

The co-construction of helping

Services in Ennerdale

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Abstract

The co-construction of helping services in the community of Ennerdale is a study that explores men's reluctance to make use of helping and psychological services. Academic and informal literature informs us that men are often unwilling to seek medical or psychological assistance and that the male stereotypes view these services as utilised only by the weak and powerless. A great part of men's unwillingness is furthermore related to historical male roles and the perception that the helping, and specifically the psychological services, are for the weak and insane.

This research study was conducted in the Community of Ennerdale, a community south of Johannesburg. A focus group was conducted with adult male volunteers from the community and individual interviews were conducted with two psychologists, one medical doctor, and one church minister. The study was conducted from a social constructionist epistemology that falls within the qualitative research framework. The social constructionist epistemology views our (individuals) understanding and views of our world as a uniquely social process that is influenced by our gender, culture, language, and history. A discourse analysis was utilised to analyse the information obtained from both the focus group and individual interviews.

The results from this research study indicate that a great part of men's reluctance is related to the dominant male discourses and male scripts that construct men as superior and proud individuals who are not supposed to display weakness or inability. The helping and psychological services are constructed as services that assist the weak, insane and powerless, constructing an identity of weakness and insanity which men want to avoid. The most common indicator for men's reluctance is the historical constructs of the helping services and the historical constructs and discourses related to masculinity and appropriate male behaviour.

Keywords: way-of-being; way-of-seeing; discourse analysis; discourses; social constructionism; masculinity; femininity; narratives; male scripts.

Chapter 1: Introduction

1.1 Problem

Throughout my psychological internship at the UNISA Institute for Social and Health Sciences during 2003, I provided counselling services in the communities of Ennerdale, Eldorado Park, and Lenasia. During the course of the year, I was surprised to find that nearly every client that sought psychological assistance was either an adult woman or a child. In Ennerdale, the spatial location of my research; crime, violence, and abuse are a common event for the residents of the community. Many women had sought help and support following a traumatic or tragic event in their lives, but during the year only three men personally approached me (as the psychologist in the clinic) for assistance for problems they experienced in their lives. This incited me to question what makes men seek help, and alternatively what keeps men from seeking psychological help? What social constructs do men use to define helping services and specifically how do these constructs and community narratives prevent them from making use of such services?

As I stated earlier, crime and violence appear to be commonplace for the residents of the greater Ennerdale community. According to statistics provided by the Ennerdale Police Station and discussions with relevant representatives, there has been a significant increase in murder, serious assault, and common assault in the past year within this community (Ennerdale Police Station Statistics, 2003). The entire population of Ennerdale is estimated at 200 000 individuals and these residents are faced with an unemployment rate of 53%, while roughly 80% of all households have an average monthly income of R4000 or less (Ennerdale Police Station Statistics, 2003). The population is made up of 60% Coloured, 38% Black, and the remaining 2% are of the White and Indian population group. The community contains two medical clinics, one of which provides psychological and psychiatric services, one police station, and a substantial number of religious organisations. These organisations and clinics provide various counselling

and supportive services to the residents of Ennerdale, but are limited by the shortage of resources available to them and the community. These statistical facts highlight for one the lack of resources within the community and the need that may exist for psychological or helping services.

The Ennerdale Community Clinic is the only organisation that provides psychological and psychiatric assistance and medication to individuals within the community. The clinic provides the services of one psychiatric nurse and the part-time services of two psychologists and one psychiatrist. Statistics from the clinic indicate that roughly 250 – 300 individuals make use of the clinic's psychiatric services each month and in total 42 % of the individuals are male. The following statistics provided below would provide an indication of the number of individuals that visit the clinic as well as the percentage of males that comprise this total (Ennerdale Community Clinic Statistics, 2003):

Year	Total	Males	Percentage (Men)
January 2002	260	110	42%
January 2003	272	113	42%
May 2002	239	94	39%
May 2003	298	117	39%
September 2002	225	95	42%
September 2003	292	133	45%

The statistics from the Ennerdale Community Clinic indicated that a large percentage of the clients making use of the clinic's services are men. These figures, however, represent the amount of people that made use of the psychiatric services of the clinic and that reported to the clinic monthly to receive their medication, and don't reflect the number of clients that make use of counselling services. What is interesting to note when examining these statistics is that although almost 42% of the clients of the clinic are male and receive psychiatric assistance, only a small fraction of this population sought or attend psychological counselling. From my own records and the records of two other psychologists that provided services to the clinic, roughly 14 men

sought counselling or advice throughout the entire year of 2003, while the amount of female clients exceeded 200.

The overall goal of this research endeavour is to acquire some understanding as to why men seem reluctant or unwilling to make use of helping and psychological services in the community of Ennerdale.

1.2 Question

Why do the men in the community of Ennerdale seem reluctant to make use of helping and/or psychological services?

1.3 Research

To answer my research question, I firstly turned to the available literature regarding men, their behaviour, and their beliefs and use of helping services. A substantial amount of literature and research was obtained that examined these three topics and a review of this literature will hopefully assist in providing some understanding as to why men seem reluctant to make use of these services in the community of Ennerdale. Throughout this dissertation I will alternatively speak about helping services, counselling services, and psychological services as one and the same entity, as these were the names used in both the literature and data collection, and little distinction was made between the three names by both the research participants and available literature.

A large body of research exists that examines the entity that is man, masculinity, and the rationale behind men's behaviour and beliefs. Most of the literature research collected as yet originates from traditionally Western countries where psychological assistance for men and the concept of masculinity has gained initiative in the past thirty years (Addis & Mahalik, 2003). Horrocks (1994) wrote that boys are inevitably impelled towards a

masculine identity that was constructed by particular social and psychological forces. Horrocks (1994, p.91) furthermore stated that, “it is the masculinities that are cultural artifices, constructs, and each culture produces the masculinities that it needs.” The concept of masculinity, male cultural scripts, and male gender roles appear to be important constructs within a culture that influences man’s perceptions of help seeking behaviour (Addis & Mahalik, 2003; Komiya, Good, & Sherrod, 2000).

Herek (1987) stated that the roles and identities we assume in society are not completely given to us by nature. He believed that humans, through social interaction create variables such as race, gender, and sexual orientation. We are therefore not born men, but are constructed and defined as men through the social, historical, and psychological context in which we exist. Our choices, beliefs, and the decisions we make as men are influenced by a discourse of gender that exists from our birth (Morrell, 2001). Being male provides men with an identity, an identity that is constructed within the society that we interact. Herek (1987, p.72) further stated that:

Being a man is a crucial component of personal identity for males in our society, stemming from the early experience of gender as a self-defining characteristic.

Seidler (1994) wrote that traditionally it was a women’s role to provide a man with an understanding of his experiences in his own emotional life. It would seem that according to Seidler (1994) men are unable to access or understand their own emotional experiences and would thus depend on women to voice their experiences. It would further seem that, regarding emotions, women know men better than they know themselves. As men move into an era of emotional and self-enlightenment, these perceptions are being challenged as Seidler (1994, p.111) states:

Therapy has helped create a safe space in which these feelings of resentment, hostility, and disgust can somehow be acknowledged and worked on. Again this is not something that needs to be worked on directly with relation to

women, but it is something that men can work on with each other as they learn to take greater responsibility for themselves.

Dubbert (1979) wrote that in the early twentieth century, despite their significant influence on the world, women were not granted the same rights as men. However, the last century has seen the dramatic shift of the construct of femininity and of women, and the somewhat slow and reluctant change of men. Dubbert (1979) believed that both men and women have been trapped in a historical role identity but that women have now embraced a new definition of themselves and that men have been somewhat resistant to their own change. In the American society, “there is an assumed framework of doctrines emphasising male power, superiority, and domination in the sexual, social, political, and intellectual life” (Dubbert, 1979, p. 2). By the mid-twentieth century, this image of men had begun to evolve and a new male identity has begun to emerge, and continues to emerge, although it would seem embraced by few.

The male identity and masculinity has traditionally been constructed as dominant and superior, a gender identity that was superior to women and characterised by power and control. This identity, specifically in the Western world, has been viewed as the traditional identity of all men, a role that all men had to assume. This construct seemed devoid of emotions and emotional expression, a role assumed to be fulfilled by women in society (Seidler, 1994). What was furthermore prevalent was that this construct or masculine identity was determined and constructed by society and became the dominant discourse that informed male behaviour and beliefs. This masculine script has however begun to evolve in the Western world (Dubbert, 1979), but it waits to be seen if this shift has occurred in our own communities in South Africa.

The societal view of men in South Africa is somewhat different from Dubbert's view of the Western man. In Morrell's (2001) book entitled “Changing Men in Southern Africa”, his first chapter begins with a quote from a renowned playwright in which she states that South Africa is the last bastion of

chauvinism. Morrell (2001) believed that it is these stereotypes that result in society's failure to recognise and acknowledge the individuality and diversity of men. It is these common beliefs and stereotypes that appear to have plagued men for time immemorial and ignore the fact that the male identity changes and is different for each individual male. It would seem that this social opinion of men still exists and is a gender characterised by chauvinism, violence, and an unwillingness to conform to a changing society. These definitions of maleness and masculinity negate the individuality of all men, rather classing them as a collective, represented by a singular masculine definition. Men, it would seem, would have to act like "men" (as defined by culture and society) and are expected to act as such.

The South African male would appear unique when compared to the rest of the world. Although men in this country may have experienced similar forces, influences, and life challenges as others, the context in which it was done was unique. Before 1990, South Africa was essentially a man's country (Morrell, 2001). Morrell (2001) stated that before 1990, men controlled all the political and family power therefore making all the decisions. White males controlled all political power and were privileged by this power while Black males held little power, and the power they were able to obtain was often achieved through a violent process (Morrell, 2001). Since the political changes of 1990, men have begun to change and adjust to an extent. Kimmel (1987), like Morrell believed that changes are evident and that men (although not all) are moving towards a new definition of maleness.

Helping services have existed in South Africa for a number of years although a large portion of the population did not have access to these services due to the political circumstances of the past. Since the introduction of our new democracy, the availability of these services has increased, yet marginalised sectors of the population still have limited access to adequate services. Essentially, helping services (specifically, psychological services) is a relatively new concept to certain sectors of the population, sectors such as the people, and in particular men, in the community of Ennerdale. Before proceeding with an exploration of men's relationship and understanding of

helping services, it would be imperative to explore and define helping services and the meaning men attach to such services.

Gourash (*in* Snell, 1995) defined help seeking as any form of communication that seeks to elicit some support or advice from another individual regarding some form of difficulty or troublesome event. The phenomenon of helping services is strictly a twentieth century occurrence (Snell, 1995) and has grown in professionalism and utility in the past forty years. Men's help seeking behaviour and perceptions of psychological assistance has been explored to a varying degree in the Western World (Neal, 2003; Komiya, Good, & Sherrod, 2000; Good, Dell, & Mintz, 1989; Mahalik, Good, & Englar-Carlson, 2003, Addis & Mahalik, 2003, Snell, 1995), yet far less than that of the elderly, women, and children.

Wharton (2003) indicated that psychological help has become a domain that is perceived by men as a blaming, controlling, authoritative, and betraying institution. It represents an environment in which men are not given a voice and are seldom heard (Wharton, 2003). This is possibly one of the reasons that men seem unwilling to make use of this service and accounts for the fact that in the Western world only one-third of all clients that seek psychological assistance are male (Good et al., 1989).

From the review of available literature, it was interesting to note that of the men that did attend therapy, a perception existed that they were coerced into seeking assistance through either a partner or external pressure. Men appear to be dragged to therapy by their partners, as in the case of domestic violence or under court order (Lynn, 2000). Johnson (1997), in her exploration of language and masculinity, wrote that it is a well-known belief that men are unable to express their emotions and that society places pressure on men to remain rational and unemotional beings. Johnson (1997, p.17) further stated, "if only they could free themselves of such constraints, men too could be more contented and fulfilled human beings". This statement seems to reinforce the traditional male identity, portraying men as expressionless, emotionless beings, lacking any form of individuality and uniqueness. From within the field

of helping services, men appear to be portrayed as the cause of all problems, the individuals that are blamed for psychological and relational problems. It would seem that helping services construct men as the “enemy” that needs to be forced and coerced to change and receive help.

Although helping services have always been available to men in this country, it would seem to me that these services were scarcely available to the marginalized Black and Coloured individuals. The change in the political climate has increased the amount of professional and lay assistance to men of all races and in all demographic regions in the past ten years. Public and social knowledge of psychological services has increased, as these services have been made increasingly available to all communities, and old perceptions and discourses regarding this profession appear to have been redefined and become socially acceptable with most cultural groups. If this is the case, then why does it appear as if men are reluctant to make use of psychological or helping services?

Men of the twentieth century appear to be driven by insecurity (Odone, 2003). Men fear intimacy, emotions, and believe that seeking psychological assistance would result in the belief that they are homosexual (Good et al., 1989). With all these fears and socially constructed expectations, it is any wonder that men would seek psychological assistance at all. It would appear that the manner in which men are constructed within society is the driving force behind male acceptable and unacceptable behaviour. The male culture is seen as the overriding force behind their view of psychological assistance and help seeking behaviour (www.psychology.org.au). This male culture has made men resistant to psychological assistance, reluctant to explore their inner emotional world and fearful of the consequences of such a leap into an unexplored and precarious world.

The available literature that explores men, their behaviour, and their beliefs about helping services has provided us with some insight into men and helping services. What the research provides is, however, a Western understanding and an examination of Western masculinity and its relationship

with helping services. It is able to provide a historical definition of men, masculinity and their relationship with helping services, but is unable to provide an adequate account of men in South Africa, specifically Ennerdale, and their unwillingness to make use of helping services. The literature research furthermore fails to provide a unique insight into the South African context and is unable to account for the cultural and historical forces that may impact on men's understanding and use of helping services. In order to come to some understanding of this problem within the South African context, it is therefore necessary to conduct this research project and hopefully obtain a personal and individual understanding of this phenomenon in the South African community of Ennerdale. This research will further aim to provide personal and individual narratives of helping services and men's reluctance or hesitation to make use of these services.

1.4 Goal(s)

1.4.1 General Goal

The goal of this research project is to come to an answer as to why men within the community of Ennerdale seem reluctant or unwilling to make use of psychological and helping services?

1.4.2 Specific Goals

The specific goals of this research project are to describe the research position from which this study will be conducted and to illustrate the research methodology that will be employed to collect the necessary data and complete the required interpretation thereof. Lastly, the data and analysis will be presented to provide some understanding of the problem identified and hopefully arrive at some unique insight into men in the community of Ennerdale and the helping profession they rarely utilise.

1.5 Structure of Research Thesis

This thesis report is divided into seven chapters, each exploring a specific theme or topic. Chapter 1 consists of the introduction to the report and will provide a brief discussion of the nature of the research as well as the theoretical methodology employed. Within the second chapter I will examine literature that explores the masculine position and men's help seeking behaviour as well as theories that explores the numerous social discourses that impact on men in our modern society. The research methodology that I will be utilising will be discussed in Chapter 3.

My research position will be explored in Chapter 4. Chapters 5 and 6 will contain the discussion and analysis of data received from the research participants. The final chapter, chapter 7 shall serve as a concluding and recommendations chapter, one in which all the results and relevant literature will be discussed, as well as possible action that could be taken in the future to address identified problems.

Chapter 1 = Introduction

Chapter 2 = Literature Review

Chapter 3 = Research Methodology

Chapter 4 = Research Position

Chapter 5 = Men's Focus Group Results

Chapter 6 = Results from Interviews with Professional Help Providers

Chapter 7 = Conclusion, Recommendations and Limitations

Chapter 2: Literature Review

2.1 Introduction

We are well aware that all people, and for the purpose of this study men in the twenty first century are confronted by countless psychological and emotional challenges such as crime, unemployment, and divorce (to name but a few) on a regular basis. These social problems are specifically evident in the community of Ennerdale, as explored in the statistics provided in chapter 1. Yet, despite all the turmoil they may endure, men seem resistant to seeking help. A large body of empirical research and social opinion exist that supports the belief that men are reluctant and less likely to seek help or discuss social problems (Addis & Mahalik, 2003). This social phenomena therefore presents us, as psychologists, with a unique opportunity to explore the narratives of men and provides an opportunity to explore and challenge the dominant, at times destructive, discourses that govern men's help-seeking behaviour. I share a similar view to that of Addis and Mahalik (2003) in that the study of this social phenomenon is important as it:

1. will assist in developing an understanding of the discourses and beliefs that hamper men's help-seeking,
2. provide some understanding as to the under utilisation of health care by men, and
3. assist in developing a comprehensive intervention strategies that could cater for the separate genders and challenge the dominant social narratives.

The concepts of helping services and men's relationship with these services have received greater attention from both academics and professionals, within the helping services, in the past thirty years. Most research endeavours have sought to gain some insight into men's reluctance to make use of these services (Good, Dell, & Mintz, 1989), as well as the difficulty in working with

men (Mahalik, Good, & Englar-Carlson, 2003). Although a great deal of research exists, few attempts have been made to explain this gender phenomenon within the South African context with our unique social and cultural environment. Before embarking on my own exploration of the narrative of South African's, an examination of the predominantly Western research will provide some grounding to our understanding.

When reading through available literature, we don't necessarily read and understand what the author intended saying, but we primarily engage in a form of dialogue with the literature. Our understanding of the text is determined by the way we view the world and the narratives and discourses that informs this view. No one single universal meaning can be attained from any piece of literature as all individuals way of viewing the literature will differ, but what this necessarily allows is for our own personal understanding, in relation to the text, to develop (Freedman & Combs, 1996). My review of the following literature will represent my own analysis and understanding of the text and how it will apply to my research endeavour. Within this chapter I will firstly enter into a dialogue with the literature regarding helping services and men's help-seeking behaviour. Following this I will explore the social perceptions and social construction of men as viewed by a number of authors. The last concept that will be discussed is the all important gender concept of masculinity and how it is constructed in society and its impact on men's view of the helping services.

2.2 Helping Services

The helping services – services provided by psychologist, psychiatrists, medical practitioners, nurses, religious leaders, and social workers – have predominantly aimed to assist individuals traditionally viewed as “ill” or “victims”. Snell (1995) believed that the services provided by these professionals intended to act as an agent of change on behalf of the portion of the population seen as powerless or victimised. It would seem from this literature that the helping services have been constructed as an operation that

seeks to correct the “ill” and “weak” portion of the population, and, in so doing making known their own inabilities and weaknesses.

Snell (1995) defined help-seeking as either a general discussion regarding problems as well as the intentional seeking of external aid. Thus seeking help could involve a discussion with a friend or family member, or seeking professional help from a psychologist or counsellor. Snell (1995) indicated that help provided to an individual in need could therefore either take one of two forms: formal or informal. Formal means of help/assistance is usually provided by professional individuals such as medical practitioners, psychologists, and social workers. When individuals in need turn to friends or family, it represents the utilisation of an informal means of helping. Snell (1995) also discovered that most people would utilise informal means of help before resorting to professional formal assistance.

An individual seeking help needs to rely on the abilities of the professional providing help (Snell, 1995). Social support is often a form of help that men turn to in times of need. In a study conducted by Gore (in Snell, 1995) on unemployed married men, he discovered that the men that reported a lack of social support and understanding reported higher levels of cholesterol, more symptoms of illness, and elevated levels of affective symptoms. Men who were receiving social support and understanding from significant others, measured lower on cholesterol levels and illness symptoms. Furthermore, Landy and Gross (in Snell, 1995) found that people were more likely to seek help if it did not imply incompetence or failure.

Helping services seem to be constructed as a form of behaviour that highlights a lack of ability or an inability to function adequately. Most individuals would access social support, or informal support more often as compared to formal support (as defined by Snell, 1995), as it does not contain the label of “ill” or “weak”, a label often associated with the helping profession. Although I, as a professional service provider and many others such as myself attempt to remove the label of ill and powerless to the individuals that seek our assistance, it would appear that beyond our attempts lies a discourse in

the greater society which potentially labels users of our services as ill, powerless, and victims.

2.3 Men's Help-Seeking Behaviour

The help-seeking behaviour of men has gained interest in the last thirty years in both the psychological and social research world. Prior to this insurgence in the Western world, most research into help-seeking behaviour focused on women, children, divorced couples, and the elderly (Snell, 1995). Although a great amount of Western literature is available, scarce literature regarding the help-seeking behaviour of men or other related topics exists in the South African context. It would seem that psychological research has predominantly focused on marginalized groups and genders in South Africa, maintaining the social perception that men represent the dominant group wielding all the social power.

