apartment buyers.

Due to its unique setting, the membership of the shed at urban location two is drawn entirely from those living in the retirement village. Given the physical limitations of many of the men living in the village, access to social opportunity outside of the village is limited for some. The membership appears older and less physically active than the men attending the other men's sheds locations included in this research, and there is a large focus on encouraging and supporting men who have been confined to their

retirement units due to physical or psychological ill-health to venture out from their homes, to the relatively close shed location to socialise with their male neighbours.

In this location, the men's shed literally becomes the man's 'backyard shed', as its location is within the men's (larger) 'backyard'. Although few of the men I talked with and formally interviewed used the men's shed workshop of tools, of those who did, the close vicinity of their unit to the shed, and the close vicinity of other shed members who could fulfil the occupational health and safety requirements, was an important and unique benefit not enjoyed by the other men's shed locations. For the men at this location, the shed was a more personal and private space — they could literally 'pop out to the shed' in the way we traditional envisage Australian blokes, while still being within their local community.

The initial shed management committee was formed from members of the retirement village committee who had an interest in the shed. A building industry sponsor provided a large establishment grant for building, materials and tools and the retirement village maintains the insurance cover for the group. The men's shed committee has developed independence in organisation and management, with the assistance of a retirement village occupant who was involved in the committee at another men's shed.

And they said, 'Oh beauty. You're involved with the men's shed.' ...So I was giving them advice and suggestions and stuff on setting up another men's shed. (*current committee member*)

At this location, involvement in the community was limited to working with other groups within the retirement village. The committee works with other social groups within the retirement village to co-sponsor guest speakers and contribute ideas to the broader village social nights.

#### 4.1.3 Rural location one

Rural location one is situated in New South Wales, in a township with a population of approximately 7,000. At the time of my non-participatory observation visits the group was small, with 16 registered members, 12 of whom attend on a regular basis. The shed operates on one morning a week, with the men generally being involved in woodwork activities for the first half of the morning followed by a cuppa and a yarn.

The idea for the men's shed at the first rural location originated from two local men who, in 2007, heard about men's sheds on the radio and decided to formalise their social meetings under the men's shed banner. The group initially established in a local sports club, but quickly found the small meeting room was inappropriate for their needs and too small to start developing a workshop. Shortly after establishing the small handful of members secured a new venue in a disused railway building and, with assistance from a Department of Veterans' Affairs grant, the group were able to relocate and commence refurbishment and installation of a workshop.

...basically we started with only probably what you could count on one hand, and from there it just become an interest, and then we built a few things and then we moved from the original premises over to where we are now. (*shed member*)

Membership increased with movement to the new premises and the shed opens for one half-day session on a weekly basis. Wheelchair access and removal of asbestos was completed in stages as part of refurbishment, and the small hall now incorporates a social area at one end and woodworking machinery, primarily been donated by members, at the other. An outdoor fireplace is the focal point of socialising for much of the year (see Image 4.4). More recently a shipping container was donated by a local politician to provide extra storage space.



That happened, and we moved over from where we were and then a few more members joined...we probably upped our size probably about three or four times, and it meant that we could then use equipment better, there was room. (*shed member*)

**Image 4.4 Men's shed at rural location one**



This men's shed is aligned with the AMSA but has no formalised policies, goals or mission statement. The rural location one men's shed is essentially run as an informal gathering, with no committee or meetings. The shed is run solely on membership fees and the group has little interest in incorporation, expansion or fund raising, preferring to remain a small and low-key social group who recruit local funding and donations as necessary.

It's good because it's not a corporation. They stayed away from that. Get away from the politics of having to have meetings. (*shed member*)

Although small, the group is active within the local community. Many of the machinery projects being undertaken by the men were at the request of others within the rural community, from businesses to individuals. The men's shed has a regular contract to prepare and maintain Christmas and winter decorations for the town centre businesses,

and as individuals or a group, the men were undertaking small building or repair projects on a volunteer basis for individuals. In general, their availability for such work was via word-of-mouth.

#### 4.1.4 Rural location two

Rural location two is situated in New South Wales, in a township with a population of approximately 14,000. The second rural location men's shed started as a small group of retired men, meeting weekly in a local coffee shop.

There were four or five fellows in town, one of whom was the owner of this place [café] back then. They all had self-diagnosed depression and they used to meet and just chat amongst themselves. It was self-help. *(current committee member)*

In 2008 one of the town councillors became aware of the group and held an open meeting where a proposition for the council to facilitate formalisation of the group as a men's support network was put forward. With overwhelming community support, the proposal was accepted and an abandoned building on the fringes of town was provided as a lease-free home for the new men's group (see Image 4.5).

Next thing the councillor came to one of us and said look, the councils found a shed on the edge of town. It's full of dead rats. If you're interested, clean it up and it's yours, rent free. And we'll review it in 12 or 6 years' time and see if it's working. *(current committee member)*

The large premises were rejuvenated by the men and membership quickly grew from 30 inaugural members to now service approximately 100 registered members, including ten junior members aged under 18 years. Considering the population of the region is only twice that of rural location one, interest in the shed is strong.

*Image 4.5 Men's shed at rural location two*



The shed opens three full days a week and offers a large range of activities to both shed members and the rest of the community. Besides the social meetings and workshop activities, the shed operates two exercise sessions a week, a weekly social evening (cards, chess and billiards) and a monthly community speaking forum and regular computer education classes. Once a week a group of young men with developmental disabilities attend the workshop, where men's shed members mentor them in undertaking woodwork projects. Once a month a group of older adults with more severe limitations attend for a basic 'hammer and nail' session under the supervision of men's shed members. The shed is also open on Saturday mornings for members to use with the junior members (usually their grandsons).

The buildings are perfect for this community purpose. A huge shed is formally divided between a workshop, a storage area and a meeting room with kitchen. The workshop contains specially designed workstations for each piece of machinery (e.g. the belt sander stations have large dust extractors) and new members undertake a full occupational health and safety orientation to the workshop area. The shed recently won

a Workplace Safety Award for the design and management of the workshop. Adjacent to the official men's shed, a disused service station has been converted to a meeting hall and, although recently co-opted by the council for additional purposes, it is used for the exercise and computer classes and the monthly community forum. Two recently donated shipping containers provide storage and a soon-to-be-fitted-out metal workshop. In the rear, a large community garden is divided into plots and members grow flowers and vegetables, accessing the garden whenever they choose.

The shed operates primarily on donations. With strong council support and rent-free premises, the main expense is insurance. The low membership fee does not cover insurance costs, but regular and generous donations from many businesses in the community meet the shed's major costs.

We like them to pay something so it's an investment and they do come along and get advantage of it. If it was free, everyone would join and no one would come. But we find lots of other ways. There's a business in town gave us \$1,200 for no good reason the other day. Just like that. *(current committee member)*

Although the shed at rural location two is formally aligned with the AMSA, primarily because the first shed president had heard about the men's shed movement. The relationship with AMSA is not prominent, to the point that some committee members were uncertain if the shed was registered with AMSA at all.

We haven't aligned ourselves with the Men's Shed organisation. We've taken advantage of the advantages, we are a member of the organisation...We never paid money or anything but we are on their mailing list and they send us stuff and we look at it...But we take advantage of their insurance because we need insurance and it's hellishly expensive. *(current committee member)*

We have tried really hard, we've tried to stay away from bureaucracy, we've tried to stay away from external organisations running our shed, giving us orders and things, which AMSA can do if you let them loose. (*current committee member*)

Despite the relatively minimal contact with AMSA, the shed has a vision statement that focuses on community and speaks directly to engaging the men of the town and surrounding areas to address isolation, loneliness and depression and to support men in periods of transition, including ill health, retirement and ill health. The specific mission of the shed is "to provide a unique and practical way of addressing men's health and wellbeing" (*shed website*). Members of the shed community are active in mentoring other shed communities, through regular visits to men's sheds in neighbouring rural locations and through a twin-partnership with a men's shed in Canada. The men's shed fulfils its vision through its full integration into the local community, contributing to the education and well-being of the general township and specific groups within.

As the four case studies have demonstrated, there was significant heterogeneity in the sheds in which I conducted my research and the variability in the evolution of grassroots organisations was apparent. The sheds had variable operational models in terms of their organisation, sponsorship, administration and funding. Three of the sheds had emerged spontaneously as an initiative driven by men in the community, while the fourth shed located in the retirement village was established initially as an additional service the private housing company could use to value-add to retirement units and attract clientele. Of the three community-driven sheds, two maintained informal, shed-based administrative structures and ad-hoc funding arrangements, relying on donations, occasional government grants and (low) membership fees. The third community-driven shed had opted in to a local government administrative structure and a partial funding arrangement, with an eventual requirement for incorporation. At the grassroots, three of

sheds were organised on a day-day basis by a volunteer committee of members, while the fourth shed in rural location one appeared to be primarily administered by an informal, democratic process that involved any interested shed member. As I will discuss in Chapter Five, the organisational arrangements of the sheds, from the management models to the running of the local committees, were often contributing factors to tensions that arose within the men's sheds.

The spaces in which the men's sheds operated were also heterogeneous. Two of the sheds (rural location one and urban location two) had very small premises. The other two sheds had larger premises consisting of more than one building; at urban location one these buildings were at different geographic sites. As will be discussed later in this chapter and in Chapter Five, the shed space was often a driving factor to the level of intimacy that men were afforded in their interactions with one another. While the concept of working shoulder to shoulder in the workshop promoted some interactions between men and often inspired contribution to community projects, the lack of private spaces in most sheds impeded the men's engagement in more personal conversations.

In terms of operating arrangements, all the sheds were open on a part time basis of between one and three days per week. Sheds that opened more than once weekly delivered a different activity on each of their operational days, and as a result often attracted different men on particular days, with most men having a preferred or regular day of the week they attended based on the program. In Chapter Seven I discuss the ways in which motivation for seeking a men's shed and the activities in which a man engaged influenced the structure of his social networks.

In the next section I discuss the ways in which men were attracted to the men's shed and the forms of advertising that were most effective in recruiting new membership.

## **4.2 Finding out: How men come to the men's shed**

The introductory component of interviews identified how men had found out about the men's shed they were attending, and this information is useful to men's sheds seeking to expand their attendance. Men's sheds in two of the locations (urban location one and rural location two) were actively seeking to expand their membership. Although the committee for the men's shed at urban location two (set in the retirement village) was not adverse to expanding membership, the potential for expansion was significantly limited due to the restriction on membership to those residing within the retirement village. The members of the shed at rural location one had clearly indicated a preference for keeping their men's shed small, and were not actively seeking to expand at the time I was visiting the shed.

Three major themes relating to finding out about the men's shed were identified in the interviews: advertising works, hearing the talk and health service referral.

### **4.2.1 Advertising works**

Many men identified advertising as their first contact with the men's shed. Media promotion was the primary form of advertising that alerted many men to the existence of the men's shed phenomenon, or to their specific local men's shed. For many men in both urban and rural locations the first information they received about the men's shed was reading a newspaper article or seeing a television segment about the men's shed movement or the Australian Men's Shed Association (AMSA).

There was an article in the *Australian Weekend* magazine. It mentioned men's sheds. I had previously seen something elsewhere about men's sheds and thought it would be a good idea. (Mark, urban men's shed)

I'd been reading about this men's shed. I said, 'Oh, they've got a men's shed here. I'll go out and see about it.' ... (Rhys, rural men's shed)

I can't remember where I'd heard about it, might have been on the news on the TV. But this men's shed they were interviewing was somewhere else. I can't remember. So, I thought, 'Oh, that's what I want.' (Jim, urban men's shed)

The men above actively sought out a local shed, often using the AMSA website, after becoming aware of the concept of men's sheds. Other men were attracted to local newspaper advertisements or stories specifically referring to the shed they joined.

I saw an ad in the paper advertising this particular shed. A couple of years before I retired. Cut it out, threw it in the in-tray... (Christoph, urban men's shed)

A few men in most of the locations mentioned the men's shed sign as initially drawing their attention to the presence of their local shed. As will be discussed in the next chapter, the shed sign is an important identifier of the men's shed space. In most of the sheds, the main shed sign was the result of a team machinery project, so it is apt that this work is beneficial in drawing new members to the men's shed.

When we passed it and I saw the sign, which is good, I seen it on the wall. It was good advertising and had a phone number and I took the phone number. (Alan, urban men's shed)

Seeing the men's shed members out in public spaces was another significant way that the men's shed is advertised to the public and attracts new members. Some men from all the sheds identified seeing the men engaged within the community as their first contact with the men's shed.



I was at the Working with Wood show one year...and they had a stand. I had a bit of a yarn and they said great, come along. (*Alexander, urban men's shed*)

I went down to [the shops] one time, they had sausage sizzle one day. That's where I came upon them. (*Gregory, urban men's shed*)

The local visitor's centre had information, or maybe the council, I think, may be a bit vague on that. But there was a men's shed bloke there to talk to. (*Howard, rural men's shed*)

The distinctive shirts and hats that most of the sheds provided for their members to wear (at their own choosing) facilitated their physical identification as a group when they were outside the men's sheds (see Image 4.6 and Image 4.7).

**Image 4.6 Men in uniform (a)**



**Image 4.7 Men in uniform (b)**



#### 4.2.2 Hearing the talk

Interview participants frequently mentioned hearing talk about the men's shed from family members, friends and acquaintances. When men described a family member raising the men's shed as an option, it was presented in the interview as being a concerted effort by that family member to encourage the man to join the shed for his mental or social well-being.

My daughter was concerned for me and my wife and came up with this. She read it somewhere. She brought me over and I joined. (*Alistair, urban men's shed*)

After I retired I sat around for a while and my bride said, 'Well now maybe... there's a men's shed. That might be of interest.' (*Howard, rural men's shed*)

Oh, the wife talked me into it. [laughs]. I was doing hobbies here, I make a lot of stuff. ...And she said, 'You better get up to the....why don't you go up to the Men's Shed?' And I sort of ummed and ahhed for a while and I thought, 'Ok yeah, I'll go up there.' (*Joe, rural men's shed*)

When hearing about the men's shed from friends or acquaintances the information was less specifically about the man's own well-being than when a family member raised the idea. Friends and acquaintances were portrayed in the interviews as broaching the idea of the men's shed as an activity that friends could do together. The geographic location of the shed appears to influence the word-of-mouth phenomenon, with more rural men reporting hearing about the shed from friends and acquaintance than their urban peers.

A friend of ours, he said there's a men's shed there, why don't you come along with me to see whether you like it or not, so I did. Got involved a bit. And here I am. (*Douglas, urban men's shed*)

Well I heard about, I heard about it in town. Like I said, I like mixing with people. I thought I'd go and have a look one day. One Thursday morning I just walked up there. There were a lot of blokes in there I already knew. (*Maurice, rural men's shed*)

And [a friend] said, 'All right, we'll go. Just see, have a look.' That's what happened. So we looked. Paid twenty dollars. Got two shirts. Stuff like that. (*Alf, rural men's shed*)

#### 4.2.3 Health service referral

A few men in both rural locations identified either they or other men at the men's shed had initially become aware of the men's shed through a referral from a health service. No men in urban regions mentioned receiving information about men's sheds from a health professional.

So I started going to [a mental health service] and they put me on to the men's shed. So I said, 'well, I've got nothing to lose to go around and have a look.' So I went round and I thought, 'Yeah this is pretty good. It might be the thing I need.' It turns out I was right. (*James, rural men's shed*)

We have actually had a couple of our members have been referred by the local GP to have been suffering depression. (*Howard, rural men's shed*)

During one of our sessions, [my psychologist] said to me, in fact he was already one of the [shed] members, and he said, 'You should join. You should join the men's shed.' (*Roger, rural men's shed*)

#### 4.2.4 First contact

Regardless of the manner in which the man originally heard about the men's shed and, when this was indirect, located his local shed, the initial contact made with the shed was significant in encouraging the man to take the final step and attend a session.

He was the secretary and he picked up the phone...He was a nice person. He's welcoming me and everything. And I said, "Well, if this is a start, it's good."

*(Alan, rural men's shed)*

As a non-participatory observer, my initial contact with the shed was also significant to my overall experience at each men's shed. I immediately felt welcomed by the men in the sheds in which the initial contact with the committee was one of interest and the president was enthusiastic in his introduction and description of my goals to the member.

In the next section I will explore the men's perceptions of the men's shed space, and the ways that space influenced interactions and activity in the shed.

#### **4.3 The importance of space**

The importance of the men's shed space was raised by many interviewees, primarily associated with the notion of group identity and interaction. In all locations, the acquisition, renovation and personalisation of the space in which the men meet was a central theme to the establishment and ongoing interests of the shed. The connection of each group's identity to their space was noted in many interviews, with men from all of the sheds identifying a sense of both personal belonging and public identity associated with the shed as a place. In the quotes below, Alexander, Gregory and Howard all illustrate the personal connection they have with the men's shed with the descriptions 'our place' and 'our space'.

It's good for our identity and so you think, well, that's our space. *(Alexander, urban shed location)*

Yes, yes, then I come down here. It's nice here, comfortable...our space. *(Gregory, urban shed location)*

It might have made a difference because we probably upped our size probably about three or four times, we're bigger... more room, and a lot of people know where we are, they know who we are, we're in a pretty prominent position, they know it's our place. (*Howard, rural shed location*)

As previously discussed, by virtue of its location on the retirement village premises and so close to the men's homes, the shed at urban location two had a particular advantage in achieving an inward and personal space in which the men could engage.

At one of the men's sheds, the association of personal identity with space is reinforced with the naming of specific spaces within the shed after former prominent men's shed members. For example, various sections of the workshop were named for men who had contributed to their development, and the newspaper excerpt below details the decision to name the shed meeting room after a recently deceased shed member who had made exceptional contribution to the shed.

[He] was a member of the community and of the shed who did more than his health really allowed him to do comfortably. He was also a champion of the transformation of the [building] into a worthwhile and functional shed. It is fitting that he will now be remembered by having the meeting room named in his honour. (*Rural location newsletter*)

The notion that the environment in which they meet can influence the ways in which the men interact with one another was raised by some men, who discussed strategies that are used in the men's sheds to change interpersonal interactions when the current ways of interaction were perceived as negative or limiting. In the quotes below Mark describes a field trip and Christoph describes a community barbeque. In both instances these men perceive that moving the men outside of the shed environment and into the local community facilitated variety in the ways the men interacted.

I try to mix it up and offer alternatives of environments where we could be together in different ways and not be stuck around a table. (*Mark, urban shed location*)

Yeah so this weekend we are going to have a ... barbeque, and it's a different environment again...So we get to muck around a bit more and interact with each other another way. (*Christoph, urban shed location*)

The influence of the shed space on interactions was most notable with respect to the ways in which it facilitated or restricted opportunity for the men to engage with each other on more personal levels. In Chapter Five I discuss the men's perceptions of societal pressure to remain stoic, and in Chapter Seven I discuss the vulnerability men expose themselves to when engaging a personal or emotional discussions with other men. Because the men's sheds were generally very public spaces with few if any private areas to have a one on one chat, the opportunity for personal conversation was often limited. In most situations the men socialised in larger groups, and a man would always risk having private conversation overheard. For the majority of men, either this factor, or the lack of desire to engage in deep personal conversation, prevented heart to heart discussion. For a few men, meeting outside the shed or by telephone was their preferred way to discuss personal problems.

For some men, relocation of the men's shed and the subsequent change of space in which they met were noted as being a challenge, both in practical terms and with respect to identity. In the quote below Gordon details that the men's shed is in limbo, as the men transition from one space to another:

We've got *Spanner In the Works* in a few weeks, and then we've got to move to our new place....we're in the middle of a period where we're neither here nor there. Once we get settled in our new place...(*Gordon, urban shed location*)

Gordon portrays the move as almost a transition in personal identity when he describes the men as “neither here nor there” (*Gordon, urban shed location*), almost as though the group as a whole is transition from their current being to a new, unknown identity.

Christoph also discusses the move, and for him the turning of a new page with the new identity brings some fear of the unknown:

We’ve been waiting to get into this new place for quite a while now, and I know it’s partly fear for me, but it’s also turning a new page, new space. (*Christoph, urban shed location*)

The impact of the shed’s physical location on health, both in positive and negative ways, was also noted by men attending the sheds and those serving on shed committees.

They’ve undertaken to remove all the asbestos from the...buildings, and the contract has been let. They’re going to remove the interior and exterior linings of the shed we’re in, so that’s going to be quite, yeah, disruptive, but health-wise... (*Howard, rural shed location*)

We will have a look around the workshop and environs of the shed tomorrow with a view to making sure there are no obvious “safety traps for young players”. If anyone has any lurking concerns or suggestions to make the place safer.. please come along. (*rural location newsletter*)

Throughout this thesis I discuss ways in which men in the men’s shed negotiated the ways they perceived and expressed their masculinity, and the impact this had on their health and friendships in the men’s shed. The space of the men’s shed, as a domain of the men in which they could engage without broader public scrutiny or the influence of women, made a substantial contribution to the reframing of their gender display. Smith and Winchester (1998) highlighted the impact that men’s only spaces may have on masculine identity and, as will be explored throughout this thesis, this phenomenon was apparent in spaces of these four men’s sheds.

## 4.4 What's happening in the men's shed?

What's happening in the men's shed is as important as the space itself in attracting men to the shed and maintaining their interest in attending on a regular basis. The interviews identified two primary activities occurring on a regular basis in the four case study men's sheds: the workshop and helping men and the community. These activities acted as facilitators for much of the socialising in the men's shed, and provided the men with mutual motivations and interest through which they could connect. However, as will be discussed throughout this section, both activities also fulfilled a variety of other psychosocial purposes for the men attending men's sheds.

### 4.4.1 The workshop

The workshop is a central component of most men's sheds, as it embraces the concept of what a shed is: full of tools and a place to tinker. The workshop gives rise to the men's shed slogan: 'Working Shoulder to Shoulder', encapsulating the core value of men working together on projects.

I observed the workshops to be the heart of the men's shed in all four sheds, and just as significant to both rural and urban men. In both the rural sheds the workshop was operational whenever the shed was open, and men often stood around having a yarn while they watched others engaging in the physical work when they were not actively participating themselves. At the urban sheds workshop activities occurred only on the specific days the workshop was operational, and many men took the opportunity to use the equipment while the space was open. However, what was happening in the workshop, who was working on what, and the progress of shed projects was a common topic of conversation at urban shed social days.



The Australian Men's Shed Association (AMSA) aptly describe a men's shed with poetic visions of this tinkering, and the wide range of projects in which men engage in men's sheds:

The modern Men's Shed is an updated version of the shed in the backyard that has long been a part of Australian culture ... If you looked inside one you might see a number of men restoring furniture, perhaps restoring bicycles for a local school, maybe making Mynah bird traps or fixing lawn mowers or making a kids cubby house... (AMSA website, *What is a Men's Shed?* January 2015)

In the men's sheds in which my research was set, workshoping was the primary activity on offer. The role of workshoping in the men's shed is multi-faceted. Firstly, woodwork and metalwork are traditionally masculine interests and appeal to the primary demographic for which the men's sheds phenomenon was originally established: isolated Australian rural men.

Secondly, workshoping as an activity for men fills a specific role that becomes vacant on retirement. Wilson et al. (2013) discussed the notion that men experience imbalance in engagement in meaningful activity as they transition from employment to retired life. Particularly in the generational demographic currently using men's sheds, Western culture has generally placed a strong focus on occupation as the man's purpose in life, and indeed as his identity as a man. Loss of this role can leave men feeling purposeless and useless on retirement. Workshoping is an activity that requires both physical and mental engagement and the labour, routine, structure and commitment involved is comparable to an occupational role. For many men, the 'work' in workshoping replaces their previous paid occupation and provides a transition to a satisfactory lifestyle in retirement (Wilson et al., 2013).

In the interviews, the men discussed the workshop from a variety of perspectives. For some men, the workshop was the integral reason for their attendance at the shed. Access to the workshop environment, particularly equipment, was one of the primary reasons given by men for their initial seeking out of a men's shed. Some men attended the men's shed (at least initially) in order to gain access to equipment they required for home projects that they no longer owned themselves due to down-sizing of the home or retirement. Other men sought to re-establish previous hand work interests or to learn new skills.

Because I retired, I've been made redundant. I wanted to fiddle. I fiddled, but I wanted access to machinery. (*Jim, urban men's shed*)

My main interest was to have access to good wood working gear. Workshop. I couldn't afford to buy it for myself. That was the main reason. (*Jackson, urban men's shed*)

So one thing led to another and I'm now restoring old furniture... So I need to use a couple of hand tools and that that they have here. (*James, rural men's shed*)

I have used some of the machinery to do things that I want to do that I don't have the machinery to do at home. (*Mark, urban men's shed*)

The concept of men working alongside each other in the workshop was specifically identified by the men. At times, the machinery work is primarily a 'shoulder to shoulder' experience, with each man working on his own project alongside others. However, all the men's sheds I visited also engaged men in group projects, whether it be community work (e.g. building toys for charity), a project for the men's shed (e.g. creating a new sign or fixing the building), teaching new skills to one another, or working as a team to help one man bring a personal project to fruition. In the following

quotes the men describe some of the ways in which they worked both alongside one another and in unison in the shed workshop:

One bloke does this, the next bloke does this. He brings his own little thing in there, 'I want to make this, and I want to make that.' (*Maurice, rural men's shed*)

And we made a frame for the Men's Shed sign and because I don't do any woodwork, we did metal work. Which I believe I really enjoyed it...They bought the metal and we cut it up and welded it together. That's what we did. (*Alan, urban men's shed*)

If you've bought something and you want to do it, say you want to make a couple boards up, you just go to the Men's Shed and cut it up and you do it at your own leisure. If you run into a problem you just go and ask one of the blokes who is a trade at doing that and he'll show you how it's done and you'll do a good job. (*Alf, rural men's shed*)

They cut everything, positioned it. I came in and welded it. That was it...I was welding, they all sort of stepped back and we weren't talking at all. The only time we talked was about sizes and positions, in between things. (*Jim, urban men's shed*)

The descriptions above reflect the cooperative nature of men working alongside one another to achieve mutual goals. For the most part, this is consistent with my observations in the workshop in which I observed a strong culture of working together and sharing skill sets. Although men occasional "brushed up against one another" (*Christoph, urban men's shed*) and there was competitive interactions in which men verbally jostled one another to take charge of a project, the atmosphere was generally lively and communicative and interactions were positive. In this way, the workshops in the four case study men's sheds successfully fulfilled the vision of a shed's role in reducing men's isolation and promoting social interaction with other men.

The men's sheds literature notes men's sheds as places in which men engage in informal teaching, learning and mentorship (Wilson et al., 2013; Golding, 2006; Misan & Sergeant, 2009). In all the men's sheds, I observed informal mentoring occurring in the men's sheds. In the next quotes, Alf and Patrick indicated that teaching and learning occurred within the workshops:

If you run into a problem just watch one of the blokes who is a trade at doing that and he'll show you how it's done and you'll do a good job. (*Alf, rural men's shed*)

Look, there's plenty of guys there who would be only too willing to show me the ropes and teach me, I could work beside them if I wanted. (*Patrick, urban men's shed*)

Alf had worked alongside other men in the workshop to learn new skills. Patrick's description was made as an observer of the workshop activities, because he personally expressed no interest in workshopping. In the quotes above, a distinct nuance is noted in the way these men described mentoring. Both Alf and Patrick referred to watching and working alongside other men; however, neither man specifically indicates that he would ask another man for help. As will be further discussed in Chapter Seven, reluctance of men to seek assistance from other men is not uncommon. Greif (2009) suggested that asking a friend for assistance can be conceived by men as over-stepping the acceptable boundaries of a friendship—when help is required, it will be offered with open arms. Thus, the descriptions that indicate mentoring occurred indirectly and informally, without a man *asking*, are consistent with the construction of many male friendships. In the next section I will discuss formal mentoring arrangements that were implemented in one of the rural men's sheds.

Despite its popularity, the workshop is not for everyone. While workshoping was the primary function in the four men's sheds that participated in my research, it was not the only draw card, and some men at all of these sheds remained uninterested in working with tools in the shed environment, as the following men expressed:

I've never been a person who makes things out of wood or things like that. (*Patrick, urban men's shed*)

Like I say, I don't make anything up [at the shed], because I can make everything [in my shed at home]. (*Maurice, rural men's shed*)

I haven't done anything [at the workshop]. I just go and watch. (*Seth, urban men's shed*)

See it doesn't really interest me. Wood lathe, well I could do it if I bothered, but I haven't bothered. I'm not interested in metal work, although we've got a metal shop here. I go to the shed to meet people, to chat. (*Nick, rural men's shed*)

In Chapter Seven I discuss the two different patterns of interest in men's shed that the participants displayed. As outlined above, many men were attending the shed primarily for access to the workshop, and viewed the social activity that occurred in the shed as a subsidiary benefit. In contrast, there were other men that primarily sought out a men's shed for companionship and social interaction. The descriptions above provided by Seth, Maurice, Patrick and Nick that the workshop held no particular appeal to them are consistent with the varying motivations of men to start attending a men's shed.

Although it was unstated by the men I interviewed, it is possible that some men refrain from tinkering in the workshop because they feel their skills are inadequate. As a traditionally masculine activity, a man who does not feel confident in his skills in this domain may be reluctant to display his 'inferiority' to other men and risk being judged

as less masculine. In Chapter Five I discuss the perceptions of masculinity expressed by the men who participated in interviews, and the impact that this had on their interactions with other men. The potential impact that being seen by other men as less than physically able may have on a man's esteem will be elucidated in that chapter. Additionally, the notion that men are reluctant to seek assistance (particularly from other men) is discussed in Chapter Seven, and should be considered as a potential factor in the reluctance of some men to engage in the workshop. Despite a strong culture in the men's sheds of helping one another that I will discuss in the next section, reluctance to seek help for oneself remains a significant factor for many men.

#### 4.4.2 Helping in the shed and the community

In describing the goals and purpose of men's sheds, AMSA highlights some of the psychological benefits of sheds as "being productive" and "feeling good about yourself" (AMSA, 2011b). One of the primary ways in which men achieved this goal in the four case study men's sheds was through contribution to the shed and general communities. Many of the men described the men's shed as a place where people were helpful. In the following quote, Howard encapsulated that notion:

He's very much Men's Shed, yeah, he's very helpful. (*Howard' rural men's shed*)

By essentially describing another men's shed member as "very much men's shed" due to his helping nature, Howard defined 'being men's shed' as synonymous with being helpful, giving some insight into the perceptions that men had of the shed community. In the next quote, Alf specifies his motivation for helping other people is a desire to give back for the help he has received throughout his own life:

I think it's just...kind of looking after people. I'm always looking after people. People looked after me so I give back what they gave me in the past. I just go there just to sit there. Have a talk. See what's going on. Give [another bloke] a hand if he look like he wants a hand or something like that, you know? (*Alf, rural men's sheds*)

Throughout his life story, Alf detailed numerous occasions when he had been “down and out” and older men had taken him under their wing and given him guidance, including employment opportunities. Other men described the opportunity to be helpful and make a contribution to the shed and the general community as one of their motivations to attend the men’s shed:

I don't want to take all the credit for it, but I like to think I've made some contribution, and that's why I come here. To make a contribution. (*Gordon, urban men's shed*)

I believe if you're in these sorts of organisations then you need to help and to put something in to them to get something out of them. (*Michael, urban men's shed*)

Ballinger et al. (2009) discussed the role of the men’s shed in enhancing men’s lives by providing an opportunity to participate in meaningful activities and feel useful. For the men I interviewed, much of the meaning they obtained from attending the men’s shed was directly associated with being able to help other people. For these men, the expectation of being helpful was absolutely not a burden, in fact they were explicitly proud of helping others out, and received genuine pleasure from doing so. Alexander provides some indication of the benefits the men received from contributing to the community:

And also because I like the notion and the community involvement. And, you know, the whole sort of men's shed thing, it makes me feel kinda good. (*Alexander, urban men's shed*)

In the previous section I discussed the informal mentoring that occurred within the men's shed. Helping other men was one way in which men could feel good about themselves. For the most part men helping other men happened in the workshop, but when men constructed their social network maps (see Chapter Seven) it sometime emerged that a man had been given a lift to the men's shed by another member, or been taught how to play cards. As will be discussed in more detail in Chapter Eight, men did not often seek out assistance, and were also reluctant to portray themselves as beneficiaries of help; however the offering of help in the shed was clearly apparent.

In all the case study men's sheds the membership participated in community projects. As discussed throughout Section 4.1, community activities included building toys for charity, fixing things for elderly people and in the men's shed at rural location two, the men's shed was responsible for constructing and maintaining the town's community Christmas decorations. For the most part, these activities were undertaken for little or no financial reimbursement and the value of participation was "feeling good about yourself" (AMSA, 2011b).

In rural location two, the men's shed had established three formal mentoring programs. One program, operated in conjunction with a local education facility, provided the men's shed members opportunity to mentor and teach men in their late teens and early twenties with cognitive disabilities in workshop skills. In the second program, the men supervised older adults with mid to late stage dementia in very basic woodworking skills. In the third program, the men mentored boys under the age of 18 in workshop and gardening projects. Wilson et al. (2013) described a similar intergenerational mentoring program delivered in a men's shed in which participants reported an enhanced sense of self-work and accomplishment by teaching younger men skills that



they had themselves learnt in their youth. The men from rural shed two expressed similar sentiments, with all of them describing the genuine pleasure they received from helping in all three of the formal mentoring projects in the shed. Roger encapsulated these sentiments in the following description:

There are all these things where we get involved helping, either short or long term, and it just gives you a good feeling, for want of a better word. *(Roger, rural men's shed)*

Viewed from the feminist constructionist perspective, the framing of older men as useful and productive people within the community is in direct contrast to the subordinated position to which older men are relegated in Western hegemonic masculinity (Evans et al., 2011; Thompson, 1994). By seeking out and embracing a role in which they feel purpose and meaning, the men I interviewed in the men's sheds were far from subordinated and invisible.

