UNIVERSITY OF NEW ENGLAND

Young Men's Experiences of Counselling: Should I Stay or Should I Go?

A Dissertation submitted by

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Certification of Dissertation

I certify that the ideas, experimental work, results, analyses, software and conclusions reported in this dissertation are entirely my own effort, except where otherwise acknowledged. I also certify that the work is original and has not been previously submitted for any other award, except where otherwise acknowledged.

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Abstract

The mental health of Australian young people has received increased national attention in recent years. Social and psychological indicators suggest a higher than historical incidence of mental health problems in this vulnerable age group. Australian young people often do not seek support for mental health concerns; however, when they do choose to attend, young men seek support at much lower rates than young women and are unlikely to attend counselling. This lower rate is of concern because cumulatively, young men experience higher rates of suicide, depression, alcohol and other drug use compared with other members of the Australian community. When Australian young men do access counselling, they prove difficult to engage and retain in treatment. Despite these realities, researchers and practitioners alike know very little about the counselling experiences of young men. Limited research has been primarily theoretically driven and often based on practitioner experience. Consequently, the voices of young men are missing from the literature.

This study investigated the counselling experiences of seven Australian young men, using a qualitative approach to explore why they chose to attend, engage in or exit from therapy. The young men participated in in-depth interviews, and their stories were analysed using Narrative Inquiry. This analysis was underpinned by the a posteriori application of a conceptual framework: the Theory of Planned Behaviour (TPB). This assisted in deepening the examination and understanding of the young men's counselling experiences.

Four core themes emerged from the young men's narratives: Therapeutic Engagement; Connections with the Counsellor and Others; Masculinity; Stereotype and Stigma. Overall, these core themes reflect the complexity of the young men's counselling experiences and highlight the tenacity required by them to navigate their therapeutic journeys.

Implications for future practice and research that arise from this work include challenging hegemonic masculinity and focusing on the need to represent young men as both capable and committed to their counselling experiences. A strength-based approach that steers away from representing young men as having many deficits in the counselling space is

required to ensure that young men will be encouraged to use therapy as a means of support when needed.

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List of Abbreviations

ABS	Australian Bureau of Statistics
ACA	Australian Counselling Association
ADHD	Attention deficit hyperactivity disorder
AIHW	Australian Institute of Health and Welfare
APA	American Psychiatric Association
ARACY	Australian Research Alliance for Children and Youth
CAMHS	Child and Adolescent Mental Health Service
DOHA	Department of Health and Ageing (Australian Federal Government)
DSM-5	The fifth edition of the Diagnostic and Statistics Manual of Mental Disorders as produced by the APA
GP	General Practitioner
GRCS	Gender Role Conflict Scale
ODD	Oppositional defiance disorder
PACFA	Psychotherapy and Counselling Federation of Australia
RABBM	GRCS subscale, Restrictive Affectionate Behaviour between Men
RE	GRCS subscale, Restrictive Emotionality
TPB	Theory of Planned Behaviour
UNDESA	United Nations and the Department of Economic and Social Affairs
WHO	World Health Organization

Glossary of Terms

Attitudes	A component of the Theory of Planned Behaviour (TPB) that espouses that the attitudes of an individual are shaped by how positively or negatively they appraise the consequence of a given behaviour (Ajzen, 1985, 1991).
Counsellor/Psychotherapist/ Therapist	An individual who provides counselling or psychotherapy as defined in this research. The terms counsellor, psychotherapist and therapist are used interchangeably in this work as they refer to people who perform similar activities in the care of their clients (Capuzzi & Gross, 2010). Counsellors, psychotherapists and therapists can come from multiple professional disciplines and have differing levels of training and qualifications (Geldard & Geldard, 2012).
Counselling & psychotherapy	To provide rigour and consistency in the definition of counselling and psychotherapy, this research has used the definition of these terms as given by one of the Australian industry peak bodies, the Psychotherapy and Counselling Federation of Australia (PACFA). Therefore, within this work, counselling and psychotherapy are defined as an 'activity that utilises an interpersonal relationship to enable people to develop self-understanding and to make changes in their lives' (PACFA, 2017). Counselling and psychotherapy are used interchangeably within the text as they are terms that refer to similar activities and overlap considerably (Noble & Day, 2015).
Perceived behavioural control	A component of the TPB that denotes the perceived difficulty of performing a behaviour and the insight that

	an action is controllable despite known obstacles (Ajzen, 1985, 1991).
Mental health	As the World Health Organization is (WHO) considered an international authority on mental health, this research uses its definition and describes mental health as ‘a state of wellbeing in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’ (WHO, 2014).
Mental disorder	The most pervasive and contemporary definition of a mental disorder is provided by the American Psychiatric Association (APA) in the Diagnostic and Statistical Manual, fifth edition (DSM-5). Thus, this research defines a mental disorder as a ‘syndrome characterised by a clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning’ (APA, 2013).
Mental health help seeking	Often described as a complex phenomenon (Scott & Walter, 2010), mental health help seeking is defined in this study as ‘a problem focused, planned behaviour’ (Cornally & McCarthy, 2011, p. 286). It can involve a connection with others or advice-giving materials, such as an online website (Mitchell, McMillan & Hagan, 2017).