In a study conducted by Davies, Byron, McCrae, Frank, Dochnahl, Pickering, Harrison, Zakrzewski and Wilson (2000) on help-seeking behaviour of male college students, he reported that seventy five percent of all murder victims between the ages of fifteen and twenty four were men, and that men were eight times more likely to commit suicide than women. What was even more alarming was that suicide rates had increased by 250% since 1950 (Davies et al., 2000). Davies et al. (2000) further indicated that men are less likely to be diagnosed with mental disorders such as anxiety and depression thus proposing that men are more than likely better psychologically adjusted than women. However, further research has indicated that women are more adept at identifying emotional problems and have a lower prevalence of substance abuse and broad mental disorders (Mahalik et al., 2003). It would seem that although men are less likely to be diagnosed with a mental illness or seem to experience less medical complaints, this perception might not reflect the actual incidence of problems among men, as they would firstly have to visit a doctor or psychologist to be diagnosed.

It is commonly accepted that men are unwilling to ask for help and unwilling to discuss emotional problems and issues (Addis & Mahalik, 2003). Collier (*in* Good et al., 1989) found that 67% of all clients that sought psychological assistance were female, and that one in every three females but only one in every seven men sought professional assistance. Davies et al. (2000, p. 260) indicated that traditional male stereotypes possibly restrict men's "emotional openness and willingness to seek help." Komiya et al. (2000) found that men's unwillingness to utilise counselling services could be explained by expectations placed on the male gender, expectations to be emotionally restricted, logical and restricted by nature. It would seem that seeking help or psychological counselling would be flying in the face of everything that defines men.

In past research, men were believed to seek help less frequently due to what was termed sex differences (Addis & Mahalik, 2003). It was believed that women are able to identify and respond to emotional and psychological problems far earlier and easier than men. This "truth" therefore defined men as incapable of identifying emotional or interpersonal problems hence the low amounts of men utilising professional help. By defining men as incapable, it removed the men's individuality and rational ability, confining them to thoughtless "blind" beings, unable to recognise difficulties in their own lives. This theory was inherently flawed in that it did not account for the men that did use professional help, and the alternative narratives that informed their choices.

Davies et al. (2000), in a study conducted at an American university, found that the primary reason men were resistant to seeking medical or psychological assistance was primarily the need to conceal the perception of vulnerability and secondly the desire to remain independent. Participants in his research study indicated that they would only seek help if they were in extreme emotional or physical pain. Seeking psychological counselling, when compared to medical treatment, contained even greater possibilities of stigmatisation and rejection from male peer groups. Respondents indicated that no man would want his friends to know that he saw a professional

counsellor, despite the participants having a positive outlook to professional counselling (Davies et al., 2000). Similarly, a study conducted by Good et al. (1989) found that male students that were concerned about emotional expression and other men's perceptions of this behaviour had a negative attitude towards psychological help.

Davies' study further found that lack of knowledge regarding counselling services, fear of lack of credibility of the individual providing the service, and fear that counsellor would be unable to understand help seekers individual concern, were three additional barriers to men seeking professional help (Davies et al., 2000). It would seem that fear of the unknown and fear or rejection or stigmatisations are the dominant barriers to men's help-seeking behaviour. Rarely do men's own opinions hinder their behaviour, but it is often the opinions and beliefs of others in their social environment that influence their actions.

Good, Dell, and Mintz (1989) found that men that endorsed the male narrative of being strong, silent about emotional problems, and restricting emotional expression were less likely to seek psychological help than others. Robertson and Fitzgerald (*in* Mahalik et al., 2003, p. 127) reported that "success/power/competition and restrictive emotionality were correlated to negative attitudes towards psychological help seeking". Being male, the male gender would seem to restrict (or constrict) or would not sanction the use of psychological help. It is our internalised masculine gender role that prevents us from seeking help, as to do so would be to violate our masculine narratives that exist in our society and afford us the power and knowledge as men (Mahalik et al., 2003). Men are less likely to seek help when they see the problematic traits or personality characteristics as central to their identity as a man. They are also less likely to seek help if they fear social rejection from their peers and if these peers subscribe to the male discourse of independence and emotional avoidance (Addis & Mahalik, 2003).

While reading the above text and relevant research, it seems that some men, throughout society construct helping services and the use thereof as a vice; a

vice to their understanding of themselves and social scripts of maleness. Not only are the helping services foreign to men, in that it requires them to be emotionally expressive, but it furthermore requires them to possibly discard a part of their identity. Peer and self-perception are also two important determinants for the use of helping services. Men, in the study conducted by Davies et al. (2000), stated that if their peers had knowledge that they had been to a doctor let alone a psychologist, it would result in humiliation and torment. Helping services seem to emphasise all the characteristics and beliefs that are the antithesis of men. Essentially, it would seem that the public perception and stigma regarding the helping services would prevent men from seeking the help of others.

2.4 Social Perceptions of Men

Mahalik et al. (2003) explored men's concept of masculinity and its implication for men's help-seeking behaviour. His investigation determined that many professionals working in the helping environment had a somewhat negative and restrictive perception of men. One respondent in his study stated "how can I be effective with men when it seems they are reluctant to therapy?", "how do you work with presenting issues such as emotional restriction, interpersonal isolation and conflict?" (Mahalik et al., 2003, p. 123). Society constructs beliefs, knowledge, and stereotypes of men that, we as professionals, tend to adhere too and become trapped in. Men are often viewed men as a collective, rather than an individual trapped within a collective society, failing to be open to their own stories and narratives.

Balswick (1992) believes that the traditional and historical definition of masculinity may be more costly for men than previously thought. He furthermore stated that men who were less open to personal disclosure were more prone to psychological problems, and men that had a greater "sex-role orientation reported lower levels of health and life satisfaction" (Balswick, 1992, p. 16). The traditional male role that society had constructed had not only relegated women to the confines of the kitchen, but had also constructed

the male identity as one that would endure pain and problems as a sacrifice for being male.

One characteristic that is definitive to any definition of a classical man, classical in the sense of the historical definition of a strong silent man, is the inability to express oneself. Balswick (1992) believed that inexpressiveness is a stereotypical characteristic of the male gender and that most men are socialised into believing that they are unable to express themselves. Not only does this have a damaging impact on the male individual, but it can often have a larger implication on his family and wife. Inexpressiveness would seem to be the single most important determining characteristic of a masculine definition, one that would have an enormous impact in this study and our understanding of the relationship men might have with the helping profession.

Although the above discussion regarding certain social perceptions of men is brief, what it reveals is, however, unique and important for our understanding of men and helping services. As mentioned earlier, the work of Mahalik et al. (2003) identified a number of perceptions that professionals in the helping profession have regarding men that seek assistance. What stands out regarding their perceptions is an element of blame, in the sense that they place an inability to work with or provide services to men as a result of the shortcomings of men. Difficulty in providing services is blamed on their inexpressiveness and reluctance to address emotional content regarding their lives. There also seems to be a general tendency of greater society to blame men for not only the problems they experience, but also for the marginalisation and harm inflicted on women and children (Balswick, 1992). Essentially, what this literature constructs is a discourse of blame, in that men are to blame for not seeking help, and are blamed when the process of help does not obtain its desired results. It would seem to me that this discourse of blame exists prior to a man's attempt to make use of the helping services and that this discourse could have an impact on the utility and effectiveness of these services.

2.5 Social constructions of Men

It has always been historically perceived that men act as men and women act as women because of their biological make-up (Balswick, 1992). It is only since the advent of social sciences, specifically a paradigm such as social constructionism, that the construction of gender and specifically masculinity has been attributed to culture. Most men learn their masculine identity and traditional male role through their interaction and socialisation (Balswick, 1992) in society, making gender, partly a construction by individuals within society.

One of the largest influences on men's behaviour and beliefs is the socialisation process. The influence of an individual's peer group is paramount in the development of opinion and beliefs, especially regarding help-seeking behaviour (Davies et al., 2000). Men and women are socialised into certain gender roles, and learn the appropriate behaviour and beliefs from the cultural and societal norms and values (Addis & Mahalik, 2003). These constructions of gender can change from culture to culture and can change over time. Some of these gender constructions are however more powerful than most and are maintained and perpetuated through time and culture to serve particular functions. One such construction is of masculine behaviour being emotionless, physically strong, and independent. Individuals inevitably create gender and its associated behaviour in a social process of communication and knowledge transfer, such that Addis and Mahalik (2003, p.7) stated:

Masculinity ideologies and male gender-role conflicts have also been integrated into broader paradigms that emphasize the socially constructed nature of gender and posit mechanisms through which individuals experience is affected by societal values, beliefs, and gender stereotypes.

Hall (in Neal, 2003), built upon the notion of the socialisation of gender by proposing that our cultural ideologies and practices reproduce and exist in the manner in which people talk, think, and participate in their social environment.

He suggests that social interaction provides men with a temporary means of acting masculine, believing that masculinity is something we do rather than innately possess. The conception of a man's masculinity is constantly defined, negotiated, and reiterated through the individual's behaviour, communication and social interaction with others in society.

In a study conducted by Thompson and Pleck (1987), they, from previous research, hypothesised that male sex roles were determined by social norms that prescribed male like behaviour and comprised of the following two characteristics. Men had to firstly become independent and had to achieve in all aspects of life, and secondly, men had to be incompetent in all activities or acts that could be classified as feminine. From the outset, it would seem that male behaviour is the antithesis of female behaviour. It would seem that most male behaviour as prescribed by our culture and society cannot, in any form, resemble feminine forms of behaviour or thought.

It was during my review of the literature that focused on men and masculinity that I came across an article written by Fausto-Sterling (1995), in which she describes how the gender of an infant has been, on occasion, altered to adhere to some form of socially prescribed norms. In her article she described how, as a result of his malformed genitals, a baby boy Sam was surgically altered to become a girl, with the intention of saving the child embarrassment and shame in adult life. This example highlights how gender is not only a biological construct but can also be, to the extreme, a human construct. Although most of our gender is not constructed in such a drastic manner, society constructs us in many subtle ways. From the moment we are born, boys are often dressed in blue and girls are often dressed in pink; boys wear pants while girls wear dresses. These are just two minor examples of how our gender is determined and reinforced in society.

Throughout this discussion about the social construction of men I have often spoken about the constructs and discourses that define our gender. An understanding of social constructionism and discourse, interestingly enough, informs us that not only are perceptions, beliefs, and ideologies created

through discourse, but that discourse also produces action. Being male is not only something that we possess or are born into, but it is, probably more importantly, something that we do. Being a man is defined not only by what we are supposed to do, but also by what we are not supposed to do (Balswick, 1992). Hall (in Neal, 2003), as I stated previously, adapted this thought and stated that being male was something that we did rather than something we innately possessed. My own thoughts represent a merge of these two ideas. We, as men, are born into our gender that is prescribed by our culture, but, and equally important, we are defined as men (in the traditional sense) by the actions we take or fail to take.

2.6 Masculinity

Masculine ideologies have existed throughout time and if we were to examine present ideologies with those of the past, it would seem that little has changed. Men's masculine identity is not only prescribed by society, but also determined by our cultural and social world, essentially constructed in culture (Aronowitz, 1995). Aronowitz (1995) incorporated the principles of social constructionism into his understanding of gender identities such as masculinity and femininity, and believed that these identities are not simply biological constructs, they are identities constructed in language, but are however fragile identities and are able to evolve as a result of the power context in which they may exist. Although masculinity is socially and culturally constructed, it is not finite and is therefore able to change, and this depends on the ability of the dominant discourse that inform social and cultural narratives to change. The definition and practise of femininity has evolved; the question that this section seeks to explore is has masculinity?

Mahalik et al. (2003) explored men's perceptions of their own masculinity and how these constructions informed certain masculinity scripts. These scripts become narratives through which men live their lives, containing a collective knowledge regarding apparent socially acceptable behaviour, affording social power to those that adhere to these masculinity scripts. Just as my own male

narrative informed by self-perceptions and behaviour, so to do the masculine scripts identified by Mahalik et al. (2003) inform men's behaviour and narratives.

Mahalik et al. (2003) identified a number of masculine scripts that men identified with and essentially lived. They included the "strong-and silent", "tough-guy", "give-em-hell", "homophobic", "winner", and "independent" script. Although differing in certain mannerism and forms of behaviour, all these scripts contained a number of similar elements that constructed men as a similar entity. These masculine scripts advocated a man being silent and emotionless, strong, aggressive, fearless, avoiding association with feminine features and behaviour, and finally and most importantly, someone that was always in control and independent.

Kimmel (1987, p. 13) believed that the traditional view, often still prescribed to, of masculinity has always been associated with "authority and mastery," while feminism has been associated with "passivity and subordination." This train of thought appears to support the findings of Thompson and Pleck (1987) in that the masculine identity is constructed as the opposite of the feminine identity. Kimmel (1987) further stated that our sense of masculinity is intimately tied to our sexuality and sexual ability. More importantly it is inevitability linked to our estrangement from any characteristics or acts that can be perceived as feminine. In a sense, masculinity seemed to be defined by a person's sexual potency and ability to distance ourselves from any form of femininity or socially constructed feminine behaviour.

A discourse of power, from the literature above, appears to be synonymous with masculinity. Gough and Peace (2000) alleged that there is always an emphasis on power when it concerns the relationship between men and the relationship between men and women. This has resulted in the shift away from men as a homogenous group towards defining masculinity as a hegemonic concept. This hegemonic masculinity attempts to define male behaviour, beliefs, and thought as one single entity, but furthermore resists and opposes any definition that aligns itself too closely to femininity and

subordinate masculine definitions. Connell (in Young, 2001, p. 1) stated that hegemonic masculinity favours certain male actions over other less masculine actions, and that it produces “unequal relations among men and between men and women.” The concept of hegemonic masculinity has gained popularity in recent years and is the equivalent to a dominant discourse that prescribes “acceptable” behaviour and affords certain individuals power within a culture, while rendering others as powerless.

Connell (in Morrell, 2001) maintained that within a society, a single, powerful hegemonic masculinity exists that subordinates and resists three non-hegemonic categories of masculinity. This hegemonic masculinity prescribes and influences male behaviour in society, prescribing a certain tough, powerful, and emotionally restrictive male. This hegemonic masculinity dominates the three lesser forms of masculinity, namely, subordinate, complicit, and marginalised. Connell (in Morrell, 2001, p.7) believed that the individuals whose identities were associated with these non-hegemonic forms of male identity were excluded from the “corridors of power.” These individuals (such as homosexuals and African men who in the past were marginalised due to their identity) are therefore marginalised in their own culture, disempowered as a result of the masculine identity they or society constructed for them.

One of the few efforts to examine masculinity and men in the South African context was undertaken by Morrell (2001). Within his work he explored a myriad of uniquely masculine phenomenon and perceptions within our country. Morrell (2001) maintained that masculinity is a fluid human construction that is socially and historically constructed. Dominant forms of masculinity are constantly being protected and defended, and all forms of masculinity can potentially be broken down and recreated. Essentially, Morrell (2001, p. 8) believed that:

Masculinity is not inherited nor is it acquired in a one-off way. It is constructed in the context of class, race and other factors which are interpreted through the prism of age.

Masculinity, like all forms of discourses are culturally and historically constructed. It is both something that we as men are born into but also something that men do. Some masculine identities are dominant (or hegemonic) in that they afford the privileged few certain rights and power in society and suppress the lesser masculine identities. In studying men's perceptions and relationships with helping services, I will inevitably be examining male and masculine identities within a specific community. Male and masculine identities are the constructs that will inevitably prescribe certain behaviour within a community, and invariably suppress other forms of non-masculine behaviour in men.

2.7 Conclusion

Discourses permeate throughout our society through the language we use and are communicated in the language we use. These discourses, however, exist also in the text that captures our human communication and serves as a record for existing discourses. By examining literature and research regarding men and helping services, we are able to access the language and discourses that construct male behaviour and action. One of the prominent discourses that exist with regards to helping services is that they function to support the weak and powerless; they intend to assist the marginalised and victimised individuals within our society. By making use of these services, it would seem that an individual would have to forfeit certain rights and claims in society, almost intentionally excluding themselves from the "normal" portion of society. Making use of the helping services would inevitably label an individual as weak; weak and in need of assistance from others.

Helping services seem to unintentionally and possibly reluctantly, label men with blame and responsibility. Mahalik et al. (2003) provided narratives of professional help providers that spoke of men as difficult and responsible for not only their own problems, but also the emotional problems of other family members. From this piece of literature, it would seem that professionals and possibly even men have identified with the blaming discourse that exists with

these services, placing the blame on men for the lack of use of the services and the failure of the helping services to assist men.

The masculine scripts and discourses that exist construct the masculine gender as one that is strong, silent and powerful. It would seem from the literature that society and men construct these masculine identities that provide men with a life script of how to act and think. The hegemonic masculinity that Morrell (2001) speaks about exists as a powerful identity that would afford men certain rights and powers in society. Essentially it gives men an identity through which to live life. This identity does not allow for weakness and the expression of pain. It seems that men's reluctance to make use of the helping services would be against this masculine hegemonic identity that they have constructed. Use of the helping services would mean losing or forfeiting this masculine identity, accepting an identity of weakness. Within this chapter I alluded to the fact that the masculine identity seems to be the antithesis of the feminine identity. I believe, from my review of the literature, that a significant part of men's reluctance to make use of helping services is their fear of losing their identity and assuming one more closely linked to the feminine identity.

Chapter 3: Research Position

3.1 Introduction

The research position, or Epistemology, from which I will approach this thesis, is the postmodern approach of social constructionism. This epistemology provides us with a means of understanding the construction of truths and knowledge as a uniquely social process, and emphasises the fact that our understanding of the world cannot be determined by a singular universal truth. Our previous endeavours to understand the world and mankind were influenced by a modernistic epistemology, and constructed a world that contained one single, all empowering, and universal truth that could be objectively measured. The search for this truth (research endeavours) would seek to remove the concealing subjective veil from the world we see to reveal a set of objective rules and structures that determine, govern, and give meaning to reality (Burr, 1995). In essence, the modernistic epistemology removed our subjective humanity from all experiences and created a singular framework from which to understand human behaviour.

The postmodernistic worldview, out of which social constructionism advanced, rejected the possibility of the existence of one universal truth (Burr, 1995). Postmodernism rejected the idea of a single, objective truth that informed human understanding and behaviour, as it disconnected humanity from the characteristics and subjectivity that made us unique. Reality is essentially made up of numerous subjective truths that we as individual's influence and create. Tarnas (1996) understood postmodernism as an epistemological principle that believed in the constant changing and evolving nature of knowledge and reality, and that reality as such could not be defined by one universal system or theory. Human knowledge was essentially subjective, interchangeable, and relative, never absolute and universal. Tarnas' (1996, p.396) perception of reality from a postmodern worldview would seem to have paved the road for the development of social constructionism's understanding

of reality; in that “reality is in some sense constructed by the mind, not simply perceived by it, and many such constructions are possible, none necessarily sovereign.”

It would seem that attempting to provide a finite universal definition of social constructionism would be as futile as attempting to define reality and truth from one all encompassing theoretical perspective. Social constructionism has numerous differing and divergent descriptions (Burr, 1995; Durrheim, 1997; Freedman & Combs, 1996; Hibberd, 2001; Nightingale & Cromby, 1999) yet no one definition would seem appropriate to define this unique and comprehensive means of exploring our social reality. Burr’s (1995) explanation of social constructionism incorporates the ideology that is shared by most of its supporters and provides a framework from which we can understand this epistemology. He believed that four tenets exist that encompass the epistemology of social constructionism and are universal among all its various definitions. The first tenet states that social constructionism assumes a critical stance to knowledge, assuming a relativist perspective in that knowledge is not constant and universal but rather fluid and contextual. Our knowledge of the world and reality are constantly changing and evolving, new knowledge statements are consistently replacing old.

The second tenet that Burr (1995) identified was that our knowledge and understanding of reality is historically and culturally specific, a product of our social, cultural, and historical context. The knowledge that is created in one society is primarily determined by the cultural and historical dynamics that have influenced the society. The third tenet that draws upon the historical and cultural context of our knowledge is that our understanding of reality and knowledge is always context specific. Knowledge creation within a specific community are determined by that specific context and is therefore a social process, constructed and maintained within the social interactions of a culture and society (Burr, 1995). The last tenet identified by Burr (1995) was that knowledge and action (human action) are a symbiotic process in that human

action inevitably creates knowledge and knowledge inevitably informs human action.