The reconstruction of masculinity, including actions that reflect a masculine man, is a theme that emerged consistently throughout this thesis, and can be conceived as a significant strategy that older men adopt in pursuit of recognition in their community that can often be lost as a man ages. The role of helping in the community, and taking on mentoring roles, in elevating the older man's status can be viewed as a consequence of this pursuit. In the next chapter I will explore other ways in which older men either actively reject or subtly reframe traditional conceptions of hegemonic masculinity in order that they can meet their own perceptions of the ideal.

Chapter Four provided an overview of the four men's sheds in which the research presented in this thesis was set. For those unfamiliar with the structure and function of men's sheds in the Australian community, the chapter has outlined the various different

organisational and management models of men's sheds, detailed the influence of different models on the function of each shed and explored the ways in which the men (particularly committee members) and interact in sheds operating under various models. The importance of the space in which men engage on their ownership and sense of belonging to a shed was unravelled, as was the significance of the activities in which men participate at the shed. The role of helping others and the community and its contribution to meaning in older age for retired men who attend men's sheds was highlighted and explored This background provides the context for the following chapters that will explore the primary themes of this thesis: masculinity, friendships and the health of older Australian men participating in the men's shed movement.

## CHAPTER FIVE: PERCEPTIONS OF BEING A MASCULINE MAN

Chapter Five presents the data related to the men's perceptions of masculinity and what it means to be a masculine man. I begin with a presentation of the Male Role Attitudes Scale results. In the second section I discuss the qualities the men considered to be most significant in characterisation of a masculine man: self-confidence, respect, pride and leadership. In this discussion I explore the limits men placed on expression of these characteristics, and the fine line between confidence and egotism.

Section Three describes the ways in which men considered it is important for a masculine man to act. The section commences with discussion of the men's perceptions of societal expectations regarding how a man should act. Behaviours associated with traditional hegemonic masculinity such as risk taking, rebelliousness, alcohol use and not being a girl are explored. In Section Four I discuss the ways in which men portrayed the physical expressions of traditional masculinity, physical roughness and aggression. Section Five includes discussion of the acceptability of being emotional as a man, the societal expectation of masculine men as emotionally stoic, and the extent to which men were prepared to step outside the traditional notion of masculinity through expressing compassion, listening and talking. I then explore the influence of sexuality on the man's perception of masculinity and, importantly, attitudes toward homosexuality that will be discussed in subsequent chapters as influential in the ways in which men engage in friendship.

The final section of this chapter details the ways in which the men's perceptions and demonstrations of masculinity changed in older age. The significance of reframing

masculinity and masculine story-telling to how older men perceive themselves in the context of the hegemonic masculinity of Western society is explored.

### 5.1 Traditional Masculinity: Male Role Attitudes Scale

As an introduction to the discussion of masculinity in interviews with the men, I delivered the adapted Male Role Attitudes Scale (MRAS). The adapted MRAS (see Appendix 1) consisted of ten statements related to traditionally masculine roles with which the men nominated their level of agreement using a four-point agreement scale. Scoring of the MRAS is outlined in Section 3.5.2.

*Table 5.1 Scores on the Male Role Attitudes Scale (MRAS)*

	Mean score(SD <sup>†</sup> )		
	Urban (n=20)	Rural (n=12)	Total (n=32)
<b>Q1</b> It is essential for a guy to get respect from others <sup>‡</sup>	3.23 (0.80)	3.12 (0.85)	<b>3.20 (0.80)</b>
<b>Q2</b> A man always deserves the respect of his wife and children	2.45 (0.26)	2.79 (0.20)	<b>2.58 (1.00)</b>
<b>Q3</b> I admire a guy who is totally sure of himself	2.93 (0.16)	2.54 (0.26)	<b>2.78 (0.78)</b>
<b>Q4</b> As a man gets older it is harder for him to gain respect	2.65 (0.23)	2.25 (0.30)	<b>2.50 (1.04)</b>
<b>Q5</b> A guy will lose respect if he talks about his problems	2.38 (0.24)	2.21 (0.24)	<b>2.31 (0.99)</b>
<b>Q6</b> A young man should be physically tough, even if he's not big	2.35(0.19)	2.50(0.19)	<b>2.41 (0.78)</b>
<b>Q7</b> It bothers me when a guy acts like a girl or a sissy	2.70 (0.24)	2.46 (0.29)	<b>2.61 (1.05)</b>
<b>Q8</b> I don't think a husband should have to do housework	2.05 (0.24)	1.50 (0.18)	<b>1.84 (0.95)</b>
<b>Q9</b> Men are always ready for or thinking about sex	2.75 (0.47)	2.33 (0.86)	<b>2.59 (0.67)</b>
<b>Q10</b> It bothers me to hear a man complain about his health	2.25 (0.17)	2.25 (0.27)	<b>2.25 (0.82)</b>
<b>MRAS total score<sup>^</sup></b>	<b>24.98 (3.96)</b>	<b>24.00 (3.78)</b>	<b>24.61 (3.86)<sup>¥</sup></b>

<sup>†</sup> Individual questions possible range 1 to 4

<sup>‡</sup> standard deviation

<sup>^</sup> Total score possible range 10 to 40

<sup>¥</sup> urban vs rural p value not statistically significant for total or individual questions

The MRAS data were normally distributed. As shown in Table 5.1, the mean scores on the MRAS were not indicative of strong attitudes associated with traditional masculinity.

Independent samples t-test was used to explore traditional masculinity scores. There was no significant difference between masculinity scores for men in rural locations compared to those in urban locations ( $t(30) = 0.686, p > 0.05$ ). There were also no significant differences in scores on individual questions on the MRAS between men in rural and urban locations. The MRAS scores are used in more detail in chapter, in which a logistic regression is presented for social network and social support factors that predict a man's MRAS score.

The diverse ways in which men socially construct their ideal masculinity and portray themselves as men is well-acknowledged within the literature (Connell, 1993; Smith, 2007; Dalley-Trim, 2007). Over this sample of 32 men, the mean scores were found to be almost central on the scale of acceptance of traditional masculine gender roles. In actuality, this represented the diverse spread of opinion on the acceptability of the roles presented to the men. As will be seen over the coming chapters that present the thematic analysis related to perceptions and opinions on masculinity and being a man in the men's shed, the range of opinion is diverse and frequently conflicting. Not only did the men have different views from each other on what it means to be masculine, individual men often held conflicting beliefs, or had beliefs that were not reflected in their behaviours. Beyond the complexity of these multiple masculinities, patterns of the socially acceptable norm within the men's sheds are analysed in the next chapters.

## 5.2 The man's character

The overarching theme 'the man's character' encompasses themes that address components of the man's character or reputation that were considered characteristic of being masculine by the men participating in interviews. Three major themes were identified that represented concepts that the men identified as important to masculinity: self-confidence and pride, respect, and taking charge.

### 5.2.1 Self-confidence and pride

Being self-confident was identified by the men as a characteristic that indicated a man is masculine. Being self-assured, trusting one's judgement and abilities, and presenting to others as poised and composed were considered by many men as characteristics that should be respected. The following men provided some context to self-confidence as a desirable attribute that represented masculinity:

You need to have faith in yourself and what you do. (*Malcolm, rural men's shed*)

I wouldn't call them [masculine men] extroverted, but I know they're confident within themselves and of their own abilities. (*Douglas, rural men's shed*)

Well he's the one I think is very intelligent and sure and has a lot to offer, and is very masculine, anybody that talks to him would have to think he is capable. (*Alistair, urban men's shed*)

Being self-confident reflects the dominant paradigm of personal attributes that define the traditional male (Pleck et al., 1993). It was evident that men adopted the ideal of the hegemonic man as described in the literature: a 'real' man is one who is self-confident and who garners respect. This opinion was equally apparent from men who felt less than confident in their own abilities, usually in response to illness. As illustrated by these

two men, when a man did not have confidence in his own abilities, descriptors he used in discussing the experience were negative qualities, such as embarrassment and degradation:

Yes very much so that I admire a man who is totally sure of himself and I have very good reason for saying that. I am now degrading and am very dependent on my son-in-law. *(Alistair, urban men's shed)*

It is embarrassing to see your wife use a step ladder to clean the gutters when you have no confidence to put a step off the ground, it's embarrassing watching your wife pay all the bills. *(Phil, urban men's shed)*

Despite the general consensus amongst the men that self-confidence was a desirable masculine attribute, a fine line was clearly evident between admirable confidence and arrogance, self-importance and egotism. Being confident because one has genuine characteristics deserving of respect was viewed highly by the men, but a man must always be sure not to cross the line into cockiness if he wishes for other men to consider him masculine and highly esteemed.

Like I said, if he's sure of himself ... I don't necessarily respect it. I've got a brother like that. He knows everything best, it doesn't matter what you say, he knows everything best, and I disagree with that. *(Maurice, urban men's shed)*

Because you don't want to be seen as boasting. Or looking for approval. You don't want to ever look for approval. *(Alistair, urban men's shed)*

I'm suspicious of a guy who is totally sure of himself because he is usually wrong. I wouldn't say that I admire this. I admire self-confidence. *(Alexander, urban men's shed)*

It's pretty hard to differentiate with some blokes whether they're sure of themselves or whether they're up themselves. Now, if he's genuinely sure of himself, I'll [respect that]. If it's the other, I put him down the bottom somewhere. *(Jim, urban men's shed)*

This fine line between confidence and smugness, the stepping over of which influences the perception of a man as masculine by others, was reflected within responses made by individual men rather than reflecting two opposing paradigms between different men.

Interviewer: Do you admire a guy who is totally sure of himself?

Alf: Probably. I dunno, I'd reckon they'd be a bit up themselves myself, I'll disagree with that.

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Alf: A man is somebody that controls himself, good self-control person. Someone who thinks more than he talks, is confident, believes in himself. (*Alf, rural men's shed*)

In the dialogue above, Alf identifies that key attributes of a masculine man include confidence and belief in oneself. And yet, when confronted with the concept of a man who is "totally sure of himself", Alf expresses a lack of admiration. Viewed from a feminist constructionist perspective, one may consider that a totally confident man is a threat to Alf's own masculinity, and his categorisation of such a man using the derogatory term "a bit up [him]self" protects his own status as a dominant man. A man who is perceived as cocky and overly self-assured may also be considered to be assuming a respect that has yet to be earned, which would be bypassing the implicit socially constructed conventions through which men achieve a respected status.

### 5.2.2 Respect

The importance of respect to a man was evident in the interviews. Some men framed respect as a humanistic requirement, indicating that gaining respect from one's community or family is a need that all people, male and female, find essential.

Yeah. Yes I would agree a lot that a man, a person, wants respect. (*Jackson, urban men's shed*)



Interviewer: What is your opinion on whether it is essential for a man to get respect?

Alistair: Yes, I agree with that. I'm not, well, I expect most people agree with that...

Everyone wants respect. (*Alistair, urban men's shed*)

You've got to have respect yes. Yes, we always show respect - well, we show

respect to each other. And the children always show me respect. Even the grandkids

show me respect, so yes, it's important. (*Joe, rural men's shed*)

Conceptualisation of respect went beyond a human essential for many men and appeared to be constructed within the notion of masculinity and how a man should be perceived. It was evident that being respected was important to men, and they considered gaining respect to be significant to the way they were conceived by others as masculine men.

We'd like a bit of respect, everybody does, it's the first thing of good manners, first

thing about being a man. (*Malcolm, rural men's shed*)

Being a man is not necessarily being a leader, but someone people can turn to and

say, 'well I respect you and what you are saying'. (*Patrick, urban men's shed*)

It's [respect] desirable for all men, I don't know, it's a just bloke thing. (*Alexander,*

*urban men's shed*)

The notion that respect is integral to both a man's public and private persona is not unique. Respect and integrity are identified by men of different ages and cultures as intrinsic to the notion of masculinity and self-identity for men (Gibbs et al., 2014; Harris, 2009). Indeed, in studies of younger men, the man's character, and respect in particular, have been shown to have greater significance than physical manifestations of masculinity (Gibbs et al., 2014; Harris, 2009). That these older men consider respect to be essential for a man comes as no surprise, as they have constructed their masculinity in response to a diverse range of life challenges through which their character has been

continuously judged by others and the gain of respect is an indication of life success. In their older years when physical attributes of manliness are fading, it seems natural that these men would prioritise the importance of respect as a sign of masculinity.

While a few men expressed the view that being a man was in and of itself something that deserved respect, most men perceived respect to be something that a man earns through his actions and character and the way he treats others. These men adamantly opposed the idea that men should be given respect as a default, and indicated that before they considered a man worthy of respect he needs to demonstrate desirable characteristics such as honesty, responsibility, ethics and respect of others.

Men should earn such respect and he doesn't deserve it. That's not a given. No. Of course not. Just because you're a bloke, the old head of the family thing...that's nonsense, no. You should have it. But that should be a function of who you are and how you behave. *(Alexander, urban men's shed)*

No. You gotta be a man first. Responsibility, honesty etcetera. Then you earn respect....Respect is about how you perceive somebody else in terms of how they treat other people, how they talk. They earn it. *(Hugh, rural men's shed)*

He has to earn it. He doesn't deserve. No, I don't believe you deserve respect, no way. *(Fred, urban men's shed)*

I think respect has got to be earned. You can't demand it, and you can't buy it, so your own person, your own ethics, and your own style will determine how much respect you get. *(Patrick, urban men's shed)*

And I think you know if, to go on with that, if you want respect then you have to provide respect to other people, I think that's an essential part of the respect. *(Michael, urban men's shed)*

As will be discussed throughout this chapter, the men discussed various ways in which respect is gained, most of which are highly consistent with hegemonic conceptualisation

of masculinity. Men in all men's sheds identified specific ways in which a man should act in order to gain respect; the roles of physical roughness and emotional resilience; and differing perceptions of the level of respect older men receive in the general community. One of the primary ways in which a man can impact the level of respect he garners was through leadership roles.

### 5.2.3 Taking charge

Men in both urban and rural locations identified that taking leadership was a characteristic with which they associated masculinity. Some men referred broadly to the ability to take charge of a situation as a masculine trait, and once again the concept that a masculine man deserves respect was explicit:

As far as a masculine trait goes that would be, um, being able to lead and take charge of the situation. *(Howard, rural men's shed)*

You've got to be masculine to have the regard and respect of the men that you are leading. *(Alistair, urban men's shed)*

Likewise, men who were not perceived as strong leaders were defined as being lesser men, and considered to be lacking in masculinity, as Michael describes with a euphemism:

To be crude, he's got no balls, doesn't lead. I think he's been influenced and controlled and managed by his father for far too long. *(Michael, urban men's shed)*

The men discussed a variety of different ways in which a man's ability to be a leader, and therefore his masculinity, were assessed by other men. The level of seniority a man has achieved in his working life was raised as one way in which a man demonstrates that he is respect-worthy.

I've got a lot of time for him. He had a fairly high-powered job in defence, so a real man's man. But I like him, he's a very sensible fellow. (*Jackson, urban men's shed*)

That fellow is even more masculine. He is the head of the taxi services. And this one [another man], he's not physically masculine but he is mentally masculine, because he is...his role is on the board of this organisation. (*Alistair, urban men's shed*)

As retired men, the opportunities to take on leadership roles become more restricted, especially for this generation of men for whom career has been a major outlet in life. Some men clearly struggled with losing their leadership roles through retirement, and felt emasculated as a result.

My life, or my main working years, I was in control, but once you leave and let those lines go, that's it. That's your manhood. So, should I say, well, I am not used to being told what to do. (*Malcolm, rural men's shed*)

The men dealt with the loss of workplace leadership roles and opportunities in different ways. Some men appeared to feel impotent due to the loss of work roles as an opportunity for leadership. For example, Alistair perceived the men's shed as a place where men are equals, and he perceived there to be no way in which he could take on 'seniority' or leadership. In his statement below he laments the lack of this opportunity, while also expressing his internal perception that he is superior to others:

Well seniority is quite relevant and I have no work now, and, ah, there is just no seniority in the men's group, we are all equal in ability and knowledge and that means that you do not feel superior. But actually you do feel superior sometimes, but you just don't...well...there's no chance to, well, um...I've got so many things I could say and tell to them but I don't and I won't. (*Alistair, urban men's shed*)

However, as discussed earlier, he does not wish to be perceived as overly self-confident, which would risk other men judging him as too cocky.

In one of the urban men's sheds, many of the men viewed the organisation quite differently, particularly those who took on committee roles. In that particular shed, the men described frequent upheaval and conflict between members of the committee, and it appeared that there was a form of power play as men sought to assert themselves as leaders of the group.

I thought, 'He obviously wants to be on the committee. He's a bit pushy.' I suppose that has proved to be the case. (*Jackson, urban men's shed*)

He's got direction, he's going places. He's like, 'I'm not listening to anyone else, I've got my own ideas'. (*Michael, urban men's shed*)

But it didn't take long being here. Just showed enthusiasm about things then asked to come and sit in on meetings and be nominated to take up a committee position and they respect that. (*Committee member, urban men's shed*)

I don't muck around with them, it's the nature of the beast. I'm the position as much as the person, and they need to see that. (*Committee member, urban men's shed*)

The role that sex-segregated social clubs can take in providing leadership positions as men socialise with other men is previously identified in the gender literature (Cohen, 2010). It was evident that in this shed, some of the men had reconstructed a form of seniority that many would have experienced in their working lives, in which moving up leadership ranks increased one's dominance and respect. Thus the men can be seen as having socially constructed their previous masculine norm within their new cultural space of the men's shed. Previous studies of gendered leadership have identified that both leadership and followership masculinities shape the power dynamics within groups (Collinson & Hearn, 2014). In this cultural space, the men had embraced and propagated leadership opportunities and the social norm of respect for these roles was

generally adopted, but occasionally challenged, when different men sought to assert their own hegemonic masculinity.

I observed an example of this at a membership meeting in the same men's shed, when one man directly challenged a member of the committee regarding public access to the men's shed financial records. The two became loudly verbal, their language became crude and aggressive, and the interaction ended with a challenge to 'take it outside'. This was a clear challenge to one man's leadership position, and the committee member's response was consistent with theories on the construction of masculinity that suggest threats against a man should not go unaddressed lest he risk his honour and social position (Saucier et al., 2014). Equally his use of aggressive verbal abuse and threats of physical violence can be viewed through the feminist theoretical lens as a portrayal of distinctly hegemonic behaviours, used in an effort to maintain the respect for his masculinity and role as a leader.

However, it should be noted that the phenomenon of men's shed committee roles being a replacement avenue constructed by the men as an opportunity to pursue leadership was not explicit in any of the other sheds. In the rural sheds, committee work was actively avoided or taken on reluctantly. In terms of the function of these men's sheds in this research, those with strong leadership structures and those without seemed equally productive in terms of shed business, including promoting the shed in the community; increasing shed membership; delivering a program of education and activities; and providing a social outlet for men. Thus it appeared that men who engaged in striving for the top of the leadership scale or challenging the recognised leadership

did so alongside the functioning of the men's shed, and (thus far) the power plays neither benefited nor detracted from the shed's function.

Other men appeared less threatened by losing the opportunity for work-related leadership through retirement, perhaps because they identified more strongly with other ways in which men have opportunity to take charge. The man as a leader of the family, identified as a role that a man traditionally adopts in parallel to leadership in the workplace (Collinson & Hearn, 2014), was frequently mentioned and explicitly linked by the men to masculinity.

....and as a man he has gone up in my estimation a lot more over the years because I think he has settled down now. He's now taking more responsibility for them, looking after them and becoming a bit more of a father to them. (*Michael, urban men's shed*)

Well a man is, I dunno. Being a good father and husband. Being able to be a good decision maker in family life, and also in male environments. (*Patrick, urban men's shed*)

Gordon: In my youth and in fact through my life, I refuse to be bullied.

Interviewer: So it's important for a man to stick up for himself?

Gordon: And importantly, a man sticks up for his family. (*Gordon, rural men's shed*)

Interviewer: What do you consider to be masculine?

Reg: Oh, okay, well, sort of bread winner of the...well, the leader of the family. (*Reg, rural men's shed*)

Once again, when there was a failure to portray the hegemonic ideal, this time of the man as family leader, men felt challenged. In numerous interviews men described failures within their family for which they perceived they would be personally judged by the other men, and this was considered a threat to their own masculinity. This was

particularly acute for fathers who had sons that they perceived did not adequately fulfil accepted hegemonic masculine roles, for example, men who had homosexual sons, and one man whose step-son identified as transgendered. In these cases, the men clearly did not wish their family situations to become public knowledge within the men's shed:

I couldn't come to terms with it...with the situation. I'd been one of the boys for a long time. You know men talk like [gruff sounds], all these things, and all of the jokes that go around. And then you're confronted with that in your own family. But it wasn't just him, it was other things that would happen in my life as a result. I mean, what will they think? I'm one of the boys. How could I possibly...so you see, this conversation with you is private. *(men's shed member)*

Shed member: I've got a step son who's decided he wants to be a female instead of a male. Oh, I can't stand it. It's upset his mother so much. His brother wants nothing to do with him. I don't want anything to do with him either [sobbing]. It's just to me, I'm sorry to say, he's always been one who seeks notoriety. And that will be notoriety on me as a failure as a father.

Interviewer: It's a big thing to come to accept.

Shed member: I'll say it is. His mother says for many years she always wanted a daughter and I say, well you've got one now. But no, it's crazy. And they cannot know. *(men's shed member)*

Non-acceptance was the dominant paradigm towards homosexuality in the men's shed space. As will be discussed in more detail in Section 5.5, non-hetero sexual identities were clearly identified by the men as outside the dominant social construct. This knowledge moderated the ways in which the men engaged with one another but also, as seen above, it moderated the ways in which they perceived other men would judge their own masculinity when their child failed to meet the ideal of a man.

While this perceived judgement appears indirect, it can be more fully understood when one considers the third explicit leadership role that was identified in interviews with the men, that of role model to younger men.



Michael: Well [his dad] is a loser. So he has drifted and struggled quite a lot as a person trying to get somewhere in life and trying to find his position.

Interviewer: Do you think that is something that a lot of young men face these days, in being men?

Michael: Oh absolutely. Yeah, it's a real problem for all our youth and that is one reason I got into scouting, to try and set an example and give some guidance to boys along those lines. If you don't have good male role models then how do you get ideas and the moral or ethical code that you have in life, if you don't have those men to influence and show those ideas? (*Michael, urban men's shed*)

A man needs to be a stalwart I suppose, and a role model for children. You show boys. (*Howard, rural men's shed*)

The men above clearly stated the role of a man includes being a leader to younger men and demonstrating masculinity. One would consider the primary opportunity for these men to engage as a role model for younger men would be through the fatherhood role. However, few of the men who had sons discussed fatherhood in significant detail. This may be related to the historical context of when these men performed their most substantial fatherhood roles, in which the dominant paradigm of a strong father was that of family breadwinner and moral teacher (Daly, 1995; Lamb & Tamis-LeMonda, 2004), but one who is often emotionally absent (Donaldson, 1993). Some of the men described their absence from the family home and the little time they spent with their younger children. Fred, a previously self-employed man, provided a strong description of the notion of the almost absent father, and the perception he has of the impact:

Fred: I feel close to my sons but I don't think they feel close to me, I don't know.

Interviewer: Can you explain a little why don't you think they feel close to you?

Fred: I think I have...because of the way I brought them up...we have never been demonstrative in the family. It's American, hugging and kissing and carrying on. We don't do that. And that is from an era when people didn't do that that much. And an era when I was simply never around. So they were not close to me, of course I was there, and I certainly provided the discipline and guidance, but I wasn't close. They are much closer to their mother.

Interviewer: Is this just with the sons, or with your daughters as well?

Fred: Probably with all of them. Probably all of them. I think it's a barrier that I have that made it hard for them to love me. They could probably like me. I don't know where they stand, but anyway. (*Fred, urban shed member*)

Fred goes on to describe his three sons as healthy, masculine men, with strong family values and good Christian ethics. Although at many points in his interview Fred described his own weaknesses as a man associated with alcoholism and bankruptcy, his perception of his own sons as the ideal hegemonic male is perhaps a personal vindication of his self-perceived failures, as he describes his sons as taking on the better masculine qualities that he demonstrated. The men above who judged their homosexual and transgendered sons as flawed men, found no opportunity for satisfaction from being a masculine role model, as their judgements of their sons also cast themselves as failures.

Many other men indirectly provided examples of other outlets through which they had opportunity to be a role model and mentor for younger males, including Scouts, Lion's Club, counselling roles and lecturing on life skills to high school students. At one of the rural men's sheds, numerous formal programs had been established in the shed in which shed members taught younger generations workshopping skills, and "took the lads under [their] wings" (*rural shed member*).

The popularity of these mentoring opportunities, and the satisfaction the men experienced from their undertaking was consistent with the construction of role modelling as a demonstration of the ideal masculinity through leadership. As the men primarily identified male-only settings as places in which they engaged in mentoring

activities, it could be construed that these men role model Connell's (Connell, 1995) 'real man' to younger generations.

Some of the men may contest this notion. As previously discussed, multiple masculinities were evident within all the men's sheds, and no doubt the 'softer' man would perceive his role modelling to entail acceptable and alternative ways in which a 'sensitive new-age guy' can engage in a traditionally masculine space. Whether the individual contact that the younger generation has with these men who have uniquely varied conceptions of masculinity is sufficient to overwhelm the hegemonic masculinity predominant in the space in which the role modelling occurs is difficult to determine. Beyond the workshop activities, the ways in which men act and interact within the men's shed space are often demonstrative of the traditional rough, aggressive, risk-taker.

The next section looks more closely at ways in which the men perceived the ideal man as acting in the public setting and how these perceptions influence their own interactions and behaviour in the men's shed.

### **5.3 Acting the man**

The overarching theme 'acting the man' encompassed themes the described ways in which a masculine man was perceived by interviewees as being expected to act, and ways in which these perceptions influenced their gender performances and interaction within the men's shed space.

### 5.3.1 Societal expectations

Consistent with constructivist gender role theory (Connell, 1995; Connell, 2009; Evans et al., 2011; Springer & Mouzon, 2011), the men in these men's sheds expressed an acute appreciation that there are societal expectations related to the ways they are expected to act as men in order to be considered masculine. Some of the men described specific characteristics that they were aware they were supposed to display, in order to be considered a man:

You know, manly men change tires, and wear singlets and that sort of stuff. And swear and fart and curse. And do practical things. *(Alexander, urban men's shed)*

A man can't be seen to be a misery. You want to appear to your peers to be an intelligent but jocular person. *(Alistair, urban men's shed)*

Other men were specifically aware of the conception of masculine expectations from a more general and academic perspective, and were not shy in expressing their own views on the dominant masculine paradigm. Christoph, who had a political background and defined himself as a men's liberationist and pro-feminist, had insightful perspectives on the influence of the patriarchal society and the damage he believes it does to boys and men:

Well, given that sexism and patriarchy and male dominance has had us at the forefront of telling everybody on the planet what to do for a very long time, yes it influences perceptions of men and what they "should" [uses air quotes] be...I was raised male. I was raised completely saturated in sexism. And 'take over' and 'no, no I'll drive'. It's wrong, you know. It's wrong...I've been socialised the way that I have, to be a certain type of male. *(Christoph, urban men's shed)*

Also coming from a pro-feminist perspective (although not self-described as such), Mark identified social and cultural expectations regarding the way that men are expected to present themselves.

I guess that there are a lot of cultural, social pressures on males in terms of what their behaviour is and their responses to the way society functions and that they then dictate individual responses. (*Mark, urban men's shed*)

Theoretically, anti-essentialist gender theory proposes that the individual man has potential to challenge these social constructions of masculinity (Connell, 1995; Connell, 2009; Butler, 1999). One may presume that men who were attuned to the societal influence of their gender expression and could concisely express the influence it has over the man may be more inclined to construct his own masculine persona in an individualised manner. Certainly within interviews, individual men pushed the notions of conventional hegemonic masculinity with their often very conspicuous rejection of the dominant masculine paradigm. However, as will be seen throughout this chapter, this was not consistent across all the men, and in my non-participatory observation of the men acting out their masculinity within the men's shed space, the dominant hegemonic paradigm remained clearly present.

### 5.3.2 Rebellion and risk taking

The male gender role is consistently characterised as being traditionally associated with hazardous activities. A biological explanation in which inherent characteristics of the male could explain a propensity toward risk-taking is lacking (Courtenay, 2000a). Thus, a social constructionist perspective offers some explanation of this phenomena through the narrative that men act out roles they perceive are socially acceptable for their gender

(Courtenay, 2000b; Courtenay et al., 2002), in this case rebellious behaviours and risk taking.

In much of the gender literature, male engagement in behaviours that flaunt authority and place themselves at risk is highlighted in younger men in their teens and early adulthood (Evans et al., 2011; O’Beaglaoich et al., 2015). Older men are more often portrayed as achieving status as a masculine man through other avenues (Evans et al., 2011). It was therefore somewhat surprising to identify rebellion and risk taking as themes in the men’s interviews. Some examples of rebellious behaviour are provided by the men:

I would sneak down to the bay and strip off and go skinny dipping...I wagged school towards the end of one particular year, second class. I got a belting one night when I got home... I went to boarding school and got thrown out. (*Jim, urban men’s shed*)

...or I was forced to leave school, take your pick. I was a naughty boy. Don’t go into that, don’t ask me any more questions about that school! It wasn’t very good. (*Joe, rural men’s shed*)

It is immediately apparent in the descriptions above that these men are describing events well in their past, and this also reflects the context of rebellion identified in other men’s interviews. Likewise, when men discussed risk-taking behaviour, they primarily described events from the distant past, generally in copious detail. In the following three quotes the interviewees provide vivid vignettes from their lives, with specific details that were engrossing to hear, and encapsulated the significance of these events to the man’s life narrative. First, Howard discusses motorcycle riding and desire for bigger, faster engines. He describes a risky ride, and the exhilaration he experiences when he successfully negotiates difficult road at excessive speeds:

An old mate of mine, we used to ride motorbikes together years ago.... I was riding a 650 BSA before I even had a license... So that escalated, and that wasn't very loud and it wasn't big enough, and then I bought a 250 and that wasn't big enough, and then I bought a 750 and that wasn't big enough, and then I bought an 1100 and that thing really hammered hard. So I've seen 200 in third gear with two to go, and 250 on the clock and it was still accelerating and I'm doing these hook bends and I just thought, 'Yeah!' [thrusts fist in the air]. (*Howard, rural men's shed*)

Alf provides a narrative of a life-risking event in a wagon in which he drives the horses around a dangerous bend too fast, instructs his friend to engage the wagon brake causing the wagon to hit the corner embankment, almost tipping the men at high speed.

Anyway, so I belted them horses along to the corner and [my friend]'s like this [demonstrates a terrified face] (laughs). He slammed the brake on just like I told him, god that was mad to tell him that, and the whole coach broadsided into the corner, and the horses took off up that way and pulled us all out. Jesus it was a bit mad (laughs). (*Alf, rural men's shed*)

Finally, Jim details his adventures as an avid shooter. In a long monologue describing his passion for rabbit shooting and being out in the bush, Jim details his risky gun handling and laughs over the outcome of a bullet through his foot.

Dad and his two brothers used to go camping a lot down in Kangaroo Valley. He taught me to shoot down there...I bought a rifle, second hand rifle, borrowed it off of one of dad's brothers and it was a single shot. I took it out, shooting left, right and centre. Mainly bunnies, but, really, anything that moved. It was a single shot, you put your bullet in, you clasp but, it doesn't cock itself. You've got to cock it yourself. So I'd be walking around the paddock, rabbit, click, zoom. So I got into the habit of loading it, cocking it and walking around with a loaded rifle. So I step over this log, trip. Ended up with a bullet through the leg (laughs). (*Jim, urban men's shed*)

Despite these events occurring over half a century earlier, in the brief life histories they relayed to me, these are the stories the men chose to convey. The interviews provided the men with opportunity to reminiscence, and from the vivid descriptions the men

provided of these life events we can conclude that pleasant memories abound in these stories. However, in the context of discussion of masculinity in these interviews, the selection of life events in which hegemonic masculine behaviour is dominant suggests that these men either personally adopted social constructions of men as rebellious, adventurous risk takers, or they had a strong perception that this was the right way to act in front of others (in this instance, myself as the interviewer). Given the many vulnerabilities the men exposed during interviews, the former seems to be a more accurate interpretation.

As discussed in more detail in section 5.6, it was commonly observed in interviews that men frequently used story telling in which they portrayed themselves as a masculine.

### 5.3.3 Alcohol

The use of alcohol and drugs as a component of risk-taking is noted in the literature, particularly as it relates to men's health (Courtenay, 2000a; Courtenay, 2003). In terms of current behaviour, many men identified as non-drinkers and the vast majority were never or ex-smokers and drug takers. Of those men who reported alcohol use, this appeared to be in moderation.

References to alcohol in the interviews were often in recognition of social expectations surrounding masculinity and drinking, and the men had an acute awareness that drinking is considered a masculine behaviour.

Growing up male in this country it was what you do. You go down to the pub for a beer with your mates. What's socially acceptable depends on your background I guess. I grew up working class so you'd go and do your day's work and then you'd go to the pub with your mates, you know? (*Christoph, urban men's shed*)



It's a lot of peer pressure on guys...I'm not into the things with drugs and drinking but I know these guys seem to have gone off the rails in that direction. (*Russell, urban men's shed*)

I used to drink a fair bit then. Well, I was 35 and still punching people in the pub, so you know. They used to reckon I used to go and look for a fight after 7 o'clock, what a load of bull! But then I gave it all away, I didn't drink anymore. Got in a lot of fights. Stuff like that. Just being, you know, the typical young bloke you gotta be. (*Alf, rural men's shed*)

As with other rebellious and risky behaviours, drinking had been relegated to the past for the majority of these men. Although above Alf incorporated the use of alcohol into story-telling to portray himself as a masculine man engaging in traditional hegemonic behaviours, vignettes incorporating alcohol use were actually uncommon, as was the telling of 'drunk' stories in the public space. Given the abundant inclusion of other risky and rebellious behaviours in the men's reminiscence, and their clear acknowledgement that drinking alcohol is a component of hegemonic masculinity, the scarcity of drunken stories is somewhat perplexing.

The context of the men's shed space perhaps unravels this inconsistency. All the men's sheds had alcohol-free policies, both on their men's shed premises and at men's shed-related events. In sheds with Codes of Conduct, an agreement to refrain from using alcohol while engaging at the men's shed was included in the standards expected of shed members. In part, these exacting policies were related to occupational health and safety considerations with respect to using the workshops. However, the following reflective comments from committee members at two of the men's sheds demonstrated more extensive rationale for maintaining the men's shed space as alcohol-free:

It's important to me that as guys we have an outlet to deal with difficulties or frustrations or "feelings" [emphasised] without thinking that we need to go and play sport or use alcohol or drugs. (*committee member, urban men's shed*)

I generally don't drink during the day because it makes you feel drowsy and not quite on your game. We don't have alcohol in the shed or at events. I like to think we can be men without that. (*committee member, rural men's shed*)

It can be conceived that the unequivocal understanding within the men's shed space regarding non-use of alcohol, coupled with a leadership philosophy that rejected the normative view of men's use of alcohol, underpinned a local culture of sobriety acceptance. These men may have reconstructed their masculinity within the context of the men's shed local culture, and found no need to portray their masculine selves using the hegemonic concepts rife within Australian culture of the man as a heavy drinker, as one who can hold his drink or as someone who socialises with a beer in hand. This observation appears to give support to proposals by researchers that reconstructing male norms may contribute to alcohol reduction (Wells et al., 2014).

#### 5.3.4 Don't be a girl

It was exceedingly apparent within interviews and during non-participatory sessions that the local construct of masculinity in these men's sheds was derisive toward behaviour that could be considered feminine. This was generally discussed in broad terms — a bloke just makes sure he never acts girly—although the specific behaviours that these men would define as girly were rarely elucidated. The following men provide the best descriptions of behaviours that equate with being girly, and they clearly related to their younger years:

Oh, masculine, I don't know. Not tied to the mother's apron strings all day like a girl, that's about what it comes back to. You got to get your hands dirty, I suppose.  
(Joe, rural men's shed)

I think it's an influence of when you were growing up. My dad died when I was only 19 but it was always, 'Stand up straight son, stop sniffing, you're a boy not a girl.'  
All that sort of thing. (Michael, urban men's shed)

I was left feeling that knowing what is girly is somewhat of a code, and these men simply know from a lifetime of acting 'correctly' as a man. It appears that the unclear characteristics ascribed to being girly were not necessarily used by the men to describe femininity, but were considered to engender weakness and used police the boundaries of being male. True to Connell's observations (Connell, 1995), having been "raised completely saturated in sexism" (Christoph, urban men's shed) these men have lived with an ingrained notion of what is undesirable for the man, and the potential for being bullied with effeminate terms and considered weak should they cross the line.

Alexander provided a clear example of the implication of how one would be considered should he act in a girlish way:

[He] is a bit of a girl. Now when I say that, what I mean is, if we're going back to stereotypes, [he]...needs to grow a pair. He doesn't stand up... That's so frustrating. It frustrates me too much to deal with him. (Alexander, urban men's shed)

Infrequently, men described moments when they had risked engaging in girly behaviour, knowing they were stretching the bounds of hegemonic masculinity and the accepted way of acting the man in the men's shed:

They think I'm a bit eccentric because I burn candles all the time. Of course they call me a girl, I just [uses an effeminate limp wrist motion]. I can take it these days.  
(Alf, rural men's shed)

As a physically imposing man with stories of days spent on motorcycles, riding wild horses and in bar-room brawls, Alf's masculinity was beyond reproach. He could risk burning a few candles.

### 5.3.5 Language

Bloke language is an imperative in the men's shed if one wishes to act correctly as a man. As discussed in Section 7.2 with respect to ways in which the men interact in their space, crude and offensive language was rife, and men were not afraid to demonstrate it in interviews and in their informal discussion. Although an apology was occasionally proffered, expletives were generally embedded in the men's language with no specific acknowledgement, providing an authenticate demonstration of their normal communication within their shed space, and their comfort in the interviews:

I love men's company, too. Bloody-oath I do. (*Maurice, rural men's shed*)

Interviewer: So do you consider the guys that go to the Men's Shed are masculine?

Joe: Oh shit yes. Yes, yes, yes. Oh yes, hell yes! (*Joe, rural men's shed*)

Well, the only way I could think to get out of there was to take a bloody slash [pulls on fly and indicates urinating]. (*Jim, rural men's shed*)

Historically, expletive language is more often associated with manhood, and some linguistic researchers propose that this association is associated with the perceived aggression and harshness of crude expression (De Klerk, 2009). Although swearing by women has become more common and acceptable in recent generations, in the more senior age group of the men's shed attendees, there remains a strong association between crude, offensive language and being a man. Some men had an explicit perception that use of crudities was masculine:

Interviewer: In what ways do you think he's a very masculine man?

Gregory: The things he says playing cards.

Interviewer: What sort of things does he say?

Gregory: His expressions playing cards.

Interviewer: He's got certain expressions that are very manly?

Gregory: Yeah very manly....but, I couldn't tell ya. Couldn't say it to ya. It's not for ladies. [indicates that it is offensive language with hands over ears].

*(Gregory, rural men's shed)*

And for others, there was less personal and social insight:

Masculine, manly. Hmm. Well missy, you've gone and got me bugged up the hole here because I never thought about that one. I guess someone who's got good manners, well-behaved, controls his language...*(Alf, rural men's shed)*

Dirty jokes are a staple form of communication at the men's shed, and a repertoire is almost essential for a man who wishes to truly act the part. Dirty jokes were a sign of solidarity, exchanged verbally in social groups and in written newsletters. Printed jokes, downloaded from the internet, were passed around on social days. Telling a crude joke was a way in which men portrayed themselves as masculine, and it is notable that they appeared to be drawn upon at times when men may feel more vulnerable. It was not uncommon that a dirty joke was used to break the tension when a conversation became too serious, especially when men began talking about personal vulnerabilities such as their health. Reverting to blokey language and offensive humour can be construed as a way in which a man could quickly re-establish his masculine persona when he felt it had been compromised.

Jay and Janschewitz (2008) discuss the ways in which physical and social spaces contribute to the use of crude language. Consistent with their propositions (Jay & Janschewitz, 2008), the relaxed and informal atmosphere of the men's sheds, the

comfort that most men appeared to have with the men's sheds social groups and the absence of women may augment each man's personal use of expletives.

This section has discussed the normative masculine role observed and described within the men's sheds and how men act out that role. In the next section, the physical expression of masculinity through aggression, toughness and strength is explored in more depth.

## **5.4 Rough and tough**

This overarching theme encompassed themes that addressed the hegemonic masculine traits of power and toughness, strength and aggression. The way in which a man physically presents himself was often the first descriptor a man used when asked what he considered masculine.

### 5.4.1 Being physically tough and strong

Appearing tough and strong is perhaps the epitome of hegemonic masculinity as described by Connell (1995). Christoph succinctly captures the societal notion that physical toughness is strongly associated with the ideal man:

That probably is more a bloke thing and I think that's cultural. You know, that need to be the perceived to be strong. And it possibly is changing but certainly, my observation in the community is that is far and away a bloke thing. (*Christoph, urban men's shed*)

Many nuances emerged in the interviews regarding ways in which men portray their toughness and strength. The physical manifestation of the man—from his height, build, muscle and presence—is immediately apparent and open to judgement. Physical

attributes suggestive of toughness and strength were mentioned often, but perhaps most explicitly by rural men:

Physically tough. You'll usually find that the female prefers the young buck who looks to be the big'un, whether he's the best for them. (*Malcolm, rural men's shed*)

Large, chesty, muscle. Strong and tough. (*William, rural men's shed*)

Sort of overbearing or, 'hey look at me I'm big and tough', you know? (*Howard, rural men's shed*)

Men used description of strength, power, physical fitness and endurance to describe broadly what they considered to be masculine, and in descriptions of men they identified as masculine:

Very masculine. He's strong, as a bull. He works in the sawmill down there. (*Joe, rural men's shed*)

A man is somebody that...likes to do, like work hard, outside work, physical work. (*Alf, rural men's shed*)

It's probably not... not necessarily self-confidence, but probably physical strength. More often extreme sporting is quite often masculine. (*Howard, rural men's shed*)

Alan: I'm not masculine at all. Because I didn't go to the gym when I was young.

Interviewer: So to be masculine is it important for a man to be physical?

Alan: Yes, yes to have muscle, lift weights, run. And I just do what I can, but nothing special. (*Alan, urban men's shed*)

A theme of physical resilience was also identified in the men's discussions of the rough and tough man. In the same vein as discussions of rebellious and risky behaviour, the concept of a man who is physically resilient, with a toughness that protects him from succumbing to threats to his physical body was often conveyed through story-telling. For example, in the quote below Howard provides another vivid and exciting

description of motorcycle riding in a gang in his younger days and a serious accident he was lucky to survive, summing his story up with a blasé “it didn’t hurt that much”:

Ultimately, there was a lot of us, we were on a ride, there was about eight of us, eight or nine of us, and we were on a ride... over the other side of the mountains over ...on the western side of the range. There was one particular corner that caught three of us out, and I was coming up a little bit hard behind a couple of the blokes in front, and one of the instruments, the rev counter, tachometer, wasn't responding properly as it should be, and it took my attention away. I looked up and there was bikes sort of all hard on the brakes and I couldn't clear a lot of them up.

I went over a bank and probably about two metres. It was a left-hand turn so of course, as you go off on the right-hand side it's high, it's about two metres above the ditch, and full of nice long grass. Luckily no rocks, no alcove. So, I think about a one and a half on the pike and twist and I finally landed....When the ambulance arrived, they shipped me out into [a small rural hospital]. They took some photos and panicked. Forwarded down to Royal Melbourne Hospital. They took all the x-rays and MRIs and all the other stuff, and they found that I shattered my right acetabulum into 17 pieces. On the left leg I had a fractured tibia, suspected tib. Of course I pulled through fine. It didn't hurt that much. (*Howard, rural men's shed*)

In a second example Jim, the passionate gun-slinger, describes a hunting trip with an inexperienced friend which ends with Jim's second bullet wound from a close range shot. Jim assures me that although he has had life-long effects from this injury, the pain is only occasional.

I bought the new rifle, just went down and bought one at lunchtime. I came back and another bloke saw the rifle. He said, 'What are you doing with that?' and I said, 'Just bought it.' I told him I had another one. He said 'Oh, what are you going to do with the other one?' I said 'I'm going to sell it.' He said, 'If you take me shooting I'll buy it off you.' So we arranged to go shooting this Saturday. We were driving along kinda crazy, I was really hitting the floor with the pedal and then I saw a stack of beer bottles on the side of the road. Zoom. Stop fast. Why they were on the highway, I don't know but they were there. So I said "Want a bit of target practice?" He said, "Oh, yeah" so we backed up and took the bottles into the paddock. I set them up and he starts shooting at them and he wasn't hitting a thing. I'd given him fair instruction on how to aim a rifle, but I show him again, but I'm just pointing it out yonder,



shooting wildly at nothing. So he starts the same. Then he's pointing right at me close range. He said 'Now I got you.' He got the rifle up to about there and bang. He had shot my leg... He got me in the leg. Broke the leg. But I only have occasional pain. *(Jim, urban men's shed)*

True to the literature, the men above portray themselves as being physically resilient, feeling little pain and able to pull through any threat to their health (Courtenay, 2000a; Courtenay, 2000b). In the contexts above, this heroic response to extreme bodily insult was associated with risky events. However, it was clear that this behaviour was long in the men's pasts and, as will be presented in upcoming sections, for the most part they no longer engaged in risky behaviours or ignored their physical health.

As was evident from the Male Role Attitudes Scale (MRAS) scores presented at the beginning of this section, the identification of physical toughness as an essentiality for consideration as a masculine man was far from universally accepted by the men. The dominant social paradigm was rejected by just as many men.

You don't have to be actually tough to be a man. You don't have to – you don't have to be tough as in being aggressive or whatever size you are. *(Russell, urban men's shed)*

No, I don't believe physical toughness is absolutely necessary. I think that often blokes, because of their physical stature and general physical strength, are not even as strong as a woman, but that doesn't reduce their manliness in my view at all. *(Roger, rural men's shed)*

What does toughness mean though? He should be physically healthy, I don't know about tough. I don't like this macho business. That attitude isn't an attitude I like, but I didn't get exposed to it a lot either. *(Craig, rural men's shed)*

When discussing toughness, many of the men emphasised that mental toughness and resilience was a greater priority for a masculine man. This is intrinsically linked to the

man's character (see Section 5.1), and the significance the men placed on personal qualities rather than physical attributes when truly weighing up a man's worth.

No, I disagree that a man should be physically tough. It's mental toughness and your personality and attitude towards life that gets you where you want to go. (*Patrick, urban men's shed*)

He's better off being mentally tough rather than physically tough...he needs to toughen up mentally if he is going to make a man of himself and be a success in life. (*Douglas, urban men's shed*)

It is necessary for a man to be resilient. And tough in the sense that when faced with a problem they don't just roll on their back and say, 'Help me, help me!' I think that is very important. Mentally, I think it is very handy for a man to be tough. (*Roger, urban men's shed*)

As with other aspects of the man's character that this older generation identified as most significant to masculinity, the reconstruction of toughness from the physical to the mental is consistent with a reframing of masculinity to be more achievable. Although the men who engaged in interviews were not exactly frail, certainly the majority had experienced chronic disease and/or significant threats to their health. They were universally aware of their slowly declining physical strengths and valued both their own life experience and mental resilience, and that of the other men in their social space. A reframing of what it is to be 'tough' as one ages seems apt, and the universality of the experience of these groups of men provided a social construct in which this was possible.

#### 5.4.2 Aggression

Hearn (1998) proposes that an omission of violence and aggression in a theoretical consideration of manhood is a dismissal of a fundamental element of hegemonic

masculinity. Aggression was not entirely absent in the interviews, or in the men's shed, but it was not a dominant theme. As with taking risks, and physical resilience, aggression was portrayed through story telling of wild distant pasts from the men. In the story Alf tells below, he outlines how he and his friend bonded after Alf had engaged in violence as a response to a car accident in which their lives had been threatened:

We nearly got ourselves killed one day...we came to the highway and these two cars were drag racing or doing something. I don't know what they were doing. We started going across the intersection and one car just missed us at the back and I put on the brakes and just missed the other one in the front. Jeez, that was close and they were moving fast, too. We were in the right because we had the green light but they went through the red light. Anyway, there was a bit more to it than that but, I went after them...Yeah, I regretted that in a way because I didn't mean to do what I did, but I did. They nearly killed me and me mates, so I was going to kill them...Got their car stopped and I was out there, throwing punches threw the bloody window. After that, we got really close, best mates after that. *(Alf, rural men's shed)*

Earlier in this section in the discussion on leadership, I described an overt threat of violence that was observed in one of the men's sheds. Verbal aggression was occasionally observed, and no doubt there were tensions between a few of the men. This seems inevitable in large social groups as "dust-ups are all egos and personalities" *(Christoph, urban men's shed)*.

It seems notable that one of the only explicit descriptions of aggression in the men's shed emerging from the interviews occurred in a traditionally Australian masculine space around the barbeque. In the following quote, Jackson described the tensions that arose when he made suggestions regarding the way the barbeque should be organised. The physical gestures that accompanied his story, his fists up to his chest, highlighted the level of aggression that emerged from Jackson's overstepping of the other man's domain.

Well, he was doing the cooking. And I had another try to get some more snags on and he was, 'no, just be patient.' Almost agro, you know? Anyway. I like the guy, but I was very surprised when that happened. (*Jackson, urban men's shed*)

Although not in the context of aggression, Molina II (2014) presents an interesting analysis of the social construct of masculinity that occurs as men's skills are put on show to their peers and older generations during grilling at fiestas in Southern Texas. In a similar vein, the men in Jackson's story are working together in a space highly symbolic of masculinity. It is well known in Australian culture that the way in which a man barbeques, from his organisation of the space to his judgement of the snag as well-cooked, is frequently judged and often (always?) found to be lacking by other men. The implications of criticising a man's barbeque skills were highlighted in the quote below from Alan, who described an unresolved falling out with his male friend of over 40 years:

Interviewer: Do you have a close relationship with him?

Alan: Well, we had a bit of an argument. Because he was cooking the barbeque and I said the meat is too hard. He said, 'If you don't like it go out, go out from my home.' (*Alan, urban men's shed*)

In the men's shed public space, alongside men seeking to assert their masculinity in those ways available and accepted in that space, it comes as no surprise that a little aggressive competition occurs around the barbeque.

## 5.5 Dealing (or not) with emotions

This overarching theme encompasses themes that addressed the expression of emotions and its influence on perception of masculinity.

### 5.5.1 Exhibiting stoicism

This theme describes the state of portraying oneself as emotional resilient that is commonly portrayed as the masculine norm. The literature describes the pressure on men to maintain strength of emotion, at least in expression if not in experience.

Emotions associated with feelings such as sadness, empathy, fear and shame are associated with vulnerability and relegated as feminine (Fischer & Manstead, 2000; Mahalik et al., 2007). The hegemonic man doesn't cry. The men acknowledged societal pressure to 'be a man' and suppress their feelings:

There is a lot of emphasis in this world on us not feeling emotional or physical pain. I mean we are allowed to cry at funerals, and sometimes we're even allowed to cry at weddings, but if you stand at a bus stop crying, people start to go, 'What?' ... You don't get a lot of guys admit that they're feeling something. *(Christoph, urban men's shed)*

Mark: You're not supposed to shed tears and weep [starts sobbing]. There's a certain amount of embarrassment I guess.

Interviewer: So you feel that social pressure still. Even in the men's shed?

Mark: Yes, in the men's shed. It would be very difficult to cry publicly. *(Mark, urban men's shed)*

Mark, who is discussing his experience with spontaneous crying as a side effect of his medications, acutely feels the social pressure to refrain from tears in the company of other men. Both the men above identify the notion that there are some contexts or spaces in which it is acceptable for a man to express emotion, but in a man-to-man

environment, the societal pressure to be stoic is particularly difficult to overcome. As a result, many of the men expressed a perceived non-acceptance of discussing intimate problems or issues with other men:

A lot of the other blokes don't open up much, ya know? Sometimes blokes feel that they don't want to burden others with their problems, especially when, like, what can they do about it? (*Howard, rural men's shed*)

But [my son] won't tell me much and I won't tell him much. I know about his problems, but he doesn't know what I know about them...I mean I would be embarrassed if he were to become open with me. (*Alistair, urban men's shed*)

I generally find it difficult, men usually bottle things up with each other. (*Russell, urban men's shed*)

The repercussions on mental health and health-seeking behaviour of emotional stoicism is identified as a being related to men's poor health outcomes (Courtenay, 2003; Doyal, 2000) and is a key factor underpinning the establishment of men's sheds.

While many of the men acknowledged the social pressure they felt to repress their emotional vulnerability, and I observed no men openly expressing distress or sadness in the men's sheds, some of the men who participated in interviews did become emotional. The content of questions was not particularly personal, but many men took the opportunity to engage in interviews at a more intimate level than I anticipated. This may reflect a lack of opportunity that men generally have to open up about their feelings in safe and non-threatening spaces. In Chapter Seven I explore the limitations that men often experience in their same-sex friendships and the different expectations men have of their relationships in comparison to women. Exchange of personal information and exposure of vulnerabilities and emotions is often implicitly prohibited in many men's relationships (Hall, 2011; Greif, 2009). The men may have chosen to discuss their more

personal emotions in an interview with a female health professional as it was a non-threatening opportunity to explore and document their live histories and experiences. It should be noted that all the men were debriefed at the end of the interview and none required counselling services as a result of their participation in the research.

#### 5.4.2 Talking, listening and compassion

Not all of the men placed bricks around their hearts and closed themselves down to the experience of talking about their problems. Many expressed the opinion that it was acceptable, even desirable, to open up sometimes.

...yes, I found it necessary to me to talk these things over....I feel like yes, I believe you need to have a, not a confessor. Somebody to confide in. (*Malcolm, rural men's shed*)

Objectively speaking, if a guy can't talk about his problems, he's got bigger problems. (*Adam, urban men's shed*)

No, I think we've got to talk about our problems. I think too many people don't say anything or do anything and it's too late when they do find out. (*Douglas, urban men's shed*)

As discussed in the introduction and espoused by committee members in their discussions regarding the purposes and goals of the men's shed space, working shoulder to shoulder is conceived as a strategy to break down men's barriers and allow them an opportunity to safely share their feelings and issues with one another. Mental health lectures presented in the space reinforced the notion that talking through problems is a healthy way to address depression and suicide. The role of the men's shed as a place men can develop relationships in which they feel comfortable talking and listening to one another was embraced by some of the men:

We talk about our problems a lot and no one is disrespectful. (*Patrick, urban men's shed*)

But if [a man]'s trying to talk about it, then it's one of his day-to-day problems. He probably needs a bit of an ear, a shoulder. (*Jim, urban men's shed*)

Interestingly, the vast majority of men cast themselves in the role of a man who would listen to another, rather than one who required the emotional support of his male social network. Even those who did confide in other men regarding their personal problems appeared more inclined to do this with social contacts they knew outside the men's shed. Perhaps the negative reception a man may receive was a factor in the reservation of some to open up in the men's shed:

Nobody wants to listen to your problems. (*Alan, urban men's shed*)

Yeah, you don't want to hear it. As far as I'm concerned, it's their problem. If they want to talk about it, they can talk about it, but you don't have to listen. (*Alf, rural men's shed*)

The physical layout of all the sheds limited one to one conversation. While the concept of a shoulder to shoulder discussion was embraced by many, the practicality was that to engage in a discussion in the workshop or around the card table would be to expose oneself to the judgement of a larger social group. A truly intimate discussion would require the specific seeking out of another man and a private area in which to chat, which were limited in some of the sheds. As such, in the larger groups any serious discussions of health issues were typically limited to practical considerations, generally of a non-intimate nature, and were short exchanges punctuated with humour to lighten the mood. In this way, the social geography of men's sheds drives expressions of intimacy in the men's sheds.



As will be discussed in Chapter Seven, few men rarely nominated their contacts from the men's shed as close on the egonet scale. Men's shed peers were often relegated to the very fringes of the man's social network, so it is unsurprising that intimate discussions were not common. Coupled with the dominant paradigm of being a respected leader, homophobia and avoiding girlish behaviour, there was a lot for a man to overcome if he wished to have a one on one de-brief with another man. Although it did occur, it was not observed or reported as common. Thus, although the notion of the men's shed space as a place for men to have a heart to heart with other men was embraced in theory, in these sheds this was not transferred into practice.

## **5.6 Sexuality**

This overarching theme encompasses themes associated with the man's sexuality and his perceptions of the sexual expressions of others. Sexual identity and homophobia were the two major themes identified.

### **5.6.1 Sexual identity**

While recognising that sexuality is a complex topic the depths of which are beyond the focus of this thesis, the way in which people conceive and portray their sexuality is intrinsically linked to gender roles (Whitehead, 2002). The focus of sexuality in interviews was on the man's perception of his sexuality as it influenced his masculine identity, and how this compared to societal expectations. The hegemonic ideal portrays the man as a sexual bull, muscular and preoccupied with sex. For older men, this gender role is perpetuated by the media focus on maintenance of performance and promotion of Viagra (Hughes, 2011; Clarke et al., 2014). Some of the men positioned themselves as fully embracing this portrait of a man:

Women. Bloody-oath. That's the only way to go, you know. You're walking there, you see all these spunky women marching down the road, you know, and you're licking your chops. Us old timers, you see? (*Maurice, rural men's shed*)

Russell: I'm pretty close to this woman. It's a special relationship [discussing an affair partner].

Interviewer: Does that influence how you feel about yourself as a man in a good way?

Russell: Oh, Yeah....Yes, you're only as young as the person who feels you. That's why I said I don't need Viagra. (*Russell, rural men's shed*)

Years ago when I was doing some training, there were two other people in the same little group. I found myself being attracted to this lady quite a lot...I don't know why I'm telling you that [laughs shyly]. (*Jackson, urban men's shed*)

Alexander suggests that the sexual expectations surrounding the hegemonic masculinity are a myth but regardless, goes on to confirm them about himself:

I don't think men are always thinking about sex. I think that that's been shown to be a bit of a myth. But certainly it's something that we think about a lot. It's something that comes up in conversation when blokes get together. But from my point of view, yes it's right up there in things I think about a lot. (*Alexander, urban men's shed*)

While there is no question that men remain sexually active as they age (Gott & Hinchliff, 2003) the robust descriptions the men used above to portray themselves as virile men may also be a part of their gender act in front of myself, a younger female. Within the context of the men's shed, men adopted the expected ways of acting. With its sexual jokes and remarks, the image of the man as sexually powerful is propagated as desirable. Some of the men ensured they encapsulate the right image when they were with other men, even if it is not a true reflection of their personal reality:

Roger: I don't think so, but....I mean...men when they are with other men they are constantly joking or whatever about sex and stuff like that. And women to a lesser extent probably do a bit of the same. We are always prepared to make a remark or appreciate a pretty or attractive girl or woman. But it is not one of the centre, core sort of things in my life. I can see where it might be in others.

Interviewer: Is it just expected banter?

Roger: Oh, the banter is expected I think. Yeah, yeah. But if it's not there it doesn't really matter, you know? *(Roger, rural men's shed)*

### 5.6.2 Homophobia

The hegemonic masculinity presumes heterosexuality (Whitehead, 2002; Evans et al., 2011). There was an almost universal non-acceptance of homosexuality expressed by the men in interviews. In the quotes below, the men expressed their general opinions regarding homosexuality.

Homosexuality would just floor these blokes. Or it does floor these blokes.

*(Christoph, urban men's shed)*

Now we have another almost genderless variety, where you have the gays. As long as life will go on, is gay a disease? As hard as it is, I try to understand it, but I find it hard. I think most of us do. *(Malcolm, rural men's shed)*

But, yeah, if a man is gay, I'm just not comfortable with it. *(Jim, urban men's shed)*

I feel uncomfortable around cross-dressing transsexuals only because, and I've said to them, 'I have no problem with your gay sexuality but this is confronting for me in a way that I don't find comfortable and I don't understand why.' *(Alexander, urban men's shed)*

The above attitudes had numerous implications within the men's shed.

First, it influenced the ways in which men acted. In Section 5.3, avoidance of acting girly was discussed. It is interesting to note that there was almost universal interpretation of the Male Role Attitudes Scale (MRAS) item related to acceptance or

otherwise of a man acting like a girl as an indirect question regarding the man's opinion on homosexuality. Girly behaviour was immediately associated with non-heterosexual orientations. When one understands the ingrained homophobia in these men's sheds, the significance of girlish behaviour and its impact on the way a man would be judged within the shed is further contextualised.

The influence of homophobia on behaviour extended to acceptable ways in which men could physically interact within the men's shed. Hugging as a sign of camaraderie or an act of emotional support was forbidden:

Interviewer: Who hugs you, when you need a hug?

Maurice: I don't know. It's definitely not a bloke...No way. (*Maurice, rural men's shed*)

As long as it's a woman! Not a bloke! He'd give you belt across the ear! (*Joe, rural men's shed*)

[He] always gives me a hug. I just tell him to piss off. (*Phil, urban men's shed*)

The way men perceived physical touch influenced the ways in which they were able to acceptably acknowledge the emotional, psychological and physical pain in other men and offer them compassion. As will be discussed in future sections, men's shed contacts were rarely nominated as people a man would rely upon for support of his emotional health.

For men who were gay, or had non-heterosexual orientated children, discussing one's sexuality would require a direct confrontation of ingrained homophobia and the locally constructed ideal man. One man intimately discussed his personal challenges arising from his inability to accept his son's homosexuality, including his own depression

arising from non-acceptance and stigma in his extended family. This man's ingrained homophobia remained a barrier in his relationship with his son up to his son's suicide:

He was my son. At first I admit it was difficult to accept. That was a trigger point in my depression, really. *(men's shed member)*

Another man discussed his own homosexuality that remained a secret to his male friends:

I don't let on, coz they don't need to know. Sometimes it scares me that they could find out, but no one here really knows. My sisters are my support. *(men's shed member)*

As indicated by the men above, the potential and real impacts of homophobia on mental health are evident. It should be noted that these men were not isolated. They accessed mental health services and had strong supports within their families or other social networks that provided emotional support and understanding. They also were not sufficiently intimidated by the heterosexual ideal and obvious homophobia in the men's shed space to avoid being in that space. In fact, both the men above worked actively behind the scenes to promote change through educational and health programs in their men's sheds. The potential for change in the space is alive:

Interviewer: Have any of the guys from the men's shed ever given you a hug?

Douglas: No I don't think so.

Interviewer: How would you feel if they did?

Douglas: oooooohhhh...[puts hands up indicating a barrier]

Interviewer: You know, if it was something you were upset about or something...

Douglas: Oh, I think that would be OK. *(Douglas, urban men's shed)*

## 5.7 Older age and the changing masculine identity

This overarching theme includes themes that encompassed changes to masculinity as the man ages, as well as ways the older man adapts his perception in response to these changes.

In discussions of aging, the men identified recognition that some (or sometimes many) of the physical characteristics and more edgy behaviours that previously defined their manhood had changed as they aged.

Mightn't be as ruthless as I used to be when I was younger. As I've got older I've mellowed a little bit. (*Alf, rural men's shed*)

I think when I was younger I was a bit more Genghis Khan-ish over to the right. But as you get older I think you get a different outlook on life. You become more caring, considerate, a little more socialist than the right wing thinking. (*Michael, urban men's shed*)

You become a bit more mature in some ways. You become a bit more tolerant of other people and their tendencies. (*Howard, rural men's shed*)

Physical expression of dominance, aggression, rebelliousness and risky behaviours appears to give way to a softer, caring more tolerant side. The reasons for this mellowing of the macho are as diverse as the men being interviewed.

Mark suggests that he has "changed fairly considerably, along with the way society has changed..." (*Mark, urban men's shed*). No doubt as an intelligent, politically active man, Mark's awareness of changing societal expectations, particularly in the area of gender politics, has contributed to his changing conception of himself as a man. Yet, contrary to Mark's experience, many of the other men appeared to have actively rejected or be ignorant of changing societal expectations, especially with respect to

acceptance of sexual expression. We have seen throughout this section the impact of the local culture above and beyond the broader societal context on the way the men constructed their masculinity. While the majority of the men in the shed espouse notions out of step with current norms on topics such as homophobia, one can presume that this will remain the dominant and accepted paradigm in the space.

Physical aging and health status clearly had a significant impact on the ability of these men to engage in many of the behaviours they associated with a “real man”. Numerous times throughout this section I have identified ways in which the men used storytelling to portray themselves in masculine roles in which they no longer engage. This was not confined to the interviews. Storytelling was a pivotal way in which men interacted with each other in the men’s shed space. Sometimes true, sometimes ‘bullshit and lies’ (see Section 7.2), it was rare to hear a story in which the man was not portrayed in a hegemonic role.

Another overarching concept emerging from the analysis of men’s perceptions of masculinity was the tendency for men to construct the ideal masculinity as those characteristics and behaviours that he found personally attainable. Although physically hegemonic behaviours and physical characteristics were still a significant component of the men’s conception of masculinity, the specific identification of character traits as being the crux of a masculine man was noted. At the senior age of these men, having strong ethics, garnering respect and being a good leader is decidedly more attainable than winning a fight or running a marathon.

Throughout Chapter Five I have discussed the varied perceptions of masculinity expressed by the participants in this research and how they experienced a wide range of

masculinities. The finding that older men characterise a masculine man as one exhibiting self-confidence, respect, pride and leadership was unravelled, including discussion of the boundaries men place on exhibition of these characteristics: while a high value was placed on these indicators of an enviable masculine man, overstepping the line in displaying these attributes was considered a sign of over-confidence and egotism.

This chapter has identified and unravelled the men's acute understanding of societal perceptions of masculinity, and the predominant display of hegemonic behaviours, including physical roughness, aggression, risk taking and rebelliousness, by the men engaging within the men's sheds, and specifically by those who participated in interviews. The transition from 'doing' to 'telling' with respect to traditionally hegemonic characteristics was highlighted as a strategy observed in older men who seek to portray the societal perception of masculinity when they are no longer physically capable. Additionally, this chapter has explored the level of acceptability of displays of emotion, and traditionally 'girlish' behaviour such as compassion, listening and talking. Importantly, this chapter has highlighted the almost universal homophobia displayed by men participating at the men's shed. This phenomenon will prove significant in later chapters in which the nature of friendship in the men's shed and the ways in which it is portrayed is illuminated.



## CHAPTER SIX: MEN'S HEALTH

This chapter explores the health of men in the men's shed and the health-related behaviours in which they engage, both within the shed and in the general community. Commencing with a discussion of the observed health status of the men who participated in interviews, I explore the men's perceptions of their own health and the way they frame their perceptions in comparison to that of their social peers. The level of health knowledge men display and the influence of education sessions within the men's shed is explored. I discuss the major practical contribution men's sheds make to the men's health status through delivery of health screening programs and the ways in which masculinity is leveraged to promote health participation. The chapter explores the influence of hegemonic masculinity on the ways in which men engage with their health, through preventive behaviour such as diet and exercise, discussing one's health with peers, and willingness to consult with health professionals. In the following discussion I highlight the crucial influence that the men's shed has in reframing masculine norms from disengagement and neglect of one's health to active address and willingness to take control.