Two of the most important concepts in social constructionism are the concepts of power and knowledge, and how they operate within individuals, institutions, and society. The operation and existence of power and knowledge are interconnected and interrelated, and determine our subjective construction of reality. Power and knowledge are perpetuated through societal discourses and are “significant factors in the process of social construction” (Nightingale & Cromby, 1999, p.13). What is clearly evident from this epistemology is the relationship and bound nature of power, knowledge, and discourse. Prevailing knowledge within society allows for the expression of certain action and therefore the expression of power, and when we exercise power, we are invariably drawing upon dominant discourses that operate in society (Burr, 1995).

Social constructionism places a great deal of emphasis on language and how meaning and understanding are expressed through our language. Language has become the medium through which a person’s self and gender is actively constructed, as well as a “medium through which knowledge is actively constituted” (Harris, Lea, & Foster, 1995, p.175). Our view of reality are assembled through the language we use; invariably constituted and constructed in the language we use (Freedman & Combs, 1996).

Society and culture creates the means of observing the world and our actions within this constructed world (Freedman & Combs, 1996). Social constructionism rejects the idea of a collective human consciousness and behaviour. Each person is unique in that our participation in society is not a static determined process, but rather a collective collaborative process of negotiation and interchange. Weingarten wrote “in the social constructionist view, the experience of self exists in the ongoing interchange with others” (in Freedman & Combs, 1996, p. 17).

Social constructionism explores how the social, historical, and relational elements influence and determine human consciousness and behaviour (Durrheim, 1997). It views the world as a collection of negotiated discourses that determine and influence each individual's unique existence. Truth is constructed by society and is influenced by discourses and the concepts of power and knowledge, and perpetuated by language that serves as the medium for all interaction and dissemination of knowledge. Kenwood (1999, p.187) wrote the following about truth and its impact on social constructionism and psychology:

In explaining human behaviour it is necessary to understand the nature of socially constructed truth and to have confidence in it because, since human beings are interdependent societal beings, our beliefs and our activities (that are informed by our beliefs) have real consequences for ourselves and other.

Using social constructionism as an epistemological approach is ideal for the exploration of the social construction of helping services, specifically how men construct helping services. Parker (1998) believed that social constructionism could provide a comprehensive understanding of human psychology and behaviour as an entity created through social interaction. At the core of social constructionist theory is the belief that human behaviour, beliefs, and discourses are formed and maintained within the cultural and historical context, two concepts that are vital in understanding human knowledge, power, and discourse constructions. By utilising this epistemology it can provide a clearer understanding of men's narratives regarding help seeking behaviour and how these narratives are influenced by social, gender, historical, and cultural discourses. It will provide us with an understanding of how men construct their knowledge of helping services, the relations involved, and the language they use to inform and form these constructions and reality.

3.2 The Social Construction of Reality

If no one, true, objective reality exists as proposed by the positivistic epistemology, how then, according to social constructionist theory do multiple, social, historically, and contextually specific subjective realities come into existence? How are knowledge and discourses created in our social and cultural world and how is mankind a part of this process? Rogers and Rogers (2001) proposed a simple explanation for the construction of social reality. These authors maintained that reality is constructed through a process that involves three core events, namely; externalisation, objectification, and internalisation. Externalisation refers to the external social world that we occupy, the world that contains different cultures and social groups that make sense and thereby construct their own social world. This world includes all the social institutes and contracts that operate and are created by people. Objectification refers to the external existence of these constructs and how these social constructs are viewed as objects external to the self. The final component of the process of reality construction is internalisation. This final process refers to the manner in which the external objectified world becomes internalised or seen as truth through socialisation and enculturation. It is therefore evident that our behaviour and beliefs are informed by the internalisation of our social reality and the historical, cultural, and political context in which this reality is formed.

Berger and Luckmann (in Freedman & Combs, 1996), stated that our knowledge concerning reality / truth is constructed through a three-step process that involves typification, institutionalisation, and legitimisation. Typification is the process whereby we categorise our views and beliefs into objects and groups. An example of this would be constructs of being a man, masculinity, and how men act within a culture. No one typification will represent a collective reality, as it is possible to have different and divergent views or typifications of one construct, such as masculinity. These typifications are learnt from the culture and social world in which we reside and more importantly, the individuals within this social environment.

Institutionalisation occurs when typifications result in the creation of institutions of knowledge and social beliefs. These institutions assist individuals and societies in maintaining social knowledge and appropriate behaviour. These institutions and typifications become enforced and entrenched in society by the final process known as legitimisation, a process whereby certain social knowledge and facts become accepted as reality and truth. Berger and Luckmann (in Freedman & Combs, 1996) proposed a fourth step in this process, one that encompasses the previous three, a process known as reification. Reification refers to the manner in which society begins to accept socially created knowledge as a universal, natural truth, disregarding our own ownership of these created truths (Freedman & Combs, 1996).

Reality, and essentially truth are created by society through a process in which people interact with one another to construct and maintain the beliefs, truths, and knowledge of a particular society (Freedman & Combs, 1996). These truths are not static but are influenced by the historical and cultural context of the present society. This theory of the construction of truth could therefore account for how concepts of maleness and masculinity have been changing and evolving throughout history. This epistemology furthermore will be able to provide us with a framework for understanding how maleness and help seeking behaviour are constructed within the community of Ennerdale, a community that is part of the South African society and culture.

3.3 Culture

Each individual is born into and is part of a specific culture, and the cultural and social processes within each society are crucial to the development of human beings (Jenkins, 2001). Each specific culture contains certain discourses, language, narratives, beliefs, and practices that govern and sanction certain behaviour and relationships. These discourses and narratives that are culturally located inform our understanding of our world (Burr, 1995). Culture acts as a vessel for discourses, power and knowledge, and these

discourses are enacted within our particular culture (Freedman & Combs, 1996). “Whatever culture we belong to, its narratives have influenced us to ascribe certain meanings to particular life events and to treat others as relatively meaningless” (Freedman & Combs, 1996, p. 32).

From a social constructionist perspective, individuals are not only born into a culture, but are inexplicably part of their culture. Gergen (in Jenkins, 2001) maintained that social constructionism viewed human understanding of the world and reality as originating from the active social engagement of members in culture and not from the forces of nature or psyche. Cushman (in Jenkins, 2001, p. 350) stated that “the self embodies what the culture believes is humankind’s place in the cosmos – its limits, talents, expectations, and prohibitions.” The individual self is defined by the roles prescribed to it by a specific culture and the existing dominant discourses; roles such as mother, father, son, man, woman, and the socially and culturally acceptable behaviour associated with these roles.

Although our culture informs our narratives and beliefs to a great extent, focusing exclusively on a socially and culturally determinist view of human behaviour would seem to deny the existence of human capacity for thought and choice. As culture engages and informs human meaning, so to do individuals engage culture and the meanings indicative to the present culture. To believe that human beings are inevitably and inescapably driven by culture would be to agree with modernistic principles of individuals being slaves to their internal and unconscious drives. Just as discourses change and evolve, so to does culture and it inevitably needs the influence of human agency to change (Jenkins, 2001). To be a human and individual within society inevitably involves the participation in that culture and context. Individuals are able to perceive alternatives, “able to appreciate the alternative – in fact, the opposite – ways of construing what seems to be a firmly structured social or physical circumstance (Jenkins, 2001, p. 353). It is through culture that we define ourselves as individuals, and it is through human interaction and change that culture exists and alters.

When examining the beliefs and social constructions within the community of Ennerdale, the culture within the community has an enormous role to play in informing social beliefs. To ignore the cultural beliefs and influence would be to ignore the very process and structure that maintains and informs human behaviour. By focusing on the culture, its beliefs, and narratives, we will be able to explore how men may use the predominant culture to construct helping services and inform their relationship with these services. It is the unique culture within Ennerdale that structures and maintains men's discourses regarding helping services.

3.3.1 Discourse

Discourse is one concept that I have made numerous mention of throughout this chapter. Discourses exist in all society and cultures and can be seen as beliefs and ideologies that structure our understanding of the world and govern our behaviour and actions (Burr, 1995). Discourse refers to “system of statements which construct an object”, and “a set of meaning, metaphors, representations, images, stories, statements and so on that in some way together produce a particular version of events” (Burr, 1995, p.48). Weedon (1987, p.108) utilised the work of Foucault to provide a definition of discourses:

Discourses, in Foucault's work, are the ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledges and the relations between them. They constitute the “nature” of the body, unconscious and conscious mind and emotional life of the subjects they seek to govern.

Discourses refer to a system of meaning or set of beliefs that individuals draw upon to give meaning to their world. These discourses exist in the language and narratives that are utilised in a specific culture and provide the framework to understand and interact in the world. Discourses shape the manner in which people view certain things and make choices regarding events in their

lives (Freedman & Combs, 1996). Numerous discourses exist in society and offer an individual a subjective multitude of meanings. According to Gavey (1997, p.54) these subjective possibilities or positions “vary in terms of the power they offer individuals.”

Discourses are enforced or made dominant in accordance with the power they afford an individual or collective. An example of the multiplicity of discourses that exist is the discourse of “being a man”. It would appear that there are a million and one ways to act like a man in our present society. Magazines tell us to be healthy, tough, independent, and physically well built; yet be compassionate and caring. Our socialisation with other men informs us to be strong and deal with our problems for fear of being viewed as weak or gay. Women appear to want us to be protective yet caring. All these beliefs represent discourses about being a man, and it is these discourses that inform our choices, behaviour, and our role within our social environment, inform our way of being in the world. All these different discourses make claims about an object that appear to be truths, thus bringing into existence a multitude of truths and realities (Burr, 1995). At times we may not be aware of the discourses that operate in our lives, but they, none the less, exist in our narratives and are given expression through our thoughts and behaviour. Tallis (in Terre Blanche & Durrheim, 1999) referred to our experience or reality as the apex of an inverted pyramid of discourse, thus indicating the multitude of discourses that operate within our lives.

Discourses come to exist through our historical and cultural context, the language we incorporate, our embodiment, and the organisations and institutions that operate in our society. People are born into a culture that is imbued with a number of discourses that negotiate and regulate socially appropriate patterns of behaviour and discourage behaviour that is in conflict with or different from this “usual” means of interaction. In addition to being born into a culture of discourse, people are also the authors of discourses specific to their social context (Burkit, in Nightingale & Cromby, 1999). Although numerous discourses operate in our lives, some are elevated and become dominant, influencing our view of reality to a greater extent.

Discourses also carry power and knowledge, and in so doing create power and certain knowledge beliefs that are held in high regard within society. These two concepts, as well as the deconstruction of discourses and the establishment of alternative discourses will be discussed in further detail in the proceeding sections. It is my intention to explore the various discourses that exist in the community of Ennerdale, specifically those discourses that create our men's perceptions and knowledge of helping services. By exploring these discourses I hope to come to a better understanding of the relationship between men and helping services and why it seems that men are reluctant to use these services.

3.3.2 Discourse, Power, and Knowledge

The concepts of power and knowledge and their relation to discourse were first brought to our attention through the work of the French philosopher, Michael Foucault. Foucault maintained that power and knowledge were two almost inseparable concepts that informed one another, "power is knowledge, and knowledge is power" (Freedman & Combs, 1996, p. 38). According to Foucault, the institutions of power and knowledge have altered since the pre-modern times. Initially power was exercised in what he called a sovereign manner, that is, power exercised by powerful individuals, groups, or institutions that utilised their power to control others. This was reminiscent of the old ages when kings and dynasties ruled over lesser members of the social order. Presently, power has taken the form of what Foucault calls disciplinary power (Terre Blanche & Durrheim, 1999). Disciplinary power is not as obvious, and at times would seem almost unconscious and unobservable. This form of power has been integrated by institutions such as the institution of gender, race, and social class (Terre Blanche & Durrheim, 1999). It is not controlled by certain distinct individuals nor does it control or destroy, but is rather constructive in that it creates new forms of truths and ways of viewing our selves and our social world.

Foucault believed that the knowledge and/or views of reality held by a specific culture or social group were bound to the expression of power and formed the potential for human action. The power to act, or the multitude of behaviour that is deemed appropriate or correct by society is related to the dominant knowledge of the particular society (Burr, 1995). Within society there is an inseparable link between knowledge, power, and discourses. Knowledge affords us power and an understanding of discourses that are dominant in our lives. Those that contain and maintain the knowledge within a society have power within that society. Society and the discourses within determine which knowledge would be regarded as the “truth” and therefore those that control the discourses will control the knowledge (Freedman & Combs, 1996).

According to Foucault, power is an action that modified action (Kiesling, 1997). Power can take numerous forms, such as economic, knowledge, coercive physical, structural power. Power is more a salient belief than coercive action, power persuaded people to act in a specific manner due to this belief (Kiesling, 1997). It furthermore is not merely a concept but rather “a relation between people and groups in which inequalities arise and actions are governed” (Burkitt *in* Nightingale & Cromby, 1999, p. 73). Mills (1997) extended this definition by including the thought that power is often more than an action that is socially negotiated, it is an entity that circulates through a society and is never stable and fixed. Social construction and discourse enforcement are imbued with power and power relations. People give power to, and gain power from dominant discourses that are enforced within a society. Power and discourses operate through one another and are important in understanding human subjectivity and behaviour (Nightingale & Cromby, 1999).

Societal narratives, specifically those of the South African context and identified in the reviewed literature, speak about men in a particular way that categorises them into a number of distinct and separate groups. It is my opinion that all men are given a certain label that distinguishes them from other men, informs the action, and informs their beliefs. It was, however, not the intention of this study to examine these distinct groups but rather to

examine men's views of themselves, their views towards the helping services, and their resistance to making use of such services.

3.3.3 Dominant and Alternative Discourses

As I have previously stated, according to Foucault, power and knowledge are two interconnected entities that exist in each other and are shaped by the discourses that operate in any given culture (Kiesling, 1997). No one discourse exists and operates in isolation; events, knowledge and power are shaped by a number of discourses that each provides alternative views and "possibilities for action" (Burr, 1995, p. 64). Discourses that predominantly inform our action and beliefs are referred to as dominant or prevailing discourses, while there are those that exist that provide an alternative view and are known as alternative discourses, although these discourses are often kept silent by the prevailing dominant discourse.

Dominant discourses permeate throughout the structures and fibres of society, and present a specific view of reality and version of "truth". These discourses obtain widespread acceptance as they afford power to powerful individuals, groups, and institutions within society. The dominant discourses are however constantly under threat from alternative discourses; those that seek to provide alternative truths and realities (Burr, 1995). Dominant discourses and narratives provide us with a version of reality, a version that is not infinite and universal, rather a version of reality we have chosen to accept. Foucault advocated the practice of examining these dominant discourses and the reality they afford us, as well as the constraint they place on our action. By challenging dominant narratives and discourses, we allow for the emergence of alternative realities that afford us alternative means of action.

Within this study I examined how certain dominant discourses inform men's behaviour and beliefs in society, specifically in relation to helping services. I further explored how these dominant discourses inform men's views beliefs, and actions towards the helping services and how these dominant discourses

have developed and maintained their power in society. Alternative discourses exist in society to a lesser extent and will also be examined. When we allow these alternative discourses to inform our actions and beliefs, it often results in certain consequences, almost unconventional to those of the dominant discourse. When we allow alternative discourses to inform our actions, we do so almost in resistance to the dominant views and trends in society, and in so doing risk being isolated within society. The main focus was, however, on how dominant discourses are created and maintained in a community and the mechanisms they utilise to resist alternative discourses.

3.3.4 Discourse and Deconstruction

Deconstruction explores the way that meaning often contains ambiguity and often changes. In a sense, when meaning statements are made, they are made in a particular context, and therefore are inevitably bound in a particular context. Derrida (*in* Freedman & Combs, 1996) stated that no one true meaning exists, but rather that countless possible meanings exist. The primary intention of deconstruction is to examine how often multiple meanings are evident in one piece of text, and how often different knowledge claims are obtained in a text, despite an author's opposite intentions. Different meanings and knowledge claims exist in text as a result of the social context through which it passes (Armstrong, 2003) depending on who reads and how the text is read.

3.4 History

As stated previously, history and culture are two of the most important concepts in social constructionism as the entire human means of understanding is "historically and culturally relative" (Burr, 1995, p. 4). The paradigm views a person as a being that is immersed in a specific culture, originating out of a particular history, and constructed by this particular culture and history (Jenkins, 2001). History is one of the most important contributors

to understanding the origins of dominant discourses and the power and influence they have on society. All discourses have a historical underpinning; we “have to be aware of the historical contexts in which they emerge” (Willig, 1999. p. 48).

Discourses are transferred and maintained within society by language and institutions, entities that exist over time and influence and provide meaning to new individuals that enter society or a specific culture. Dominant discourses are maintained over time as they provide power to those that benefit from their existence. One such discourse is the discourse of gender where in the past, and still often today, the female gender has been constructed in society as the weaker gender, maintaining the marginalisation of women and the social power of men. Culture, power, language, and knowledge all have a historical basis that has determined and perpetuated specific dominant discourses; and by exploring their historical context we are able to map their influence on such discourses as masculinity. Certain discourses have the ability to remain consistent and continuous across cultures and social groups (Nightingale & Cromby, 1999), and unless challenged (such as the discourse of femininity) will remain in operation and dominant.

In order to fully comprehend the meaning of dominant discourses operating in a community, it is important to understand their historical development and relationship to other discourses. As I have stated on numerous occasions, we are primarily a product of our cultural and historical past, born into a particular society that is and has been determined by the prevailing discourses. When we begin to identify dominant discourses and their impact on our behaviour, we are inadvertently examining discourses that have been historically created and maintained in society.

3.5 Language

Social constructionism has altered our understanding of language and its utility within a social and scientific sphere. Previously, our understanding of

language was aligned with the modernist epistemological view of language as a tool or means of describing reality. This paradigm divided the world, and hence reality, into an objective and subjective world, real and perceived, and language formed the link between these two worlds. Modernism believed that the objective world existed beyond our experience and that language was the means of representing that external reality (Freedman & Combs, 1996).

Social constructionism, a tenet of postmodernism, however comprehends the world as a human construction constituted in language (Terre Blanche & Durrheim, 1999). Language is not a link or tool that allows us to view an objective reality, but rather a means of constructing our own reality. It has become a medium through which knowledge is constructed and represented (Harris, Lea, & Foster, 1995). Language serves not only to shape our reality, but it is through language that our reality is constituted (Butt *in* Nightingale & Cromby, 1999). It is through language that we are able to construct our social world and shared reality. When investigating a social truth or reality, social constructionists are not concerned with the existence of objective or subjective facts, but rather with a set of linguistic possibilities that originate and are constructed within our social life. They are furthermore concerned with the manner in which social meaning is encoded within language (Terre Blanche & Durrheim, 1999) and how this meaning is transferred among members of the social world.

Derrida (*in* Freedman & Combs, 1996) understood meaning to be an entity carried within language in relation to the context in which it operated. Wittgenstein (*in* Besley, 2002) similarly, believed that meaning is created by man within a specific context and is not something that exists independent beyond our understanding. Our meaning (reality) is created through our language, and we as humans are born into a culture that contains a language and rules for understanding our experiences. Within each culture and context exist these rules of language that inform our understanding and meaning of the world. We are born into and governed by these social rules and are unable to escape from their influence (Besley, 2002; Terre Blanche & Durrheim, 1999).

It is therefore through language that discourses are created, communicated and maintained with a society or culture. To come to an understanding of the discourses that operate within a particular society, we would therefore have to examine the language utilised within this society. Language within a culture serves as a vessel for the transfer of discourses and a means of maintaining certain dominant discourses. Harris, Lea, and Foster (1995, p. 175) stated that:

Discourse comprises all the practices, institutions, and values that shape our understanding of the world and are reproduced by our continual use of that understanding. It is through language that that we position ourselves in discourse and through discourse that that position is made meaningful.

Language, as stated previously, is the container of discourses, the medium of all interaction. Social constructionism views language as the common vessel through which concepts, meaning, and truth are created, existing in all social interaction (I Cos, 1997). Language, power, and discourses are interrelated concepts as power and discourses are played out and maintained by the language we use. Language gives us power; through language we maintain power and dominant discourses within society (Burr, 1995). It is one of the recourses we draw upon in the construction of gender and socially accepted behaviour (Johnson, 1997).