### 6.1 Men's health status

The men reported a wide range of chronic health concerns, and the majority had multiple co-morbidities. Seventy-five per cent ( $n = 24$ ) of the men reported having at least one major chronic disease that had an impact on his health every day. Approximately one-third of the men had experienced a major cardiovascular health event ( $n = 10$ ), including acute myocardial infarction and stroke. Many of these men had also had cardiac bypass surgery. About 20% reported major musculoskeletal

disease such as osteoarthritis and osteoporosis. Twenty-five per cent of men reported chronic side effects related to previous accidents or surgery. Other men reported cancer (6%), neurological disease (6%), eye disease (6%), diabetes (6%) and chronic bowel disease (3%). These rates of disease are not dissimilar to those in the general Australian population aged over 65 years, although the rate of cardiovascular disease was higher than reported nationally in 2007 (AIHW, 2007).

Ten men (31%) visually appeared in the overweight or obese range, and/or reported that their medical practitioner had asked them to lose weight. This is consistent with recent Australian health surveys (ABS, 2006; ABS, 2015).

Despite the fact that most of these men did have chronic disease, and many had also experienced serious threats to their life through accidents, serious infection or cardiac events, the majority (75%) perceived themselves to be in good health. The general pattern of response when discussing health was for the man to indicate up-front that he considered himself to be a healthy person, and details of his chronic health conditions and serious health threats would gradually emerge throughout the interview.

Interviewer: So would you consider yourself to be a healthy person?

Joe: I'm average...I keep very well for 70, I don't think I look too bad. Pretty good health.

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Joe: Well, I've got one eye, I'm blind in one eye, I can tell you, start from the top - do you want me to go through it? I got both me collar bones broke, had both my arms broke, I've had that arm sewn back on, I'm missing two fingers, I've got one hip in, and I'm going to get another new hip in. I've had both legs broken, both ankles broken through football and through injuries and riding horses, and in races. But I've had a lot of injuries through my life but I just keep going. And at the moment with the hip and that, that sort of disadvantages me a bit and it hurts, you know? And I'm full of arthritis from all this sort of stuff, and arthritis is starting to set into my hands and that. But it's alright. I'm healthy. *(Joe, rural men's shed)*

Interviewer: Okay. Would you consider yourself a healthy guy?

Russell: Very healthy, yeah.

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Russell: I had clogged arteries and consequently I had a coronary, heart attack. ... Then, 2009 I found I had blocked arteries again. All three of the triple bypasses were blocked, 100% blocked. I've got CAD [coronary artery disease] and so consequently I'm on blood thinners. *(Russell, urban men's shed)*

Interviewer: Would you consider yourself to be healthy?

Alf: For my age, I suppose I am very healthy, yeah

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Alf: Well I have something like memory loss. But I've had that since the stroke. It's improved a lot, but it's not 100%. I've had trouble with my ... what do you call it? Because I was in a bad car accident and it crushed all my ribs. My sternum, and me arm. A steel column went straight through into me chest. Of course, that gives a lot of pain some days... I thought it was mostly that but because I've also had a little irritable bowel, a little bowel and also bad ulcers, which the ulcers are under mainly control, in fact I've got to go and have an ultrasound for the pancreas... *(Alf, rural men's shed)*

For many of the men who classified themselves as healthy, the extent of impact on quality of life of their chronic illness and diseases was often understated, as the following examples show:

I'm on blood pressure tablets...And I got a new knee put in, and a new hip. Oh Christ yeah, no problems really. *(Maurice, rural men's shed)*

Yes, and a pig's valve, for the main valve. I don't know how I'm going. He said I'll give you 10 years. And I think I'm at three or four so far.... I am in bloody good health. *(Fred, urban men's shed)*

Well I've had 2 shoulder operations...Oh yeah, and heart. Had a serious heart attack...And I have had a relapse sort of thing...I've got stents implanted in the heart. But other than that I think everything's fairly good. *(Douglas, urban men's shed)*

After describing significant health challenges, the men above all indicated that there is 'no problem' and they are in general good health. This finding was consistent with the literature on men's health status and the impact of masculinity (Courtenay, 2000a; Courtenay et al., 2002). Remaining stoic and brave and avoiding expression of negative emotions associated with serious health issues, such as fear and pain, are components of hegemonic masculinity. Many of the men who participated in interviews acknowledged pressure to suppress their feelings. Thus, the stoicism bordering on bravado that men used when describing serious illness was consistent with their overall construction of masculine behaviour in the social context of the men's shed.

Of the ten of men who did not classify themselves as healthy, two had terminal illness. The remaining eight did not appear to have significantly different health status from the men who classified themselves as being overall healthy. As will be discussed in the social network analysis in Chapter Eight, there were no statistically significant relationships between men's perception of their health status and either their actual disease state, their location, masculinity or social networks.

Interestingly, the three men who identified themselves as smokers all classified themselves as unhealthy and generally cited this behaviour as the reason they perceived themselves as unhealthy. This is consistent with previous research that indicated smokers perceive themselves to be less physically fit, experience more body pain and to be overall less healthy than people who do not smoke (Lyons et al., 1994). Other studies have indicated that the majority of smokers are cognisant of the association between smoking and disease risk (McCarthy et al., 2009) and lower ratings of self-perceived health have been noted in smokers (Pickett et al., 2015). As with alcohol, smoking was actively discouraged in the men's sheds, with three prohibiting smoking on their

premises and one restricting smoking to one outdoor area. Perhaps it was this social expectation in the shed, coupled with the fact that I am a health professional, which contributed to all the smokers indicating that they intended to make a quit attempt soon.

It was apparent that men's perceptions of the health of others appeared to mediate perceptions of their own health. Many men qualified their assessment of their own health status based on their observation of others in the community and in the men's shed:

I'm OK.... But on the scale of a lot of other people I think that my health is pretty good....I think when you compare myself to a lot of other people I'm not too bad.  
*(Michael, urban men's shed)*

So, I'm 81. As I compare myself around [here] I am in bloody good health, bloody good health compared to everybody. *(Fred, urban men's shed)*

It is of interest that without prompt, many of the men rated their overall health against their peers (age-comparative rating of health) rather than against their own previous health status (self-comparative rating of health). The phenomenon of social downgrading (comparing oneself against others who are likely to have a worse profile) has been previously shown to be pronounced amongst older adults, particularly with respect to domains in which the individual feels specific threat (Sargent-Cox et al., 2010; Heckhausen & Brim, 1997). Given that the vast majority lived with chronic disease and/or had experienced a significant health event, the threat of physical decline was real to these men. Social downgrading is a psychological strategy that reduces the impact of this threat by portraying oneself in a better light. From the feminist constructivist perspective, the men construct their health to reflect the hegemonic ideal by portraying themselves as healthier and more physically fit than others around them.

By positively evaluating their own health by selecting a potential weaker comparative cohort, these men are able to elevate their masculine standing and embrace the hegemonic male stereotype.

Although most men evaluated themselves against their peers when assessing their health status, some men did discuss the influence of aging on health. Interestingly, the primary focus of these discussions was not the physical impact of age on the body. When discussing the impact of age, the most commonly identified factor was an increased mental awareness of health. Michael explains this phenomenon, identifying his increased awareness of and attention to his health and the social context that has influenced his changed focus:

So I think the older I've got, the more concerned I've become. But nothing ever comes of half of the issues anyway....And it's funny you know, I think that when you're younger you don't talk about your health a great deal. But you hear of people here, and even your friends that you mix with in your social circle they're talking about their health....It becomes more of a, well, I suppose as you get older you think about it more. You hear about a lot of stuff on the radio about different things and think, 'hang on, maybe that's me'. *(Michael, urban men's shed)*

## 6.2 Men's health knowledge

The majority of the men who participated in interviews rated themselves as knowledgeable or very knowledgeable regarding health, healthy behaviour and details of their illness.

Interviewer: Would you consider yourself overall knowledgeable about your health?  
Howard: I think so. I've always taken an interest in it. I don't just take it for granted. It's something that you've got to work on. I'm pretty well aware of what's going on. *(Howard, rural men's shed)*

Interviewer: And would you consider yourself to have a lot of knowledge about your own health?

Joe: Yep. I know every part of my body, what's gone wrong and I can tell you how it's hell or purgatory for some of them. *(Michael, rural men's shed)*

Interviewer: How knowledgeable do you think you are about your health problems?

Michael: Fairly. On a scale of 1 to 10 I'd say probably 8. *(Michael, urban men's shed)*

For some of the men, their self-rating as having relatively strong health knowledge was consistent with the information they provided regarding their health status and the health behaviours in which they engaged. Some men in particular had exceptional health knowledge, either due to their previous occupations in health-related fields, or their strong engagement in their own medical care. For example, Mark, who was living with terminal cancer, and Patrick, who had endured a quadruple cardiac bypass, were able to provide significant detail regarding their health conditions and prognosis:

At that stage the median life expectancy for someone with myeloma was 4.5 years. That's globally...Myeloma is a cancer of the blood cells, more specifically in the bone marrow, because what's happening is the bone marrow is no longer producing. One of the things the bone marrow does is produce immunoglobulin that target infections, so part of your immune system. Myeloma means it is producing an immunoglobulin of no use. It doesn't work at all, so the bone marrow goes into overdrive to try and produce the correct immunoglobulin and it is always producing this erroneous one. Because it goes into overdrive it starts to cannibalise the bones to make space for the bone marrow so you end up with weak bones.... *(Mark, urban men's shed)*

Patrick: I had a mild heart attack in 2000 and since then I've had to have angiograms. Do you know what bypasses are all about?

Interviewer: Yes, my father just had one, four weeks ago.

Patrick: Well with the quadruple I had four grafts to bypass the problems and I only have one of those working for me now. The others blocked when I had the heart attack and they couldn't put stents in or anything like that because where they were blocked is where they are sewn onto the heart. So the mammary, the artery they took

from here [indicates chest] instead of the legs, was still OK a couple of years ago when I had the angiogram. It's still pristine. So I'm only working on one. If and when it blocks, that's it. (*Patrick, urban men's shed*)

Other men had less cause to have rated their knowledge highly, and appeared to receive most of their health information from dubious sources:

I think I'm fairly well up on heart conditions. I watch television, I see things. I've watched more operations than I probably should, I could possibly do one. (*Douglas, urban men's shed*)

There's plenty of that [health information] on TV, isn't there? Lifestyles, I suppose, but it's really, that's what it all boils down to, is your lifestyle...I've got the internet....Well it saves you going to the doctor, you're still going to get the same answer. (*Alf, rural men's shed*)

However, for the most part, the men who rated themselves as having good health knowledge were able to describe health management and preventive behaviours that were relevant to their health conditions and age. These men appeared able to identify areas in which their knowledge was inferior or lacking, and reliable sources from which they could seek health information.

#### 6.2.1 Health education in the men's shed

Men's health promotion is recognised as one of the significant roles of men's sheds in the community (AMSA, 2015; MSA, 2012). The two urban men's sheds offered guest lectures on a monthly basis, and although not the sole focus, health topics were predominant on the calendar. At one rural location, seminars were offered three times a year, with a variety of different speakers delivering education at each seminar. The second rural location offered education sessions with a health focus "about two or three



times a year” (*committee member, rural men’s shed*), often in conjunction with local health professionals (e.g. the pharmacy or community centre).

Interviewees from all of the participant men’s sheds reported formal health education taking place within the sheds. Most often men referred to the ways in which the men’s shed supported mental health through formal lectures from community organisations, including Beyondblue<sup>2</sup> and Lifeline.<sup>3</sup> Education sessions on other health and social issues including prostate, skin and bowel cancer screening, dementia, osteoporosis and elder abuse were also mentioned by men in interviews.

There’s also a lot of input there from Beyondblue. (*Howard, rural men’s shed*)

And also we have a program at the shed of doing health seminars for the local community. So we’ve had people in from Beyondblue to talk about depression, anger management. We’ve done prostate; we’ve probably had half a dozen or eight on men’s health. And dementia and things. That applies to everybody, but we invite the community, it’s a community event. If it’s prostate, blokes’ wives come, so they know what prostate means and it’s not a mystery. (*Nick, rural men’s shed*)

I haven’t been in it long enough, but they have speakers from, next month I think the Cancer Council is coming in. That sort of thing is just terrific. It’s just exactly the right thing. (*Alexander, urban men’s shed*)

I had the opportunity to attend two health education sessions at one of the urban men’s sheds. Both presentations were delivered in a lecture-style setting for approximately 45

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<sup>2</sup> An Australian national organisation established in 2000 in response to the World Health Organisation’s projections on global depression. The organisation provides resources and support for people with depression, their families and caregivers and health care professionals. <https://www.beyondblue.org.au/>

<sup>3</sup> An Australian national charity organisation founded in 1963 that provides experienced counselling and suicide prevention for people faced with life crisis. The organisation provides education services and various support groups. <https://www.lifeline.org.au/>

minutes, with opportunity for questions after the presentation. For both presentations, over 40 men were in attendance; however, not all the men attending the shed on the day participated in the health education session. Those who chose not to attend were able to continue socialising in another area of the shed. I observed that most of the men who did not attend the education sessions were longer term shed members, and were likely to have attended similar sessions in the past, as annual sessions from the same providers were common in order to capture the interest of new members.

Despite the regular delivery of formal health education in most of the men's sheds, very few men identified these sessions as a source of their health knowledge. The majority of men, including the committee members who organised the education sessions, identified this aspect of the men's shed as something that had no influence on their own health knowledge or behaviour.

Interviewer: Do you think anything you do at the men's shed influences your health?

Douglas: Aaaah, no, not for my health so much I don't think.

Interviewer: What about the education sessions?

Douglas: Maybe for other people's health, but not for me. No I ummmm, no really, I think coming to men's shed is just to be with the fellas, that's all. *(Douglas, urban men's shed)*

Interviewer: So can you tell me any ways that being at the men's shed that you think, influences your health?

Gavin: Not really.

Interviewer: Have you been to the *Spanner in the Works* day? The big men's health day where they've got the doctors and the nurses come.

Gavin: We had it here once. I don't think I did it. I just go to me doctor. *(Gavin, urban men's shed)*

Interviewer: Does the men's shed influence your health at all?

Seth: I don't think so.

Interviewer: What about the education session like the guest speaker today?

It seems that although the men supported these education sessions in principle, and I observed many of them attending the sessions, they did not personally identify the information they received as having an impact on their own health.

As will be discussed in upcoming sections, and indicated by the quotes above, the majority of the men who participated in interviews had unexpectedly high engagement with health professionals. When responding to the Medical Outcomes Study (MOS) Social Support Survey almost 90% of the interviewed men reported that a health professional was a source they accessed for health-related information. The few men who did not identify health professionals as a source of health-related information (and those who had lower reliance on health professionals) generally expressed confidence in their own ability to attain relevant health information, often citing the internet ('Doctor Google') or television as a strategy they used to learn about health. The commonality between the men was a confidence that they were able to address their educational requirements through seeking out information of their own accord. Whether or not these men undertook the best decisions for their health or accessed reliable education sources, they all acted with the confidence of a traditionally hegemonic man.

The finding that most of the men sought out some level of health education is inconsistent with much of the previous literature on men's health that portrays men as passive and neglectful (Courtenay, 2000a; Courtenay, 2000b). From a social constructionist perspective, one can theorise that attendance at the men's shed, where a focus on men's health is explicit, provides some influence on men to adopt the accepted norm in this group. With peers who role model personal responsibility for health and a

shed program that includes health issues, the men's shed space reframes health consciousness as an acceptable masculine attribute. Although the men did not explicitly identify the sheds' health education programs as being of personal benefit, the effects may be a more subtle influence on the way these men perceived and acted with respect to their health.

### **6.3 Health screening in the men's shed**

Formal health education programs were delivered in all the men's sheds that participated in my research. As part of the health education program in the sheds, three of the locations offered free annual health checks, conducted by multidisciplinary health professionals from the local community.

Two sheds offered the annual Australian Men's Shed Association (AMSA) health screening package *Spanner in the Works* delivered during Men's Health Week. This package consists of branded marketing designed to appeal to men's shed members and provides men's shed committees the resources to organise and deliver a health screening program appropriate to their shed. In addition to posters to be used in local marketing, the AMSA provide promotion for Men's Health Week at a national level and produce a booklet of basic male-friendly health information (AMSA, 2011a).

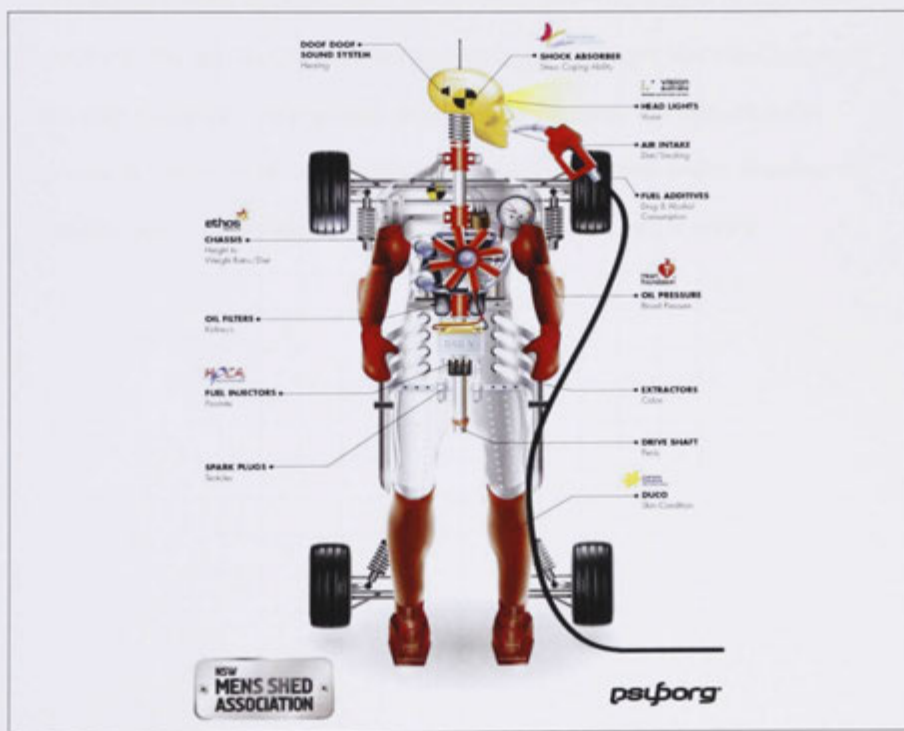
At the men's sheds I visited, the *Spanner in the Works* day consisted of a range of health professionals (e.g. nurses, general practitioner, pharmacist, optometrist and audiologist) offering health screening (e.g. blood pressure; blood sugar levels; weight; height and body mass index; hearing and sight tests) and basic advice (e.g. pharmacist review of medications). The third men's shed offered a similar program of health evaluation in conjunction with their State Government Health department.

Howard describes the *Spanner in the Works* program (which is not dissimilar to the program offered by the third shed) in his Australian bloke language:

We engage with the Men's Shed, the *Spanner in the Works*...Once every year, we get a local GP and all her troops and they come out and they do the health checks on us, put us up on the hoist and give us an inner rim inspection so to speak. (Howard, rural men's shed)

The AMSA *Spanner in the Works* program promotion is designed to appeal to the traditional male. As shown in the Image 6.1, the poster presents an 'auto man',

Image 6.1 Australian Men's Shed Association *Spanner in the Works* poster

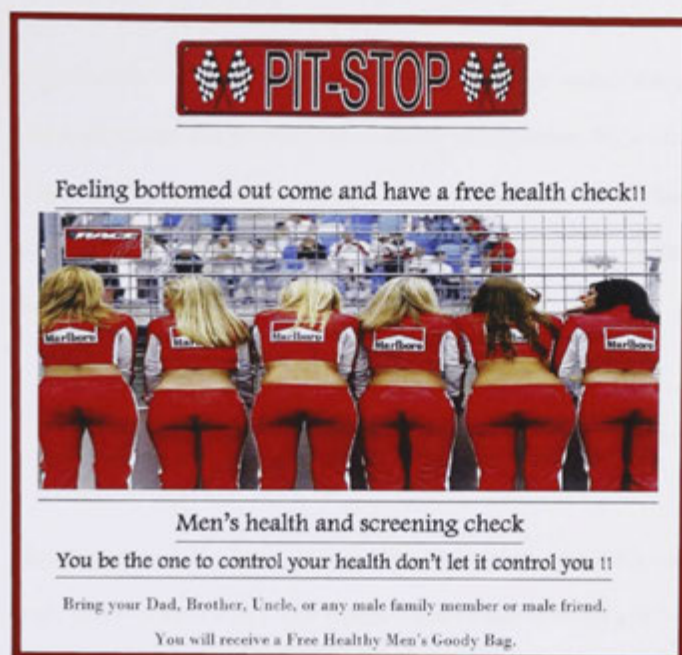


likening anatomical parts to components of a car. This marketing is consistent with the notion of hegemonic masculinity, through the embedding of health messages in a

traditionally male domain of interest (automotive). Not only is the language and imagery designed to appeal to a traditional male, but the focus on health is subtle and therefore potentially less threatening. The poster also gives men non-threatening vocabulary they could draw on in a consultation with a health professional, empowering men to engage with their health and potentially enhancing the meaning of health advice.

The third (rural) men's shed location offering free annual health evaluations also uses marketing designed to capitalise on aspects of hegemonic masculinity. The promotional poster (see Image 6.2) combined the concept of the sexually interested man with motor sports (a traditionally male domain) and risky behaviour (smoking) to engage men in their health. The text also incorporates slightly risqué language ('don't feel bottomed out') and promotes personal control. As a health professional it is difficult not to question the choice of tobacco advertising in a health promotion poster; however, the potential appeal of this poster to the traditionally masculine man is evident.

Image 6.2 Rural men's shed health evaluation promotion poster<sup>4</sup>



How effective is this marketing? The men in both men's sheds delivering the *Spanner in the Works* had a high awareness of the program, although this may be related to its being delivered at both the sheds at the time of my interviews (i.e. there had been recent, regular promotion of the program in both the sheds). The annual health screening presented by the third men's shed was not referred to by any of them men at that location; however, the delivery of the program occurred about six months after I attended that shed. During my observation sessions, there was a high level of engagement with *Spanner in the Works*. The majority of men attending on the day participated through consulting with a health professional, attending the education presentation or collecting the promotional material provided on men's health issues. In

<sup>4</sup> The poster is presented in original form, including the distortion of the women's buttocks. However, I removed the date and address from the poster.

interviews, the men reported participating in the program. However, as the men who participated in interviews already had a high level of engagement with their health professionals, the men's shed health screening was for most a novelty on the day, rather than a significant component of their health management. For a small minority the program was pivotal in identifying a serious health concern. Michael described how the educational material he perused at *Spanner in the Works* was his first indication that he had an enlarged prostate:

Well I found out last year at the Men's Shed health week, or *Spanner in the Works*, coz I read that and I thought 'mmm' coz I had all the symptoms of the prostate. I thought, 'that sounds like me.' (Michael, urban men's shed)

Engagement with the *Spanner in the Works* program appeared to be higher in the rural areas, where almost every man reported that he had received a full health check. At the urban men's shed, men participated at some level, but the commitment to have a hands-on health check was lower. Level of engagement in the annual health screening programs did not appear to be related to the man's health knowledge, health status or general engagement in his own health outside of the men's shed.

Some aspects of the program delivery in the rural men's shed may have contributed to the higher participation rates. First, the rural men's shed was a much smaller space. The health checks were conducted in the one private room, and it was evident to all the members who chose to have a consultation. Within the men's shed environment that presents healthy behaviours as a masculine option, and with the one's peers clearly attending a consultation, the normative role is evident to rural men. Non-attendance would be noted. In this setting, the act of not attending the health screen has the potential to negatively impact upon other's perceptions of the man. A man who opts out



may be perceived as afraid or wimpy. Thus the reframing of the masculine discourse with health in men's sheds, and the physical space of the men's shed, may have provided the men with an extra push to actively engage. In comparison, the urban men's shed is larger, both in terms of space and number of attendees. A man could socialise, browse the educational material and his avoidance of a consultation would go unnoticed.

#### **6.4 Preventive health behaviours and the influence of the men's shed**

About thirty specific preventive health behaviours were mentioned throughout the interviews as activities in which men engaged with the intention of maintaining or improving their health status. Dietary changes and physical activity were the most commonly identified preventive health behaviours. Other preventive behaviours identified by the men included social behaviour, health screening, use of health-related equipment (e.g. mobility aids and heat packs) and medication use.

##### 6.4.1 Dietary interventions

Over 90% of the men referred to dietary strategies when discussing preventive health behaviour. Men referred to limiting their food quantity, selecting healthy foods, and restricting intake of salt, sugar or junk foods.

I don't like eating fat, normally I do quite a bit of cooking...when you cook you always have a reasonably good diet. The way you cook your meat and vegetables, always steam your vegetables. *(Cameron, urban men's shed)*

No processed food at all, very little bread and the usual vegetables I suppose.  
*(Jeremy, rural men's shed)*

I generally watch what I eat. I try to avoid high fat, those sorts of stuff. You know, if I'm having a lamb chop, as much I'd love to eat the fat, I've got to cut that off, put that aside. I don't do a lot of eating between meals. I don't eat a lot of junk.

*(Michael, urban men's shed)*

Many of the men demonstrated sound knowledge of the principles of healthy eating and referred to specific strategies (e.g. steaming vegetables, removing visible fat from meat and limiting salt intake). Almost all the men who lived alone discussed healthy cooking techniques and strategies to ensure their meals were generally nutritious. For example, Malcolm, who lived alone in a rural location, espoused the benefits of stir-fry cooking as a low fat, quick and easy cooking style that incorporated a high vegetable content into his diet. However, when talking with the married men, the influence of the man's wife on his diet was noted in many of the interviews.

Oh, diet I don't worry too much about....We sort of try to keep a bit of a lid on how much I eat but I know I'm a little bit over weight... Yes, the wife watches it for me.

*(Joe, rural men's shed)*

My wife looks after my diet. She gives me a very healthy diet. *(Douglas, rural men's shed)*

Gregory: Eat well. Very little McDonald's. Eat small meals. Trying to keep me weight down.

Interviewer: Do you cook yourself?

Gregory: No. No, my wife does all that. She's a bit of a dietician she reckons.

Watches what I eat. *(Gregory, urban men's shed)*

My wife is a nurse so she's of course very knowledgeable about diet and those sorts of things so we tend to eat sensibly. *(Russell, urban men's shed)*

One may assume that this finding is not unusual in this age group, in which the societal norm has been for the female partner to take responsibility for the household. Indeed, the men quoted above were more inclined to be unsure or tend toward traditional

masculine norm roles when responding to the question on the Male Role Attitude Scale (MRAS) related to housework. For these men, spousal adoption of a 'dietitian' role is consistent with societal expectations and their own views with respect to traditional gender roles. Additionally, there is significant research on the role of women as moderators of men's health. Gast and Peak (2011) propose that allowing his wife to be 'a broker' for healthy behaviours is a way in which a man can overcome the hegemonic expectations of his masculinity that prescribe risk taking behaviour and lack of engagement with health issues.

The influence of the men's sheds on diet was mixed. At most of the locations, morning tea was provided by the men's shed or through donations and the available foods were primarily pastries or biscuits.

Committee member: I mean, we eat bad food. We get cakes and things and slices donated and the blokes go crazy about it. There's rarely stuff left over.

Interviewer: Do you think that's a reflection of their daily diet or a reflection of 'going out'? Like, I'm going to the Men's Shed and it's my special treat.

Committee member: Hopefully it's the second but for some of the bit more rotund of us it might be a bit more than an activity for us. *(Committee member, urban men's shed)*

Committee member: When we have these special events, like last week when [the local member] visited, [one of the men] does all the cooking. He is in his element. You know he got the kitchen donated to the shed? So he makes the croissants and pastries and what-not himself. There's a lot of food. *(Committee member, urban men's shed)*

Although provision of a morning tea may be a draw card to encourage men to attend the shed, and the sharing of a meal encourages men to socialise with one another, some men referred to the food and beverage at the men's shed as a temptation.

I tend to not have too much here at the shed. You probably notice how much is there, and next to it – coffee and stuff. I tend to limit that because .... I used to come down here and have 2 or 3 cups of coffee and 3 or 4 generous bits of cake or stuff. So since I've limited that, my weight has gone down, but not very much. (*Jackson, urban men's shed*)

As the vast majority of men specifically referred to dietary restriction as a strategy they used to promote their own health, the provision of unhealthy snacks appears contrary to many of their personal health motivations.

There was a definite recognition of the issue of food in the men's shed and its impact on health. At one shed the men had agreed on a (not always successful) biscuit rationing system (two biscuits per member per week) in an attempt to limit their intake of sugary food. At a second shed, unsuccessful attempts had been made to replace pastries and cakes with a healthy morning tea.

We ran this [*Spanner in the Works*] last year and put no cakes out, no biscuits out and put fresh fruit out and it was amazing. It was absolutely amazing. I'm surprised people didn't have a secret room that they went in to here to have a cake or a biscuit or show up with a packet of Tim Tams. They didn't eat fruit. They want cake. It's chronic. (*Committee member, urban men's shed*)

However, other initiatives had been implemented successfully. For example, in one shed a monthly barbeque luncheon was provided. For this event, the committee members purchased low-fat sausages and the men always prepared healthy salads as an accompaniment to the barbeque meat. Replacing the menu with healthier options could be acceptable to the men, and the strategy of making it the norm within the men's shed space, rather than associated with "health day" appeared to be more successful in changing eating habits.

### 6.4.2 Exercise

Over 90% of the men described themselves as engaging in some form of exercise on a regular (at least weekly, but usually daily) basis. Walking was the most frequently referred to physical exercise, but men also mentioned sports (e.g. golf, tennis and swimming), exercise classes, physiotherapy, attending the gym and gardening.

I don't go to the gym but I still try and walk for three quarters of an hour, an hour every day...*(Russell, urban men's shed)*

I usually walk of a morning for at least 40 minutes or on the bike or exercise bike of the afternoon for the same period. That's cardiologist recommendation...*(Patrick, urban men's shed)*

I prefer to get on my bike and go for a ride with people... I walk every morning, take the dog for a walk. About 2 kms. *(Christoph, urban men's shed)*

Yes, I walk every day, between three and four kilometres... *(Maurice, rural men's shed)*

The range of activities has diminished [due to musculoskeletal disease]. Which really pisses me off, but I do a little bit of top body exercise regularly every day. I try and have a little walk. *(Jeremy, rural men's shed)*

I tried an exercise group but it didn't suit me. I swim a lot, three or four times a week and I enjoy that. Walking with the dog. *(Andrew, urban men's shed)*

As indicated in the above quotes, for the most part the men were able to detail specific regimens, and ways they incorporated physical activity into their daily lives. Men who had limitations due to injuries or health conditions demonstrated problem-solving through selection of physical activity appropriate to their abilities. Of the very few men who did not describe physical activity as a preventive health measure in which they

engaged, all expressed awareness that physical exercise was important but, for the most part, health concerns were the major reason they did not exercise.

Only one of the men's sheds offered formal exercise classes, and classes were open to all members of the general community. Women attended these classes in greater numbers than men's shed members, despite significant effort to promote the classes within the shed. Other sheds had previously offered group exercise activities, including Tai Chi and walking groups, but were unable to maintain long term interest from members. Various explanations for failure were offered, including the failing health of interested participants and competition from other community-based groups offering similar programs.

An alternative explanation for the failure of the sheds to maintain their members' interest in exercise classes emerged from interviews with the men. Many men noted that they did not like exercising with other people or in groups, preferring solitary opportunity for physical activity.

No, no, I walk by myself. I always go by myself, it is thinking time, but I tell [my partner] where I'm going. Half hour. *(Gregory, urban men's shed)*

Alistair: No I don't think so, I'm pretty much a loner, I prefer to do it by myself.

Interviewer: Yes, you said you enjoy that time alone.

Alistair: Yes I do, I do enjoy it more like that. *(Alistair, urban men's shed)*

But the thought of going to the gym with all those people and doing this mindless exercise with them has no appeal at all to me. *(Jackson, urban men's shed)*

I think the grandkids would exercise with me but they'd kill me. That one I'd better bypass that one, I don't exercise, and not with other people. *(Joe, rural men's shed)*

One of the most common explanations given for preferring solitary exercise was the opportunity for 'thinking time'. Joe touches on another factor when he specifies that his grandchildren may kill him if they exercised together. From a feminist perspective, the potentially competitive nature of exercise may be a threat to these older men, most of who were not in prime states of fitness. Does Joe feel obliged as a man to keep up with the younger generation in order to preserve their respect for him as a senior man in the family? Exercising with another person or in a group exposes a man to judgement of traditionally masculine characteristics such as physical fitness and strength, and this is perhaps an area in which these men did not wish to risk evaluations or comparison. For men who are facing decline in their traditionally masculine physical traits and seeking to re-assert their masculinity through other avenues, participating in a group exercise class alongside ones male (and female) peers may be less than appealing.

#### 6.4.3 Being with others and talking about health

Three specific ways in which socialising at the men's shed was associated with health were identified: promoting general psychological wellness, managing depression and discussing health concerns. More than half the men ( $n = 16$ , 56%) identified socialising as broadly beneficial to their health, and many of these men specifically referred to attending the men's shed as the primary way they engaged socially.

Interviewer: Nothing else you can think of that you do for your health?

Alan: Come to the men's shed and drink coffee [laughs]. Come to the men's shed.

But no, I do actually mean it. It's good to get out and have a laugh with the men.

*(Alan, urban men's shed)*

Interviewer: Can you tell be some things that you do for your health?

Gregory: Come to have a laugh at the men's shed.

Interviewer: So when you come out here you consider that to be promoting your health?

Gregory: Well socialising promotes your health doesn't it? (*Gregory, urban men's shed*)

It could be [that the Men's Shed influences health], you know? You don't get sick. If you're in a bad mood, you could go up there, you can meet all the blokes who are all happy. (*Maurice, rural men's shed*)

Interviewer: So in what ways do you think that going to the Men's Shed might influence your health?

Joe: Oh, I love to go there for a shit stir! [laughs]

Interviewer: And that's good for your health?

Joe: Yes, it's good for me health, it really keeps me on fire.

Interviewer: Well, in what way do you find shit stirring does that?

Joe: Just keeps the brain working, things turning over, keeps me happy! [laughs]  
(*Joe, rural men's shed*)

As discussed in Chapter Three, there is a strong body of literature identifying an association between social connectedness and health status (Welin et al., 1992; Welin et al., 1985; Orth-Gomer & J., 1987; Kaplan et al., 1988; Giles et al., 2005). In an exploration of the specific characteristics of social interaction that have a beneficial impact upon health, Cohen (2004) developed a model in which social integration is conceived to promote positive psychological states that lead to both physiological responses and behaviours that promote health. Cohen (2004) identified social integration and the normative roles that flourish in social settings as promoting identity, purpose, self-worth and a positive affect.

This theoretical construct is consistent with the information provided by the men. The men above specified the ways in which broad social interaction in the shed promoted both happiness and mental stimulation. Alan and Gregory specifically ascribe the



opportunity for laughter at the men's shed as a factor they perceive influences their health. Joe and Maurice describe coming to the men's shed as social interaction that keeps them happy. The ways in which men engage with one another, and the purpose many of them gained from helping others at the men's shed, may all contribute to identity and self-worth attained through social integration. Thus, an important aspect of social participation is the psychological wellbeing the men attain from being in the company of others.

Consistent with the theory proposed by Cohen (2004), we will see throughout this chapter that traditional male gender roles associated with health were not maintained in the men's shed environment. The normative role that flourished within the shed space was one of taking responsibility with respect to one's health, and the dominant masculinity associated with health appeared to have been reframed in this discourse as taking control.

The men's shed is marketed as a community organisation engaged in promoting the mental health of Australian men (AMSA, 2015; MSA, 2012). In the interviews, many of the men identified this specific role of the men's shed, and discussed their observations of ways in which mental health, particularly depression, was addressed within their shed on an informal basis through social interaction.

We have actually had a couple of our members have been referred by the local GP to the Men's Shed. They're been suffering depression. *(Howard, rural men's shed)*

Alistair: And that's one of the sad things about the men's shed. So many of the men...well, not so many but occasionally there is men who are less than normal, if you like.

Interviewer: In what ways?

Alistair: You know, mentally...depressed.

Interviewer: Right. How are these men accepted in the shed?

Alistair: Oh, bloody oath, they are accepted. You get them chatting, just the talking, you know? Well, that's what we do here anyway. Talk, keep their mind off things. That's why they come, those sorts. (*Alistair, urban men's shed*)

Howard and Alistair identify that the men's shed is a safe place for men with depression to seek out social support and Alistair details some of the strategies that men use – acceptance, talking and distraction – to address the needs of men with mental health issues. Some of the men articulated the role of talking about mental health in the men's shed from a more personal perspective, as they had been diagnosed with mental health issues (primarily depression) and had experienced the supportive influence of the men's shed environment first hand. Their descriptions are rich with detail of how talking with other men improved their mood and gave them succour to address their burdens outside of the men's shed.

But going to the men's shed, like with my depression and that, that helps, because I can sit down and talk to the blokes, and say if I walk over there, I might be feeling down and a little bit upset, but sit down with the blokes, we have a laugh and that. So when I finish at the men's shed at the end of the day, I come home and I feel whole lot better. So, the men's shed that way helps me a lot... Well also, what I do is if I'm feeling down and depressed, I might go and see a couple of friends that I've made like at the men's shed, or phone them up. (*James, rural men's shed*)

Alistair: Now we are in the shed I have become more outgoing. I had got very withdrawn and I was failing to look after my wife properly.

Interviewer: In what ways did the men's shed help with that?

Alistair: Oh they all talk. If I'm down they pick me up.

Interviewer: And how does that make you feel?

Alistair: Well, it boosts me right up. I can go back home and interact like a husband. It made me more outgoing. That's what the men do. It's what my daughter hoped for in my recovering... I've now got a circle of men I now know the names of and who seem to be on the same wave length as myself and will listen, so we can talk to one another without divulging any family secrets... (*Alistair, urban men's shed*)

Gordon: You've probably heard this story before about men with depression. It affects people in different ways and it's actually from different routes. Anyway, I did have a friend who listened to me at the shed.

Interviewer: What did that mean to you and your health?

Gordon: Well, someone cared. He listened and I could talk. I guess he didn't say much, but he understood about things. Just that much is enough each week.

*(Gordon, urban men's shed)*

The men above are from a range of backgrounds, with significantly different social demographics and experiences, and yet, they all provided poignant detail about the positive influence that talking with other men had on their mental health. The experience of having someone to open up to was intensely meaningful to these men. Retelling details regarding the support they received sometimes brought on emotion, and the interviews were punctuated with pauses, teared eyes and even crying. This was an unexpected response from the men given that the interview questions were not excessively probing. However, the nature of being allowed to step outside the expected norm and discuss men's the compassion often shown in the men's shed was emotional for some men.

From a feminist perspective, men who open up to other men and discuss a "weakness" such as depression are betraying the hegemonic masculine ideal. As we have seen, expressing such vulnerability is risky for a man, and opens him up to judgement, non-acceptance and potential ridicule (Courtenay, 2000a; Courtenay, 2000b; Connell, 1995). When James, Alistair, Gordon and other men open themselves up to their peers in the men's shed through discussing their mental health issues and discover acceptance and support, it is no surprise they feel gratitude and relief, expressed during their interviews through tears. It appears that the heavy focus placed on mental health within the men's shed, particularly though Australian Men's Shed Association (AMSA) promotion has

normalised discussions of mental health and created a level of acceptance within the men's shed space, in a way that is yet to be extended to personal problems outside of one's health (e.g. sexuality).

Aside from mental health concerns, men in both urban and rural locations found the men's shed to be a place they could discuss diverse health-related issues with other men in a safe, informal environment. The men described the benefits of general health discussions in the men's shed from two perspectives – talking about one's own health and listening to others talk about their health.

In interviews the men commonly discussed talking about health in the men's shed in terms of listening to other men talk about their health problems. It was evident that many men had experienced another man discussing his health, as described by the men below:

Well actually, I don't think I've heard anybody complain [about health], but sometimes they talk about it, yeah. *(James, rural men's shed)*

Men come up to me, tell me their [health] problems, and that's it. I'm easy. *(Maurice, rural men's shed)*

It's funny in that environment. It just seems to be quite open. They chat about health, you know? *(Alexander, urban men's shed)*

The impacts of hearing other men discuss their health issues were numerous. Firstly, hearing others discuss health concerns normalised the topic, and made it clear to men that talking about such issues was considered acceptable in the men's shed. When they heard other men discussing health events, men realised that the men's shed is a safe place they can come if they have a concern for which they need advice, debriefing or empathy.

Yeah, I noticed a bit of that, and I suppose that can be reassuring, hearing men talk about their health issues. Allowing people to think well, 'nobody made fun of him when he spoke about it here.' (*Jackson, urban men's shed*)

So they're in that zone where they are going to have those sorts of major health events and they are quite open and I found it's just that environment. (*Alexander, urban men's shed*)

Another benefit of hearing a man discuss health issues that many men mentioned was the opportunity to relate the conversation to one's own health. Some discussions alerted men to their own health status, and prompted them to recognise their own risk factors or signs and symptoms. The way men described this was generally passive exchange of information, in which one man picks up information that may be relevant to his own health status, without specifically asking or talking about his own health.

One of the blokes....well, you know, he's like 'I've had a stroke and this happened, and this happened.' It's started to get me aware of that men's shed focus on men's health and so forth. And for me so far it's been in the background as OK, this is another reminder. You don't ignore warning signs. (*Alexander, urban men's shed*)

As I said, talking about their problems and what have you. You can sometimes hear people say something about what they've got or what they've done and maybe it rings a little bell inside your head about their issues and how they might relate to you. So it's a benefit of picking up their problems and issues as to how you might deal with, or how you can enhance your position to deal with the problem you've got. (*Michael, urban men's shed*)

Of the men who discussed their own health issues, there was a variety of motivations for starting conversations about one's health. In a similar way to the men who opened up about their mental health issues, some men discussed their physical health conditions in order to receive understanding from other men.

Yes I talk about my health. Partly because if they don't know about my health then they don't understand why I can't be at things or do things. So I've had to explain to them about what I've got, what my limitations are as a result. *(Mark, urban men's shed)*

Although Mark talked about his terminal health condition with other men, he did so clearly in the context of receiving their understanding when he was unable to participate in events or undertake certain activities due to limitations related to his condition. Mark displayed exceptional health knowledge, and had little need to seek information from the other men. Within the feminist constructionist discourse, Mark's illness places him at risk of being viewed as a weaker man when he is physically unable to participate at the same level as other men. As an alternative Mark chose to reframe himself as being in control of his health and as a source of health information for other men through explaining the details of his condition and limitations.

Some men referred to talking about health at the men's shed as an opportunity to explicitly ask for assistance and information from other men regarding a health problem.

Just sharing stories about your health with people and everything, and the social contact from it, like, a pat on the back kind of. And having people here that's got skills in that [health care] or know what to do, which is quite interesting, yeah. They give me ideas for meself, you know? *(Reg, rural men's shed)*

Yeah, you find out their family history, their health and medical sort of stuff and you can swap ideas whether it was a good, useful strategy to manage this condition or that type of stuff. *(Alexander, urban men's shed)*

Being aware of health symptoms and assessing the need to respond to them is the first stage of help seeking behaviour (Galdas, 2009). Before adopting the role of 'patient' by visiting a health professional, many people engage with their social networks to explore

the relevance and severity of their symptoms and identify potential management strategies (Farrimond, 2011). From the social constructionist perspective, people explore the phenomena of their health through the normalised behaviours of their social groups. For a man, it may be less confronting to his masculinity to 'feel out' his social contacts regarding his health symptoms and ways they could be addressed than to visit a doctor unnecessarily. Reg and Alexander refer to health conversations as an opportunity to "give...ideas" (*Reg, urban men's shed* about "useful strateg[ies]") (*Alexander, urban men's shed*) to address health issues. Both men imply that by seeking out strategies to address their health concerns, they intend to take action to control their health. When their social groups indicate that visiting a health professional is a relevant response to their issue, they can make this trip as a man who has investigated his options and made an active choice to participate in his health care.

In the interviews most men referred to the opportunity to talk about health with others in the men's shed environment and they generally praised the benefits this provided to the men. However, many men indicated that they personally would not discuss health with men's shed companions.

Aaaah, no, not for *my* health so much I don't think, but yes, maybe for other people's health. (*Douglas, urban men's shed*)

No, I don't talk about my health. Well except... 'alright, how you going?' 'Up the shit.' or something like that. Other blokes do. (*Gregory, urban men's shed*)

The reasons men indicated that they would not personally discuss their health at the men's shed were varied. For example, Patrick, who has complex and extensive medical conditions, indicated that he would not seek information from men in the men's shed as

his own knowledge is already beyond that of most of the men. Patrick also has extensive social circles and felt no need to debrief at the men's shed.

Look I think the short answer is no, except if I want to talk about it, which I don't need to because I've got lots of people who would listen. I can listen to other people, but because of the depth of knowledge I have about my condition and what I do to alleviate them and keep myself going I don't think the men's shed can help me anymore than what I do. (*Patrick, urban men's shed*)

Russell also refers to his level of connectedness with the men in the men's shed as a factor that would currently dissuade him from discussing his health at the shed.

No, I haven't got around to that sort of thing...I think to talk about health you really need to get to know someone...I really haven't formed a strong relationship with most of the guys yet... We don't really talk about men's health as such. (*Russell, urban men's shed*)

While level of social connectedness explains the reluctance of some of the men to discuss health issues, this factor was by no means universal. As I will discuss in the next chapter, very few men had close relationships with other men's shed members, and yet health conversations occurred. Further, for some men in both urban and rural locations, the empathetic environment and open ears that many spoke of within the men's shed were not as apparent, and they did not believe that men were interested in talking about health issues.

It's like if I tell [another man], he'd go like this: 'Don't tell me your bloody problems.' [laughs]. But it's true, I don't see any point or any fun out of it to tell your problems. If you've got a headache, put some medicine in. (*Christoph, urban men's shed*)

Interviewer: Do men talk about their health in the men's shed?

Maurice: Between you and me, I don't think anybody gives a stuff about my problems. (*Maurice, urban men's shed*)



However, a subtlety can be observed in how these men defined health as a 'problem'. This wording frames health in a negative connotation that may influence the way men reflected upon health issues and their preparedness to engage in health discussions. Complaining, snivelling and appearing overly negative are characteristics that men perceive as non-masculine (Courtenay, 2000b), thus, once the man frames health as a 'problem', engaging in discussion becomes a threat.

### **6.5 Men's engagement with health professionals**

The reluctance of men to seek assistance with health maintenance, including the influence of hegemonic masculinity on avoidance behaviour, is well described in the literature (Mansfield et al., 2003; Addis & Mahalik, 2003; Courtenay, 2000a; Doyal, 2000; Peerson & Saunders, 2011; Mahalik et al., 2007). Thus, the level of engagement in health screening and consultation with health professionals identified by the men was somewhat surprising.

Health screening activities identified by the men included prostate cancer screening, bowel cancer screening (either through faecal tests or colonoscopy) and various blood tests (including blood glucose level testing). About 50% of the men had been screened for prostate cancer within the previous 12 months, and almost 50% reported having bowel cancer screening. For most of the men, health screening occurred as part of an annual health check conducted by their general practitioner (GP). Less than 15% of men reported not attending the GP at least annually, but the majority of men in both rural and urban locations reported visiting their GP approximately every three months.

I go for regular check-ups and they can't find anything wrong with me. I had an ECG result yesterday, normal. *(George, rural men's shed)*

Then, every 12 months, we usually do a full series of blood tests..I get the cholesterol, the blood pressure, the coeliac level and the PSA, so we organise the whole lot of that all in the one go. *(Howard, rural men's shed)*

Yes, I go for a tune up, doesn't matter if I'm crook or whatever. I go for a check-up every 12 months, I've got to go for a check-up...I have the bowel and that sort of thing, the prostate. I have all that checked every 12 months and have the colonoscopies every three years. *(Joe, rural men's shed)*

Besides an annual check-up, many men attended the GP more regularly for medication prescriptions, as well as to treat ailments or investigate symptoms.

In recent weeks I have been going to [the GP] almost every week to try and get the hypertension under control. *(Roger, rural men's shed)*

Phil: In fact I'm due for the doctor. Mainly because I have to get another script. She makes it up for five at a time, you see, five.

Interviewer: Okay, so you go to the doctor just for the scripts mainly?

Phil: And to query different things. When my brother died of cancer, straight down to the doctor. I said, 'Have I got cancer?' *(Phil, urban men's shed)*

Well I'm pretty good with that. I go see a doctor regularly, partly because just, umm, well, I have trouble with these [indicates to arthritic hands] sometimes. *(Alexander, urban men's shed)*

Many men also reported regular visits to various medical specialists and occasional visits to allied health professionals.

I have contact with [my health insurance company] and a nurse rings me up every two months...And just recently we've been to our chemist. We went there and she went through all of the tablets we're on... *(Douglas, rural men's shed)*

I mean I've had a sore lumbar for a month or so which is much improved now, but that's because I decided to go and see a physio. *(Christoph, urban men's shed)*

And dental checks as well, I go to the dentist regularly. (*Michael, urban men's shed*)

Interviewer: So do you see any other health professionals. You mentioned the psychologist, do you see him anymore?

Reg: No, not on a regular basis. I was seeing him probably every week but I see him once in a blue moon now.

Interviewer: Other people, maybe for your diabetes? Dietitian?

Reg: No I don't see a dietitian anymore. I think I've probably got as much information from them as I need to. GP, as I mentioned.

Interviewer: OK, what about the podiatrist?

Reg: Oh yes, the podiatrist I see every 6 weeks. That's about it.

Interviewer: And the optometrist?

Reg: Every year, mainly because of the diabetes. I don't know if that will continue every year, but I have an appointment soon to see an eye specialist. (*Reg, rural men's shed*)

The high level of engagement with health professionals was also evident when men completed the Medical Outcomes Study Social Support Survey. When selecting people within their social support circles from whom the men may seek assistance with health information, most men declined to select any of their family or social contacts. Instead, health professionals (e.g. the GP or pharmacist) were the most frequently identified source of health information support.

The hegemonic 'code' of behaviour for the ideal man emphasises emotional containment, self-reliance and strength (Farrimond, 2011; Courtenay, 2000b), which is not consistent with health-seeking behaviour. Previous literature published on the men's health and masculinity identified a tendency for men to ignore their health in deference to masculine risk-taking and failure to admit their own vulnerability (Mansfield et al., 2003; Addis & Mahalik, 2003; Courtenay, 2000a; Doyal, 2000; Pearson & Saunders, 2011; Mahalik et al., 2007). In contrast to this theoretical construct, we have seen that the men who participated in interviews engaged in a wide range of preventive health

initiatives, health screening and consultation with health professionals. Gast and Peak (2011) proposed that older men who had experienced serious health issues and engaged with the health system as a result may be more inclined to take responsibility for their health. In their study of health engagement of men of all ages in religious settings, older men displayed more responsible attitudes and behaviour toward their health, in much the same way that I identified amongst the men's shed interviewees. It appears that a serious health threat, many of which were identified in the health histories of the men, may provide an impetus for men to address their health. Gast and Peak (2011) suggested that this priority becomes greater for the man as he ages and the importance of masculinity is overwhelmed by concerns for his mortality. Roger displayed just this attitude toward his health when he described living with diabetes:

But in terms of illnesses, like diabetes for example, I guess I have just accepted the fact that I will have that in various degrees for the remainder of my life. Having said that though, I don't have the mindset that I just say, 'bugger it I don't need to do anything, it is going to happen anyway.' I know that losing weight and the physical fitness part will help. I know that at least for the moment I have a fairly rigorous regime of pills and tablets to keep things under control. But that may not necessarily always be the case. But the more I do, the less pills I might need, the longer I live. That's what I know. (Roger, rural men's shed)

In the statement above, Roger is adamant that he can maintain control over his health in order to live longer. One could argue that facing his health concerns head on, problem-solving and embracing the power he had to make a difference to his quality and quantity of life epitomises the fortitude and bravery of hegemonic masculinity. In research conducted with men in the UK, Farrimond (2011) also found a high level of engagement in health-seeking behaviours. She proposed that a man who became ill after neglecting to act on health concerns could legitimately be characterised as weak and sickly, thereby relegating him to the status of a lesser man (Farrimond, 2011). Within

this discourse, a man must weigh up the lesser impact on his masculinity: acting on health concerns or becoming struck down by illness. Black et al. (2013) found that American elders proactively engaged in their health in response to threats to their personal control. The men's shed space, in which health was heavily promoted and health-seeking and preventive behaviours were endorsed, the choice to act became significantly easier for many of the men when it was framed as a masculine act of being in control of one's destiny.

However, embracing engagement with one's health was by no means universal. Some of the men maintained more traditional masculine attitudes to their health and health activities, expressing a lack of faith in health professionals and medicine in general:

The doctor keeps saying, 'You've got to lose weight.' The same as [the specialist], she keeps telling me, 'I want you to lose weight.' I said, 'I'm not losing weight...The way I do things, that's it. If you don't like it, you can lump it.'  
(*Maurice, rural men's shed*)

If they give me antibiotics, I probably wouldn't take the whole course. Again, it's severity. And I've had a rash that the skin surgeon gave me some cream for and I stopped using it. Honestly, most of that is horse shit. (*Christoph, urban men's shed*)

I really mean it. They're [doctors] no different. Every doctor wants more money. Everybody wants more money. They want more money than medicine. I don't deal with them. (*Malcolm, rural men's shed*)

One cannot assume that all shed members participated in their health to the level of those who agreed to be interviewed. It is possible that men who were more interested in their health and perhaps those who felt pride in the control they perceived they had over their physical conditions were more likely to volunteer for an interview that included a health focus. However, the influence of the men's shed space and the social norms in the space impact all those men attending a shed. The men attending interviews did not

appear unique during observations of the conversations they have regarding their health or their behavioural patterns at health events, suggesting that their reports are reflective of the general men's shed population.

As has been seen throughout this chapter, the reframing of health responsibility as a masculine characteristic appears to be significant to the high engagement of these men in their health, contrary to what was expected from the literature. The men's shed space and the socialising that occurred within contribute to this change in discourse and, although not recognised or adopted by all members attending the shed, the influence of those who do engage with their health in positive ways is a continuous example to other men, especially those who newly visit the shed. The next chapter addresses the ways in which the men engage and connect with one another and the significance of the social environment of the men's shed to the overall social support network of the men.

This chapter explored the self-reported health of men in the men's shed. I identified the phenomenon whereby the men regularly compared their own health to that of their peers and unravelled ways in which this comparative technique enabled many of the men to perceive themselves to be in good health, despite reporting chronic illness, health-related disability and age-related changes. The chapter identified the relatively good health knowledge of many of the interview participants, and their self-report of engagement in many preventive health behaviours. I identified and discussed the tendency for men to seek out health knowledge, contrary to the literature and societal stereotypes that suggest older men are ignorant of and not engaged with health. The chapter has elucidated the role of the men's shed in promoting men's health, from regular education sessions, to provision of preventive health screening opportunities within the shed program. I have discussed the inconsistent embrace of these strategies

by the men, with some enthusiastically engaging, but many failing to identify the men's shed as a source of education or influence on health behaviour. However, this chapter highlighted other ways in which men's sheds successfully engage men in health promoting behaviours. I identified and discussed the contribution of men's sheds in providing opportunity for and normalising open discussion about health with male peers, and the crucial influence that observing the ways in which other men negotiate their health can have on man's own health-related behaviours. Finally, this chapter has identified and explored the significant success men's sheds appear to have had in helping men reframe masculinity from disengagement in health-related issues to actively taking control of one's health and lifestyle.

## CHAPTER SEVEN: A HAND IN FRIENDSHIP

This chapter explores the role of friendships in the men's sheds. I explore the composition of friendships in the men's sheds and the perceptions of men regarding the closeness of their relationships using both the qualitative interview data and the social network maps (egonets) that the men completed. This analysis unravels the patterns observed in the way men make friendships and the value they place on their shed relationships. The chapter explores ways in which the men interact with other men in the shed, the motivation that some men have to seek out masculine company and factors that influence the acceptability of same-sex male friendships. The men provided substantial information on their relationships with their family members, particularly their spouses, illuminating the role that women play in the networks of the men. Finally, I present information on the health-related social capital that flows in the men's shed networks and the people on whom men perceived they could rely to provide tangible support, health-related information and emotion support.

### 7.1 Passing time in the men's shed

There are many definitions of friendship, and many different types of friends. In defining friendships, people often refer to the type of tie they have with another person, including affection, companionship and camaraderie. Most people generally describe their friendships using terms that define the level of connection they have with their friend, for example best friend, close friend, casual friend or acquaintance (Blieszner, 2014; Spencer & Pahl, 2006). Although one can argue that precise definitions are personal and unclear (Spencer & Pahl, 2006), we can sufficiently understand the terminology 'close friend' in general conversation. When classifying their friends,



people generally consider the quality and quantity of the social capital that flows between the tie, for example trust, respect, instrumental assistance and emotional support (Blieszner, 2014).

One of the primary themes related to friendships in the men's shed was mixing with other people. When the men talked about their relationships with other people in the men's shed, they specifically discussed the shed being a place that offered the opportunity to mix with other people. For many of the men who participated in interviews, the men's shed was seen as a friendly place that men could go to simply have a chat. This was often framed as an activity that the men undertook to get out of the house and pass time.

I come, we have a coffee and we have a chat, and we chat about this and that generally. It passes the time. *(Russell, urban men's shed)*

It's occupied me, I suppose, so that's the thing. If you just sit at home in a chair... It gives me something to do, I suppose, to just go and have a chat at the shed. It helps fill in the time. I got seven days in the week. *(Gregory, urban men's shed)*

It's given me something to do on this day of the week, even though I don't really come here and do much but, yeah. *(Reg, rural men's shed)*

As Gregory mentions, he has seven days a week in which to occupy himself, now he does not have an employment role. When men retire, they often experience curtailment of both their activities and their social networks, particularly when their previous networks had relied heavily on connections from their workplace (Barnes & Parry, 2004). In the quotes above, Russell, Gregory and Reg discussed the men's shed as providing activities that can fill their time. As a place offering a variety of activities and a diverse range of men with whom a man could socialise, the men's shed filled a gap in many of

the interviewees' lives. By providing a place to regularly engage in workshop activity and socialise with others, the men's shed provided a retired man with routine, therapeutic ways to engage his mind and body, and opportunity to find meaning in retirement. This is consistent with previous research. For example, Ballinger et al. (2009) found the men's shed operated as a motivator for their small sample of shed attendees to get out of the house. In another study, men's shed participants had high agreement that the men's shed improved their wellbeing. The author proposed that this is contributed to by the opportunity that community organisations provide for men to negotiate changing identity associated with retirement (Golding, 2011).

Although evident in both rural and urban areas, the concept of the men's shed being a place to pass time appeared more acutely in the interviews with rural men. Men in urban areas identified more contacts that they knew from other sources than did men in rural locations (mean 8.15, SD 5.82 versus mean 5.67, SD 3.02), although the difference was not statistically significant. Community organisations such as churches, Scouts, Lion's Club and Probus were featured more regularly as places in which urban men socialised. In contrast, men in rural areas identified fewer contacts outside their family and the men's shed and rarely mentioned other community organisations in which they engaged. Thus, for many men in rural areas the men's shed was the only opportunity they had in life for socialising outside family, while for men in urban areas the men's shed was one of many such places.

Well it keeps me busy. Sometimes I get a bit concerned that, you know, our networks are pretty extensive and that I don't have enough time to spend time with people that you should. *(Michael, urban men's shed)*

I haven't been involved with anyone in any depth, you know. Because when I leave here it's not a case of I don't know what to do with me self. I really haven't formed a strong relationship with most of the guys yet...I don't know whether the men's shed makes much difference to me. It's the workshop and a bit of companionship, but I don't really need that because I've got a lot of outside interests. (*Russell, urban men's shed*)

Michael and Russell both identified that the men's shed kept them busy, but they have other social outlets – the men's shed provided an activity in which to engage but it was not the be all and end all of their social experiences. As a result, they indicated that their connections with the other men were not particularly close or “in depth” (*Russell, urban men's shed*) and they had little time to work on building their men's shed relationships. This is also consistent with the ways these two men mapped their social networks (egonets). In Figure 7.1 we can observe that both Michael and Russell nominated more contacts from other social circles compared with their men's shed contacts. Additionally, both men situated their men's shed contacts at the periphery of their social networks, indicating that their ties are not particularly strong.

*Figure 7.1 Social networks for Michael and Russell (urban men's shed interviewees)*



These men represented a common pattern in the relationships in the men's shed, particularly for the urban men – the shed fills a role by providing activities in which men can engage to fill their time, and socialising occurs as a secondary advantage. The literature supports the notion that men's friendships are often established as an accessory to engaging in activity (Caldwell & Peplau, 1982; Levy, 2005; Davidson, 2004; Thompson & Whearty, 2004). Indeed, the Australian Men's Shed Association (AMSA) motto of "shoulder to shoulder" explicitly expresses the notion that men talk and engage with one another not directly, but indirectly through participating in activities side by side. For the most part, the descriptions of their relationships in the men's shed provided by the men in this study, and the structure of their egonets, supported the notion that men's friendships emerge through sharing of activities.

Not all men displayed the same relationship patterns and motivations. Other men, particularly those in rural locations, discussed the men's shed as a place they go to specifically pass time mixing with people and establishing social networks. For men in this category, the men's shed was primarily a place they could fill the gap in social networks that many retired men experience when they lose touch with their work colleagues. These men also referred to activities in the shed, but for them, the social opportunity was the primary motivator to attend the shed.

No, I didn't know them. I've got to know them now. I guess it might be kinda like the Masonic lodge thing. Like, you go to a town and you don't know anybody so you go down and you introduce yourself and all that sort of jazz. And then it builds. *(Alf, rural men's shed)*

So, actually I'm meeting more people too. I love going to the shed... I look forward to it. I love meeting these blokes down the street in the town. I meet the blokes down there during the week sometimes. We meet down the street, go for a coffee, have a bit of a yarn, tell lies somewhere. *(Joe, rural men's shed)*

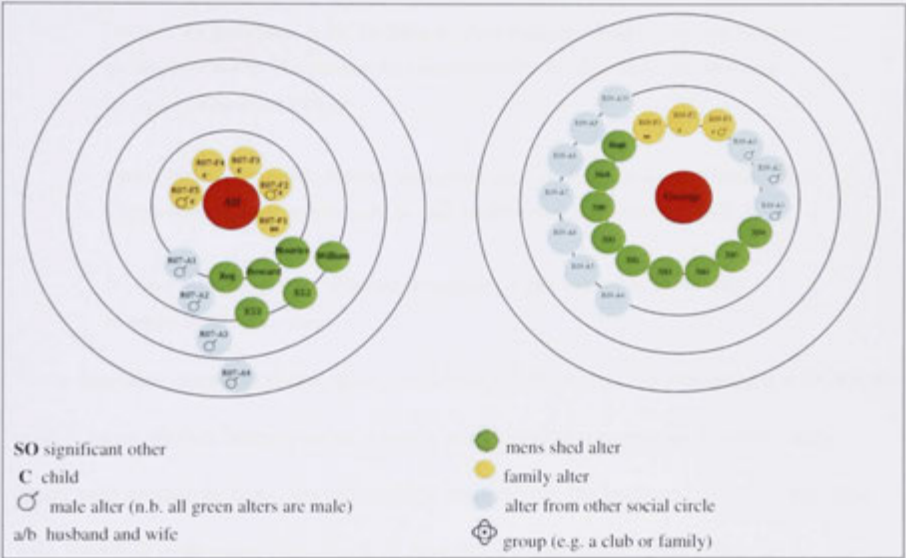
I mean, you've got a lot of people to talk to and swap stories and that but this sort of fills a bit of the gap. Just to mix with people, just the social, nothing else. *(Maurice, rural men's shed)*

I don't think I need the shed because I've always been my own person, I've got friends and our diaries are full. But it was a chance to meet new people in town. *(George, rural men's shed)*

For Alf, Joe, George and men like them, going to the men's shed was a way they could specifically meet and mix with new people. Alf and George referred to using the men's shed as an outlet to increase their local contacts when they knew few people in their rural towns. Although Maurice and Joe had lived in their locations for a long time, both had been involved in their work lives and didn't have strong social connections in their townships. Alf and George had both moved to their townships on retirement and knew

few, if any, people when they relocated. Thus, for all these men, mixing with new people was a specific reason to join a shed. Men in both urban and rural locations whose interviews exhibited this pattern generally nominated more individuals from the men's shed in their egonets, and these men were often positioned closer to the interviewee, indicating stronger ties (see Figure 7.2).

Figure 7.2 Social networks for Alf and George (rural men's shed interviewees)



In the egonets above, Alf and George have nominated as many or more men's shed contacts compared with their other social contacts, and they enjoyed closer relationships with these men, as compared with Michael and Russell (see Figure 7.1).

### 7.1.1 Passing time with men

Many men asserted in their interviews that they had initially come to the men's shed not for just any company, but specifically looking for opportunities to interact with other men.

I love the men's shed, I love going there. Believe me, I love men's company.  
Bloody-oath I do. (*Maurice, rural men's shed*)

I think it's a good place to be, for fellas to all be together. Some say women want to get involved but we'll leave that for someone else to decide. I like to be with men.  
(*Douglas, urban men's shed*)

I was sitting at home with nothing, doing nothing. I'm not a real sociable bloke...But I just wanted to meet people, well, to meet fellows. (*Jim, urban men's shed*)

It's been a chance to meet with men. I realised I didn't know men in the town.  
(*George, rural men's shed*)

Some literature suggests that a strong mediating factor for men's friendships with other men is homophobia. Homophobia appears to increase the cautiousness with which many men engage in same-sex friendships and reduces the intimacy of friendship that men establish with other men (Bank & Hansford, 2000; Greif, 2009). This is particularly true for men who are not in an established heterosexual relationship (Davidson, 2004) that publically affirms their sexual orientation. Given the very high levels of homophobia uncovered in all the men's sheds included in my research (see Chapter Five), the phenomenon of men seeking out same-sex friendships in the men's shed may seem incompatible with the findings on masculinity in the shed.

Previous research on men's friendships has indicated that participation in activities is a strong intermediary for establishing relationships with other men (Caldwell & Peplau,

1982; Levy, 2005; Davidson, 2004). As discussed above, my research also found that for the majority of men, friendships developed due to mutual participation in activities. One may consider then that perhaps the men quoted above talk about seeking out men's company as a surrogate for seeking out male-focused activity. However, the descriptions of Maurice and Douglas go further than expressing a desire to simply be in men's company (perhaps doing a traditionally male activity such as woodwork). These two men powerfully and explicitly state that they "love men's company" (*Maurice, rural men's shed*). It appears that these men were seeking out some aspect of male company that goes beyond working shoulder to shoulder in a workshop.