Language provides us, as individuals that exist within a social environment, a means of understanding and making sense of our collective world, a means of constructing particular versions of our world. Our understanding and meaning is however not constructed in isolation, but is rather a collective and social process that is influenced by our social and historical context, as well as a divergent amount of social constructs such as our race, gender, and religion to name but a few. The manner in which we engage in our world with other individuals as well as the social rules and discourses we prescribe to, is determined by the world we have socially constructed. Our behaviour will be influence by the dominant discourses that operate and will seek to reinforce these dominant discourses, and language is the primary method of this

discourse transfer and reinforcement (Terre Blanche & Durrheim, 1999). It was therefore my intention to analyse the language (through focus group and individual interviews) of men and helping professionals in the community in order to identify the dominant discourses that exist how language and these discourses allow men to create their own knowledge and beliefs about the helping services, beliefs and knowledge that inform their actions.

3.6 Narratives

Our world and our understanding thereof are contained within our language, but it is through the narratives (that contain language) within our culture that this understanding is maintained and transferred. The narratives that operate in any culture or society organise and maintain the knowledge of our world and reality (Freedman & Combs, 1996). Each society or culture contains numerous stories / narratives regarding social practises and beliefs. In a sense, narratives are essentially “stories” in our society and culture that inform our actions and way of seeing the world. Narratives exist that inform men how to behave as men, how men should think, act, as well as the roles that men need to assume within our society. Discourses exist within language, but it is our narratives that contain the language that eventually informs our understanding of our socially created world (reality). The narratives we prescribe too create our subjective meanings and our possibilities and limitations within our world (Speedy, 2000).

From a social constructionist perspective, the culture and context in which narratives exist are important in understanding people’s personal narratives. Cultural narratives and the discourses that inform them influence our own individual narratives. The cultural narratives that we are born into as well as our own personal narratives that are influenced by these cultural narratives are internalised to form subjective truths and create our meaning of the world. Dominant narratives exist in each culture (Freedman & Combs, 1996), and it is these dominant narratives that may influence individual’s own behaviour and beliefs despite their own alternative narratives. Examples of such

dominant narratives are previous cultural narratives of masculinity and heterosexuality that suppressed male individuality and alternatives to these narratives (Aronowitz, 1995). Narratives (stories) within a particular community create meaning as well as the potential for action. It is the stories in our society that inform our behaviour and prescribes the dominant and accepted forms of behaviour. Stories about men and the behaviour and beliefs specific to men circulate within the community of Ennerdale, and it is these narratives that, through language, convey the dominant discourses of male action.

3.7 Embodiment

Embodiment relates to our physical existence in an earthly, bodily form and how our physiology may construct certain beliefs and thoughts. Our body is not merely a vessel that contains what we are, but rather an active part of what makes us a human being. Social constructionism has to a large extent ignored the influence or context of an individual's body and how it impacts on discourses and social perceptions (Nightingale & Cromby, 1999). We must recognise that the body (gender, colour, age, size, weight, beauty etc.) has important implications for social negotiations and the authority of dominant discourses.

Burr (1999), believed that important aspects of human experience could be located outside of language in what she termed the extra-discursive. These human experiences that exist outside of language are constituted and expressed through our embodiment. Social constructionism has largely ignored the unique human traits such as personality traits, motivation, and thoughts, and inevitably reduced these unique qualities to human and social constructions. The consequence of such a knowledge statement is that we negate the fact that individuals are “ active and have choice when positioning themselves in relation to various discourses” (Burr, 1999, p. 116). By ignoring the embodiment of individuals, we are unable to fully comprehend discourses

that are essentially located within the body, discourses such as gender and sexuality.

Theorists often question the importance of the body and the role it assumes in the construction of self in a social world. Possibly the most important character of the human body, according to Merleau-Ponty is that our bodies are the only thing we have to experience the world (Burr, 1999). Our body is the object through which we experience the world, through which we experience a world of objects that we exist in and utilise, that consists of the same composition as our own bodies. By ignoring our embodiment, we ignore the uniqueness of each individual and how discourses are influenced by and operate within each individual. The notion of embodiment is important for this research in that it shows that how Coloured men from a South African community experience and make meaning of the world is largely influenced by their embodiment and its implications in society and culture. The male gender has, from a naturalist viewpoint, been defined as the dominant gender maintained by strength and power. It would therefore be almost expected that to possess a certain gender would make that individual prone to certain gender discourses and ideology within a society. By examining how the gender of the participants, essentially their embodiment, evokes and influences certain discourses, we can hopefully develop a clearer understanding of men and their relationship with helping services in the community of Ennerdale.

3.8 Conclusion

Social constructionism affords us a unique and empowering means of viewing our social reality and how our behaviour and beliefs are constructed by our continuous interaction with other individuals, organisations, and social institutions. It is unique in the sense that it allows us to understand how we construct our subjective social realities and concomitantly how we have the power to alter this subjective reality. The behaviour and beliefs of men, specifically their view of helping services (the focus of this research), has

been influenced and informed by dominant discourses and narratives that are influenced by our historical and cultural context, and provided men a position of power in our society. This research endeavour intends to examine and provide an account of these discourses that operate with a specific community of men and professional help providers, and secondly seeks to provide alternatives to the dominant discourses and a method of challenging these discourses.

Chapter 4: Methodology

4.1 Introduction

The most important component of any research study is the methodology that will be utilised to answer the research question. Numerous methods of investigation exist that can be used to examine and explain our social world. The methodology that I have incorporated into this study seeks to, as made explicit by social constructionism, arrive at an understanding of people's social world by analysing the language they use and the discourses that are embedded with that language, and the manner in which these discourses inform their way of being. This study seeks to explore, from two groups of individuals within the community of Ennerdale, the helping services and what discourses, social institutions, and individuals influence the perceptions and use of services within their community? The two groups that will form the main focus of the research will include male individuals that reside within the community and professional individuals that provide helping services for residents of Ennerdale. A focus group will be conducted with men of the community to explore their perceptions, discourse and beliefs regarding the research topic. I will furthermore conduct individual interviews with professionals that provide helping services in the community in order to obtain their perceptions of men that do and do not utilise the services they provide, and furthermore attempt to identify the discourses and narratives that inform their views and way of being towards men.

The methodology adopted to analyse the interviews and focus groups will be discourse analysis, drawing on the influence and epistemology of social constructionism. The participation of the individuals within the study were obtained by two means. The male participants that volunteered for the focus group were approached, and their participation requested, by a prominent community member (gatekeeper). The participation of the professional individuals was obtained following a request from myself as I had professional

contact with these individuals in the past. Within this chapter I will firstly describe the practical undertakings that were used to identify the participants and collect the necessary data. The second section of this chapter will explore the method of analysis (discourse analysis) that I intend to utilise in order to arrive at an understanding of meaning and knowledge that is created in the community regarding my specific topic of investigation.

4.2 Time

The time frame for this research endeavour is 2003 and 2004. During this time period, all information gathering interviews, and focus groups were conducted. This thesis forms part of my MA Counselling Psychology qualification.

4.3 Place

The interviews and focus group were undertaken in the community of Ennerdale. The focus group that was conducted with the volunteering men was conducted at the Ennerdale Congregational Church. All interviews with the professional help providers were conducted at either the Ennerdale Community clinic or the Ennerdale Congregational Church. Ennerdale is formerly a small farming community that was targeted by the previous South African Government as a relocation site for Coloured people forcibly removed from areas in the greater Gauteng. It is characterised by a high unemployment rate and high levels of crime. Most of the residents are from Cape Malay and African decent, and a number of informal settlements have been erected around the community in the last ten years. The Ennerdale Community Centre will serve, as the location of the study and the participants in the study will include professional individuals that provide their services at the clinic and in the community, as well as the volunteers from the Ennerdale Congregational Church. This community was chosen as it contains only one clinic that provides psychological and psychiatrist assistance to the residents

of the community, and is one of the clinics in which I, as an intern psychologist, have provided counselling and psychometric testing to the community.

4.4 Participants

The participants that will contribute towards this research project have been divided into two groups, namely volunteering men, and the volunteering professionals. Each set of participants will provide a unique representation of their own subjective knowledge of men and the discourses and beliefs these men may have towards helping services.

4.4.1 Self

As the researcher I am an active part of the research. I will be immersed in the data and participate with the members of the community I wish to study. My own discourses and beliefs regarding psychological assistance will inform a great portion of the research and will influence the narrative and interactions of all the participants involved in the study. Hoffman (in Freedman and Combs, 1996) noticed a shift from focusing on an individual's social construction of the world to instead examining how different individuals and their interaction with one another co-construct an understanding of their society and human behaviour within this society. It is therefore evident that my own beliefs and personality may have an impact on the manner in which I conduct the interviews and interpret the data. It is therefore vital that I constantly examine my own discourses and actions during this research study, so as to prevent the altering of meaning that the participants have constructed.

An additional factor that will further contribute towards my narratives and interaction with the research participants is the fact that I work in the helping profession. My own narratives and discourses will have a significant influence

on the manner in which I conduct this research and interpret the data provided by the participants. I am subjectively involved in the research, I can't expect to escape my own groundedness, gender, and discourses, to act "objectively" as discourses are all around us and inform our behaviour, often without our knowledge. The manner in which I analyse the data will therefore reflect, to a degree, some of my own beliefs and ideologies, but will nonetheless represent the subjective constructed world of the research participants.

4.4.2 Volunteers

The volunteers for this research project consist of two distinct groups of individuals. The first group consists of six male participants that are all residents of the community of Ennerdale and are all between the ages of 30 and 70. These men are all members of the Ennerdale Congregational church and volunteered for the study following the request of Dr. F. Fick, a prominent community and church member. The professional individuals consist of two psychologists, one medical doctor, and one reverend from the Ennerdale Congregational church. All the professional participants have provided their services in the community for a substantial period of time and will thus provide the views and beliefs of professionals that work with men. During the focus group and individual interviews with the participants, it became apparent that both groups spoke about helping services and men in different ways, almost as if both groups perceived these two concepts as completely different. It was therefore decided that when the data is analysed and reported on, it would be more constructive to separate the two sets of data and analyse them individually, in doing so, I will be able to explore how the two groups construct men and helping services from their own discourses and social transactions.

4.5 Data

4.5.1 Data Gathering

Throughout this research study I will be using a qualitative research method to undertake this research project. Qualitative research is inextricably linked to the theoretical underpinning of the social constructionist position (Terre Blanche & Durrheim, 1999). It attempts to gain meaning from the data and implies that the researcher immerses himself/herself in the data and is part of the process. The data will predominantly be comprised of spoken text collected by means of interviews that will be transcribed. The analysis occurs by means of extracting themes and discourses from the data to obtain a person's subjective meaning and way of being. One of the most important concepts in qualitative research is the context in which the research is conducted (Neuman, 1997). The discourses that inform behaviour within Ennerdale will be unique to its particular context, and it is only through the qualitative information provided by the participants that we will be able to identify these discourses that inform the use of psychological assistance.

Data gathering will take the form of both single interviews and a focus group with identified members of the community who will contribute to this research study and that have an important role to play in understanding men's way of being regarding the helping services and help-seeking behaviour. Focus groups are essentially a collection of 6-12 individuals that gather together to discuss and explore views regarding a specific topic (Neuman, 1997). This form of group interviewing is different from other forms of group activities in that the group interaction is explicitly used to generate information (Barbour & Kitzinger, 1999). Essentially, this method allows a researcher to investigate how "accounts are articulated, censured, opposed and changed through social interaction and how this relates to peer communication and groups norms" (Barbour & Kitzinger, 1999, p. 5). Individual interviews will also be used to gather data from specific participants. This form of data collection allows the researcher to obtain valuable information from the participants regarding their subjective personal and subjective views and beliefs about the

research topic (Neuman, 1997). It is unstructured and non-directive and is, according to Neuman (1997, p. 371):

...a joint production of a researcher and a member. Members are active participants whose insights, feelings, and cooperation are essential parts of a discussion process that reveals subjective meanings.

The focus group method of data collection emphasises the social constructionist belief that all knowledge is negotiated by human interaction and through the medium of language. The interview with men from the community will be conducted using a focus group, as it allows for the natural and communal creation of knowledge, and provides me as a researcher with an opportunity to explore how group and peer communication creates and describes the discourses that exist in the community. This manner of data collection affords me, the researcher, the opportunity to explore how men communicate about the topic of helping services, and how certain discourses come into being through the language they use. It will furthermore be interesting to observe how the context and setting in which the focus group will occur, a group of men within a common community, will influence their narratives and beliefs.

The second group of individuals that have participated in the study are professionally trained individuals that provide helping and counselling services in the community. These individuals include, as stated before, two female psychologists, one male doctor, and one male reverend. They were identified throughout the year and were requested by myself to participate in this study and provide their own unique understanding of men and their relationship with, and use of helping services. Due to time constraints and busy working schedules, it was not possible to collect data from this group of participants using a focus group. It was therefore decided to make use of individual interviews in order to obtain their own unique beliefs and understanding of men in the community and men's use or lack of use of helping and counselling services. By utilising individual interviews, I was able to explore these individual's own unique beliefs, as well as their understanding of the

historical and cultural contexts and discourses that influence men. What was remarkable to note, and that will be discussed at length, was the differing manner in which these two groups spoke about men and the type of men that would make use of helping services.

The two forms of data collection that I have utilised are essential and necessary when using an epistemology such as social constructionism. These methods allow the participants to describe their own subjective meaning, and allow for the co-construction of understanding regarding the question of helping services in the community of Ennerdale, and men's relationship with this service. With both the focus group and individual interviews, no pre-structured questionnaire was developed. Both the focus group and interviews were started with the question; "why is it that men seem reluctant to make use of helping services?" The focus group and interviews were completely unstructured as the author sought to obtain the participants views and beliefs rather than answers to the author's pre-conceived ideas or views regarding the research question.

4.5.2 Analysis of Data

The first essential task to be undertaken when attempting a qualitative analysis of data is choosing the method of data analysis. When selecting the data that will be analysed, that which is selected will be chosen with the intention that it will be able to answer the research question I put forward in chapter 1. Willig (2001, p. 108) stated that when we intend to explore how people "construct meaning in relation to a particular topic," the best means of accessing that meaning would be to examine the transcripts of interviews or focus groups that have been conducted with these individuals. These transcripts produce the necessary text, which contains the language of the participants, will be analysed using a discourse analysis, a method that I will discuss at length in the following subsections.

A discourse analysis, from a social constructionist perspective, will be utilised to interpret the data gathered from the participants of the research study. No one definition or method of discourse analysis exists, therefore it was decided that within this section I would explore the primary focus and aims of discourse analysis and then provide a description of the manner in which discourse analysis will be applied to this research study. Discourse analysis is implemented with a specific aim; it is a productive and interpretative process, rather than descriptive research (Durrheim, 1997). It is essentially the “study of how talk and texts are used to perform action” (Potter, 2003a, p.1). It accounts for how ideas and beliefs become crystallised as truths in a society. This form of analysis further aims to understand how these crystallised truths become institutionalised and form dominant discourses that govern and subjectively structure specific human behaviour (Durrheim, 1997). Discourse analysis, according to Parker (1992, p. 67) provides a “description of the recurrently used words, phrases and linguistic devices which categorise and reproduce the social world.”

Gavey (*in* Kaminer and Dixon, 1995) stated that most forms of discourse analysis are based on an assumption that knowledge and understanding are grounded and constituted through language. Language serves as the catalyst for the creation of meaning and the vehicle through which discourses are enforced, constructed, and developed. Discourse analysis is essentially the analysis of language. Language and the use thereof have two functions. It firstly has a transactional value in that it describes the content and provides factual information. Secondly, language is interactional in that it describes social relations and personal attitudes and beliefs (Brown & Yule, 1988).

When making use of discourse analysis, Wetherell and Potter (1992), as cited in Kaminer and Dixon (1995), maintained that people use language to construct their particular version of a reality and specifically use language to make this reality more stable and authentic. They incorporate what is known as interpretative repertoires into our understanding of discourse that represents a particular way that language is structured and used in a social context. These repertoires, which function as dominant discourses, form the

foundation for our world and are accepted as our truth. When analysing discourses identified in people's spoken language, it is important to search for these patterns of language and understand how these dominant patterns of talk originated and what influence they may have for human action.

Another important aspect of discourse that was introduced by Wetherell (in Gough & Peace, 2000) is what is known as practical ideologies, which, similar to interpretative repertoires, are collections of knowledge and values that individuals draw upon to inform and rationalise their behaviour. Gough and Peace (2000) made use of this aspect of discourse analysis to identify and analyse how men, when in the company of other men, would draw upon certain ideologies and social truths to rationalise their actions and obtain support for their actions. Gough and Peace (2000) furthermore made two claims regarding discourse analysis that will be vital for my analysis and study of men. They believed that in the field of discourse analysis, two mutually inclusive methods of analysis exist; a "top-down" and "bottom-up" approach. The first approach (top-down) views discourse as an entity that originates from dominant and shared cultural beliefs, while the second approach examines language in terms of what it allows the user to achieve (Gough & Peace, 2000). These two approaches to discourse analysis will be crucial to our understanding of discourses in the community of Ennerdale and the manner in which the language of individuals constructs and allows for the specific action of men.

Potter (2003b) believed that there are three core features to be cognisant of when analysing discourse. Discourse is essentially action oriented, in that all discourses "perform actions as part of broader practices (Potter, 2003b, p.6). Discourses regulate and permit the performance of actions and it is the task of discourse analysis to explore why, how, and what a discourse is achieving. Secondly, discourse is situated in two ways. It is primarily occasioned in that all talk occurs within a specific setting or environment. Discourses operate within specific settings and have a specific function, such as talking to a doctor in his/her consulting room. Discourse analysis examines how people utilise these institutional settings to regulate their means of interaction.

Discourses are situated in terms of rhetoric. When talk is constructed, it is often carried out so as to resist any actual or possible alternative, “in a manner that resists an actual or potential attempt to undermine it as partial or interested” (Potter, 2003b, p. 7). Lastly, discourse analysis examines how discourses are constructed. Discourses are constructed through language and words, and secondly discourses themselves construct different versions of people’s world. Discourses, according to Potter (2003a) are therefore constructed and constructive. When we begin to analyse discourses, it is therefore imperative to be mindful of these three features and their implication for human action.

When attempting any analysis of text or language, it is vital to examine the cultural and historical context from which that text or language originated. Burr (1995) maintained that our entire understanding of our world is informed by the cultural and historical context in which we exist. Parker (1992) believed that one of the most important traits of discourses is the fact that they are not static but can change and develop over time. Discourses are influenced by the history and culture from which they emerged, they are inevitably historically located (Parker, 1992). When analysing discourses and the influence they impart on individuals, it is important to identify their emergence and how they have changed and influenced the narrative of society presently. It is often our historical and cultural context that informs the discourses that operate in our lives, and, in turn influence the practical ideologies and interpretative repertoires that are made use of to structure and rationalise our actions. No discourse analysis would therefore be complete and valid if it failed to scrutinize the cultural and historical discourses that exist. A discourse analysis “requires you to examine language in context” (Willig, 2001. p. 95).

The discourse analysis that I will be making use of draws from the large body of knowledge that I have provided within this section. Although elements of the above stated discourse analysis will be incorporated into my analysis and understanding of the text, my primary viewing point, primary way of examining the text will be through a discourse analysis proposed by Willig (2001). Willig (2001, p. 107) maintained that discourses afford us a “way-of-seeing and way-

of-being” in our world. Discourses inform the manner in which we look at our world, but more importantly how we are or act in that world. From my understanding of Willig’s (2001) way-of-being, our way-of-being is informed and structured by the discourses in our society and inform the manner we think, feel, and act in our social world.

Discourse analysis according to Willig (2001) is therefore an examination of how certain discourses inform a person’s way-of-seeing and way-of-being; specifically examining how they think, feel and act in certain situations. My analysis of the text obtained from the research participants will focus primarily on the discourse analysis outlined about by Willig (2001). I aim to explore how discourses in the community of Ennerdale inform men’s way-of-being, in that they seem unwilling to make use of helping services. I will secondly aim to examine the discourses that inform professional help provider’s way of viewing men’s reluctance to make use of the helping services. when examining both the men’s and professional’s way-of-being and way-of-seeing, I will specifically focus on how the specific discourses influence their way of thinking, feeling, and action regarding helping services and their resistance to make use of these services.

4.6 Quality

In modern social science, the question of validity, reliability, and generalisation of knowledge has been the cornerstone of all forms of social investigation. These three concepts originated out of the positivistic modernistic epistemology that maintained that only one single truth existed and that the knowledge we obtained through our investigation had to be objective (Kvale, 1995). This meant that when undertaking research, the knowledge generated had to be valid (had to accurately measure the intended phenomenon), had to be reliable (had to measure the same construct and produce the same results repeatedly) and finally had to be generalisable to the entire world (had to be able to explain the same phenomenon in the entire world).

Kvale (1995) believed that these three concepts of modernistic truth were largely ignored by postmodern thought, but are however important in understanding the existence of multiple truths. The reason it was largely ignored is that postmodernism sought to discover subjective individual truth claims, which it believed existed in multiple possibilities. The validity, reliability, and generalisation of postmodern knowledge are essentially the antithesis of modernistic knowledge. Reliability and generalisation of postmodern truths are essentially unimportant; as the truths created in society via the social processes will constantly be evolving and differ among different communities and cultures. The quality of research undertaken by any postmodern researcher is however inevitably linked to the validity of the research and knowledge generated, and it is therefore important to have a comprehensive understanding of how validity applies to postmodern research, such as the one I have embarked on.

It is now, during the postmodern era that the belief in, and existence of, one universal truth and reality has disappeared (Kvale, 1995). Knowledge and truth are, as prescribed by postmodern thought, “linguistic and social constructions of reality,” essentially the communication between individuals within the world (Kvale, 1995, p. 4). Absolute knowledge is therefore not possible as society and social interaction is constantly changing the nature and form of knowledge in our world. Defensible knowledge claims have now replaced the search for absolute knowledge, and these defensible knowledge claims are made valid through three processes identified by Kvale (1995):

1. quality of craftsmanship,
2. communication validity,
3. pragmatic validity.

The first manner in which the validity of postmodern research can be addressed is through what Kvale (1995) called the craftsmanship of the researcher. The validity of a person’s research can be achieved by continuously examining the method of data collection, analysis, and

theoretical interpretation of the information. It is the researcher's responsibility to ensure that his/her own biases do not affect the result, although, at times, his/her own constructs and discourses will influence the investigation methods. Being aware of my own beliefs, discourses, and biases will assist in ensuring that my research produces valid results that represent the truths of the participants and not my own clouded version of reality.

Communication validity believes that true knowledge can only be tested through dialogue, and occurs through a conversation regarding the participant's social reality (Kvale, 1995). It is only through social agreement that occurs in dialogue that a knowledge claim becomes acceptable and useable by other individuals in society. Conversation represents the only means through which knowledge can be created and in which discourses can become evident. Kvale (1995, p. 8) further stated that:

Valid knowledge claims are established in a discourse through which the results of a study come to be viewed as sufficiently trustworthy for other investigators to rely upon in their own work.

The third means of ensuring validity is through what is known as pragmatic validity. Pragmatism understands truth as a mechanism that assists us in creating action, in a sense it is the knowledge insights action (Kvale, 1995). Kvale (1995) maintained that two forms of pragmatic validation exist; the first is when a knowledge statement is accompanied by action, and the second is when knowledge creates a change. When we collect and analyse the knowledge claims from a specific community or culture, the truths that they create are understood to have a greater validity when they incite certain behaviour in people, thereby enforcing the operation of certain dominant discourses.

The validity of the truths that this research study will generate are important in of themselves. The truths will be valid in that they will represent the subjective meaning of the participants, and will rationalise and construct their actions and beliefs in their world. Kvale's (1995) method of ensuring validity provides us with both a means of ensuring validity of meaning, but also a means of

understanding the construction of meaning by individuals. By incorporating this method into our analysis and understanding of discourses, I will be able to ensure a comprehensive understanding and provide a complete account of the research participant's creation of meaning.

4.7 Conclusion

When undertaking any form of research study, the primary aim is to create knowledge that is valid and represents reality. Although this statement appears to support a modernistic search of knowledge, it also supports the postmodern method of social inquiry that I will be undertaking. My primary aim was to create a form of knowledge that will help me understand why men seem reluctant or unwilling to make use of helping services. The actions that I embarked on co-create, in conjunction with the research participants, a form of knowledge that explores and identifies the meaning of all the participants, and that is specific to a particular context, history, and culture. The method of research inquiry I used to collect data and the discourse analysis that I utilised intended to gain access to the individual discourses and construction of the men and professionals that have participated. This knowledge will represent the knowledge, meaning, and discourses of the men of Ennerdale and the professional help providers.

Chapter 5: Men's Focus Group Results

5.1 Introduction

The aim of this research study is to answer the question, why do the men in the community of Ennerdale seem reluctant to make use of helping and / or psychological services? I am already aware that men are reluctant to make use of these services as the statistics in chapter 1 reflects this fact. My aim within this chapter is to examine why they may be reluctant. Within this chapter I will draw upon the works of Willig (2001) and examine what discourses and narratives inform men's way-of-being, i.e. their unwillingness to make use of the helping services.

5.2 Masculine Discourse

When examining the data from the focus group and the individual interviews, it would appear as if a masculine discourse, a masculine script reverberates through the community influencing men's behaviour, influences their view of the helping services. This masculine discourse contains a number of key elements that will be explored in greater depth.

It would seem from the data as if pride within the masculine discourse keeps men from seeking professional help when experiencing problems. The following extracts serve as examples:

Respondent 1:

- 1 Maybe its pride but it is probably a general tendency among men,
- 2 they don't wear, show their emotions, they would rather go
- 3 somewhere and throw a tantrum and come back and everything is
- 4 sorted out, once he has blown off steam and then he will come back
- 5 and try patch up again.

Respondent 1 indicates that in his opinion it is most probably pride (line 1), which seems to be a general tendency amongst men (line 1), that keeps men from showing emotions (line 2). Rather than show their emotions (line 2), they go off and throw a tantrum (line 3), and when they come back everything is sorted out (line 4), or they blow off steam and then they come back and try to patch things up (line 5).

It would seem that respondent 1 is trying to tell us how men deal with difficulties. From the above extract there are four metaphors that are employed by respondent 1: wear (line 2), tantrum (line 3), steam (line 4) and patch (line 5). From respondent 1 we learn that it would seem that men don't wear their emotions, meaning they don't show their emotions (line 2). It would seem as if respondent 1 is employing a metaphor from the clothing world to describe how men deal with their emotions. In my opinion respondent 1 is trying to tell us that men don't exhibit their emotions as one exhibits clothes. Maybe, this keeps them from seeking professional help, as this might mean that they have to exhibit their emotions to a professional.

Respondent 1 goes on by describing how men do deal with difficulties. They go "somewhere" and throw a tantrum (line 3) and when they come back everything is sorted out (line 4). Tantrum is a metaphor from the infancy world that is used to describe childhood frustration and actions where words are not able to describe. It would seem that the respondent is indicating that men often cannot find or do not have the words to describe their frustration and would get rid of it in a rather basic manner. Respondent 1 also says that they blow off steam (line 4), which is an industrial metaphor, signifying the release of pressure in a basic manner. From this extract it would also seem that on the one hand men don't like to wear their emotions, meaning making them public, but they would rather go "somewhere", throw a tantrum which helps them sort things out, or they go "somewhere" and blow off steam and then are able to patch things up. The word "somewhere" brings in an element of privacy in dealing with difficulties. It would therefore seem from this extract that men deal with their own emotional difficulties in a basic manner, which is

a more private process, than seeking the help of professional people, which is a public process.

A large part of the way men deal with their problems has to do with pride (line 1). Pride seems to keep men from showing their emotions (line 2) and makes them deal with their problems in a more private isolated manner. By examining the metaphor used from the clothing world, pride prevents men from wearing their emotions, from wearing their problems for all to see. From this extract provided by respondent 1, it would seem that pride is a core feature of the masculine discourse that would keep men from seeking help.

Being male, being masculine entails having an element of pride in oneself. Pride would seem to inform men that their problems need to be dealt with in a personal manner, in a silent manner. Pride would keep men from expressing their inner feelings and problems and would make them seek their own isolated means to dealing with it. The respondent furthermore feels that pride would make men isolate themselves from others when experiencing problems and make them deal with problems in a very basic (“tantrum”, line 3) physical manner. It would therefore seem that pride informs men’s actions, and their reluctance to make use of helping services.

Respondent 4:

- 1 If you have pride if you got responsibility if you are really a man, a man
- 2 with a backbone you will do everything to let your family survive...

Pride, it would seem from respondent 4’s extract, is a core feature of all men, a characteristic that all men with a backbone (line 2) possess. Real men would also take responsibility (line1) and do everything to ensure that their family survives (line 2).

With this extract from respondent 4, pride as a feature of the masculine discourse is further amplified. The respondent informs us that the core feature within a man, a core feature of the masculine discourse, is pride. He also

emphasises responsibility (line 1) and being a real (line 1) man that has a backbone (line 2) and will ensure the survival of his family (line 2).

Respondent 4 links the characteristic pride (line1) with the human spine (backbone, line2), thereby constructing men as the backbone and the supporting structure of the family. In doing so, men become the supportive pivot in the family, whom without it, would seem; the family would not be able to survive (line2). This medical metaphor is incorporated to describe the importance of pride in the masculine discourse, pride being equated to the spine. The use of the backbone as a metaphor to describe the masculine role is furthermore symbiotically linked with the words responsibility (line 1), pride (line 1), and real man (line 1). The backbone (line 2) is used as a metaphor to describe men, as without a backbone an individual would never be able to stand, be able to stand with pride. It would seem that what the respondent has done within this extract is to define the core feature of a “real” man. Men contain pride, responsibility for their family, and are the backbone of the family. These characteristic of the masculine discourse seem to create a male identity associated with strength and pride. It is possible that making use of the helping services would signify a denial of that strength and pride, therefore possibly making them reluctant to seeking help.

When we examine the data below, it would seem that a further core feature of the masculine discourse is the lack of emotion in male expression; in that the masculine discourse prescribes that men are not allowed or are unable to express emotion. It is as if the male gender has been constructed by the masculine discourse as an emotionless gender.

Respondent 5:

- 1 I have been brought up that men are not supposed to show emotions. If
- 2 he shows emotion then he is a sissy, and it is not a man’s task or area
- 3 to show emotion.

Respondent 5 indicates that men are brought up (line 1) not to show emotions (line 1). If men do express any form of emotion they are ridiculed by being

termed a sissy (line 2) and that showing emotions is not the task of men (line 2).

It would appear that the respondent is of the opinion that emotions and caring are characteristics that men in general don't possess or are unable to express. Respondent 5 states that men are not taught, or are brought up not to express emotions (line 1) and that if men were to express emotion, they would be labelled a "sissy" (line 2). What is interesting to note is the contradiction in the statement made by respondent 5 in lines 1 & 2 where he states that men are not brought up to show emotions, concomitantly indicating that if they did express emotion they would be termed a "sissy" (line 2). It is as if he is stating that men have one of two choices, either don't express emotion like the rest of the men, or, express emotion with the price of being ridiculed and ostracised. It is interesting how the participant makes use of the Afrikaans term "sissy" and how it is given to men that would express emotion. A person is labelled a "sissy" when he is perceived to be of a soft nature, expresses feminine qualities. So it would seem that expression of emotions would characterise a man as a soft natured person, characterise him as similar to a woman.

From the response of respondent 5 it would seem that the expression of emotion is a trait that does not occur or should not occur in men or the masculine discourse. It is as if the respondent feels and thinks that the expression of emotion is a feminine quality, a quality and action that is disallowed within the masculine discourse and the actions of men. The respondent's narrative states that men are not brought up (line 1), thereby indicating that the emotionless element of the masculine discourse is something that is taught or passed to them from others. Its is almost as if men are incapable of expressing emotion as they have been taught that they are unable to, or should not express emotion. He states in line 2 that it is not the task of men to express emotion, thereby making men emotionless beings. This element of the masculine discourse is however contradicted in his response when he talks of men being viewed as "sissy" (line 2) if they were to show emotion. It would seem that the masculine discourse affords men a

script of emotionlessness, a script that forces men not to express their inner emotions. The masculine discourse would seem to inform men's way-of-being, in that they are created as emotionless individuals incapable of emotional expression.

The masculine discourse has a strong historical antecedent and it would seem that the historical masculine discourse has remained dominant for a number of generations in the community in question. The previous response from respondent 5 explored the notion that parts of the masculine discourse that informs men's way-of-being is taught, passed on from previous generations, or as he stated, "I have been brought up that men." The historical root of this masculine discourse is explored in the following responses and I will examine how it informs men's choices and way-of-being with regards to making use of the helping services.

Respondent 1:

1 It is really a bit difficult to identify why our attitudes are completely
2 different, first of all you should look at it from our perspective of our
3 background, of the way we grew up and what we were taught and
4 until you die that will stick with you. It is difficult to deviate from
5 those principles that were instilled into you when you were still
6 young.

Within the extract provided by respondent 1 he states that it is difficult to identify (line 1) why men's (our) attitudes are completely different (line 1 – 2). He indicated that it is possibly different as a result of their background (line 3) and the way they grew up (line 3) and what they were taught (line 3). These principles also stick with you (line 4) and it is difficult to deviate (line 4) from these principle (line 5) that have been instilled (line 5) from when a person was young (line 6).

The respondent indicates that the male attitude is completely different (line 1 – 2) from others. What is significant about his statement is the use of the word "our" (line 1). The use of this word would seem to make men into a collective entity that seem to exhibit the same behaviour and are governed by the same

beliefs. Throughout this extract the respondent makes use of words such as “background” (line 3), “way we were brought up” (line 3), and “taught” (line 3) to indicate that the masculine discourse is given or transferred from past generation to the younger men. It would seem that the values and attitudes that are transferred from the past are also difficult to escape and this is made evident from the phrases “until you die that will stick with you” (line 4), “difficult to deviate from” (line 4), and “principles that were instilled” (line 5). The respondent is of the opinion that these principles within the masculine discourse are instilled from a young age and that men are unable to deviate from these principles that inform their beliefs and behaviour.

It would seem that the masculine discourse is one that is based in the past and that and it is one that is taught (line 3) to all men in the community. In the statement “our attitudes are completely different” (line 1), the respondent identifies how the masculine views of the helping services are different from those of others that make use of these services. With the use of the word our (line 1) he also constructs men as a collective that would seem to exhibit the same beliefs and behaviour. This collective nature of men would also seem to make alternative behaviour and possibly use of the helping services not possible, as it would mean deviating from principles that all men adhere to. Respondent 1 is of the opinion that what is taught at an early age is difficult to deviate from, as they are principles that become instilled into a man (line 4 – 5). What is significant about this extract is how the respondent bases present male behaviour on what was taught as a child, as if saying that the masculine discourse and all that it entails is entrenched from young, and therefore, is almost inescapable. It is as if the men of this community’s thoughts and actions as men are formed from an early age by the historical masculine discourse, and they are unable to deviate from the principles they were taught, therefore making men reluctant to make use of the helping services.

Respondent 5:

- 1 ...you see our kids the next generation actually see it the right way
- 2 because my father was like that and my grandfather was like that...
- 3 I saw it in my father, my step-father actually, you never hardly speak to

- 4 the man, he don't want to hear problems, you just greet him, if you talk
- 5 to much then you so scared he would hit you...

In line 1 the respondent states that kids of the next generation will see things the right way (line 1 – 2). He further indicates that his father and grandfather (line 2) acted in a certain way in that you could hardly speak to them (line 3) and that they did not want to hear problems (line 4). The respondent was also unable to talk to them for fear of being hit (line 5).

Respondent 5 begins his statement by indicating in line 1 that the kids of the next generation will actually see it the “right way”, referring to the use of helping services and being able to talk about one’s problems. In lines 2 & 3 he utilises the behaviour of his father and grandfather to explain his inability / unwillingness to talk about problems. He indicates that the men in his life were not the type of men you spoke to (line 3 – 4), or the type of men that wanted to hear your problems (line 4). These men, according to the respondent, were authoritative and would punish you for talking too much (line 5).

It is interesting to note how the respondent begins by stating an alternative discourse to the male narrative. He states that children of the next generation will “actually see it the right way” (line 1). It is as if he is admitting that the present male discourse that keeps men from talking and seeking help for their problems is incorrect and may have negative consequences for men. What he, however, does within this extract is then provide evidence as to why his behaviour and way-of-being as a man is informed by the masculine discourse and how this discourse is historically located. Parker (1992) maintained that all dominant discourses are historically located and are transferred from one generation to the next. Within this extract the respondent describes how the masculine discourse that contains silence, resistance to seeking help, and the unwillingness to hear of problems was transferred from the past generation, transferred from his father and grandfather. What I find interesting within this extract is how the silence created by men of the previous generation informs the silence of men in the present generation. The respondent stated that “you

hardly speak to the man” (line 3 – 4), indicating a willingness to open up to others, a willingness that was met with resistance and threats of physical harm (scared he would hit you – line 5). It would seem that men’s reluctance to open up and speak about the difficulties they experience was informed by the actions of previous generations, informed by the unwillingness of men from their past.

Respondent 5:

- 1 ...we were possibly brought up if you go to your bigger brother and say
- 2 listen that guy bullied me he would say “as jy nie hom slaan sal ek jou
- 3 slaan.” If you can’t sort out your problems then I will sort you out.

Respondent 5 indicates that he was brought up (line 1) that if he had a problem with someone bullying (line 2) him he would be unable to go to his bigger brother (line 1). The respondent would be unable to go to his brother, as his brother would tell him to sort out his own problem (line 3) or he will sort out (line 3) the respondent.

With this narrative, respondent 5 describes how as a young boy he would have made an effort to seek help from his brother (line 1) and that when help was sought he was informed to deal with his own problems (line 3). From this narrative it would seem that men as children may have sought help from others and may have been willing to “go to” (line 1) someone for assistance. When help was sought, none was given and the respondent was told to deal with his own problems otherwise his brother would “sort” (line 3) him out.

It would seem that the masculine discourse and the reluctance to seek help is a discourse that was instilled into this respondent from a young age. Within the extract he describes how an attempt was made to seek help but that help seeking behaviour was frowned upon by other men, by older male role models, i.e. his brother. This dominant masculine discourse of sorting out (line 3) one’s own problems and not going to others for help is reiterated in this narrative. What this extract highlights is the transference of discourses from one generation to another and how the dominant masculine discourse that is

resistant to help seeking behaviour is transferred from one generation to another.

5.3 Medical Discourse

When exploring the numerous transcripts and research material, it seemed evident that a medical discourse voice operates within the actions of men when seeking help. It is as if men are less reluctant to seek a medical / professional means of help. It was furthermore, evident that this discourse involving the medical routine of treating problem, such as examine, diagnose, prescribe, and heal was more accessible and acceptable. The following extracts explore this phenomenon.

Respondent 1:

- 1 ...it is only recently now that I am a grown up that I go to a doctor, when
- 2 I was a youngster we used to go to a hospital
- 3 You go to a doctor and he took your temperature and he did
- 4 not speak to you, it is just like a quick inspection...

In this extract respondent 1 states that it is only recently (line 1) that he has begun making use of a doctor's services, because as a youngster he would have gone to a hospital (line 2) instead. A visit to a doctor when seeking help involved only a quick check-up or inspection (line 4), examining your temperature (line 3) and lacked any form of communication or interaction (line 4).

It would seem that, from the above extract provided by respondent 1, in the past, problems regarding health were dealt with in a medical, hospital environment (line 1). Historically, people were not able to access (line 2) the more personal and interpersonal services that can be provided by medical practitioners today, but were rather treated within a kind of mass treatment facility. Treatment and the solving of medical problems were done in a typical one-sided manner, in that the professional doctor did all the work (line 3 – 4),

examining the person for problems, but this treatment was devoid of all forms of human connection or interaction. What appears significant about this extract is the manner in which the respondent describes the treatment process. He places emphasis on the physical aspects of a medical examination, where a person's temperature (line 3) is taken and a quick inspection (line 4) is performed. The doctor examines the person for problems without consulting him; as if the doctor is the expert on the person and his problem, and the individual himself unaware or incapable of knowing their own problem or cause of their own problem. It would seem as if the medical discourse allowed this doctor to focus on the physical symptoms of the person seeking help, while there seems to be an obvious lack of personal interaction between doctor and patient.