In the quote that follows, Alexander was very specific that he had many interactions with women, and he has ended up at the men's shed as a result of his search for other men with whom he can build friendships:

And for me, it that was part of a search for identity as a man but also I have a lot women in my life which is not a complaint...I have got very few blokes. I needed some bloke time...But there was blokey contact there, so I needed that...I still feel that there's a hole, a need in my life for me to be around blokes. But I'm not sure I can articulate why, it's a really good question. I don't know. I think perhaps it's just a desire to be around a sameness thing. (*Alexander, urban men's shed*)

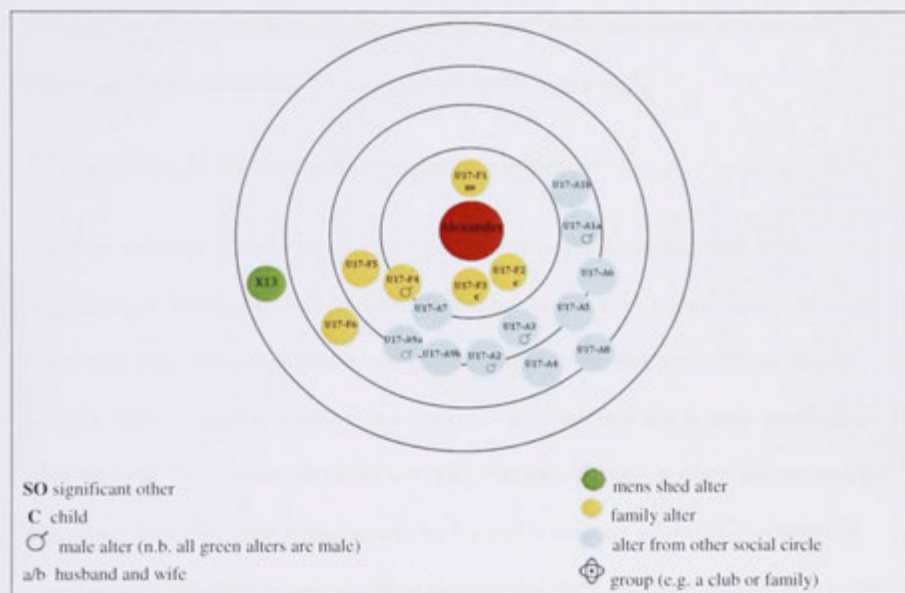
Alexander is in his late 50s, he retired from work in the emergency services due to crippling rheumatoid arthritis. His previous image of himself as a strong and independent man saving other people's lives had taken a huge blow due to his illness, and retirement had also slashed his contact with his primary network of male friendships that had been ensconced in his workplace.

A wife or significant female partner often plays a pivotal role in the social activity of retired men, as the man is more inclined to engage in activities and social life with his



wife and her network once his tie to his workplace network is dissolved (Davidson, 2004; Thompson & Whearty, 2004). As a result, the older man's social network may have an abundance of female companions and a large proportion of his social time may be spent with women or couples. Alexander's egonet demonstrated a network of primarily female contacts that some retired men experience (see Figure 7.3).

*Figure 7.3 Alexander's social network*



As a recently retired man who had been attending the men's shed for a short duration, Alexander's egonet confirmed his own observation that he has a lot of women in his life. He displayed a social network that had few male contacts (including from the men's shed) and a considerable number of female social contacts and family members. His desire for contact with more men is understandable.

In the previous quote Alexander talked about redefining his masculinity, and for him, part of this was the seeking out of other men with whom he could socialise. In his retirement, which has been dominated by his strong network of female friends and family, he feels the absence of “blokey contact” (*Alexander, urban men’s shed*). This leads to the question, what is this blokey contact that men like Alexander are seeking?

The next section will explore some of the ways that men in the shed interact within their social networks, and seek to identify components of male friendships that may engage and retain men in male-only social networks in the men’s shed.

## **7.2 Interacting in the men’s shed: being men together**

The men’s shed provides a unique space where men can be men together. The opportunity to spend time with other men is often limited once a man retires. As many of the men explained, once their work relationships ceased they were “home all day with the wife” (*Douglas, urban men’s shed*). As has been discussed, male same-sex friendships are frequently driven by activities that men engage in alongside one another. The attraction of the men’s shed as one such place is evident, given the traditionally male focus of the primary activity (workshop) in the shed. However, not all men in the men’s shed used the workshop, and as discussed in the previous section, many men appeared to be explicitly seeking out male companionship. I therefore explored the men’s interviews to identify aspects of the men’s interpersonal interactions in the shed that may reveal the attraction of male companionship and shed light on the characteristics of blokeyness that men like Alexander were seeking.

Some men discussed the complexity of determining appropriate interpersonal interaction in the men’s shed. In interviews, the men identified that relationships with

other men need negotiating, and it takes time to establish appropriate ways to interact with the diverse range of men who attend a men's shed. Christoph described this in detail:

You learn how to bump up against each other and how to be there with one another...But this is a place where guys come and want to interact with one another, and we're all a different type of guy, we've got different outlooks...But the mission statement for the shed is 'mateship'. So trying to figure out what that means. And you hear stories about men at war, but it's men in social life that have got to try and figure that stuff out. (*Christoph, urban men's shed*)

As with men quoted in the previous chapter, Christoph also identified the desire of men who come to the shed to interact with other men. In doing so he refers to mateship, a concept that emerged in the early Australian colonial days when men experienced a hostile new world, primarily without females by their side (Pease, 2001). For Australians, the term mateship is synonymous with the First World War, the Anzacs and most particularly the Gallipoli campaign and the challenges through which men supported their mates. The term enshrines heroism, bravery and overcoming hardship alongside other men as significant to the image of the Australian man (Pease, 2001). Although at first glance it may appear presumptuous for Christoph to use the term mateship with its historical connotations, to describe every day men having a cuppa together, it is perhaps alternative characteristics of mateship that are more explicitly on display in the way the men interact at the men's shed. Beyond the rhetoric of heroism and bravery, mateship also encompasses Anzac characteristics of larrikinism, anti-authoritarianism and general camaraderie (Pease, 2001). In the following sections, I will discuss two distinctly blokey ways in which the men in the men's shed interacted under the themes: 'stirring each other' and 'bullshit and lies'.

### 7.2.1 Stirring each other

'Stirring each other' is an Australianism for causing excitement or strong emotion, usually in a joking manner. Stirring was referred to by the men at both urban and rural men's sheds; however, the theme emerged more strongly in the rural regions, where almost all interviewees in some way referred to it as a common way of interacting with other men. The men in rural locations colloquially referred to themselves as 'shit stirrers', and described their distinct enjoyment of verbally rousing one another:

No, no, no, we have a lot of shit stirrers and we bore into each other like you wouldn't believe - it might be pick on [this bloke] this week and it might pick on [that bloke] next week, it doesn't matter, we all have a go! I'm always bullying the shit out of the lot of them...Oh, I love to go there for a shit stir! [laughs]. (*Joe, rural men's shed*)

We stir each other up a bit, a bit of a joke, yes. Well, I suppose it is, because it's manly. It's like you do at school, only we're not picking on each other. Nobody really is [noise and action to simulate tension] you know, towards the other person. They're all pretty good. (*Alf, rural men's shed*)

We have a go at each other, as you probably know. (*James, rural men's shed*)

Oh yeah, I give it to them, tell them what I think of them. [laughs]. (*Malcolm, rural men's shed*)

In urban locations the concept was less explicit, and men referred to stirring each other more generally (e.g. as joking around), although in observing interactions I noted no intrinsic difference in the way that stirring was exhibited.

They're all male blokes. ...I mean they'll often poke fun at each other in a joking way without any malice. (*Michael, urban men's shed*)

And I respect them too. Even though I might tease some of them. They can fight back, they're big enough. (*Gordon, urban men's shed*)

As the men's words suggest, the 'shit stirring' that I observed generally consisted of the men standing in a group and joking at one another, challenging each other in playful ways, with copious expletives. Although shit stirring may appear to be bullying for the uninitiated, careful observation indicated that a man would only be targeted with shit stirring if he was participating in it himself – any man who was not engaging in the behaviour would not find himself the brunt of a shit stir.

### 7.2.2 Bullshit and lies

Shit stirring closely ties to the second way in which the men identified they interact with one another – 'bullshit and lies'. In this context, 'bullshit' refers to exaggerated nonsense and lies. The rural men were explicit when discussing 'bullshitting' in their interviews:

I laugh a lot. I just carry on a lot, and a lot of bull goes on, you know? I get together with a heap of blokes, and that's it, you know? (*Alf, rural men's shed*)

Get up there and tell lies... (*Maurice, rural men's shed*)

Then the bullshit's starting to fly, you know? ...Drinking coffee, telling dirty jokes; a lot of bullshit going on...you tell a few dirty jokes and you carry on with a lot of bullshit, and that's it. (*Joe, rural men's shed*)

Once again, the urban men's shed attendees were less colloquial in their description of this way of interacting, but certainly identified its regular occurrence at the men's shed:

Less connection, but still talking to each other and joking. There's a tendency for grown men, elderly men, to be facetious. (*Alistair, rural men's shed*)

I mean, I've talked to some guys here about some of the ways they interact because some of it I find offensive and I've said so. It doesn't stop them from doing it. But they are aware of it. (*Mark, rural men's shed*)

As Mark states in the quote above, the language I observed was frequently offensive and the stories were exaggerated, often with racist or sexist undertones, always expressed in a joking manner. I observed bullshitting frequently at all the men's sheds and noted bullshit stories to be told in a robust manner, building up the nonsense, with men attempting to outdo each other's stories, often interjecting another man's bullshitting with some shit stirring, particularly when a man had exaggeratedly portrayed himself in an overly positive manner. Naturally, the bloke language discussed in Section 5.3 was readily apparent, with copious sexual innuendo and expletives in use.

Shit stirring and bullshitting appear to epitomise the core essence of blokeyness. These ways of interacting are uniquely masculine. Stirring acted as a blokey means of testing another man's character – is he up to a playful verbal challenge? – and also a way in which men expressed acceptance of others into the group. Bullshitting and lies is intrinsically linked to the masculine storytelling discussed in Chapter Five. The phenomenon was a playful way in which the men engaged with one another that often portrayed a man's masculine ideals and character as a man through his self-location in stories involving risky behaviours. Indeed, many stories originated from likely true narratives, before exaggeration took over and storytelling evolved into bullshit and lies.

The assertion that these ways of interacting represent the essence of the blokeyness that many men seek is not without support from the literature. Although blokeyness is often identified in Australian cultural studies, for example in male-dominated settings such as media and politics, its specific characteristics are rarely explicitly elucidated, beyond the obvious context of the masculine. However, the few examples of description I identified are consistent with my findings. In a discourse on the blokey nature of surfboard manufacturing, Warren (2014) documented his interview participants' descriptions of

their blokey environment and man to man interactions. In describing their blokey space these men, some of whom were in the same age range as those in the men's shed, used phrases such as "conversations and pranks..." (Warren, 2014, p. 421) and "we crack open some beers and we have a joke and share some stories...we're always talking about or next surf trip or the latest chick" (Warren, 2014, p. 422). In a qualitative investigation of perceptions of a male-only weight loss program, one Australian man defines the blokey nature of the same-sex interactions with the description:

...so the real blokey thing about it I think when we all got together as men it is easier to have those blokey sorts of jokes and stuff, carry on a bit like that without women being there. (Morgan et al., 2011, p. e243).

The ways in which men interact with one another in the absence of women that I identified as a key element of blokeyness in the men's shed space were also identified by men in these other studies. The distinct masculine dialogue etiquette that dictates men engage in one-upmanship, stirring, sexual language and "a **tendency for grown men, elderly men, to be facetious**" (*Alistair, urban men's shed*) appeared to derive from and reflect masculine identity. Characteristics of masculinity discussed in Chapter Five such as taking charge and earning respect underpinned some of these masculine interactions.

As alluded to in the quote above from the study conducted by Warren (2014) in which the participant refers to cracking open a beer, alcohol has a prominent role in male bonding in many other masculine spaces (Burda & Vaux, 1987). Australian men, particularly those from the working class, have a notorious indulgence in beer drinking. "Grabbing a beer down at the pub" is exemplary of the way men are perceived to portray blokeyness. This perception is supported by the international gender literature, which

includes examples from increased engagement in binge drinking by older Swedish men who regularly socialised with friends (Andersson et al., 2014) to the act of friendship of downing beers in the pub being constructed as a hegemonic behaviour by Scottish men (Emslie et al., 2013). As discussed in previous chapters, alcohol was not a component of masculine social interaction in the men's shed, and only a few men mentioned alcohol as a mediator of their social relationships. Whether this observation reflects a lack of attraction of the men's shed to men who engage in social drinking; a defensive mechanism by interviewees to down-play their alcohol use when talking to health professionals; or whether it indicated a successful reframing of an alcohol-free hegemonic masculinity is unclear.

In this section I have explored the nature of blokeyness and the ways men interact with their friends and colleagues in the men's shed space. We have seen that the intrinsic nature of blokeyness in public space is encompassed by stirring one another, facetious jokes, one-upmanship and bullshit and lies. What should one perceive from the stories that fly around the room?

Interviewer: I know a lot of bullshitting goes on there. Do you think there's any serious conversation underneath that?

Maurice: Nah. Nah. Definitely no. (*Maurice, rural men's shed*)

According to the men, their stories had no underlying meaning. However, I have explored in Chapter Five and throughout this chapter the important role that storytelling played in the way a man expressed his masculinity, and the ways in which his expression of it were policed by other men, for example with a friendly dig and shit stirring. The fine line between self-confidence and egotism provides an example of the unstated boundaries that confined the level to which a man could inflate his story. A



man's ability to negotiate these boundaries contributes to his acceptance within the group.

In the next section I will explore the extent to which deeper friendship were formed within the men's shed's and the experience of reciprocity in male friendships.

### **7.3 Deeper friendships in the men's shed**

At the commencement of this chapter the notion that men come to the shed for superficial mixing and passing time with a chat and a cuppa was discussed. Some of the men described their relationships as having a greater level of depth.

The literature suggested that men's friendships are not as intimate or supportive as women's friendships, whether they are with other men or with women. Numerous factors are proposed as influencing the intimacy of men's same-sex friendships, most of which arise from role expectations of the hegemonic masculinity in Western culture. Homophobia, competitiveness and being emotionally restrained are all discussed in the sociological literature as factors that restrict the depth of men's friendships (Greif, 2009; Bank & Hansford, 2000).

The men who discussed their relationships in the men's shed as having a level of depth beyond superficial camaraderie expressed diverse depth of connection with other men. Some men simply talked about getting on well with the other men in the men's shed.

I think they're all like me, they're all like me. We get on very well together.  
(*Maurice, men's shed*)

Maurice refers to the other men as similar to him, and identified this as a reason they get along well. Mutual interests and similar opinions and beliefs are recognised as mediators

in the establishment of friendships (Greif, 2009; Bank & Hansford, 2000). However, in his verbal descriptions, the depth of Maurice's friendships did not extend beyond getting along "very well together" (*Maurice, rural men's shed*). In the next quote, Maurice told me that he did have closer friends with whom he could more intimately discuss his problems, but these were not the men he associated with at the men's shed:

Interviewer: Do you talk about your problems when you're at the Men's Shed?

Maurice: No, not really.

Interviewer: Not really? So, who would you mainly talk to about your problems?

Maurice: Oh just ... a few different friends; personal friends, that's it. That wouldn't be the blokes at the shed. I enjoy their company, bloody oath I do. But that's all, that's all. (*Maurice, rural men's shed*)

Maurice went on to explain that the friend with whom he could disclose personal information was a male contact he had known more than 25 years (identified as R07-A1 in his egonet, see Figure 7.4). Despite describing his men's shed friendships as nothing more than getting along well together and people with whom he could have a yarn and a shit stir, quantitatively the closeness of Maurice's men's shed network is in the highest 25% of interviewees. Maurice's egonet illustrated that he perceived the men in the men's shed to be on the periphery of his social network; however, for him this equated to a relatively close relationship.

Figure 7.4 Social networks of Maurice and Patrick



Other men ventured to describe their friendships in the men's shed using terminology that qualitatively suggested a closer relationship than described by Maurice or the men discussed at the beginning of this chapter.

I find it warm friendship here. I find that, I definitely do. Nice people. And that's why I come here. (*Alan, urban men's shed*)

It's a friendly environment, yes. They're my friends for sure. They're mates together, they are all the same or mostly the same age and the same things are happening to each and every one of us. (*Patrick, urban men's shed*)

...as I got to know them, it's sort of like a bit of a brotherhood sort of thing, like a little family that's getting more of a family feel about it so it's good. (*Alf, rural men's shed*)

Alan described the men's shed as having warm friendship, Alf characterised relationships in the men's shed as a form of brotherhood and Patrick referred to the men

as mates, while also describing the men's shed as "one of the best" (*Patrick, urban men's shed*) environments to have a chat with men. While Alf implied the relationships in the men's shed are familial-like, he did not elevate them to the level of family in his egonet (see Figure 7.2 in Section 7.1), nor did he nominate the men in the shed as friends with whom he would share a problem. In the next quote, Alf discusses the men with whom he could discuss more personal issues:

Alf: Nah. They all lived...where dad lived. I went to...school where I met these other blokes, and [R07-A1]. Out of all of them, I talk [R07-A2], but [R07-A2] lost his wife recently and he's gone a bit funny from that, but anyway. We're still mates. Can tell him everything because we've been friends for so many years, yeah.

Interviewer: You've got [R07-A1], [R07-A2], [R07-A3].

Alf: Yes, there was another one, [R07-A4], but he's dead now. It was the magnificent five of us.

Interviewer: But that's great to have friends that last you a lifetime.

Alf: We all rode motor bikes. I'm the last one to be riding on the road. (*Alf, rural men's shed*)

Like Maurice, Alf nominated men he had known since his boyhood as his closest confidantes. He had a mutual history with the men to whom he felt closest, having attended school with them and spent his young adulthood riding bikes in their gang.

Patrick's men's shed network (see Figure 7.4) has an almost identical level of closeness to that of Alf. He nominated slightly more men's shed contacts, and positioned a few of the men closer to himself than did Alf. Although Patrick classified two of his men's shed contacts as intimate friends with whom he could share personal information and troubles, this is not by virtue of their membership of the men's shed. Patrick's egonet demonstrated a common finding in the interviewee's networks – individuals that the man knew from more than one source were generally identified as having a closer relationship with the man. The two men Patrick identified as confidantes (identified as

X23 and X19 in his egonet) were members of Patrick's church with whom he had well established friendships before the men's shed was opened. Given that commonality of interests is identified in the literature as a significant factor in the establishment of a man's friendship (Bank & Hansford, 2000; Greif, 2009) it is logical that having multiple mutual interests could increase the depth of a friendship.

Only a handful of men described having especially intimate relationships with other men at the men's shed.

So they're my sort of social thing at the moment. The more I get to know them, it's like building a friendship. But [Maurice] is becoming more and more my confidante. He is one I think I can trust, my mate. I haven't found him out not to be so far, so yeah it's good. (*Malcolm, rural men's shed*)

We're very close, he treats me like a son and a friend and an advisor. All of those things....yes he is a close friend. (*Gordon, urban men's shed*)

I've now got a circle of men I now know the names of and who seem to be on the same wave length as myself and will listen, so we can talk to one another without divulging any family secrets. Yes, well it has given me now two, not quite intimate friends, but two very close men... (*Alistair, urban men's shed*)

Some interesting observations emerged from the case studies of the men above who described some of their men's shed relationships using terminology that implied a deeper level of connection. Malcolm described his relationship with one man, Maurice, as that of confidante. In his interview he chronicled revelations he had made to Maurice regarding personal problems, health issues and the support Maurice provided throughout the extensive illness and passing of his wife. On his egonet (not pictured) he locates Maurice at a close level on the second line. Malcolm, who has a military background and does not use the term "mate" lightly, indicated that it takes time and commitment to build friendships, and he placed his relationship with Maurice as deeper and more

intimate than the connections he had with other men in the shed. As Malcolm “[has] never been able to tolerate too many people that know too much about [him]” (*Malcolm, rural men’s shed*) and was an unabashed homophobe, increasing his vulnerability through a deeper friendship with Maurice showed a particular commitment. And yet, when we look at Maurice’s egonet (Figure 7.4) Malcolm did not even feature at the periphery.

In contrast, the other two men quoted above each discuss their relationship with one another. Both Alistair and Gordon described their relationship using the term “very close”. Gordon described the relationship as “close friends”, with the implied depth of a familial relationship when he described Alistair treating him as a son and advisor. Alistair’s description of their connection as “not quite intimate” (*Alistair, urban men’s shed*) indicated reciprocity in the depth of the relationship. These two men had shared experiences of depression and family illness, although they did not undertake the same activities in the men’s shed – one used the workshop and played cards, the other attended solely for the opportunity to engage in social interaction. Interestingly, the men had very different perceptions of the closeness of the relationship when comparing it to their other contacts in the mapping of their egonets (see Figure 7.5). Gordon’s placement of Alistair on his egonet suggested a much closer relationship than Alistair has indicated on his own social network map. The value of collecting qualitative data to fully explore social networks and understand the context of relationships is evident. It is interesting to note that Gordon identified no social contacts outside the men’s shed and his family. When he evaluated the closeness of his relationship with Alistair there were few comparator relationships in his network, long term connections appeared absent, and he chose to place Alistair on a close circle. In contrast, Alistair placed Gordon



relationships in the men's sheds, men often evaluated their relationships very differently from one another, possibly due to their previous experiences and expectations.

Much of the literature on men's friendships details relationships that have less emotional investment than same-sex female relationships, in terms of levels of self-disclosure and emotional availability. The literature suggests that engaging in deep and close friendships increases a man's vulnerability. Emotional restraint dictated in Western hegemonic masculinity, the strong desire for respect, and the competitive nature of men's interactions all create barriers to self-disclosure within a same-sex friendship (Hall, 2011; Greif, 2009). Additionally, the risk of the friendship being framed as a homosexual relationship by others (or perhaps even the other man in the friendship) increases a man's vulnerability should he establish closer connections. The trust required for a man to expose himself to the vulnerability of a close friendship may take some men significant time to build (Greif, 2009). Michael concurred in this quote, in which he indicated that he hasn't known the men in the men's shed for a sufficient duration to establish an intimate same-sex friendship:

And with the men's shed I think these are still developing relationships that will get stronger as time goes by. I mean I've been here for two years. *(Michael, urban men's shed)*

I noted in the interviews that many of the men identified friendships of significant duration with contacts they knew outside of the men's shed or their family. Men often identified friendships they had formed decades previously – boyhood school friends, neighbours growing up and, quite commonly, contacts from the Boy Scouts organisation. These associations were not always continuous over the man's lifetime – men described reconnecting with old friends at different stages of life. Greif (2009)



discusses this concept as “rust friends” – friendship that is present over time and can be casually slipped back into as though not a day has passed. With a pre-established trust and longevity with which new relationships in the men’s shed cannot compare, men frequently rated their enduring friendships as closer. As was noted in the case study of Gordon and Alistair, different expectations of friendships in the men’s shed was influenced by previous experience with long, close relationships.

#### 7.4 Perceived health-related support from the social network

An adapted version of the Medical Outcomes Study (MOS) Social Support Survey (reported in detail in Chapter Three) was used to measure the perception men had of the support available to them from their social networks for health-related activities. Table 7.1 shows mean MOS Social Support Survey sub-scale scores for tangible support, information and emotional support, social support, and emotional health. The mean MOS score was 73%. This finding is comparable to that in the validation study of the original MOS Social Support Survey, in which the mean MOS Social Support Survey score for 298 participants was 70.1% (Sherbourne & Stewart, 1991). The mean subscale values ranged from 2.21 to 2.50 (possible range 1 to 3) indicating that on average, most men who participated in interviews perceived themselves to have relatively high levels of assistance available from their social networks for health-related behaviours.

*Table 7.1 Medical Outcomes Study (MOS) Social Support Survey total and sub-scale scores*

Location	Mean % MOS total score (SD) <sup>†</sup>	Mean tangible support MOS sub-score (SD)	Mean information and emotional support MOS sub-score (SD)	Mean social support MOS sub-score (SD)	Mean emotional health MOS sub-score (SD)
urban	71.25 (20.83)	2.66 (0.51)	2.47 (0.53)	2.16 (0.53)	2.43 (0.71)
rural	75.93 (16.25)	2.75 (0.47)	2.53 (0.33)	2.30 (0.62)	2.63 (0.57)
<b>total</b>	<b>73.00 (19.11)</b>	<b>2.69 (0.48)</b>	<b>2.69 (0.46)</b>	<b>2.21 (0.56)</b>	<b>2.50 (0.66)</b>

<sup>†</sup> standard deviation

An independent samples t-test found no significant difference in mean overall MOS Social Support Survey score or any of the four sub-scale scores between men in rural locations and those in urban sheds, indicating that men in both rural and urban areas perceive their social networks to provide comparable levels of support related to their health.

When discussing the support they perceived they had available to manage health-related tasks, a clear pattern emerged in the interviews. Almost all men commenced this part of the interview by declaring that they did not need any assistance.

I wouldn't ask anyone here for help because I'm pretty pigheaded about that. I'd rather do it myself. I'm pretty well right on my own. *(James, rural men's shed)*

Interviewer: Do you have someone to help you with your daily chores if you're sick?

Gregory: Yes, yes, yes. But I don't need help. *(Gregory, urban men's shed)*

Christoph: Well, I really don't need any help with it. I am healthy enough that I don't need someone to advise or do these things.

Interviewer: Do you think that would change if you had any chronic illness?

Christoph: Chronic illness? Well, it would need revisiting. Hmmm, yes. I mean, I do have people, so I would have to revisit it. *(Christoph, urban men's shed)*

As with information about the men's health status discussed in Section 6.1, the assistance available to the men unravelled throughout the interview as they contemplated future decline in their health status and abilities, or recalled instances in their lives when they had experienced a health crisis. In the quote above, Christoph commences by telling me he is sufficiently healthy that he does not require advice or tangible assistance to care for his health. When considering a potential of chronic illness, he realises that his independence may decline, and his self-reliance "would need revisiting" *(Christoph, urban men's shed)*.

The value placed by the men on independence and self-reliance may equally stem from both older age and being male. The value that older people place on independence and the threat of becoming dependent that emerges from ill-health is well acknowledged in the health literature. The potential of being a dependent being, unable to engage in activities of daily living without assistance, is associated with poor self-esteem, emotional distress, increased vulnerability and feeling of powerlessness (Silverstein et al., 1996; Cornwell, 2011). Many of the men who participated in interviews had experienced significant health events in their life that no doubt impeded their independence for some time. Recalling past threats to their independence and the likely negative emotions associated with these experiences no doubt contributed to these men being fiercely adamant that they currently had no need of assistance. Some of the men were explicit regarding their fear of being a burden on others:

Interviewer: Someone to confide in or talk to about yourself?

Jim: I don't do that.

Interviewer: Someone who understands your personal problems?

Jim: I don't do that.

Interviewer: Don't do that? Is there a reason why you don't do that?

Jim: I don't want to be a burden on somebody else. *(Jim, urban men's shed)*

But sometimes blokes feel that they don't want to burden others with their problems, especially when, like, what can they do about it? *(Howard, rural men's shed)*

Both Jim and Howard express strong desire to avoid being a burden, and it is evident that this value impinged on their ability to seek out health-related assistance from their social network. The relationship between downgrading need for health-related support and masculinity is evident throughout this thesis. Openly admitting loss of control and vulnerability is not consistent with traditional notions of hegemonic masculinity and may influence both the man's evaluation of his independence (Burda & Vaux, 1987) and

his help-seeking behaviour (Mansfield et al., 2003). Although the men were able to progress to thoughtful evaluation of the assistance available in their social networks, the knee-jerk response of validating one's independence with which most of the men initially responded is consistent with portrayal of control and emotional resilience.

#### 7.4.1 Reliance on women for health-related support

A strong theme identified in this part of the interviews was the reliance of the men on women for their health-related support. Without exception, men who were married or living with a female partner nominated her as the person on whom they would rely to provide the support detailed in the vast majority of the MOS Social Support Survey items.

Well it would certainly be my wife. *(Jackson, urban men's shed)*

But you can't ask any of them, can you? It's your wife, isn't it? Just your wife for all that, isn't it? *(Maurice, rural men's shed)*

Oh, my wife has got to come first in all these things, obviously. *(Patrick, rural men's shed)*

Various explanations for the prominent role that spouses take in provision of health-related support are available in the literature. Underpinned by an understanding ensconced in feminist theories of masculinity, Gast and Peak (2011) proposed that men are able to overcome hegemonic expectations of masculinity through the framing of their spouse as a 'broker' for health-related behaviours. By allowing his spouse to take on roles associated with health support, a man can maintain the ideal Western hegemonic masculinity that endorses disengagement with life activities in which he may be vulnerable, such as health. Some examples of spouses brokering health behaviour are

discussed in Chapter Six in which I outlined the responsibility for the man's diet that many spouses had adopted.

From a slightly different perspective, Alexander, who does require substantial health-associated assistance due to his chronic illness, discussed his reliance on his wife as a co-dependent relationship in which helping him fulfils her own desire to be needed.

[My wife] would actually be my first for everything. We're not inter-dependent as much as [she] needs to be needed. That's her thing. She's just a reliable person. So she will always be there for me. (*Alexander, urban men's shed*)

It is possible that the framing of his dependence on his wife in this manner is a defensive mechanism to preserve his own self-esteem and masculinity. From Alexander's perspective, he is as much fulfilling his wife's emotional needs through his dependence on her as she is fulfilling his physical requirements. However, there is also much literature to support the notion that females willingly take on nurturing roles and obtain personal rewards from being a provider of social support (Burda & Vaux, 1987; Greif, 2009); therefore, Alexander's assertion is likely to be at least a somewhat accurate assessment of the reciprocal flow of social capital in his spousal relationship.

Also drawing on theories of masculinity, various researchers highlight the restriction many men experience in their ability to be emotionally vulnerable (Greif, 2009; Bank & Hansford, 2000). As discussed throughout this chapter, emotional restraint is particularly acute in same-sex friendships, restricting the man's perception of accessibility of other men in his social network to undertake health-related support. This factor is a likely contributor to the preference of many men for female assistance in meeting health-related needs (Burda & Vaux, 1987).

From a social network theory perspective, Cornwell (2011) suggested that in older adult relationships, the female spouse often takes on a bridging role, being the primary connection between a man and other members of the network. From this position in the social network, the female spouse may have greater access to extraneous supports that can be utilised to rally assistance when a man requires social support. This appeared to be the case for some men. In the example below, Gregory specifically identified that he would nominate his wife as a provider of health-related assistance because “she’d call on her family” (*Gregory, urban men’s shed*).

Gregory: I’d put [my wife], then she’s got all her family. She calls on them.

Interviewer: Then you’d ask the family or [your wife] would ask the family for you?

Gregory: Oh, she’d ask. Yes. She’d call on her family. (*Gregory, urban men’s shed*)

In this example, Gregory’s wife acts as a bridge between him and other family members. By calling on his wife to provide certain types of social support, Gregory deliberately accesses her much larger social network. Gavin also highlighted the role of a wife’s more extensive social network when he nominated his wife’s friend as someone he could call on in the absence of his wife:

Yeah. There is another woman and she’s my wife’s friend. And she is very helpful to us. So I guess she would help me. (*Gavin, urban men’s shed*)

Although by no means the majority, a few men discussed their inability to discuss some health-related problems with their wives. In cases where men felt unable to seek assistance from their wives, the issues with which they required support were generally associated with sexuality – concerns regarding sexual performance, sexual interest, or men who were experiencing sexual problems with illicit partners. In the quote below,

Roger is responding to the item on the MOS Social Support Survey that prompts the man to nominate a person from whom he would seek advice on personal problems.

In the capacity of giving advice on those topics, I'd like to say my wife, but she doesn't always quite understand. Certainly she would like to and her heart is in the right place and stuff, but occasionally there are times I find it difficult to get the story across without upsetting her, or without giving her the wrong sort of impression so in those instances, I don't know. I have no idea who to turn to. *(Roger, rural men's shed)*

Roger expresses his desire to discuss his erectile dysfunction with his wife, and the barriers he perceived to consulting her. For Roger, his strong reliance on his wife as a general provider of health-related social support leaves him with "no idea who to turn to" when his wife is not available. This was a frequent response from the men when I asked them who they could rely on in the absence of their wife:

I wouldn't know. I wouldn't know who to go ask. Like I said ... honestly the only one I could possibly ask would have to be [my neighbour] next door. I guess I'd have to ask him, maybe? *(Maurice, rural men's shed)*

Interviewer: What if your wife wasn't available to help?

Jackson: Ummmm, maybe Joanne my daughter? Struth, I'm not sure what I'd do actually. *(Jackson, urban men's shed)*

Again, if it wasn't my wife, I'm not sure that there would be anyone there who I would be comfortable asking. *(Mark, urban men's shed)*

In the quote above, Jackson suggests he would turn to his daughter if his wife was unavailable to provide health-related support. The nomination of other women (often family members) from the man's social network as providers of health-related support was a common response. In the following quotes, men identify daughters, sisters and aunts as potential providers of health-related support:

Oh I think they would all understand the problems. My sister especially. Before I had the first heart attack, when my first wife was sick for many years my sister was always asking, 'how are you?' (*Douglas, urban men's shed*)

Once again, mainly the relatives, like the aunties, at the moment, because they all know what I've been through, so they've got a pretty good understanding. (*James, urban men's shed*)

My wife or my daughter. Oh, definitely my daughter would give me a hug. She's a real daddy's girl now. It's really just my two girls who would do that stuff, yeah. (*Howard, rural men's shed*)

It would be my step-daughters. Yeah, although, they're pretty close. (*Gregory, urban men's shed*)

In Chapter Eight I present quantitative data related to the influence of an individual's gender on nomination by the man as a provider of health-related support and explore the nuances in the types of support a man's female contacts are more likely to be called on to provide.

#### 7.4.2 Engaging professional services

Another theme I identified in the interviews was the tendency for men to nominate a professional to provide various forms of health-related support. The men commonly nominated local council or paid services as a resource they would rely on to provide support detailed in items on the MOS Social Support Survey tangible support sub-scale, for example someone to assist with daily personal chores or household and yard chores.