The medical discourse of treatment would seem to be more readily acceptable to men (specifically this respondent) than other forms of helping services. It is as if this helping service supports the masculine discourse of silence and the physical treatment of problems. The respondent makes use of the word "we" in line 2, as if indicating that all men of his age would go to a doctor. It would seem that the medical discourse of help is supported and accepted by the dominant masculine discourse. It is as if men believe that the medical discourse does not take away from their pride, thus allowing them to make some use of this helping service.

From the second extract provided by respondent 1, it would seem that a shift has occurred within this medical discourse in that men now have more access to helping professionals, yet the impersonal nature of the relationship between the help seekers and help providers continues to exist.

Respondent 1:

- 1 ...you go to a doctor and you tell him listen here this is what is wrong
- 2 and get it over and done with and give me my injection, you don't want
- 3 to socialise or strike up a conversation with him, you just tell him that
- 4 these are the symptoms he needs to treat...

The respondent indicates that when seeking help from a doctor, a person would like to minimise the amount of time spend seeking help, wanting to “get it over and done” (line 2). When seeking assistance from others, as little time as possible is spent getting help and no time is allowed for socialising (line 3) or interaction between the two individuals. The person seeking help would tell him that these are the symptoms (line 3 – 4) that the doctor would need to treat (line 4).

Respondent 1 indicates in line 1 & 2 how the present medical treatment men receive is still very clinical in nature, lacking interpersonal interaction. Treatment and help seeking is a quick process (“get it over and done” – line 2) that seeks to minimise and not allow human interaction, rather focuses on problem solving and symptom relief. The historical medical discourse creates distance between those that seek help and those that provide it. Respondent 1 stated that “you don’t want to socialise or strike up a conversation” (line 2 - 3), making human and emotional connections unacceptable within the medical discourse. The medical discourse reinforces the silence associated with men of the community in that men will talk about their physical medical problems, but are not required to talk about any personal or emotional problems. The medical discourse further allows some sense of control for men, in that they are able to say “this is what is wrong and get it over and done with” (line 1 – 2). What this part of the extract exemplifies is the sense of control men seem to have within the medical discourse and that men feel in control of the situation. Men would seem to have control and responsibility within this medical discourse as they control what the doctor knows and in a sense they control how the doctor will cure them. The medical discourse of treatment allows for problems to be physically treated and no mention of emotional or personal problems / weaknesses are made.

Within the medical discourse, medical professionals would appear to be constructed as distant individuals that cannot be spoken too or connected to on a more human level. The extract below examines this lack of human interaction.

Respondent 1:

- 1 So there really was not that warm conversation or talk making you feel
- 2 comfortable, like hey I am really not that different from what you are. So
- 3 we have grown up that way and you treat them that way...

Respondent 1 stated that when seeking assistance from a medical professional, the interaction lacked the “warm conversation” (line 1) that would make a person feel “comfortable” (line 2). He also declares that this lack of warmth can be traced to the past (line 3) as people “have grown up that way.”

Respondent 1 initiates his statement by indicating that the interaction with a medical professional lacks warmth (line 1), and leads to an uncomfortable feeling (line 2). It would seem that this lack of warmth would make interaction and trust difficult between the two individuals, creating a sense of distance and difference. At the same time, it would appear as if that is not what is sought from men that seek help. It is as if men want or need some form of social interaction that would make the treatment process more comfortable. The distance and impersonal nature of the treatment process makes the interaction difficult, creating unease. It would seem that what men really want, what respondent 1 needs is a comfortable space to interact and talk without being treated differently from the human across the examination table.

What appears evident from this extract of respondent 1 is an alternative voice, an alternative discourse to the two explored earlier in this chapter. Respondent 1 seems to indicate a need for warm conversation (line 1), a need to feel comfortable (line 2), and a need to be treated as equal (line2). It would seem that the medical discourse enforces the physical means of dealing with problems and disallows the human interaction conversation. My understanding of this text leads me to think that some men would need to speak and need to express themselves through the helping services, but it appears that the medical discourse supports the dominant masculine discourse in silencing men and making them reluctant to seeking help for emotional and personal problems. It is as if the medical helping services are

as unwilling to treat men as more than objects with physical problems, resistant to viewing them different than men defined by the historical masculine discourse.

Respondent 1 also places emphasis on the historical nature of this relationship by stating that “So we have grown up that way” (line 2 - 3). What is further evident is how the historical nature of the relationship has become finite, almost impossible to change. By stating “so” (line 2) it is almost as if this element of the discourse is unchangeable, as if by stating “so” the nature of the relationship is accepted and has become concretised in the community. What it further results in is a distance and resistance within men to engage in the medical discourse other than as a person needing physical help. In line 3 he states that “and you treat them that way” highlighting how the resistance from the medical professionals creates resistance in men to engage within the helping service other than distant, emotionless, and containers of problems.

The medical discourse of treatment would seem to be the only available means of help seeking for men in the community. What is significant is that although the historical medical discourse is dominant, an alternative to this discourse also exists. Yet, historically, the use of psychologists would seem to be unacceptable.

Respondent 5:

- 1 ...us who are brought up in small places, there is only the doctor, there
- 2 is only the “predikant,” there is only that, psychologists is only for
- 3 the...ja and the teacher, so the psychologist is only for the guys in the
- 4 city so the generation after that would go to a psychologist.
- 5 ...and only like in the last fifteen years that I will go sit and have a chat
- 6 to doctor ****(local doctor and friend), then we chat over anything...

Respondent 5's extract explores how they were brought up (line 1) in small places (line 1) where only doctors (line 1), teachers (line 3) and the “predikant” (line 2) were accessible. Historically psychologists were not accessible to these people from small places (line 1) and were, “only for the

guys in the city” (line 3 – 4) In line 5 and 6 the respondent indicates that it is only in the last fifteen years that he will go and talk to his doctor.

The first interesting occurrence within this abstract is the finite nature of the relationship between people from “small places” (line 1) and help providers. Respondent 5 uses the word “only” on 5 occasions from line 1 to line 3, thus highlighting how definitive the relationship between men and help providers is. He states (line 1,2, & 3) that for people (men) like them, only doctors, “predikants”, and teachers are accessible and usable as a result of the relationships that have been established in the past. It is as if due to the availability of these help providers or knowledgeable professionals in the respondent’s past, because of their position within the small communities, these help providers are trusted and approachable. Psychologists are constructed as far off entities that due to their exposure to other people, “guys in the city” (line 3 – 4), are only accessible to other people. What the respondent further achieves with his statement is that historically, lack of exposure to psychologists makes them inaccessible, yet, in the future, due to their present increased exposure and accessibility; psychologists will be used more by people. It is as if the respondent is constructing his own alternative discourse to challenge and shift the dominant discourse and perception of psychologists as help providers.

In line 5 and 6 of respondent 5, we discover an alternative to the medical discourse has been constructed in the community, particularly through the narratives of respondent 1. His narrative of his relationship with a medical doctor is different from that of respondent 1. Firstly he seems to reject the historical elements of the medical discourse in that he states, “and only in the last fifteen years that I will go and sit and have a chat” (line 5), thereby rejecting the impersonal nature of the medical discourse. What he further accomplishes is that he, “I will go” (line 5), challenges the discourse, making the attempt himself to engage with the doctor in a more interpersonal manner. By challenging the discourse it shifted the nature of the doctor-patient relationship, making it more social and at the same time removing any resistance to communicate. He indicates in line 6 “then we chat over

anything,” possibly making help seeking more accessible and also removing any resistance within men to hide the problems they experience. What is interesting about this extract is the way the dominant medical and masculine discourse has been challenged. These discourses are challenged and are less powerful as a result of a personal and social relationship that has developed between a man (informed by the historical masculine discourse) and a help provider. It would seem that the historical masculine and medical discourse would make men reluctant of making use of helping services, but that these two discourses and the manner in which they inform men’s beliefs and actions within the helping services can be challenged by alternative discourses and narratives.

5.4 Psychological Discourse

One of the more pronounced discourses that would seem to limit men’s, and in particular men from the Coloured community of Ennerdale, use of helping services is what I refer to as the Psychological discourse. This Discourse structures the psychological and counselling services as an exercise for other section of our society other than those in question. The following extracts and discussion provide testimony to this discourse and its many components.

From the conversation with a group of men from Ennerdale, it would seem that certain helping services, and in particularly psychological assistance, are synonymous with people that are labelled by society as insane. The following extract explores the insanity label given to psychological and counselling services and how this label could possibly lead to men’s reluctance to explore these services.

Respondent 5:

- 1 ...I have been brought up that the psychologist is only for mad people,
- 2 no seriously it is true, I have been brought up that if I, if my mom had to
- 3 take me say when I was fifteen, twelve, or thirteen to a psychologist and
- 4 my friends heard about it, then “jo, ***** is mal.” Do you understand, we

5 would rather avoid...

Respondent 5 indicates that he was brought up (line 1) to believe from a young age (line 1) that the services provided by psychologists were only for mad people (line 1). He further states that if his mother (line 2) had taken him to a psychologist as a child (line 3), he would have been labelled mad (line 4) by his friends, and that this label would rather be avoided (line 5).

Respondent 5 discusses how the psychological discourse is associated with madness and how historically people were reluctant to use these services as a result of the label of madness. Services that are provided by psychologists are constructed as taboo, only for the insane. The respondent reiterates the madness label twice within this extract (line 1 & 4) and it would seem that any use of these professional services would inevitably result in being labelled mad. The psychological discourse seems to support the masculine discourse of silence (line 4) and the public knowledge of a person's use of the helping services (line 4). The respondent states how his friends would have thought he was mad if he was taken to a psychologist by his mother. Thus it would seem that the insanity / madness label associated with the psychological discourse would make men want to avoid these services, make them more reluctant to seek help.

A further interpretation that I believe is significant is the need for people to be forced to see a psychologist. In line 3 the respondent states that "if my mom had to take me" as if the only way people would make use of psychological services would be through force. What is further interesting from this extract is how a female figure is responsible for forcing a male figure to visit a psychologist, and therefore potentially being labelled mad. I wonder if this similar pattern occurs in our present time with men and their wives. Men's reluctance to make use of psychological helping services is tied to the insanity label, tied to the public perception that use of psychological services is as a result of an individual's insanity.

Respondent 6:

- 1 ...in the town that I grew up, the place where I come from you don't tell
- 2 no-one your problems. There was no mention of psychologists or
- 3 psychiatrists, they were up there in green gardens and padded walls.

Respondent 6 describes how silence regarding one's problems was the norm in his community (line 1) and that you did not tell no-one your problems (line 1 – 2). Within his community, people would also not discuss psychologists and psychiatrists (line 2 – 3), as they seemed to be a phenomenon that existed far away in green gardens surrounded by padded walls (line 3).

From this extract of respondent 5 one can identify the historical roots of men's hesitance to make use of helping services. It would seem that historically, men were silent (line 1) and had to be silent with regards to their problems, thus possibly developing a masculine norm or discourse of silence. Again we see, in line 2, how public knowledge of a person's problems is unacceptable. The psychological discourse contained a historical link to insanity, an association that would make men reluctant to make use of this service for fear of being labelled insane.

It would seem that within the person's community, psychologist and psychiatrist was a taboo subject, associated with insanity as indicated by the classical reference to padded walls and green gardens (line 3). This classic reference is further rooted within the world of film (*One flew over the cuckoo's nest*) where psychiatric hospitals are depicted as buildings surrounded by green gardens and that contain padded rooms. It is interesting for me to note how the respondent has used this film metaphor to describe psychiatric facilities or care. It is as if people see these facilities as beautiful on the outside with its green gardens yet are fully aware that inside, a person is confined to a padded cell in order to protect a person from him / herself. I believe that part of men's reluctance to seek help from professionals such as psychologists is the historical belief that making use of these services would result in being labelled insane. A fine, clear cut line exists between sanity and insanity; seeking help would mean stepping over the line into insanity.

In South Africa's history, certain separations have always existed among the many people that inhabit our country. In our present time, separations of class and race are particularly evident and operate in numerous ways. From the extracts below, it would seem that racial and class separation has had a significant impact on the psychological discourse.

Respondent 1:

- 1 Maybe another thing that contributes to this type of situation is the
- 2 segregation that we as a Coloured community experienced.

Respondent 1 indicates that one factor that contributed (line 1) to this situation was the segregation (line 2) that the people in the Coloured community (line 2) experienced.

When reading through this piece of text, it would seem that due to the lack of availability and accessibility of psychological and helping services, men from disenfranchised communities such as Ennerdale may have some reservation about utilising such services. It appears as if in the past, the psychological discourse has been associated with segregation and is utilised, in particular by men, as a rationalisation as to why they seem reluctant. Respondent 1 indicated that "another thing that contributes to" (line 1), thereby using their past segregated status to explain why they may not be willing to seek assistance from professionals. The psychological discourse was therefore viewed as a helping service for other people, not for individuals and in particular men from the community of Ennerdale.

Respondent 4:

- 1 Another problem is that, is accessibility, up until recently say the last 10
- 2 years we as a Coloured community have not had access to psychologists.

The respondent states that accessibility (line 1) is one reason the psychological services is rarely utilised. He further indicates that until 10 years

(line 1 – 2) ago the Coloured community did not have access to psychologists (line 2).

The psychological discourse is constructed as inaccessible for the Coloured community (line 2) as in the past this service was unavailable to their community. Respondent 4 makes use of the lack of the community's accessibility to psychologists to explain the reluctant use of these services. It would furthermore seem that men, by utilising the segregation / elite discourse as saying, why should we make use of people and services that we were not entitled to in the past. Within this extract the historical rooted nature of the discourse becomes evident as the respondent utilises the phrase "up until recently" (line 1) to indicate how the present actions and beliefs of men are influenced by the discourse that is rooted in the past.

It would seem from the extract below that race, cultural, and class differences between help seekers and help providers would contribute to men's hesitance in seeking assistance.

Respondent 1:

- 1 And then most of the, that is, psychologists, there is probably Coloured
- 2 psychologists, but I have not seen really seen them, any of them out
- 3 here on the reef...

Within this extract, respondent 1 indicates that psychologists are predominantly not Coloured (line 1) and that there are possibility Coloured psychologists (line 1) but none of them work in the respondents community (line 3).

It would appear that the respondent is indicating that few Coloured (line 1 – 2) psychologists exist, few psychologists exists that are therefore racially and culturally similar to him. The respondent seems to be stating that due to the lack of Coloured psychologists, men from the community would be hesitant to make use of the helping services that are given by people from different cultures. It would seem that the respondent feels that due to possible cultural

differences, men are unwilling to make use of helping / psychological services provided by another (cultural) individual.

Class difference, as indicated from the data below, would seem to be a determining factor in men's reluctance to seek professional assistance in time of need.

Respondent 1:

- 1 ...like ***** mentioned the psychologists and doctors were only for the
- 2 elite...even with the doctors too, you might find that the doctor is in your
- 3 community but he sticks with people that is probably elite.
- 4 ...a doctor in our community was always a respected man...you find
- 5 that now when even with ****(local doctor and friend) I don't want to sit
- 6 and waste his time because there are a lot of people in the waiting room...

In this extract the respondent discusses his opinion of psychologists and doctors (line 1) and how their services are really only accessible for the elite (line 2). It is only the elite individuals within society that are able to make use to their services (line 1). Respondent 1 believes that doctors and psychologists are also seen as elite individuals within society and therefore their time should not be wasted (line 4 – 6). The belief that a person is wasting the doctor's (line 6) time still remains with the respondent even though he has personally gotten to know the medical doctor in question.

In line 1 the respondent indicates that the services of professionals are only available to the elite individuals in their society. It would seem that the respondent believes that there is a separation between the two groups, between those seeking help and those providing help. In lines 2 & 3, even though the help provider (doctor) resides in their community and is similar too them, due to his class status, a separation has been constructed. When we examine lines 4 to 6 it becomes clear that the respondent believes that professional people's time should not be wasted and that possibly due to the importance of the person's time, men may be hesitant to engage in help-seeking behaviour. While reading this extract, it felt to me as if men, and in particular the men in the focus group, believed that they are not entitled to

make use of other people's services. It is as if the psychological discourse deems men as less important due to their class status.

Respondent 5:

- 1 ...speak now to a kid who is in grade 1 who has been brought up in
- 2 Ennerdale and ask him what is a psychiatrist he won't know but a kid
- 3 brought up in a "larney" area will tell you exactly what you want.
- 4 ...psychologists was there only for the rich, so for instance after 30
- 5 years or at the age of 45, now all of a sudden I must go speak to a
- 6 person I never trusted before...

Within this response given by respondent 5, he describes what he believes is one of the reasons why people in his community have little knowledge of psychiatrists. He indicates that children from more wealthy ("larney", line 3) communities have knowledge of psychiatrists while children raised in Ennerdale (line 2) have no knowledge of such helping professionals. In line 4 & 5 he states his opinion that psychologists and doctors are only for the elite, while in lines 6 – 7 he explores how due to his age and lack of exposure in his earlier life, he is now hesitant to seek help from a professional. In line 6 the respondent indicates that he is hesitant to go and speak to a person he has never trusted before.

Class status would seem to be one of the reasons why people from communities such as Ennerdale have little knowledge of professional helping services. The respondent in the focus group would seem to use this as a rationalisation as to why men are reluctant to use these services, as if it is the lack of appropriate knowledge (line 2) that keeps men from making use of the services. Status and wealth (line 4) are again utilised by the respondent to understand hesitance on the part of men. He states that "psychologists was there for the rich" (line 4) again linking present male behaviour and beliefs to past discourses. What I find significant regarding this extract is that the line 4 is stated in past tense, as if in the past psychologists were not available within their community but that now they are. The respondent introduces us to the element of trust (line 6) within the psychological discourse that seems to keep men from seeking psychological and professional help. He states in lines 4 &

5 that “now all of a sudden I must go speak to a person I never trusted before,” indicating that trust, or the belief that trust cannot exist in the psychological discourse would make men reluctant.

5.5 Trust Discourse

It would seem that the need for men to keep their lives, and predominantly their problems, private keeps them from seeking help from others and possibly even professional help providers. The following text explored this social construct.

Respondent 1:

- 1 It is difficult, it boils down to pride, you walk in that area, when you
- 2 speaking to somebody you are setting him up with false hopes, you are
- 3 invading his privacy, and he is breaking into your privacy. The scary
- 4 part of it I think might be you know maybe in company one day he
- 5 might, he might just talk, not thinking clearly...

Respondent 1 describes how pride (line 1) possibly makes men hesitant to talk about their problems out of the fear that their private problems would one day be accidentally exposed (line 4 – 5). He secondly indicates that often false hopes (line 2) are given when help is sought and how invasive (line 3) it might feel to a man when his problems and issues are discussed.

When reading through this extract it is interesting to note how the respondent creates the help providing space or relationship as distant and potentially damaging. It is distant in that it he perceives it as something far removed, “you walk in that area” (line 1) something that men aren’t accustomed too. Pride (line 1) also prevents or inhibits men from taking the necessary steps, prevents them from walking to or seeking help from others. It is as if the respondent has created in line 1 a metaphor to describe the risk involved, and possibly the self motivation needed to seek help. To take the walk and enter the helping space appears to be difficult (line 1) to accomplish as it would

primarily mean abandoning one's pride (line 1). It is as if the masculine discourse requires of men to, metaphorically, walk alone carrying their own burdens and problems.

My understanding from the extract is that respondent 1 believes that the helping space (environment) as potentially damaging, an invasion into one's privacy (line 3) that sets a person up with false hopes (line 2). Respondent 1 repeats the word privacy twice (line 3) in the extract and speaks symbolically of this loss of privacy on another occasion in line 4 & 5. From this it would seem that a man's privacy, his right to withhold his problems from others is an important part of being male. It would seem that men, due to their pride, would want to avoid both the private (help provider – client) knowledge of their problems and secondly, the social or public knowledge of their problems. What I find interesting about the statements above is that the loss of privacy potentially could occur, "he might just talk" (line 5) if the help provider did one day speak about a client's problems. It would seem that men's fear for the loss of their privacy would keep them from seeking help, and that the helping space is constructed as something that fails men in that it gives them "false hopes" (line 2) and it would mean losing one's privacy.

Trust plays an important part of all human relationships, none more than in the relationship between a helping professional and his/her client. Trust, or lack of trust, seems to be an important component of what would seem to make men hesitant to seek help.

Respondent 2:

- 1 ...it makes you feel also uncomfortable because you don't know the guy
- 2 from a bar of soap, how can you go and confide in the guy.

Within this extract, respondent 2 describes how it is possibly difficult to go and speak to a person about one's problems. He indicated that a person may feel uncomfortable (line 1) going to a person that he / she does not know (line 2) and that it would be difficult to confide in this person (line 2).

Although this extract does not necessary speak of trust, it provides some insight into how the respondent believes that it is difficult to approach a stranger for help. The process is deemed uncomfortable (line 1) as the person seeking help has no knowledge of the person from whom they seek help. He uses the expression “from a bar of soap” to describe the lack of interpersonal knowledge and commonality between the two individuals, which leads to a lack of trust, and inability to confide (line 2) in someone a person does not know. It is further interesting how this particular respondent constructs the help provider as a male figure by using the sexual denotation “guy” twice in the short extract. It is my opinion that due to a masculine discourse such as pride, this respondent might believe that it would be difficult for a man to confide in another man specifically when that help seeking male has no personal knowledge of the other person. The belief that the helping services don’t contain trust would seem to make men want to keep away from these services, keep their personal and emotional problems away from these services.

One perception that would seem to restrict men’s use of helping services and, in particular, counselling services is a lack of personal knowledge or same life experience. Respondent 5 describes in the next extract how professional help provider’s “book” knowledge does not make them experienced enough to help people, and possibly, not experienced enough to help men.

Respondent 5:

- 1 And another thing is that from my point of view is you only got book
- 2 knowledge...before I actually see that was in the past, that guy came
- 3 from varsity and what he knows is what he has read, now my situation
- 4 is different from that book, its practical.
- 5 That type of view is that you have knowledge but my problems are real
- 6 and your knowledge is different.

In this extract, respondent 5 describes how it is his view that professional help providers only have “book knowledge” and that the knowledge gained at university (line 3) probably does not describe or equate to a persons real and “practical” problems (line 4). He further states that the knowledge gained

through studying and at high education facilities are not “real” (line 5) like the problems faced by men, and, that they are in fact different (line 5).

It would seem that the statement made by respondent 5 would exemplify a number of the conclusions made earlier within this chapter. The key aspect that would seem to make men hesitant to seek help, is that they would need to seek help from people that are different from them. Help providers only have what is referred to as “book knowledge” (line 2 – 3) and lack the “practical” (line 4) of life that people, and in particular, men have in the community in which this study was conducted. It is my opinion that one of the key aspects that make men hesitant to make use of helping services is that they are provided by people that are different from them. Help providers come from different places (“that guy comes from varsity” – line 2 - 3) and, would seem to have a different experience of the world, an experience of their world and not the world of the men in question. It is as if men within the community might ask, “how can you help me when you come from a completely different world than mine?”

The second aspect of this discourse is the difference between the help provider and help seeker. The differences in status and class would seem to make men reluctant to discuss their problems with these professionals, as explored in the next extract.

Respondent 5:

- 1 ...there are so many pastors around...and if you look at the guys
- 2 lifestyle and how the guys perform and what ever you say how can I
- 3 with my small problem go to that guy, look at the way that guy lives...he
- 4 thinks how can I go with my problems and see how that guy lives.

It appears as if differences in lifestyle (line 2) would seem to reiterate the thought of men that their problems are small (line 2) and that as a result of the differences in lifestyle and status, can't be addressed by the individuals in the helping profession (line 4).

It seems as if respondent 5 makes two important statements within this extract. Firstly, he recognises that there are a number of individuals (line 1) in the religious helping profession that could assist men with their problems. The second statement that he makes is that due to the person's status and wealth (line 3) in the community, they are in a sense unapproachable. Respondent 5 is of the opinion that the type of lives the pastors lead are different, and due to these different lives, they are unapproachable, in the sense that men's problems seem small (line 3) and that due to the differences, the person may not be able to understand the problems faced by men. Essentially the question the respondent seems to ask is how it would be possible to trust someone with your problems when they are so different from him. The lack of trust and the difference between those seeking help and those providing help would appear to make men reluctant to seek help from those that are seen as different.

5.6 Conclusion

Men's way-of-being, the manner in which they think, feel, and act within the world is influenced by numerous discourses within their community and society in general. Within the community of Ennerdale, the masculine discourse, medical discourse, psychological discourse, and the discourse of trust would seem to have the greatest influence on men's behaviour within and use of the helping services. From the focus group conducted with the male participants of Ennerdale, it is evident that these four discourses have a significant role to play in men's reluctance to make use of the helping and psychological services.

The masculine discourse constructs men as a collective group that exhibits pride in their ability to resolve their own problems. Within this discourse men have been taught to take responsibility for themselves and their problems, been taught to deal with the own problems in a silent and physical manner. Men are constructed as strong individuals that represent the backbone of the family and the strength of the community. The masculine discourse does not

allow for the existence or expression of emotions, as emotions are characteristics that only women are able to express. Much of the masculine discourse can be historically located in that the behaviour and beliefs that men are allowed to display within this discourse have been passed on and transferred from past generations of men. This discourse historically advocated men's silence regarding their problems, advocated men to act as emotionless beings that represented strength, pride, and responsibility. It is the constructs within this discourse that would make men hesitant to make use of the helping services, hesitant to act in a manner that is unlike the strong responsible individuals the discourse constructs them as.

The medical discourse of help is more accessible and acceptable to men from the community of Ennerdale. Within this discourse help is given in a quick physical manner and allows men to remain silent regarding any difficulty other than their physical problems. This discourse also encourages the physical treatment of problems, similar to the manner in which problems are dealt with in a physical manner in the masculine discourse. The medical discourse also lacks warmth and conversation, creates distance between those that seek help and those that provide help, three constructs that are supported in the masculine discourse. The medical discourse, medical route of help has always been available and acceptable to men as historically it was the only helping service that they would make use of. One extract that I explored under the medical discourse identified an alternative narrative to the medical discourse. Within the narrative, the respondent discussed how the personal relationship with an individual in the helping services had made these services more acceptable and accessible. This relationship had made the respondent able to access help and able to engage in conversation with the helping profession.

The third discourse identified from the focus group was the psychological discourse. The psychological discourse that exists in the community and makes men reluctant to make use of psychological services constructs these services as only for the mad and insane. Psychological services is constructed as a service for the elite or other sections of the population other

than men, and was only accessible by the elite as a result of the past segregation that occurred in the country. Historically, people would never willingly seek the assistance of a psychologist, but, were rather forced or taken to them, taken to be placed in rooms with padded walls. Men's reluctance to make use of these services is related to the past segregation and the fear that the person that provides help will not be from the same culture, will not have practical knowledge of men's difficulties. One of the core features of the psychological discourse is that it has been constructed by men as a service for others, a service that they are not entitled to.

The discourse of trust would seem to make men hesitant to make use of helping services. The participants in the focus group indicated that a lack of trust and familiarity with the helping services made them reluctant to seek help. The discourse of trust encourages men to remain silent in that they believe that they are unable to discuss their problems for fear of them becoming public knowledge.

Chapter 6: Results from Interviews with Professional Help Providers

6.1 Introduction

This chapter explores the interviews conducted with four professional help providers in the community of Ennerdale and the discourses that inform their way-of-seeing men within the helping services framework. Within this chapter I will attempt to gain greater insight into how the helping services (professionals) view men and what constructs would make men reluctant to make use of the helping services. I will further examine these professionals' views and beliefs regarding the helping services and how these services are constructed within the community and more importantly by men. The following discourses were identified from the interviews and would seem to have the greatest influence, according to the helping professionals, on men's reluctance. The views and beliefs explored in this chapter are the views and beliefs of the helping professional's that participated in this study and represent their understanding of the helping services and men's reluctance to make use of these services.

6.2 Medical Discourse

The medical model of help provision is seen, by the help providers that participated in the study, as the more accessible form of assistance for men. Within the community of Ennerdale, and specifically with regard to men, it would seem that the medical discourse of help is dominant, accessible, and acceptable to most, whereas the predominantly talking cure of psychologists and counsellors is reluctantly used. The following extracts provide some insight into this distinction.

Psychologist 1:

- 1 Probably because medicine is quicker, it saves them the effort of keeping
- 2 appointments, and also having to speak to someone and telling them really
- 3 what is bugging them...

Psychologist 1 describes how she believes that people prefer to take medicine as it works quicker (line 1) and saves them from having to keep appointments (line 1) with psychologists and talking about their problems (line 3).

Psychologist 1 views the medical (medicine) route of help as something more readily used by people and possibly men as it is a quick (line 1) approach to solving problems. It is evident that the medical route is a quicker (line 1) option that saves a person the effort (line 1) of keeping appointments (line 2) and does not involve talking about ones problems (line 2 – 3). From the Psychologist's view it would seem that people, ergo men, in the community would support the medical framework and medical discourse of help as it is constructed as an effortless exercise where help is obtained with the minimal interaction. In a sense the medical discourse allows people to retain some element or part of themselves, not requiring them to give of themselves, but rather passively receive from others.

Psychologist 2:

- 1 I think the whole concept of psychology is very foreign to the community,
- 2 because it is always the medical model that people go to first. Would it be
- 3 an O.T., physio, or doctor, but they are not used to the talking method of
- 4 healing and it is also not a quick fix

Psychologist 2 states that psychology is foreign (line 1) to men from the community and that people would rather seek the medical route (line 2) for a solution. She further states that people are not used to the talking (line 3) method of healing and that it does not offer a quick fix (line 4) that they may be seeking.

Psychologist 2 sees psychology as foreign (line 1) to the people and men of the community in that the first avenue for help that is sought is always the medical model (line 2). She further states that the talking method (line 3) of healing is not used as it is also not a quick fix (line 4). It would seem from the Psychologist's point of view that the medical discourse allows people (both men and women) a quicker solution to their problems and is more accessible as it is seen as less foreign. The talking method of healing is furthermore seen as a slow means of addressing problems and possibly less accessible for men.

Doctor:

- 1 ... everybody goes and sees a doctor but not everyone goes and sees a
- 2 psychiatrist or psychologist...
- 3 ...you say you are going to a dentist it is fine, going to a doctor for a check-
- 4 up is fine...going to a sex therapist for sexual help is just not on...

In lines 1 & 3 the Doctor describes how it is acceptable for people to visit a doctor or dentist, while in lines 2 & 4, visiting a psychologist, psychiatrist, or sex therapist is seemingly unacceptable.

The Doctor state that it would seem that men are more willing to make use of the medical route of help. The medical route is more acceptable as everyone (line 1) in the community would make use of this service. The medical discourse would seem to be more accessible to men as it involves the physical treatment of problems. This contention is evident in that the Doctor believes that making use of a dentist or doctor is fine (line 3 – 4) while the use of a sexual therapist is just not on (line 4). In line 4 the Doctor states that seeking help from a sex therapist is not acceptable. Sexuality (Mahalik, Good, & Englar-Carlson, 2003) is an important component of any gender; it is one of the more important defining elements in the construction of a person's identity and self-construct. Men's would seem more willing to address physical complaints and somewhat reluctant to seek assistance for matter such as sexual problems. It is possible that the helping services other than the practical and physical, such as the counselling and psychological services are

associated with the admission of certain sexual difficulty, associated with a loss of certain self-constructs.

6.3 Masculine / Feminine Discourse

From the interviews conducted with the helping professionals, it would seem that they have identified two specific and separate discourses within the community that govern both male and female behaviour, the masculine and feminine discourses. The differences between the masculine and feminine discourse, as well as the constructs provided within the male discourse, would appear to make men hesitant to seek professional help. The following extracts explore these two discourses and the impact they have on male help seeking behaviour.

Reverend:

- 1 ...there is a kind of willingness on the part of women, I don't know whether
- 2 it is because of this whole background of being submissive...
- 3 ...then I said to her that we men folk seem to close up, just bottle these
- 4 kind of things up... (when talking to a female client)
- 5 ...possibly not wanting to show weakness. But I suppose that it is even
- 6 more than that, not wanting to be exposed, not wanting to let people see
- 7 things in your own life. And I guess it boils down to weakness eventually.
- 8 It is just we build these barriers, we have got this, you know that we are
- 9 strong...

In line 1 the reverend identifies the willingness of women to seek help and attributes it to their background of submission (line 2). In lines 3 & 4 he uses his own personal knowledge to describe that men have a tendency to close up (line 3) when facing problems and that the reason men act in this way is to prevent the appearance of weakness (line 5). The reverend is of the opinion that men are unwilling to expose (line 6) themselves and that barriers (line 8) are built in order to remain strong (line 9).

Within this extract the Reverend provides us with some insight into the difference between the male and female discourses that operate in the community. Females are categorised as submissive (line 2), willing to seek help. By deeming them submissive it would seem that women are portrayed as weak, unable to resolve their own problems. The male discourse, however, constructs men as silent (“close up” line 3) wanting to maintain the appearance of strength, not wanting to admit to weakness (line 5) and “not wanting to let people see” (line 6) any evidence of weakness.

A number of metaphors are provided within the extract and describe men and the manner in which they address problems. The reverend uses the metaphor of a bottle (line 3) in that men tend to “bottle these kind of things up,” thereby retaining their problems. The second metaphor utilised is that of a “barrier” (line 8) in that men seem to build a barrier between themselves and others. Both these metaphors involve separating oneself from others, placing obstacles between people, and secondly involve the appearance of strength. When I think of the metaphor barrier and bottle I think of obstacles that are intended to protect that which it contains, yet if these obstacles should break, that which was protected is left completely vulnerable. It would seem that men would want to hide their problems from others, “not wanting to let people see things in your own life” (lines 6 – 7), wanting to maintain the appearance of strength, thus making it unlikely that they would want to speak to a person or help provider about any difficulties they may experience. It would seem that the Reverend believes that men’s reluctance to seeking help is related to their need to avoid the perception of submission and weakness; to avoid qualities associated with the feminine discourse.

Reverend:

- 1 ...I mean we hear that boys don't cry but yet to cry or weep is not actually
- 2 a sign of weakness, in fact it is actually a sign of strength...

With this extract the Reverend indicates that boys don't cry (line 1), yet he believes that crying is not a sign of weakness (line 2) but actually a sign of strength (line 2).

Here the Reverend provides a social masculine norm, an aspect of the masculine discourse that contests that boys are not supposed to cry (line 1), not supposed to display emotion. He, however, also provides an alternative to this narrative in that he believes that crying is not actually a sign of weakness (line 2) but rather a sign of strength (line 2). Although the Reverend is able to provide an alternative to the dominant masculine discourse, I would question the impact that this alternative discourse could have over the men in the community of Ennerdale.

Psychologist: 1

- 1 ...and dominant discourses of the way males are brought up they would,
- 2 they are taught to be hard, firm, to fight, be aggressive, not to be babies,
- 3 cry, all of these kinds of things
- 4 ...it seems that everyone believes that women are more available to their
- 5 emotions, they speak more about their problems...

Psychologist 1 explores the masculine and feminine norms associated with the two discourses. In line 2 & 3 she describes the key elements of the masculine discourse as being “hard,” “aggressive,” and “not to be babies.” She states that everyone believes (line 4) that women are more available (line 4) to their emotions (line 5), and are able to speak about their problems (line 5).

When we examine the opinion of Psychologist 1 it is evident that she believes that the genders are brought up (line 1) to accept certain norms and discourses and that we are born into a gender where certain values and beliefs are passed onto us. It is as if men are taught values such as hardness (line 2), firmness (line 2), aggression (line 2), and not to cry (line 3), while women are taught the opposite, taught to be able to access their emotions (line 5). It would seem that the Psychologist views men as a gender that has been brought up to avoid emotions and maintain the appearance of hardness and strength. This perception is unlike her view of women that are seen as having access to their emotions and more readily willing to speak about their

problems. What this extract would seem to show is how professional help providers have different views of men and women and how women are seen as the gender willing to make use of the helping services.

Doctor:

- 1 ...that men find that, usually they prefer not to admit to their defeat. Where as
- 2 I think a women would more readily come and say I have a problem and
- 3 can't cope.
- 4 Most of the time if men come due to psychological problems is when they are
- 5 not functioning sexually or not sleeping at all...see they won't actually come
- 6 in and say I feel depressed...so it is the overt patient that is severe manic
- 7 depressed that will come, will be willing to come for help.

Men's unwillingness to admit defeat is again expressed in line 1 by the extract provided by the Doctor. In line 2 & 3, he is of the opinion that women are willing to seek help and admit to their inability to cope. In lines 4 – 7 the Doctor re-explores the issue of sexual difficulty that men could possibly explore. Here he states that men would easily visit a Doctor to address their sexual problem (line 5) but would be unwilling to seek help for a psychological problem such as depression (line 6). In line 6 – 7 he, however, indicates that the overt patient that is severely manic depressed would seek help.

From the extract above, it would seem that the Doctor views women as more able to admit to their problems, able to admit to their defeat (line 1), more able to seek assistance (line 2). Men, on the other hand, prefer not to admit defeat (line 1). It seems as if the masculine and feminine discourse construct men and women as polar opposites, women being willing to admit inability and being unable to cope whereas men would rather maintain an air of strength, not admitting to defeat. This male construct is however challenged by the statement made in lines 4 – 7. Here the Doctor states that men have sought his assistance for sexual difficulty but that if psychological problems did occur, they would be unwilling to acquire help. What is interesting to note from the view of the doctor is how he believes that men construct their sexual problems as physical rather than psychological! Problems, such as sexual problems, are constructed as a biological problem as they seek the assistance of a

medical doctor, never seen as a psychological problem. In a previous extract taken from the interview with the Doctor (see 6.1 Medical Discourse) he is of the opinion that men will be unwilling to make use of a sex therapist for sexual help. This view seems to reiterate men's reluctance to speak about any problems, preferring to treat their difficulties as physical or biological. In line 6 it seems that only in the extreme would men seek help for psychological problems. What I find interesting about this part of the extract is how the Doctor views the person seeking psychological help. The Doctor labels the male help seeker as a patient, seemingly attaching weakness and inability to the individual. The label of patient would seem to remove any sense of control and power from the person seeking help. From this specific extract, what seems evident is the fact that people that enter into the helping services are seen as defeated (line 1) and unable to cope (line 3), and it is possibly this perception and label that they intend to avoid.

6.4 Psychological Discourse

In society, certain beliefs and practices exist regarding psychology and psychological services. The following extracts explore the professional help provider's beliefs regarding the psychological and helping services and how a Psychological Discourse has been constructed within the community. This discourse would seem to have a significant influence on how men would define the psychological services and could provide some insight into their reluctance to make use of these services.

Doctor:

- 1 No, I think not, because of the stigma attached, the stigma says "is jy
- 2 mal" it becomes a joke, it will be a matter of making a joke about it, and if
- 3 that is the case then it must be kept terribly to yourself.

With this extract, the Doctor discusses how a stigma (line 1) exists with regard to psychological services. If men (as implied in line 2 & 3) would socially discuss visiting a psychologist, the person would be asked if he were mad

(line 2) and the possibility of making use of psychological services would be joked (line 2) about. If that male were to use psychological services, it would have to be kept a secret; “kept terribly to yourself” (line 3).

The Doctor believes that as a result of the stigma attached (line 1) to the psychological helping services, people would joke (line 2) about having to use or having used these types of services. The stigma is related to the perception of madness and if a man were to consult with a psychologist he would be assumed to be mad (“mal”, line 2) by other people. In the third line of this extract it seems as if the use of this service must be kept silent, must be kept terribly to yourself (line 3). It is as if the psychological discourse encourages silence and would encourage people to remain silent about their problems and seeking help for these problems. Stigma (line 1), madness (line 2) and silence (line 3) are three constructs that the Doctor associates with the psychological services, in that the psychological discourse informs men that making use of these services would mean being stigmatised, would mean being mad.

Psychologist 1:

- 1 I am not sure if it is a common perception among men or just generally
- 2 when people come for therapy they are seen to be mad, or there is
- 3 something wrong with them and there is some kind of stigma attached to it.

The stigma (line 3) attached to psychological services is further amplified by the response of Psychologist 1 as she indicates that it could be a common perception among men (line 1), and in general (line 1), that when people make use of therapy, they are seen as mad (line 2) and having something wrong with them (line 3).

From this short discussion we can see how the discourse of psychology has been stigmatised in our society, and how people are assumed to be mad (line 2), and of have something wrong with them (line 3) if they were to make use of these services. What is further significant is the use of the words “common perception” (line 1), in that it seems as if the Psychologist believes that

therapy has been constructed by the entire community as an exercise embroiled in madness. It would seem that a discourse of madness and the psychological discourse are inexplicably linked. It is possible, as perceived by the views of the research participant, that this label of madness constructed within the psychological discourse would make men reluctant to make use of the services provided by a psychologist.