We have a cleaner. We pay the government and the cleaner comes so I wouldn't ask anyone. (*Gavin, urban men's shed*)



Interviewer: So if you couldn't do it? Who would you ask if you were too sick to manage the garden alone?

James: Well I'd have to eat my words and pay somebody to do it. (*James, rural men's shed*)

Interviewer: What about someone to help with household/yard chores if you were sick for a long time?

Alan: Oh, I'd hire somebody.

Interviewer: You wouldn't ask any of these people on the board [egonet]?

Alan: No absolutely not. (*Alan, urban men's shed*)

In Chapter Six I discussed the high level of engagement with health professionals that the men described in their interviews. This engagement extended to the seeking out of health information. Almost 90% of men nominated a health professional as their primary source of information for the MOS Social Support Survey items related to support in choosing health services, information about healthy living, suggestions for dealing with a health or personal problem and understanding medical information.

While for many of the MOS Social Support Survey items listed the seeking of advice from a health professional shows good judgement, engagement of professional services can also be a way in which men address their support needs without impinging on their social networks.

#### 7.4.3 The role of the men's shed in health-related social support

In responding to the MOS Social Support Survey, few men nominated their men's shed contacts as someone from whom they could seek health-related support. Table 7.2 presents the scores on the MOS Social Support Survey when considering only the support men received from people they knew in the men's shed. As will be presented in

Chapter Eight, the MOS Social Support Survey score for the man's shed network was significantly lower than that for his family network.

**Table 7.2 Medical Outcomes Study (MOS) Social Support Survey scores for the men's networks in the men's shed**

location	Mean % men's shed MOS score (SD) <sup>†</sup>	Mean men's shed tangible support MOS sub-score (SD)	Mean men's shed information and emotional support MOS sub-score (SD)	Mean men's shed social support MOS sub-score (SD)	Mean men's shed emotional health MOS sub-score (SD)
urban	13.06 (13.67)	1.31 (0.50)	1.19 (0.26)	1.38 (0.39)	1.10 (0.26)
rural	21.53 (14.66)	1.60 (0.57)	1.49 (0.47)	1.57 (0.52)	1.17 (0.39)
<b>total</b>	<b>16.23 (14.43)</b>	<b>1.42 (0.53)</b>	<b>1.30 (0.37)<sup>‡</sup></b>	<b>1.45 (0.47)</b>	<b>1.13 (0.31)</b>

<sup>†</sup> standard deviation

<sup>‡</sup>  $p < 0.05$  between urban and rural locations

Independent samples t-tests showed that the men in the rural men's shed were significantly more likely to be nominated as a provider of information and emotional support than urban men's shed members; however there was no significant difference based on geographic location for other MOS Social Support Survey sub-scales. This finding may be related to the increased closeness that rural men's shed networks were found to have compared to urban shed networks (see section 8.1).

The MOS Social Support Survey scores indicate that the men nominated people in the men's shed as only partial providers of health-related support, and none of the sub-scores indicated men received strong support from their shed network. Other social network studies have found that family networks provide greater social support than networks of friends or colleagues (Wellman & Wortley, 1989). Given the role that women were found to play in the networks of the men's shed attendees, it was unsurprising that the men's shed network did not play as significant a role in providing health-related social support.

Men's shed contacts were most likely to be nominated as providing social support, and this is consistent with the qualitative findings that many of the men start attending a men's shed for the primary purpose of social interaction. Items on the social support subscale included 'someone you enjoy spending time with' and someone to do things with to get your mind off things'. Given that many men were attending the shed to fill the gap created by retirement, the nomination of men's shed contacts as providers of this type of support, albeit at a low level, is consistent with the descriptions men provided in their interviews. Section 8.3 provides more discussion on the findings related to the support provided to men by their men's shed networks in comparison to their other social networks, including discussion of possible explanations for the low level of men's shed support identified in the interviews.

This chapter has looked at the role of friendships in the men's sheds and specifically at the closeness of men's individual relationships with other men. The different ways in which men both sought out and engaged in same-sex friendships was examined; including the contribution of men's shed relationships to the man's health-related social support. I also explored the unique ways in which men interacted, and the motivation this provided some men to attend a men's shed. The next chapter presents a social network analysis and a quantitative exploration of factors that influence the structure of the men's social networks, including factors that influence the flow of health-related social capital in the men's social networks.

## CHAPTER EIGHT: SOCIAL NETWORK ANALYSIS

Chapter Four to Chapter Seven have presented qualitative data from the interviews I conducted with the participants in this study. In this chapter I present the quantitative findings from the social network analysis and discuss the ways in which this data relates to the qualitative findings. This chapter explores the qualities of the social networks men established within the men's shed, with their family members, and with other social contacts. Through analysis of the size and composition of these networks, I identify factors that may predict the closeness men perceive in their social networks. In the second section I turn to ways in which the man's social network and social behaviour may influence his masculinity. The chapter also describes health-related social support the men received from their social networks, and explores factors that may influence the flow of health-related social capital in the networks men establish both within and outside of the men's shed.

### 8.1 The man's social networks

An overview of the characteristics of the men's social networks is presented in Table 8.1. As defined in Chapter Three, *degree* is the number of contacts each man nominated and an *alter* is another person in the man's network. An *egonet* is a map of his personal social network.

#### 8.1.1 Size of the man's social networks

Degree scores for each man's total network (total number of people in his network), men's shed network (number of people he was connected to in the men's shed) and female networks (how many female alters to whom he was connected) were calculated.

The background literature highlights the role of women, most particular spouses but also other significant females (e.g. daughters, sisters and close friends) in supporting both the social networks of a man (Davidson, 2004; Thompson & Whearty, 2004) and his health (Gast & Peak, 2011). As discussed in Chapter Seven, the qualitative data and visualisation of egonets highlighted the important role that women appeared to play in both socialising and support of health-related behaviour for many men. It therefore appeared important to explore characteristics of the male's network of female alters in the social network analysis (SNA).

**Table 8.1 Social network characteristics: alter degree**

location	Mean overall network degree (SD) <sup>†</sup>	Mean men's shed alter degree (SD)	Mean female alter degree (SD)	Mean family alter degree (SD)	Mean other social contact degree (SD)
urban	20.30 (8.92)	6.65 (4.61)	7.15 (3.76)	6.95 (2.59)	8.15 (5.82)
rural	17.33 (4.01)	6.50 (3.58)	4.58 (2.47)	5.75 (1.78)	5.67 (3.02)
<b>total</b>	<b>19.19 (7.52)</b>	<b>6.59 (4.19)</b>	<b>6.50 (3.52)<sup>‡</sup></b>	<b>6.50 (2.39)</b>	<b>7.22 (4.97)</b>

<sup>†</sup> standard deviation

<sup>‡</sup> p<0.05 between men in urban and rural locations

Independent samples t-tests were conducted to compare overall degree, men's shed alter degree, family alter degree, other social contact alter degree and female alter degree for men from rural and urban locations. There was no significant difference between the total degree for men in rural locations and urban locations, indicating that men in rural locations knew just as many individuals as men in urban regions. The overall number of friends and family that the men identified to be in their networks appeared to be consistent with previous research on the size and consistency of friendship networks of older adults (Adams & Torr, 1998; Wellman & Wortley, 1989).

There was no significant difference in the men's shed alter degree between men in rural and urban locations. Men in sheds in rural regions appeared to connect with just as

many people within the shed as did their urban counterparts. There was also no significant difference in the number of contacts urban and rural men knew from other social sources (e.g. church, clubs, neighbours), nor any significant difference in the number of family members rural and urban men nominated in their social networks. There was a significant difference between female alter degree, with men in urban locations identifying significantly more females in their social networks than men in rural locations. As discussed in Chapter Seven, female partners often play pivotal roles in the social lives of retired men (Davidson, 2004; Thompson & Whearty, 2004) through incorporation of their husbands into their own social circles. The men in urban regions were significantly more likely to be married or living with a female partner (see Section 8.2), and regularly nominated their wives' friends as important to their own social network. Urban men were also more inclined to nominate couples, and indicated that they regularly socialised as a couple. The rural men appeared less inclined to socialise with their wives, although this was contributed to by many of them having much younger wives who had not yet retired.

Rurality has traditionally been associated with isolation. My results indicated that this was not the case for men attending rural men's sheds as rural men enjoyed networks of equivalent size to those in urban areas. It should be noted that the rural locations were not extended distances from major town hubs and therefore the isolation that is often associated with rurality may not have been applicable for these geographic locations. Men in both rural and urban locations nominated individuals to their network who were not necessarily geographically close – Skype, email and telephone were regularly referred to as ways in which men made social contact with people they perceived to be significant to their social network. Many of the men also discussed regular travel to visit

relatives and close friends who were geographically distant. Additionally, we must remember that the men who participated in interviews were at least somewhat sociable – they made the effort to leave their home every week to attend the men’s shed, and most had been consistently doing so for an extended duration. It cannot be assumed that these proactive men who had sought out companionship in retirement reflected the typical rural man.

### 8.1.2 Closeness of the man’s social networks

Calculation of the network closeness score is also outlined in Chapter Three, but the value equates to a normalised mean closeness of alters in the man’s network. For example, the men’s shed network closeness is a normalised mean of the closeness score (1 to 8) allocated to each men’s shed contact in the man’s network.

*Table 8.2 Social network characteristics: network closeness*

location	Mean total network closeness (SD) <sup>1</sup>	Mean men’s shed network closeness (SD)	Mean family network closeness (SD)	Mean female network closeness (SD)	Mean other social contact network closeness (SD)
urban	0.647 (0.069)	0.461 (0.195)	0.797 (0.103)	0.733 (0.109)	0.598 (0.138)
rural	0.754 (0.070)	0.713 (0.076)	0.903 (0.077)	0.861(0.119)	0.696 (0.179)
<b>total</b>	<b>0.687 (0.086)<sup>2</sup></b>	<b>0.556 (0.202)<sup>2</sup></b>	<b>0.837 (0.107)<sup>2</sup></b>	<b>0.781 (0.127)<sup>2</sup></b>	<b>0.634 (0.159)</b>

<sup>1</sup> standard deviation

<sup>2</sup> p<0.05 between men in urban and rural locations

As shown in Table 8.2, men in rural locations had a significantly higher total network closeness compared with men in urban locations. Men in rural locations also had a significantly higher men’s shed network closeness compared with men in urban locations. These findings were despite the networks not being significantly different in degree (number of contacts in the network). In other words, men in rural sheds identified their bonds with men in the sheds as being particularly strong, compared with

urban men; and this was reflected in the closer networks they formed with men in the sheds. In Chapter Seven I discussed the greater focus of men in rural areas on accessing the men's shed for social interaction rather than activity. It appears that this priority may translate into stronger relationships with the men in the shed.

The overall increased closeness of networks of men in rural men's sheds belies the myth of rural social isolation. Not only did the rural men identify an equivalent number of contacts as did urban men, but they identified stronger connections with the people they knew. Rural men often talked about seeing the men's shed members outside the men's shed:

I love meeting these blokes down the street in the town. I meet the blokes down there during the week sometimes. We meet down the street, go for a coffee, have a bit of a yarn, tell lies somewhere. *(Joe, rural men's shed)*

I have friends up there, yes, who recognise me elsewhere and I stop and talk to them each time I out. Almost every time I go to town there will be someone from the shed. *(Malcolm, men's shed)*

It was evident that friendships were less compartmentalised in the rural areas and people crossed paths with others in the smaller townships more regularly than did the urban men. Perhaps this increased familiarity and more regular interaction contributed to closer relationships.

Men in rural areas also had significantly closer family networks and female networks. As discussed above, men in rural areas nominated significantly fewer females to their social network, and those that they did identify were generally family members. They were less inclined than men in urban areas to nominate their spouses' friends or couples as significant to their social network. These factors are likely to explain the finding that



rural men have closer relationships with both their families and their network of female alters.

Multiple linear regression was performed to predict closeness of a man's total network based on location (urban or rural), age, traditional masculinity measured using the Male Role Attitudes Scale (MRAS score), number of total contacts (degree), number of shed contacts (shed alter degree) and number of female contacts (female alter degree). A significant regression equation was found ( $F(6, 25)=4.656$ ,  $p<0.003$ , with an  $R^2$  of 0.528).

In the first model (see Table 8.3), the influence of demographics (age and location) was explored. Consistent with the independent samples t-test, location was highly significant in predicting the closeness of a man's total network. Traditional masculinity score was added in the second model. The size of various different networks (total, shed and female alter degrees) was added in the third and final models.

Location, shed alter degree (i.e. the number of men he knew in the shed) and female alter degree (i.e. the number of women he nominated in his network) were significant predictors of the closeness of the man's social network. Closeness of a man's social network increased by 0.127 if he was residing in a rural location, 0.015 for each additional female he identified in his network and 0.012 for each additional men's shed member he identified. In the final model, age (in years), traditional masculinity score and total number of people the man identified had a negligible impact on the closeness of his social network.

*Table 8.3 Regression results for closeness of a man's total network*

	A	B	C	D
Constant	0.630 (0.109)	0.576 (0.128)	-0.440 (0.145)	0.461 (0.136)
Location	0.102 (0.026)***	0.105 (0.026) ***	0.111 (0.027) ***	0.127 (0.028)***
Age (years)	-0.001 (0.001)	-0.001 (0.001)	-0.001 (0.001)	-0.002 (0.001)
Masculinity		0.003 (0.003)	0.003 (0.003)	0.006 (0.003) *
Total degree			0.002 (0.002)	-0.008 (0.005)
Shed alter degree				0.013 (0.006)**
Female alter degree				0.016 (0.008)**
R-squared	0.392	0.406	0.424	0.528
Adjusted R-squared	0.350	0.343	0.339	0.414
No. observations	32			

\*, \*\*, \*\*\* indicates significant at the 10%, 5% and 1% level, respectively

As has been discussed throughout this thesis, the influence of women in the man's social network on his overall social engagement was once again evident. The possible predictive nature of knowing more men in the men's shed on having a closer overall network is an interesting finding. There was an overall wide variability in the level of closeness nominated for men's sheds contacts, as discussed in Chapter Seven. The association between knowing more men in the men's shed and having a closer overall social network may simply be associated with sociability. Men who enjoy the company of others are perhaps more inclined to feel closer to people in their networks. These are the same men who seek out companionship in the men's shed and might build up a larger network of contacts both in and out of the men's shed.

I next explored factors predictive of the closeness of a man's network in the men's shed. As shown in Table 8.4, multiple linear regression was performed to predict closeness of a man's network of men's shed contacts based on location (urban or rural), age, duration of time since joining the shed, number of contacts at the shed (shed alter degree) and Male Role Attitudes Scale (MRAS score). A significant regression equation was found ( $F(5, 26)=8.263$ ,  $p<0.001$ , with an  $R^2$  of 0.614).

Location, shed alter degree and traditional masculinity scores were significant predictors of the closeness of the man's shed network. Closeness of a man's network of men's shed contacts increased by 0.273 for men living in rural locations, 0.023 for each additional person they included in their shed network, and increased by 0.017 for each additional point on the MRAS. In the final model, the man's age and the months he has spent attending the shed had a negligible impact on the closeness of his network of men's shed contacts.

**Table 8.4 Regression results for closeness of a man's shed network**

	A	B	C
Constant	-0.008 (0.256)	-0.021 (0.234)	-0.403 (0.272)
Location	0.265 (0.061) ***	0.262 (0.056) ***	0.273 (0.052) ***
Age (years)	0.002 (0.003)	0.001 (0.003)	-0.001 (0.003)
Duration attending Shed (months)	0.001 (0.001)	0.001 (0.001)	0.001 (0.002)
Shed degree		0.017 (0.007) **	0.023 (0.007) ***
Masculinity			0.017 (0.007) **
R-squared	0.416	0.530	0.614
Adjusted R-squared	0.354	0.461	0.539
No. observations	32		

\*, \*\*, \*\*\* indicates significant at the 10%, 5% and 1% level, respectively

A higher traditional masculinity score and nominating more contacts in the men's shed was associated with having an overall closer network in the shed. This finding may be driven by the sort of man to whom a men's shed appeals. The uniquely masculine ways in which men interacted in the men's shed (i.e. the bullshitting and shit stirring discussed in Chapter Seven) might suggest that the sort of man to whom a men's shed appeals likes hanging out with men and being blokey. Indeed, it was identified that some men initially attended a men's shed in a specific search for male company. It therefore seems natural that a man with highly masculine attitudes who likes connecting with other men may have a closer network with the men with whom he associated.

## **8.2 Social networks and masculinity**

I next explored factors that influence a man's masculinity and whether the man's social network composition or attending a men's shed was a predictive factor for his traditional masculinity (MRAS) score. The background literature suggests that a man's location may be intrinsic to his perception of hegemonic masculinity (Campbell & Mayerfeld Bell, 2000; Liepins, 2000; Bell, 2000), and interaction with other men may also influence his self-perception (Levy, 2005). Given the nature of the phenomenon and the questions included on the MRAS, interaction between the genders could also be reasonably assumed to influence traditional masculinity scores. It appeared important to explore characteristics of the man's shed network and his network of female alters in the social network analysis.

*Table 8.5 Demographics, female alters and masculinity characteristics*

Location	Number	Number with spouse/live-in female SO <sup>†</sup> (%)	Mean female alter degree (SD <sup>‡</sup> )	Mean MRAS <sup>§</sup> score (SD)
urban	20	18 (90%)	7.15 (3.76)	25.70 (4.47)
rural	12	8 (67%)	4.58 (2.47)	24.00 (3.78)
<b>total</b>	<b>32</b>	<b>27 (84%)</b>	<b>6.50(3.52)</b>	<b>25.06 (4.24)</b>

<sup>†</sup> significant other

<sup>‡</sup> standard deviation

<sup>§</sup> Men's Role Attitudes Scale

Table 8.5 shows demographic characteristic (location and marital status), female alter degrees and traditional masculinity (MRAS score). As already presented and discussed in Chapter Five, there was no significant difference in traditional masculinity as measured using the MRAS between men attending rural men's sheds and those based in urban locations. A chi-square test was performed to explore marital status. For the purposes of this analysis, men who had a female significant other who was living in the same residence were coded as being married. Men in urban locations were significantly more likely to be married compared with men in rural locations;

$$\chi^2 (1, 32)=4.567, p=0.033.$$

A multiple linear regression (see Table 8.6) was calculated to predict a man's traditional masculinity (MRAS score) based on location (urban or rural), age, level of interaction with females (female alter degree) and level of interaction in the men's shed (shed alter degree and duration since joining the shed). For this analysis, number of female alters was considered a more reliable indicator of interaction with females than marital status. A vast majority of the men were currently married or living with a female significant other, and of those who were not, the majority were widowers who had been in a marital relationship for the majority of their adult lives.

A significant regression equation was found ( $F(6, 25)=3.306$ ,  $p=0.016$ , with an  $R^2$  of 0.442). Location, shed alter degree, duration of time the man had been attending the men's shed and the closeness of a men's shed network were all significant predictors of traditional masculinity score. Closeness of a man's network of men's shed contacts appears to have the most significant impact on traditional masculinity, with the MRAS score increasing for men with closer men's shed networks (coefficient = 11.138). Traditional masculinity scores decreased by 0.089 for each additional female included in a man's social network, decreased by 0.553 for each additional contact in the man's shed network (shed alter degree) and decreased by 0.050 for each additional month spent attending the men's shed. Thus, attending the men's shed for longer duration was associated with less traditional attitudes toward masculine roles.

**Table 8.6 Regression results for traditional masculinity (MRAS scores)**

	A	B	C
Constant	22.669 (7.647)	23.086 (7.304)	23.839 (6.341)
Location	-1.593 (1.755)	-1.603 (1.675)	-4.486 (1.987) **
Age (years)	0.072 (0.084)	0.088 (0.080)	0.099 (0.071)
Female alter degree	-0.088 (0.239)	-0.072 (0.228)	-0.089 (0.205)
Duration attending Shed (months)		-0.050 (0.026) *	-0.050 (0.023) **
Shed degree			-0.553 (0.173) ***
Shed network closeness			11.138 (4.698) **
R-squared	0.073	0.185	0.442
Adjusted R-squared	-0.026	0.065	0.309
No. observations	32		

\*, \*\*, \*\*\* indicates significant at the 10%, 5% and 1% level, respectively

These findings are interesting in the context of the proposition that the men's shed appeals to blokey men. The finding may reflect the reframing of the masculine that I have suggested occurs in men's sheds with respect to health and characteristics that are upheld by the men as most significant to masculinity. I have explored the ways in which the men who participated in interviews prioritised the man's character as a greater indication of his masculinity rather than the traditional hegemonic masculine physical characteristics of roughness and physical strength. I have also suggested that the ways in which the men engaged in their health can be conceived as a rejection of the hegemonic masculinity in Western culture that defines men as almost impotent when it comes to addressing health issues. I have also proposed that the active role the men take on in helping in their communities is a rejection of the hegemonic masculinity that depicts older men as invisible and subordinate. It may be that the more time a man spends in the men's shed exposed to these progressive viewpoints and depictions of older masculine men, the less he upholds traditional opinions on the role of a man. Masculinity scores were also associated with the number of contacts a man had in the shed and the closeness of his network with these men. The fact that knowing more men was associated with a reduction in masculinity score supports the notion that the reframing of masculinity could be spread through role modelling.

The alternative explanation is that men who have more traditional attitudes regarding the role of a man simply stop going to the men's shed.

### 8.3 Social networks and the man's health support

Finally, relationships between the man's social network, attendance at the men's shed and his social supports for health-related behaviours were explored.

The MOS Social Support Survey scores are presented and discussed in Section 7.4. A multiple linear regression was calculated to predict MOS Social Support Survey scores (see Table 8.7). In exploratory models, the influence of both marital status and female alter degree was evident. The influence of the man's network in the men's shed on overall MOS Social Support Survey scores was not significant in any modelling. A significant regression equation was found using the independent variables location (urban or rural), marital status, masculinity, female degree and closeness of the man's total social network ( $F(5, 26)=7.592$ ,  $p<0.001$ , with an  $R^2$  of 0.593).

Location, marital status and female alter degree were significant predictors of MOS Social Support Survey scores. Closeness of a man's total network was not significant and traditional masculinity score bordered on significance. Marital status appeared to have the most significant impact on health support measured as an MOS Social Support Survey score, with the score increasing by 27.564 for men who were married.



*Table 8.7 Regression results for MOS Social Support Survey scores*

	A	B	C
Constant	30.594 (13.999)	39.103 (20.334)	52.571 (25.220)
Location	12.942 (6.580) *	17.143 (5.570) ***	21.497 (7.363) ***
Marital status	29.173 (8.773) ***	26.723 (7.050) ***	27.564 (7.133) ***
Masculinity		-1.146 (0.577) **	-1.071 (0.585) *
Female degree		2.666 (0.734) ***	2.823 (0.757) ***
Total network closeness			-33.511 (36.896)
R-squared	0.287	0.581	0.593
Adjusted R-squared	0.237	0.518	0.515
No. observations	32		

\*, \*\*, \*\*\* indicates significant at the 10%, 5% and 1% level, respectively

The findings are consistent with the qualitative data presented in Section 7.4 that documented the strong reliance men had on the females in their networks, and particularly their wives, for health-related social support. In previous related research masculinity values have been strongly associated with the engagement of men in social support (Burda & Vaux, 1987); however this was not the case for the men who participated in interviews in my study. As discussed throughout this thesis, the men had high levels of engagement with health professionals with respect to seeking out health information and participating in health screening.

### 8.3.1 Influence of gender on health-related support

As discussed in Section 7.4, when considering the health-related social support they have available, men nominated people within their social network or health professionals. I explored whether there were any quantitative associations between the

characteristics of alters and their likelihood to be nominated to provide health-related support, given the patterns identified in the qualitative data.

Based on the background literature and qualitative data presented in Chapter Seven, I hypothesised that there would be a relationship between the nomination of a contact in the man's social network (an alter) as a provider of health-related support and that person's gender, particularly with respect to support that related to the MOS Social Support Survey emotional health items. I conducted chi-square tests to explore if the gender of alters were associated with their nomination by men as providers of health-related support (see Table 8.8). The analysis considered provision of any support, and provision of support included on each of the four MOS Social Support Survey sub-scales (tangible support, information/emotional support, social support and emotional health).

A total of 614 alters were nominated by the 32 men, of whom 605 were assigned a gender (some alters were a group of people). The percentage of alters nominated to provide any form of health-related support measured by the MOS Social Support Survey did not differ by gender. For the individual sub-scales, the percentage of alters nominated to provide information and emotional support did not differ by gender; nor did gender influence the percentage of alters nominated as providing social support. However, women were more likely than men to be asked to provide tangible health-related support ( $\chi^2(1, 605)=14.734, p<0.001$ ), and to provide support to sustain the man's emotional health ( $\chi^2(1, 605)=45.420, p<0.001$ ). The effect sizes of the alter's sex on provision of tangible support ( $\Phi = 0.156$ ) and on promoting emotional health ( $\Phi = 0.274$ ) were both small.

*Table 8.8 Relationship between alter's sex and nomination as a provider of health-related support*

		Sex		Total	P value
		Males	Females		
Provide any health-related social support	No	179	85	264	$p = 0.807$
	Yes	228	113	341	
	Total	407	198	605	
Provide tangible support	No	317	125	442	$p < 0.001$
	Yes	90	73	163	
	Total	407	198	605	
Provide information and emotional support	No	302	141	443	$p = 0.436$
	Yes	105	57	162	
	Total	407	198	605	
Provides social support	No	271	145	416	$p = 0.098$
	Yes	136	53	189	
	Total	407	198	605	
Provide support for emotional health	No	363	132	495	$p < 0.001$
	Yes	44	66	110	
	Total	407	198	605	

The finding that women, and particularly a spouse, support a man's health is highly consistent with the literature (Burda & Vaux, 1987; Greif, 2009; Bank & Hansford, 2000). However, the type of support which the men relied on women to provide was slightly different to that defined in the health literature.

As discussed in Section 7.4, men generally commenced the MOS Social Support Survey component of the interview by stating that their wife would be their preferred provider of support for all of the items. The items included in the tangible support sub-scale include assistance with daily personal chores, assistance with medications and driving to the doctor. These are tangible support tasks that often fall to the person with whom one resides; thus, the finding that women were more likely to be nominated as providers of this type of support is unsurprising. The items on the emotional health subscale included 'someone to hug you when you need it' and 'someone to make you feel loved and wanted'. Given the content of these MOS Social Support Survey items, and the high levels of homophobia expressed in the men's sheds, it is unsurprising that female

alters were significantly more likely to be nominated as supporters of the men's emotional health. Maurice makes this clear in his response below:

Interviewer: Who hugs you, when you need a hug?

Maurice: I don't know. It's definitely not a bloke...No way. (*Maurice, rural men's shed*)

However, female alters were not more likely to be nominated as providers of emotional support and health information. Items on this subscale included advice on choosing a health service, information on healthy living, and assistance understanding health information. The literature suggests that females often broker men's engagement with healthcare services, monitor their health status and facilitate health needs (Denner, 2009; Courtenay, 2000a; Kandrack et al., 1991; Gast & Peak, 2011); however this was not the case for the men in my study. As discussed throughout this thesis, the men who participated in interviews were highly engaged in their health care and not reluctant to engage with health professionals.

The analysis also indicated that neither men nor women were more likely to be nominated as a provider of social support. The items on this subscale of the MOS Social Support Survey included 'someone to help take your mind off things' and 'someone you enjoy spending time with'. The lack of any statistically significant differences on this subscale may reflect both the men's reliance on their wife for many of the items on the scale, as well as a preference for engaging socially with men.

### 8.3.2 Influence on different social networks on health-related support

Table 8.9 shows MOS Social Support Survey scores for the man's total social network, men's shed network, family network and network of other social contacts. As discussed in section 7.4, the mean total score on the MOS Social Support Survey is similar to that

obtained in other populations (Sherbourne & Stewart, 1991) and indicated that the men perceived they had strong support in promoting their health.

**Table 8.9 Health-related social support (MOS score) provided by different network types**

Location	Number	Mean (%) total MOS score (SD) <sup>†</sup>	Mean (%) men's shed MOS score (SD)	Mean (%) family MOS score (SD)	Mean (%) other MOS score (SD)
urban	20	71.25 (20.83)	13.06 (13.67)	44.31 (24.62)	24.02 (23.15)
rural	12	75.93 (16.25)	21.53 (14.66)	47.22 (19.01)	22.45 (20.43)
<b>total</b>	<b>32</b>	<b>73.00 (19.11)</b>	<b>16.23 (14.43)</b>	<b>45.40 (22.72)</b>	<b>23.44 (22.18)</b>

<sup>†</sup> standard deviation

Independent samples t-tests showed no significant difference in the level of support men received from their networks based on geographic location. A paired samples t-test was conducted to determine if there was a significant difference in the support the men perceived they had available from each of their social networks. The family social network provided significantly more health-related assistance to men than both the men's shed network and their network of other contacts. There was no significant difference in the level of support provided by the men's shed network and the network of other contact.

This finding was consistent with the qualitative data from interviews discussed in Section 7.4; however, it was not consistent with my observational data. Although the men reported receiving low levels of health-related support from their contacts at the men's sheds, numerous observations suggested this may not be a reliable assessment. First, as discussed in Chapter Three, all the men's sheds had a strong focus on helping, and the men reported strong personal rewards from helping in the community. Secondly, I observed men assisting others in the shed on regular basis, from providing advice on managing a health problem, getting another man a cuppa, or teaching each other how to use a computer or new tool in the workshop. There appeared to be a strong

ethic of helping other men. In fact I had experienced this same assistance from the men in terms of emotional support, provision of information, sharing of personal experiences and even offers of tangible support when my father had emergency bypass surgery while I was attending one of the sheds. Additionally, I received the newsletters from the men's sheds on a regular basis, and these were filled with information that supported the notion that the men's shed network provided greater support than the MOS Social Support Survey data suggested. As can be seen from the following quotes from newsletters:

If anyone needs a ride to and/or from the shed you can contact one of our weekly drivers direct.

[Shed member] is returning from hospital next weekend. Can someone pop over and mow the lawn before he gets back?

[She member]'s wife needs to be in Sydney every Monday throughout next month for medical treatment. Could you please let me know if you are available to join the driving roster?

Most of you would be aware that [shed member]'s wife has broken her arm and will be out of action for at least six weeks. This means [shed member] is going to be a busy boy making like Florence Nightingale. As a consequence we need a volunteer(s) to assist him with his men's shed duties.

Thus the data I observed was in stark contrast to the reports the men provided regarding who they would ask in the shed to assist them if they required. Thinking about this I realised that the MOS Social Support Survey asks the wrong question for these men. The way the survey is framed men are asked to nominate people from who they would seek assistance for specific tasks should it be required. However, in the men's shed, men *rarely ask other men* for help. In the men's shed help is offered, often quietly, often

anonymously and usually behind the scenes. The men don't need to ask, and they often don't know who provided some forms of assistance. It just happens.

The literature suggests that men are significantly less inclined to seek out help than women, due to perceptions that they will be stigmatised for doing so (Mansfield et al., 2003; Addis & Mahalik, 2003). This phenomenon is directly related to the expectations of the ideal man as someone who is strong and self-reliant. The literature also supports the conception that the influence of masculine ideologies extends to whom a man would feel comfortable asking for assistance. As we have seen throughout the Chapter Seven and Chapter Eight, a man is significantly more likely to ask women for help than his male friends. Greif (2009) also proposes that because the social capital that flows in men's same-sex friendships is on a different emotional level to that of women, and men have different expectations of friends, asking for assistance can be perceived by men as a demand on the relationship. A participant in Greif (2009)'s study encapsulates the concept of help in male friendships thus:

None of my friends has ever asked me to do something that I honestly felt I didn't want to do – so they have never had to ask. There are other who make demands and somehow that diminishes the relationship. (Greif, 2009, p.203)

If I had asked the men "who did you help?", or "who helps other people?" the level of support provided by the men's shed network would have been very different to the data I collected using a survey that asks "from whom would you seek help?"

In this chapter I have used social network analysis to explore the qualities of the men's various social networks, including their size and closeness, and factors that are associated with these qualities. I have explored the influence of the men's social

networks on their masculinity and factors that might predict the level to which men subscribe to traditional notions of the hegemonically masculine. Finally, I explored the influence of the men's social networks and the people within them on perceived availability of health-related social support. In the next and final chapter I will discuss the implications of the findings I have presented throughout my thesis.



## CHAPTER NINE: IMPLICATIONS OF THE RESEARCH

This thesis has discussed the health status of men in Western society, including the numerous social determinants of health that contribute to men's health risks. The contribution of the hegemonic masculinity of contemporary society that constructs the ideal man as tough, self-reliant, independent and dominant to females and subordinate or invisible masculinities was presented as contributing to the health experience of Australian men. Additionally, the important role of the social network in perpetuating health-related behaviours and providing men with both tangible and less direct support to both promote and manage their health was outlined.

This mixed methodology research aimed to undertake an in-depth investigation into the influence of men's sheds on men's health. Through semi-structured interviews and the construction of egonets with men in four Australian men's sheds in rural and urban locations, I explored the influence of men's sheds on the health of older Australian men and the relationship between the experience of being a man, social networks and health-related behaviour.

The research findings, presented and discussed in Chapters Four to Eight of this thesis, highlighted the significant primary finding that attending a men's shed and engaging in a social network with other males provides a context in which men can reconstruct masculinity in older age in ways that are beneficial to both their physical and mental health. This reconstruction of masculinity was explored with respect to the meaning that men attain from contribution to the community through projects in which they participate at the men's shed, actively rejecting the stereotype of older men being subordinate men and burdensome to modern-day society. Through helping their peers,

younger men, and other community groups, men's shed participants experienced increased meaning to their lives and enhanced self-esteem that is associated with improved mental health outcomes.

The shift in older age from physical displays of risk-taking, aggression and toughness traditionally associated with masculinity to portrayal of these traits through story-telling and reminiscence was another significant finding of this thesis. The result of this transference is a reduction in engagement of behaviours associated with poorer physical health. Coupled with a reconstruction of the masculine as embodying respect, self-esteem, pride and leadership, many of these men were empowered to reject the hegemonic construction of health neglect and embrace responsibility for their health. Engagement in one's health was found to be normalised in the men's shed space, through promotion of preventive health screening, education and an environment that enabled men to openly discuss their health-related experiences. The promotion within the men's shed of positive health behaviours as masculine and role modelling from shed leaders was associated with adoption of healthy lifestyle choices, most notably a reduction in alcohol use. However, some destructive, traditionally masculine attitudes persisted within the men's shed despite the relative success these men's spaces appeared to have in reconstructing being a man in ways that promoted physical and mental health. In particular, homophobia was pervasive at all the shed locations in which this research was conducted, presenting gay men, and those with lesbian, gay, bisexual, trans or intersex (LGBTI) family members with significant identity and mental health challenges.

Finally, this thesis established and discussed the role of social networks in promoting men's health, through role modelling and provision of multi-faceted support associated

with health. As part of the men's shed community, participants enjoyed helping other men in need through providing tangible assistance, education and emotional support. In return, these men often experienced the support of their men's shed networks in times of need. However, for the most part men were reluctant to seek out assistance with their health, and that which they received was generally provided behind the scenes and without active request.

In Chapter Nine I will highlight implications of my research and discuss ways in which the opportunity of men to be with other men in the community can be promoted and supported on national, local community and local shed levels. I will outline the benefits that men gain through socialising with other men, including opportunities to reappraise their masculine behaviour, affirm their self-worth and reframe their responsibility to engage in self-health. This chapter will also discuss ways in which the successful reframing of health responsibility in men's sheds could be leveraged by other community groups or at a national level to further promote men's health. Additionally I will review ways in which men's sheds can continue to engage men in men's health and the role health professionals can play in promotion of men's sheds.

### **9.1 Providing inclusive and accessible men's space in the community**

A significant finding of my research is the reframing of masculinity by men attending the men's shed and the impact this has on engagement with preventive health. In Chapter Five I identified ways in which older men negotiate their masculinity in a reframing of hegemonic expectations. First, the men in the men's sheds placed a higher priority on character traits that they considered as representing masculinity, such as respect and leadership. The significance of these traits appeared to be more highly

prioritised when reflecting on what makes a man masculine than were the physical attributes (e.g. toughness and strength) generally associated with manliness. Secondly, the men used storytelling as a way in which they could portray traditionally masculine behaviours such as risk taking and rebelliousness in which they do not regularly engage in their older years.

The implication of reframing of masculinity by the older men who participated in interviews in the ways outlined above can be inferred from what has been previously published on the consequences of the masculinity paradigm to men's health. Previous research has indicated that engagement in risky and rebellious behaviour and being resilient even in the face of physical threat contribute to higher rates of accidents, alcohol and violence related injury, failure to act on significant health threats and lower engagement of men with preventive health (Courtenay, 2000a; Evans et al., 2011; Mahalik et al., 2007). My research did not explore objective data (e.g. hospital admissions) regarding the health status and experience of the men. However, the subjective data they provided strongly indicated that these men had not experienced recent threats to their health as a consequence of hegemonically masculine behaviour.

The proposition that these 'alternative' perspectives on masculinity may be propagated through social interaction and role modelling was supported by the social network analysis. There was an inverse relationship between duration of time the men spent in the men's shed and traditional attitude toward masculinity. Having larger and closer networks with men in the shed was associated with having less traditionally masculine attitudes. Thus one can conclude that spending time engaging with other men in the men's shed space was associated with adopting healthier and safer notions of masculinity.

The above conclusion suggests that provision of spaces in which men can interact with other men can benefit the ways in which men perceive masculinity, particularly in older age. It supports the proposition by Ballinger et al. (2009) that inclusiveness and accessibility of spaces in which men can engage with each other in meaningful ways are significant to the older man's engagement with his health.

It appears that the most significant factor within the men's shed relating to the specific ways in which many men redefined masculine behaviours as described above was exposure to a diverse range of men who had similar experiences in life. Patrick highlighted this in the following quote:

They are all the same or mostly the same age and the same things are happening to each and every one of us. (*Patrick, urban men's shed*)

In the men's shed, men had the opportunity to engage with other men who were negotiating the same societal expectations of masculinity, experiences with aging and threats to health and wellbeing. Through this social interaction, men were exposed to diverse ways of coping with and addressing the pressure of being a man. Observing how other men have accepted alternative notions of what it is to be masculine may influence men to reassess their own beliefs and behaviours.

The above discussion highlights the ways in which men's spaces appeared to promote a man's positive negotiation of his identity and self-worth in older age. On both the national and local community levels, provision of safe and inclusive community-based spaces in which men can engage freely with other men promotes healthy aging of men. In the next section I will discuss some implications emerging from the research with respect to the administration and functioning of grassroots community groups.

## 9.2 Promotion and support of grassroots community groups

In Chapter Four I highlighted the heterogeneity of the men's sheds in my study with respect to administrative and funding frameworks.

All of the men's sheds were members of the Australian Men's Sheds Association (AMSA) and the committee members reported varying levels of interaction with this overarching body. For the most part, the men's sheds operated with minimal or no engagement with AMSA, beyond the use of promotional material during Men's Health Week and being registered on the AMSA website. Although AMSA advertises professional services, including assistance with self-sustainability, sourcing of funding opportunities and provision of information regarding risk management and occupational health and safety (AMSA, 2015), none of the sheds in which my research was set had accessed these services. The committee members that discussed AMSA generally highlighted the desire of men to manage their group at the local level and a desire to avoid excessive bureaucracy. Although services that are provided by AMSA may have been helpful to some of the men's sheds, the additional levels of administration and red-tape that the men perceived accessing AMSA services would involve acted as a deterrent, and the men preferred to maintain their autonomy.

In two of the community-based sheds the membership and committee maintained full responsibility for the shed's operation. These two sheds had contrasting goals and strategies. One of the sheds was large in terms of physical size and membership, the membership were fully engaged and embedded in the community and the mission of the shed was to reach as many local men as possible. The second of these sheds had only a handful of members; however they contributed to the community in ways which were

appropriate for the shed's size and embraced new members who found their way to the shed. Despite significantly different perspectives on the mission, role and function of men's sheds, the committee and membership in these two community-based sheds were proud of the way they operated and satisfied with their experience and achievements.

The third community-based men's shed was operating with local government oversight, with a view to becoming fully incorporated and self-administering in the future. The intention of the local government structure appeared to be community capacity building through assisting the men's shed community group using a mentoring-type relationship. However, the multiple layers of administration and restrictions on the ways in which the committee could operate and engage in decision-making were a significant contributor to tensions in this men's shed, as were pressures arising from the need to negotiate with both local government and other community groups for dedicated space. In this shed the competitiveness amongst individual men to acquire leadership roles was regularly observed and discussed by many of the men in their interviews as a cause of interpersonal conflicts. This often impeded shed operation. It seems possible that the multi-level bureaucracy that the men were negotiating contributed to the reversion of many of the men to hierarchies with which they were familiar before retirement from the workplace.

The case studies of the first two community-based men's sheds demonstrated that grassroots community groups can be highly successful when they are run in an informal manner with minimal structure and bureaucracy. These cases highlighted the importance of trusting the community to use its own resources to establish and maintain resilient services that meet the needs of the locale. Ballinger et al. (2009) also found that men's sheds were productive and functional as grassroots community groups when they

implemented unstructured and informal management systems in which the membership were included in decision-making processes. Addressing excessive bureaucracy associated with local government administration and national-level grant applications, incorporation and insurance would assist many men's sheds to focus on providing for the needs of the community in an autonomous manner.

This section has reviewed some of the issues surrounding the administration and management of the men's sheds in which my research was set, and potential national and local-level considerations in delivering the most appropriate support of grassroots groups in the community.

### **9.3 Providing meaningful activity for older men**

As I discussed in Chapter Four, another significant way in which the men in my study negotiated the notion of masculinity in Western society was through a reframing of the older man from the subordinate and invisible to a useful and productive man in the community.

The importance of ensuring availability of appropriate spaces in the community in which men can engage in meaningful activity is a significant implication of my research. Ballinger et al. (2009) also found that men's sheds play an important role in the community due to the meaningful opportunities available to men in the men's shed space.

The four case studies I presented all provided workshop activities (woodwork and metalwork) with a traditionally masculine focus that were clearly a strong draw card for many of the men. Although workshopping is the activity of choice for the majority of



Australian men's sheds, in geographic locations with different cultural or socio-demographic profiles, the selection of primary activities in the men's sheds is broader than I observed. The Australian Men's Sheds Association (AMSA) provides a list of potential appropriate activities that men's sheds could consider delivering that includes environmental activism, small animal husbandry, movie viewing, discussion groups, arts and crafts, book clubs, and chess (Donnelly, 2015). As Donnelly (2015) highlights, the long term stability and success of a local men's shed requires ongoing consultation with the membership to ensure that the activities being offered meet the men's needs. Regularly running discussion groups and membership surveys and seeking feedback via email or suggestion boxes are simple strategies that sheds can implement.

Delivering any of the activities above requires appropriate space and equipment. The Australian Government National Shed Development Programme provided \$400,000 in funding for tools and equipment, building maintenance and development and shed activities and programs in 2014. With over 1,000 sheds in Australia competing for funding, this may be insufficient for some community-based groups, especially when they are newly established. Additionally, some of the men's sheds were challenged by restrictions on the ways in which Federal grants could be accessed and used. For example, one shed president reported that the shed could make applications for new power tools, but there were no funds available for routine maintenance of the equipment. All the sheds I visited relied on donations of some form from members, other community groups, local business or benevolent sponsors. While there are challenges associated with relying on donations to operate an organisation and deliver a varied activity program that meets the needs of local men with minimal funds, some advantage of this model is apparent. In all the sheds I visited, the process of seeking out

funding or work provided a strong connection between the men's shed and their local communities.

It is important that men's sheds consider the location of their group in the wider community and the clear desire that many men who attend men's sheds have to engage in meaningful volunteer and community work (Ballinger et al., 2009). The programs delivered at rural location two that involved teaching and mentoring young men with cognitive disabilities were exemplary of community contribution that provided members with meaning and self-worth. Maintaining or developing similar programs with other community-based groups would leverage men's desire to make worthwhile contributions to their community while promoting strong community ties.

Golding (2011) highlighted the function of men's sheds as informal learning centres that provide an opportunity for men to engage in positive learning opportunities. In the study by Golding (2011), previous negative experiences with learning environments (e.g. stress and inexperience with formal learning) as well as age-discrimination in work and training were noted to have restricted the access of older men to therapeutic endeavours. Although the men in the shed's I visited primarily did not have the same experiences, Golding (2011)'s findings appear highly relevant to men from different geographical and socio-economic demographics.

In all the sheds I visited, peer learning was accessible and men learned new workshopping skills from working shoulder to shoulder with other men. Men learned from watching others, and working as a team on projects. However, there were men who did not use the workshop and although it was not stated, it is within the construct of hegemonic masculinity that some men who felt inadequate in their skills may have

refrained from workshopping for fear of being perceived as a subordinate male. Both formal and semi-formal skills development programs could be strategies that satisfy both men without strong workshop skills and men with a desire to mentor and teach. The programs being delivered at rural location two could equally be delivered to regular men's shed attendees who had no prior workshop experience. Teaming with relevant community businesses, for example hardware stores, to deliver regular demonstrations of different workshop skills, may increase the accessibility of the workshop to some men.

#### **9.4 Sensitively incorporating health promotion into men's spaces and the community**

In Chapter Six I presented my findings regarding the ways in which the men in the men's shed reframed engagement with their health as a masculine behaviour, contrary to the hegemonic Western masculinity. The normalisation within the men's shed of health responsibility appeared to contribute to men's seeking out of health information, engagement in preventive health behaviours and regular consultations with health professionals. Factors such as the delivery of regular health education forums, annual health checks, and the alcohol free environment of the men's shed contributed to the reframing of masculinity to incorporate taking control of one's health status. The normalisation of discussing one's health provided many men, particularly those with mental health conditions, the opportunity to reflect on their experiences.

The ways in which men in the men's shed have successfully reconstructed masculinity to incorporate engagement with and responsibility for health is a significant finding of the research. This finding could be leveraged at a national level, or within other social

groups, to empower men of all ages to improve their health status and engage in preventive health.

Other researchers have warned against the rebadging of men's sheds as men's health programs (Golding, 2006; Ballinger et al., 2009). After fully exploring the ways in which men enact their gender and engage in health-seeking behaviour throughout this thesis, the wisdom of these findings cannot be overstated. The current environment of the men's shed, with a primary focus on picking up a hammer and having a yarn with the blokes, provides a place in which men can safely engage with their health as an accessory to the core purpose and attractions of the men's sheds, as their perceptions of what it is to be a masculine man shift. A men's group badged as a health promotion program would fail to attract much interest from the primary demographic of men's sheds. That said, the intrinsic benefits of attending the men's shed were clearly identifiable in my case study sheds and could be leveraged accordingly by other men's groups at a local and national level.

The regular but not excessive delivery of health-related education sessions provided ongoing reinforcement of the notion that addressing health was a way in which men could take some control of their destinies. Using psychological theories of participation, Campbell and Jovchelovitch (2000) highlighted the growing recognition of the importance of involving grassroots organisations in the design and implementation of strategies to improve health-related behaviours. When people feel engaged in change programs, there is greater likelihood of engendering real and significant take up. The Australian Men's Sheds Association (AMSA) *Spanner in the Works* program, through which annual preventive health checks are delivered in sheds, successfully adopts this

philosophy. As an overarching body, AMSA provides national level promotion and badging materials, but individual sheds maintain responsibility for the program content, design and delivery at the local level. Likewise, the delivery of education sessions is organised by the men, for the men, and this hands-on approach to men's health education was effective in all the sheds I visited. These strategies could be effectively leveraged by other men's community groups, or used to deliver future national health initiatives.

Marketing material used in the men's sheds to promote annual health screening events clearly leveraged common perceptions of masculinity through its use of male interests, sexuality, and risky behaviours. This appeared to be effective in increasing attendance at health screening events and 'making health sexy' to men. Another example of attracting Australian men to healthy behaviour through promotional material that leveraged masculine interests was reported by Morgan et al. (2011). They successfully marketed their male weight loss program using comical language and a glass of beer to increase attraction of weight loss to their target demographic. These strategies could be effectively replicated in other settings, such as general practices and community venues, to promote health to men. However, cultural and gender sensitivity is required in adapting male-oriented marketing for public spaces. The advertising material used for the health screening in rural location two (see Section 6.3) could be construed negatively by both women and people who have or are attempting to quit smoking. The importance of leveraging the support of women in encouraging men to be health-responsible is supported in discussion throughout this thesis.

Campbell and Jovchelovitch (2000) also note the value of seeking local knowledge when developing new health promotion initiatives. Regularly canvassing members in

the men's shed regarding their health interests and education needs may increase engagement in men's sheds in which programs are repetitive over the long term. Engaging strategies for anonymous collection of information is important.

Role modelling in the men's sheds appeared to be significant to the way men reconstructed the acceptability to their masculine identity of engaging in healthy behaviour. Seeing other men attending education and health checks and hearing men talk of their health experiences appeared to be effective in gradually reconstructing the relationship men have with their own health. Together with shed policies, these strategies had been particularly effective in reducing the use of alcohol, and overcoming the traditional notion that alcohol is a requirement for male socialising. Other community groups could leverage these experiences to promote healthy behaviours.

### **9.5 Promoting help seeking for older men**

In Chapter Seven and Chapter Eight I explored the social networks of men in the men's shed, and the diverse ways in which men engage and connect with other men in the shed space. Of particular relevance was the finding that men are reluctant to impose on other men by asking for social support, particularly related to tasks associated with health. However, as noted in Chapter Four, the personal rewards that men receive from helping others contributed to a high level of social support provision in the men's shed.

At the local men's shed level, committee members and those who coordinate communications with men (e.g. the welfare coordinator) would benefit from having an awareness of the consequence of masculinity and gender role expectation on the reluctance of many men to seek out assistance in their lives or with their health (Mansfield et al., 2003; Courtenay, 2000a; Courtenay, 2003). In some of the men's

sheds that participated in my research there appeared to be a good understanding of the psychological influences on men's help-seeking behaviour and strategies by which barriers could be overcome or moderated. Strategies that these sheds successfully implemented to provide men with help included committee members making contact with men who were unexpectedly absent from the men's shed for more than a few sessions; seeking help on behalf of men who required it (e.g. via word of mouth or emails) and maintaining rosters of volunteers, especially when men required longer term assistance. In the men's sheds in which the strongest evidence of the helping spirit was evident, men asked after one another, kept records of upcoming events (e.g. expected hospitalisations), had communication channels with men's spouses and families, and used their observation skills to identify men in need of a helping hand. In a study that explored community support links for people with long term conditions, Blickem et al. (2013) found similar strategies were successfully used by community-based groups.

The importance of understanding that men will rarely ask for health-related social support, and developing shed-level strategies through which help can be delivered to men cannot be overstated. The strategies listed above that appeared to be successful in ensuring that men in the men's shed received help at times it was most needed could be implemented by other social community groups.

It should be noted that many of the men who did require assistance had relatively minor needs, for example someone to walk their dog occasionally, someone to drive them to the doctor, or someone they could rely on to help with moving items in the yard. One man simply related the difficulty he had applying a corticosteroid cream to his back, and lamented not having someone he could ask for help. Blickem et al. (2013) reported their participants found a community group that used basic strategies similar to those in the

men's sheds to be a lifeline and "[b]ecause these types of support were for seemingly trivial things such as odd jobs around the house, participants were unlikely to actively seek help" (Blickem et al., 2013, p. e52).

At a local level, providing a resource in men's sheds that lists services that men can utilise for basic assistance could be useful. For example, some of the men who participated in interviews were not aware that pharmacists could prepare a Webster pack for people who are unable to dispense their own medications. Other men responded to the Medical Outcomes Study (MOS) Social Support Survey items by indicating they would seek professional services, but were unable to indicate where they could access certain types of assistance. Including tips and resources in men's shed newsletters could be advantageous to individual men, and help in normalising the need for assistance.

Beyond using strategies at the local level that acknowledge and circumvent the reluctance many men display in help-seeking, strategies to overcome the hegemonic perception of masculinity as self-reliant should be explored at local and national levels.

On a national level, progress has been made with campaigns that focus on offering assistance to people who appear in need. Although not gender-specific, the Australian *R U OK?* Campaign has successfully leveraged public compassion and empathy to broach mental health issues and de-stigmatise talking about depression and suicide (R U OK? editors, 2015). This campaign, in which asking after their welfare is promoted as a way to commence a supportive conversation with someone in need, appears to be a successful model to leverage community help. Similar campaigns that are focused on men helping other men could both leverage the desire of men to be useful in society, and also be used to positively portray men in alternative masculine roles.



A gender specific example of a community-based program that promotes awareness of men's reluctance to ask for help or confide in their male friends is currently being delivered in Australian high schools and colleges. The Menslink *Silence is Deadly* campaign delivers a message to young men focussed on encouraging friends to seek professional help or seeking it on their behalf (Menslink, 2015). The program utilises professional footballers to deliver the campaign message. The strategy of connecting to younger men through a traditionally masculine activity (football) and leveraging traditionally masculine men (physically tough and dominant football players) attempts to normalise the need of men to seek help and reframe help-seeking as a masculine behaviour. Expanding such programs to other age demographics could be a powerful strategy to change hegemonic perceptions of self-reliance. Both the national campaigns referred to above have a strong focus on mental health support. However, similar campaigns could also address more basic requests for assistance, and normalise the concept of an older bloke asking his neighbour or friend for a hand.

## **9.6 Addressing homophobia in men's spaces**

A significant challenge for the men's shed movement is the need to address the homophobia that was evident in all the sheds in which I conducted this research. Although I encountered non-heterosexual men (and some who had LGBTI family members) in my interviews, the upholding of the hegemonic heterosexual ideal was pervasive and one could assume may render the men's shed space inaccessible to many men.

Older gay men are at particular risk of social isolation due to experiences of homophobia and exclusion, lack of opportunity for self-disclosure and the lower

likelihood of having both supportive families or a life partner (Davidson, 2006). As such, these men represent a demographic that could attain particular benefits from a social community with the purpose and goals espoused by the men's shed movement.

The link between homosexual discrimination and poor health outcomes (for example, increased risk of substance abuse, depression, anxiety and suicide) is well-established (Pitts, 2006). As a result of violence, harassment and non-acceptance, almost 50% of LGBTI people do not reveal their sexual or gender identities at social events, and over 30% do not make such revelations when accessing health-related services (Pitts, 2006; Mostade, 2004). The findings of my research were consistent with these statistics; none of the gay men I interviewed had revealed their sexuality to their men's shed peers and most also remained 'in the closet' in their other social networks. History suggests that the experience of LGBTI discrimination is generational, with today's older adults coming from a cohort for which negative attitudes toward LGBTI people were pervasive throughout society, and non-heterosexuality was not only pathologised, but was illegal and considered immoral (Mabey, 2011; Hillman & Hinrichsen, 2014). However, understanding the historical context of the homophobia displayed by older men in men's sheds does nought to address the issue, which has substantial implications for gay men's physical and mental health and contradicts the very purpose of men's sheds to promote the health of older Australian men.

As an organisation that has had substantial success in promoting a reconstruction of what it means to be a man, the men's shed movement is well-situated to lead the way in addressing homophobia in its key demographic, thereby increasing accessibility of sheds to gay men.

Educational strategies could be utilised by men's sheds to address homophobia in the shed, in the same way that comprehensive and ongoing education has addressed the stigma of mental illness and depression. Partnering with appropriate peak bodies, for example the National LGBTI Health Alliance that provides health-related programs and services within the community (National LGBTI Alliance, 2014) could provide an avenue for introducing LGBTI-sensitive health information into sheds and increasing acceptance of sexual diversity. In the men's sheds that I visited, the most successful health-related initiatives were those promoted by local champions – men with specific interest and motivation to drive an ongoing awareness campaign. Utilising local champions to introduce and maintain LGBTI awareness education could leverage the role modelling of attitudes and behaviours that has had previous success in these men's sheds in changing alcohol related behaviours and reducing the stigma of depression. Recruiting men who have significant numbers of social contacts in the men's shed and are in a position to perpetuate new schools of thought (for example, are respected by many men's shed participants) is another way in which acceptance of LGBTI men can gradually disseminate as a dominate paradigm.

In their exploration of promotion of LGBTI acceptance in a similar cohort – older adults in residential care spaces, Hillman & Hinrichsen (2014) propose a variety of tactics to address homophobia. Ensuring that policies and procedures acknowledge and uphold the rights of LGBTI men is essential to achieving acceptance. Strategies that aim to normalise non-heterosexual sexualities, such as displaying pro-LGBTI pictures, symbols and affirmations in public areas and newsletters; and celebrating LGBTI events (for example, mardi-gras) promote acceptance (Hillman & Hinrichsen, 2014). Refraining from promulgating discriminatory material, for example homophobic jokes,

is essential. National level campaigns in the media and on the AMSA website would support local men's sheds in addressing homophobia at the grassroots level.

Given the widespread and entrenched homophobic attitudes observed in the four men's sheds in which my research was set, patience and stamina are likely to be essential in the pursuit to increase acceptance of gay men in the Australian men's shed movement.

### **9.7 The role of health professionals in promoting men's engagement with healthy behaviour**

The previous discussions in this chapter have outlined the importance of community groups in the design, delivery and engagement in local men's health promotion.

However, this does not negate the health professional's role in supporting preventive health behaviours and responsible engagement in health.

A powerful implication for health professionals of this research is the importance of understanding the ways in which men perceive themselves and their health through the discourse of hegemonic masculinity. In consultations, men may fail to report or under-report signs and symptoms they experience, particularly with respect to conditions that have greater impact on a man's ego, for example sexual dysfunction. Asking specific questions about signs and symptoms, including the level of impact on the man's daily life, is one way in which health professionals can work constructively with men. Health professionals could use interviewing strategies that normalise and validate health seeking behaviour with their male patients (Courtenay, 2000a; Mansfield et al., 2003; Pleck et al., 1993). Mansfield et al. (2003) provided the following specific suggestions to guide health professionals in consultations with men:

- "a lot of men experience this concern but don't get help for it, which makes the problem worse" (Mansfield et al., 2003, p. 93),
- "you were right to ask about this" (Mansfield et al., 2003, p. 93) and
- "many men have that concern." (Mansfield et al., 2003, p. 93).

When providing health-related information, health professionals should ensure their male patients understand the information given, as they may be reluctant to ask for clarifications or more details (Courtenay, 2000a; Mansfield et al., 2003). Working together with patients to develop health management plans that are realistic and achievable promotes the uptake of disease management strategies and preventive health behaviours (Courtenay, 2000a; Mansfield et al., 2003). Being alert to the forms of assistance a man may need to manage his health and pre-emptively providing practical information and access to services would also assist men in accessing help with tangible health-related tasks.

Both the rural men's sheds that participated in my research appeared to have strong connections with their local health professional networks and the committee members knew of men who had been referred to the men's shed by their general practitioner or psychologist. Although local health professionals assisted the community-based men's shed to deliver their annual health screening in Men's Health Week, there appeared to be minimal ongoing connection between these health professionals and the men's shed. None of the urban men had been referred to the shed by a health professional. Being aware of community resources for men, and referring men to appropriate groups and services, could be a strategy to help male patients manage isolation, depression, low self-esteem and lack of purpose. However, this needs to be done with sensitivity, as there is a risk that a man will reject the notion of a men's shed as a health promotion

strategy if he subscribes to traditionally masculine perspectives. It was noted in the interviews that many men ended up at the men's shed from word of mouth or a family member encouraging them to attend and leveraging these support networks could be a strategy that health professionals could use to indirectly promote men's sheds as a health initiative for men.

Finally, in one rural men's shed, numerous health professionals engaged in the shed as members and active participants. Naturally, male health professionals are not exempt from the need for socialising with other men. These health professionals had unique ability to place themselves within their local community and provide support, role modelling and indirect education to their male patients outside the consultation room. Although this level of engagement may not be attractive or possible for many health professionals, in the shed in which I observed health professionals in the workshop alongside their patients, the relationships appeared to be constructive and supportive for all parties.

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## APPENDIX ONE: MALE ROLE ATTITUDES SCALE

	Disagree a lot (1)	Disagree a little (2)	Agree a little (3)	Agree a lot (4)
<b>Q1</b> It is essential for a guy to get respect from others†				
<b>Q2</b> A man always deserves the respect of his wife and children				
<b>Q3</b> I admire a guy who is totally sure of himself				
<b>Q4</b> As a man gets older it is harder for him to gain respect				
<b>Q5</b> A guy will lose respect if he talks about his problems				
<b>Q6</b> A young man should be physically tough, even if he's not big				
<b>Q7</b> It bothers me when a guy acts like a girl or a sissy				
<b>Q8</b> I don't think a husband should have to do housework				
<b>Q9</b> Men are always ready for or thinking about sex				
<b>Q10</b> It bothers me to hear a man complain about his health				

Adapted from:

Pleck J, Sonenstein F, Ku L (1993) Masculinity ideology: Its impact on adolescent males heterosexual relationships. *Journal of Social Issues*, 49, 11-29.

## APPENDIX TWO: ADAPTED MEDICAL OUTCOMES STUDY (MOS) SOCIAL SUPPORT SURVEY

		NONE OF THE TIME	SOME OF THE TIME	MOST OF THE TIME
Tangible support with your health				
	Someone to drive you to the doctor if you needed it			
	Someone to help with daily personal chores if you were sick			
	Someone to help with household/yard chores if you were sick for a long time			
	Someone to help you with your medications			
	Someone who could come in to a medical appointment with you			
Information and emotional support	Someone to give you advice on choosing health services			
	Someone to give you information about healthy living (e.g. diet and exercise)			
	Someone to help you understand medical information			
	Someone to turn to for suggestions about how to deal with a health problem			
	Someone to confide in or talk to about yourself			
	Someone who understands your personal problems			
Positive social interaction	Someone to do things with to help you get your mind off things			
	Someone you enjoy spending your time with			
	Someone who shows you how to be healthy			
	Someone who you could exercise with			
	Someone who tells you about their own health or health problems			
Emotional health	Someone who hugs you when you need it			
	Someone to love and make you feel wanted			

Adapted from:

Sherbourne C, Stewart A (1991) The MOS Social Support Survey. *Social Science and Medicine*, 32, 705-714.



## APPENDIX THREE: SEMI STRUCTURED INTERVIEW

### PORFORMA

#### Introduction

Thank you for participating in an interview today. In this interview we are going to talk about:

- your health;
- things you do to look after your health;
- your friendships;
- how you friends help or hinder your health;
- your perception of being a man.

#### About yourself

To being with, can you tell me a little bit about yourself:

- Your age
- Your [previous] job
- Where you live

#### Coming to the men's shed

Can you tell me about how you got involved in the men's shed:

- How did you find out about the shed?
- How long have you been coming?
- How often do you come?
- What do you normally do at the men's shed?
- Do you go to the workshop?

#### Being a man

I want to focus for a few minutes on how you feel about being a man. First I am going to ask you to rate how much you agree with some statements about being a man.

Consider each of the statements and rate them on the scale. As you rate each statement, feel free to discuss your opinion.

*Place the agreement scale in front of interviewee. Read each of the "masculinity statements" and ask for a response regarding agreement.*

- How do you feel about being a man? Do you consider yourself to be masculine? Why/why not?
- Do you think this has changed since you started coming to the men's shed? Why/why not?

## Health status

I would like to discuss your health for a bit.

- Do you consider yourself to be healthy?
- Do you have any medical conditions that affect your health every day?
- Do you have any medical conditions that affect your health now and then?
- How knowledgeable do you think you are about your medical conditions?
- How knowledgeable do you think you are about overall health?
- What activities do you engage in to promote your health?
- How frequently do you do the activity?
- How important do you consider the activity is to your health?
- In what ways does the men's shed influence your health?

## Social networks

I'd like you to think about people that you associate with regularly and who you consider to be important family or friends in your life.

*Using the name generator, create list of alters identified at the men's shed, family members or through other associations.*

I'd like to place each button on the board, indicating how close you consider your relationship to be with that person.

*Commencing with the men's shed alters, write initials or identifiers on magnetic buttons. Hand the buttons one at a time to interviewee, identifying to the interviewee who the button represents (and how the alter is known). Explore relationships with each alter as they are placed on the board.*

- Why do you consider [this person] to be close/not so close to you?
- Do you consider this person to be healthy? Why/why not?
- Do you consider this person to be masculine? Why/why not?
- What do you do with this person [at the men's shed]?

## Social networks and health

*Use the MOS Social Support statements. Interviewee may add people to the board as desired.*

For each of the statements can you identify:

- Do you have anyone who could provide the following support?
- Would it be easy to access the following support?
- Who would you ask and why?

## APPENDIX FOUR: THEMATIC CODING

Overarching theme	Theme	Codes
<b>MASCULINITY</b>		
Sexuality	Sexual identity	Perception and reality
		Aging sexuality
		It's not all about sex
	Homophobia	Homosexuals are different to real men
		I don't like or understand it
Dealing (or not) with Emotions	Perceived emotional resilience	Men can't touch men
		Men bottle it up
		Don't be seen as emotionally weak
	Talking, listening and compassion	Don't tell me your problems
		Talking, listening and compassion
Rough and tough	Aggression	Aggression
	Being tough and strong	Physical resilience
		Being strong and powerful
		A real man should appear tough and strong
		Non-physical roles are not masculine
		Mental toughness
		Physical toughness isn't everything
Acting the man	Social expectations	Social expectations
	Rebellion and risk taking	Rebellion
		Risk taking
	Alcohol/drugs	Alcohol/Drugs
	Don't be a girl	Don't be a girl
	Language	Tell a dirty joke
		Crudity and offensive language
The man's character	Self-confidence and pride	'Bloke' language
		A man should be confident
	Respect	...But not too confident
		A man needs to be respected
		But he has to earn it
	Taking Charge	A leader and role modelling
		A family man and father
Masculinity in older age	The changing masculine identity	Mellowing of the 'macho'
		Telling the story
	I fit my own ideal	

Overarching theme	Theme	Codes
<b>FRIENDSHIP</b>		
A hand in friendship	Passing time	Mixing with people
		Being with men
Being men Together	Ways of relating	Stirring each other
		Bullshit and lies
Deeper friendships	More than just mixing	
The social network supports health	Friends supporting health	Being helped
		Women provide health support
		The men's shed help out with health
	Professional help	
<b>HEALTH</b>		
Health status	Self-reported health	
	Perceptions	Influence of smoking on perception
		Comparisons to peers
Health knowledge	Self-reported knowledge	
	Contribution of the men's shed	
Preventive health activity	Health professionals	Essential for longevity
		Only for the weak
	The men's shed	Remaining social
		Learning from others
		Talking about your health and problems
		Health screening
	Lifestyle choices	Diet choices
		Exercise
		Alcohol
Attitudes to health	Engagement with health	Keeping control
	Gender myths	Men don't talk about health
		Ignore it

Overarching theme	Theme	Codes
<b>THE MEN'S SHED</b>		
The organisation	Starting up	AMSA/MSA
		Practicalities
		Missions, values and goals
	Space	
	Committee work	Working with and for the committee
		Administrative bodies
	The shed in the community	Realities
		Visions for the future
Finding out	Advertising works	In the paper
		On the net
		I saw the sign
		TV
		The blokes' presence
	Hearing the talk	Family
		Friends and acquaintances
	Health service referral	Health service referral
In the shed	The workshop	Access to tools
		Working shoulder to shoulder
		Workshop is not for everyone
	Helping	Being helped
		Helping each other
		Helping in the community