In the data provided below, the Doctor further explores his understanding of society's view of psychology and psychological services, and how in our greater society, seeking help from a psychologist or psychiatrist is taboo and discriminated against.

Doctor:

1 I think there is a shame attached, and I mean if you look at insurance
2 policies then one of the most important questions that they ask is have
3 you had a psychological problem, or been treated for depression, and if
4 you do stick your tick then obviously the person is going to be denied, so
5 I mean if you can keep away from psychologists or psychiatrists you are
6 ok with an insurance company.
7 ...but if you filled in a job application and said you had psychiatric
8 treatment, you have been treated for major depression or been to a
9 psychiatric hospital you can understand that an employer would "file" that
10 application.

In line 1 he initiates his statement by indicating that there is shame (line 1) attached to seeking help from a psychologist. From line 2 – 6, the Doctor discusses how he believes that other social institutions such as insurance companies deny (line 4) people access to insurance if they have been treated for psychological problems (line 3) or depression (line 3). He further states that this exclusion also occurs in the occupational environment where an employer would "file" (line 9) an individual's application form if they had received psychiatric treatment (line 7 – 8) or had been in a psychiatric hospital (line 9).

The Doctor is of the opinion that in our greater society, other institutions such as insurance (line 1) companies and the occupational sector reinforce the psychological discourse as one of shame and madness. People that present with psychological problems or have sought psychological assistance would be rejected (lines 4 & 9) and not provided the same liberties as those that have, as the Doctor indicates that if you can “keep away from psychologists or psychiatrists you are ok with an insurance company” (line 5 – 6). It would seem that the psychological discourse reverberates through a great part of our society and that this dominant discourse of psychological services and problems being unacceptable would have a great impact on men’s help seeking behaviour. From the opinion provided by the Doctor it would seem that people that have sought help from the psychological services are viewed as a liability. It is this process of marginalisation and exclusion that is associated with the psychological discourse that would make men reluctant to make use of these services.

When examining the extracts below, it would seem that when men do seek or make use of therapy, the manner in which they interact with the help provider may make it difficult for them to continue seeking assistance.

Psychologist 1:

- 1 There is a lot of power dynamics at play when you are dealing with
- 2 males, male clients, because it means that you are offering them
- 3 something that they can’t fulfil themselves. It makes them feel insecure.
- 4 ...it is a culmination of different factors such as many of them are
- 5 unemployed, and they have low self-esteem, low self confidence already,
- 6 and for them to be seeing someone on a professional level is almost like
- 7 another blow.

Psychologist 1 indicates how difficult it can be when dealing (line 1) with male clients as a result of the power dynamics at play (line 1). The interaction is made difficult as the help providers are giving something to the male that he can’t fulfil (line 3) himself. The second part of the psychologist’s extract indicates how she believes that when men do see a professional it is just

another blow (line 7) to their already low self-esteem (line 5) and low confidence (line 5).

From the extract provided by Psychologist 1, it would seem that she is of the view that when men do seek assistance they have already reached a point of failure. The words used in the extract all signify some form of failure or incompetence. The words “insecure” (line 3), “unemployed” (line 5), “low self-esteem” (line 5), and “low self confidence” (line 5) are all words that designate failure, possibly failure as a man. The second important elements identified in this extract are how when men do seek help, it is not seen as a positive step or confidence boost, but rather as another failure, “another blow” (line 7) that will offer them “something they can’t fulfil themselves” (line 3). Men that seek psychological help are viewed as failures as they are usually unemployed (line 5), have low self-esteem (line 5), and low self-confidence. It would seem that a discourse of failure is created around the psychological helping services in that when help is sought, the discourse informs men that they are failures. This failure is amplified in that they have to obtain from another person that which they are unable to give themselves.

The second important issue that has been identified by Psychologist 1 is what she refers to as the “power dynamics” (line 1). It would seem, from a psychologist’s point of view, that when working with male clients, issues of power and control are present and need to be aware of and possibly addressed. It is as if within the helping profession, male clients are constructed as difficult to assist, as a result of power dynamics and possible masculine discourses. Again, as with the extract provided by the Reverend, we are made aware of how help providers view male clients as someone other than a person seeking help. It is as if the helping profession constructs men as difficult, weak, and failures, and that when men seek help they are motivated by alternative motives and are further weakened by having to obtain from someone else, that what they can’t attain for themselves.

Psychologist 2:

- 1 And if they actually do come for therapy and they do cry or admit some
- 2 failure it is like admitting to their vulnerability, which they don't want to...
- 3 There is a lot of power dynamics at play when you are dealing with males,
- 4 male clients, because it means that you are offering them something that
- 5 they can't fulfil themselves. It makes them feel insecure.

Within this extract the psychologist explores how, when men do seek help, it can result in them admitting some failure and vulnerability (line 2) which is something they do not want to do (line 2). The therapy or assistance that is provided also contains a power dynamic (line 3) as the counselling offers the men something that they can't fulfil themselves (line 5) making them feel insecure (line 5).

It is interesting to note how the psychologist makes use of the words admit (line 1), failure (line 2), and vulnerability (line 2) in the initial section of this extract, words that are common to Psychologist 1. It seems evident that she views men that do seek help as admitting to vulnerability, admitting to failure. The psychologist's view of men that seek help defines them as vulnerable and failures, therefore, creating psychological services as a place where the weak and vulnerable men would go. In the second section of the extract she makes a reference to the power dynamics (line 3) that exist between psychologists and male clients and how this dynamic exists because the psychologist is offering them something they are unable to fulfil themselves (line 4 – 5). From the Psychologist's view, it would seem as if the psychological discourse sees men (men that seek help) as failures, vulnerable, and unable to fulfil their own needs. It is however possible that this power dynamic is created within the psychological discourse. In line 3, the psychologist indicates that this dynamic is evident when "dealing with males." It is as if this discourse has constructed a view of men prior to them seeking help, that would seem to inform the research participant's way-of-seeing men that seek help from her.

It is during this extract that the difficulty between the masculine discourse and psychological discourse is apparent. The masculine discourse constructs men as strong, in control, and powerful; while the psychological discourse constructs them as potentially weak, as failures (line 2), vulnerable (line 2), and searching for something that they are unable to fulfil. It would seem that these two constructs might keep men from seeking psychological assistance as seeking help within the psychological discourse would mean the rejection of the masculine discourse. Seeking assistance would seemingly result in the men admitting to constructs that are not masculine, constructs such as failure and vulnerability, constructs and perceptions that they would want to avoid. This leads me to question why men would want to seek help when it leads to them possibly losing their identity, their masculine identity within the community and family environment.

Reverend:

- 1 ...without making the individual feel that I am not listening to him, and that I
- 2 don't value what he is saying. But I always go from that in that there is
- 3 always another side of the story...

The Reverend, in the extract above, explores how he would provide counselling to a male. In line 1 – 2 he describes his technique of being able to listen (line 1) to the person without them feeling that what they are saying is not valued (line 2). The Reverend, however, has in mind that there is another side of the story (line 2 – 3) than the one being told.

It would seem that what the Reverend is trying to tell us is that when providing assistance to men, he is constantly aware of “another side of the story” (line 2 – 3), he is aware that the male help seeker may not be telling the entire truth. The Reverend's extract speaks of a lack of trust in the male seeking help. It is as if he has positioned himself within the helping frame work that when men do seek help there is always something not being said and another side of the story that is amiss. This construct supports those the research participants explored earlier where men are seen as seeking help for alternative motives, for something that is not said. These views of men that enter helping services

would seem to construct them as a singular entity that cannot be trusted and would only seek help for ulterior motives. It is possibly this lack of trust that emanates from within the helping services that makes trust in the helping services difficult, makes men reluctant to make of these services.

In the discussion above I explored how, within our society, people are often ridiculed and ostracised when making use of psychological services. The following would seem to reiterate my contention.

Reverend:

- 1 ... (women) would rather go and open up even if I have to expose myself to
- 2 being the laughing stock of the community, as far as my kids are
- 3 concerned, I will do it for their sake.

The Reverend discusses how women are more willing to open up (line 1) and seek help with little regard for the consequences. He states that women are willing to expose (line 2) themselves, willing to be the laughing stock of the community (line 2) for their children's sake (line 3).

What I find significant about the statements made by the Reverend, is the consequences a person would endure when seeking help. The manner in which the reverend speaks about seeking psychological help seems to construct it into a negative and hurtful process. He makes use of the words "expose" (line 1), and "laughing stock" (line 2), as if the act of seeking help results in the loss of certain personal dignities and social status. Women are, however, willing to endure this humiliation and sacrifice for the sake of their children (line 2 – 3), while, the Reverend believes, men are less willing to make this sacrifice. The Reverend would seem to view women as prepared to expose (line 1) themselves to ridicule for the sake of others, whereas men would rather avoid such consequences. It seems evident that men are unwilling to be exposed and humiliated, unwilling to become the laughing stock of the community by making use of the helping services.

6.5 Personal Narrative

The following personal narratives provide some additional insight into the masculine discourses that govern men's behaviour regarding helping services.

Reverend:

- 1 ...you read a lot of things about the church and ministers...you come and
- 2 confide in me about something that is very serious and sensitive to you and I
- 3 will go and speak about it to anyone who is interested to hear the story...
- 4 ...I have never gone to a colleague or anybody else, professional person,
- 5 to say hey man, this is what I am experiencing, for the fear of being
- 6 exposed, can I truly trust this guy, can I trust that he will hold onto
- 7 this...that possibly also withholds men folk from wanting to open up...

In lines 1 – 3, the respondent explores his personal experience of how when people confide (line 2) in certain helping professionals in the religious domain, their serious and sensitive (line 2) problems could become public knowledge for anyone to hear (line 3). In lines 4 – 7, the Reverend discusses his own personal thoughts about seeking assistance and his fear (line 5) to do just that for fear of being exposed (line 6). Within this extract, he brings up the issue of trust (line 6) and the tendency for men to withhold (line 7) and not wanting to open up (line 7).

The discourse of trust and silence is again explored in the extract from the Reverend, in that trust seems to be absent from certain helping services, thus leading to an absence of men in the helping services. It is interesting to note how someone in the helping service is able to identify the mistrust that occurs within the helping profession, identifying one possible reason men would be hesitant to seek help. This statement in a sense legitimises men's reluctance to make use of these services. The Reverend's personal narrative regarding the fear of exposure possibly amplifies men's reluctance to make use of helping services. What is significant from this extract is the perception that men have much to lose rather than to gain when entering the helping services and seeking assistance. The personal narrative of the Reverend speaks of

fear (line 6) and lack of trust (line 6) in the professionals that operate in the helping services, fear that your own personal problems may become public knowledge. From this extract it would give the impression that the Reverend is of the belief that this fear and lack of trust is what keeps men from seeking help.

6.6 Conclusion

The interviews with the professionals explored their way-of-seeing men within the helping services and how certain discourses with the helping services influence men's reluctance to make use of these services. The medical discourse strongly influences men's use of the helping services and it is evident from the helping professionals that the medical route of help is more accessible and acceptable for men. The medical route has been historically accessible to men and provides a quicker solution and saves men the effort of having to discuss their problems. The medical discourse supports the silencing of problems much like the silence associated with the masculine discourse. The medical discourse encourages men to remain silent about their problems and allows them to treat their problems as practical and physical rather than emotional.

The interviews conducted with the help professionals identified the masculine and feminine discourse as two of the most important reasons why men are unwilling to make use of the helping and psychological services. The masculine discourse constructs men as aggressive, hard, unable to cry, and unable to express any emotions. The feminine discourse on the other hand defines women as willing to make use of these services, willing to expose themselves, willing to admit to defeat, and more available to their emotions. The feminine discourse would allow women to seek help and part of their willingness is also associated with their submissive nature. In a sense, these discourses construct women as submissive and willing while men are constructed as emotionless and unwilling to seek help. It would seem that if men were to make use of the helping services, they would in a sense lose

part of their masculinity, lose part of their masculine identity. The masculine discourse does not allow men to appear weak and does not allow them to seek help.

The psychological discourse constructs the helping services as something only available to people that are mad. The helping professionals see psychological services as stigmatised and foreign to men within the community. This psychological discourse is further boosted by the insurance and employment world, where people that have made use of psychological services, are discriminated against. This discourse further structures men that would make use of this service as weak, vulnerable, unemployed, untrustworthy, having low self-esteem; essentially as failures. It would seem that men's reluctance to make use of the helping services is fuelled by the psychological discourse that constructs individuals that seek help as vulnerable and weak. It is as if this discourse makes us as professionals view men that seek help as weak and vulnerable and unable to focus on any strengths and human potential. Maybe we as professional help providers need to change the way we see our male clients, as it seems that our way-of-seeing the male help seekers, seeing them as incapable, would deter them from making use of our services.

Chapter 7: Conclusion, Recommendation and Limitations

My interest in the research study began more than two years ago during the first year of my Masters Degree in Psychology at the University of Pretoria. My general view, and those shared by numerous colleagues, was that most men were reluctant to seek help from psychologists and the helping services. I began this study questioning why men seemed reluctant to make use of most helping services, and through my endeavours came to a truth that has been constructed, and is particular to men and professionals in the community of Ennerdale.

The results of the study and the literature review seem to indicate that men's reluctance to make use of the helping services is influenced by a number of dominant discourses and historical masculine scripts. Snell (1995) stated that the helping services are viewed by men as services for the weak and ill while Collier (in Good et al., 1989) found that 67% of all clients that sought psychological assistance were female. Men seem reluctant to make use of helping services in order to conceal social perceptions of vulnerability (Davies et al., 2000). Men furthermore seem to have been socialised into believing that they are unable and unwilling to express themselves emotionally (Balswick, 1992).

The focus group and the interviews that I conducted identified and explored a number of significant discourses that influence men's way-of being, i.e. their reluctance to make use of helping services. These discourses further identified how we as helping professionals see (view) men that do or do not make use of the services we provide. What I found noteworthy about the discourses, was the way that the two groups viewed men as a collective and that they both constructed men in very different ways.

From the perspective of the men in the focus group, men are seen as strong in-control individuals that are the cornerstone (backbone) of the family. They

furthermore are not able to, or allowed to express emotion and weakness as a result of the historical masculine discourse that informs their way-of-being. The helping professionals speak of men that do make use of the services as weak, already defeated, seeking assistance for something they themselves are not able to fulfil. In a sense, the male identities constructed by the two groups create differing views of men. Men that therefore would want to expose themselves, address their emotional concerns within the helping profession would then be surrendering a male identity of strength and control, for one of weakness and inability. Men's reluctance to make use of the helping services would therefore seem to be fuelled by their unwillingness to surrender the male identity for one of weakness.

One of the most pertinent events that occurred during this research project was the informal discussion that I entered into with the male participants of the focus group. Once the focus group was conducted I spent nearly an hour with the participants discussing their experience of the interview and their views of the research that I was undertaking. This discussion was not recorded for the research project but rather served as informal feedback regarding my research endeavour. During this informal discussion, one of the participants entered into a lengthy discussion with myself and the other participants regarding some difficulty he was experiencing with his eldest son. This specific act of seeking assistance and support from others would seem to have been contradictory to how men are supposed to be as defined by the dominant masculine discourse. What seemed evident from this one particular moment was that the context that was created had made this male participant willing to ignore the dominant discourses within the community, and had made him willing to seek and request help.

Men's reluctance to make use of helping and psychological services has been identified in numerous research articles and academic literature in the Western World, however in South Africa, very little literature exists that explores this phenomenon. Men's reluctance would seem to have been influenced by political issues such as segregation, lack of availability of the helping services, and dominant masculine discourses that make men

reluctant to seek help and expose their weaknesses. One factor that has been identified in this research is how the manner in which we as helping professions see (view) men that seek help. Men that step into the helping services are seen as weak and seeking something they are unable to fulfil themselves. They are seen as untrustworthy, seeking assistance for ulterior motives. These preconceived ideas of men could possibly influence the manner in which we, as helping professionals, engage with men that seek help. It is possible that the manner in which we see men that seek our help, see them as weak and untrustworthy, would make them reluctant to enter the helping context in which they are viewed with suspicion and doubt.

7.1 Recommendations

Men's reluctance to enter the helping context is partly influenced by the dominant discourses that govern their way-of-being and partly by the discourses that govern helping professional's way-of-seeing men. A change can only occur if some change occurs within both contexts. From the actions taken by the male participant during the informal discussion, it would seem that many men are willing to make the necessary step to seek help. Maybe some of the responsibility now needs to be given to the helping professionals. What I found unique about the example explored earlier, is how the context that was created by the informal discussion allowed the male participant to request help. On a number of occasions during this research, men indicated a willingness to seek help from professionals that they had developed a relationship with and were able to trust. During the informal discussion one male participant also stated that he had expected the researcher to walk into the room with a white lab coat and that since I was the first psychologist he had ever met, his perceptions of psychologists had now been drastically altered. The participant further stated that if the researcher requested follow-up interviews or was available for the group to consult on a professional level, they would probably be willing to seek help from the researcher.

Maybe, we as helping professionals can make men more willing to seek our help by creating contexts that allow men to be more open about their difficulties and needs. Maybe we need to step out of the office and buildings with “padded walls” and engage men on a more social level, a level in which they are more willing to explore their problems and emotional difficulties.

7.2 Limitations

There are a number of limitations with this study. Firstly the study could have been conducted from a different epistemology such as a quantitative study. By utilising a quantitative study, empirical objective information regarding men’s unwillingness to make use of helping services could have been obtained. The research furthermore has a limited amount of participants and therefore the conclusions obtained through this research cannot be generalised to the greater portion of the male population, although this was never the intent of the research. This research project’s primary aim was to obtain a subjective and personal view regarding men’s reluctance that was specific to the community of Ennerdale. Although the views and constructs obtained in the research cannot be generalised to the greater male population, they may provide some insight into why men from other portions of our population may be reluctant and unwilling to make use of the helping services.

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Appendix A

Consent Form

Study Title: The co-construction of helping services in the community of Ennerdale.

Researcher: Jonathan Roper M.A. Counselling Psychology Student, Pretoria University.

The study seeks to explore men's perceptions of psychological assistance. I aim to gain an understanding of what psychological assistance means to men and what would persuade them or prevent them from seeking such assistance. Information will be gathered in the form of a single, individual 1-hour interview and will focus on two groups of participants. The first group will consist of men who have sought psychological assistance. The first group of men will then be requested to refer the researcher to other individuals that may have assisted them in seeking help of whom they believe will best be able to provide valuable information regarding the research topic. These participants will make up the second group of this research study.

All participation in this study is voluntary and all participants' identities will be kept anonymous. The information obtained through this study will be published in the form of a thesis and placed in the Pretoria University Library. A report will also be provided to the relevant organisations within the community that have assisted in making this research possible. Finally, feedback shall also be provided to the participants that have participated in the study, as without their contributions this study would not have possible.

For any further inquiries please feel free to contact me at 011 857 1142 from 8:00 am to 4:00 pm from Monday to Friday.

Participants Signature _____

I have read this consent form / had this form read to me and voluntarily agreed to participate in this study.

Participants' signature _____

Date _____

I have explained the purpose of the study to the participant and will ensure the anonymity of the participant and the authenticity of this study.

Researchers' Signature _____

Date _____

Appendix B

Audiotape Recording Consent Form

Study Title: The co-construction of helping services in the community of Ennerdale.

Researcher: Jonathan Roper M.A. Counselling Psychology Student, Pretoria University.

In order to avoid the altering of meaning and in order to keep the natural flow of the discussions, a tape recorder will be utilised to record each interview. As throughout the entire study, the identities of all participants will remain anonymous.

Once the recording and interviews have been completed, the information will be transcribed into written form. Once the whole research study has been completed, all records and information will be destroyed in order to ensure the anonymity of the participants.

Some participants may not want the interviews to be recorded, and the wishes of the participants shall therefore be adhered too. In such a situation brief notes will be taken during the interview process in order to obtain the necessary data.

I have read this audiotape consent form / or have had it read to me, and voluntarily agree to have the interview recorded / not recorded.

Participants' Signature _____

Date _____

I have explained the study to the abovementioned participant and have ensured that he/ she understands the request stated above.

Researcher's Signature _____

Date _____