Mental health services	Mental health services refer to a variety of interventions, with one of the most effective being counselling (Australian Institute of Health and Welfare [AIHW], 2016). Mental health services seek to provide evidence-based interventions that assist individuals with improving their psychological wellbeing. They can be offered by government, non-government organisations and private providers.
Mental illness	Within this research, the term mental illness is used interchangeably with the term mental disorder. These terms are frequently used to describe the same phenomenon and share the same ideology regarding the presence of disturbance in an individual's mental functioning (Rogge, 2011).
Subjective norms	A component of the TPB that is comprised of the combination of one's assessment of what important others believe one should do and one's motivation to act in a way that is consistent with the perceived opinions of these important others (Ajzen, 1985, 1991).
Therapy	As defined by Noble and Day (2015), the term therapy is used in this research to describe the process of practising and receiving counselling and psychotherapy.
The Theory of Planned Behaviour	A socio-cognitive theory that explains behaviour. The TPB argues that the undesirable or desirable appraisal of behaviour (attitudes), its predicted consequences (subjective norms) and the apparent simplicity or struggle with which the individual will be able to accomplish a behaviour (perceived behavioural control), will predict how likely an individual is to complete a given action (Ajzen, 2011).

Therapeutic alliance	A unique relationship between the client and therapist that can influence therapeutic efficacy (Arnd-Caddigan, 2012), initially described by Bordin (1979, p. 253) as ‘agreement on the goals of the treatment, agreement on the tasks, and the development of a personal bond made up of reciprocal positive feelings’.
Young man/men/male	References to a young man/men/male in this study are to a male aged 18–25 years. This age grouping incorporates the definition provided by the United Nations and the Department of Economic and Social Affairs (UNDESA, 2010).

Chapter 1: Introduction

This chapter introduces the study. Section 1.1 provides a summary of the background to this work; the broader research area; the research questions; and the justification for their examination. Section 1.2 focuses on the researcher's experiences and interest in working with young men in counselling. The final segment, Section 1.3, provides the reader with an overview of the thesis.

1.1 Background to the research

Men aged 18–25 are acknowledged to be a difficult cohort to engage in counselling (Du Plessis, Hoiles, Field, Corney & Napthine, 2009; Lynch, Long & Moorhead, 2016; Reed, 2014). A young male is more likely to rely on himself than to seek help from other people and may be more liable to avoid recognition (or deny the presence) of a problem in the first place (Smith, 2004). Australian young men attend mental health services, such as counselling, less frequently than do Australian young women (Watsford & Rickwood, 2014). This is particularly concerning given that young men often experience higher levels of psychological distress and suffer greater social disadvantage related to mental health problems than do young women (beyondblue, 2013; Degney et al., 2012; Kingerlee, 2012). Indeed, in Australia, a national study exploring the effect of technologies on young men's mental health and wellbeing, conducted in 2012 (N = 700; 16–25 years), found that nearly one in five young men had felt that life was hardly worth living (Burns et al., 2013).

There is evidence in the literature that confirms improving the mental health of young men, through counselling and other social supports, can reduce many of the psychological and social issues they experience (Brechman-Tousaint & Kogler, 2010; Broadbent & Papadopoulos, 2014; Green, Du Plessis & Corney, 2009). For example, in Westernised countries such as Australia, young men have high rates of suicide, alcohol consumption and other drug use, all of which may be successfully addressed through appropriate counselling (Czyz, Horwitz, Eisenberg, Kramer & King, 2013; Leone, 2011).

A paucity of published research on young men in counselling was identified more than 10 years before this study (Rochlen, 2005). However, exploration in this area remains limited. O'Neil (2013) argues this lack of research may have delayed a more accurate

representation of men's experiences of therapy. More in-depth examinations of young men's counselling experiences, informed by their voices, may assist therapists, researchers and governments alike to develop practices and policies that promote counselling use by young men in the community. In 2010, the Australian Government realised the importance of investing in men's health in general and released its *National Men's Health Policy* (Department of Health & Ageing [DOHA], 2010). Since this time there have been criticisms that the policy does not include time frames for delivery, funding for the individual states to act, training for staff or an independent evaluation framework (Baker, 2015). These issues indicate a need for further action. The mental health of young men is a central component of this policy direction. As young men seek mental health support, such as counselling, at low rates, clearly this is one such area where progress can be made. However, if counsellors and policy makers are to understand the experiences of young men in therapy, evidence-based policies and practices are required. Therefore, the current research makes a timely contribution to the field, honouring the voices of young men and placing their experiences in the spotlight.

1.2 The research problem and why it is important

It has been acknowledged that the mental health of young men is an important consideration in the current and future social, economic and cultural development of Australia (Degney et al., 2012). Despite this acknowledgement, the recent mental health of young men in this country has been shown to be poor, and high rates of suicide, drug use and depression in this group remain troubling social issues (Australian Bureau of Statistics [ABS], 2016; AIHW, 2011; Australian Research Alliance for Children and Youth [ARACY], 2013; Burns et al., 2013). At the same time, Australian young men access mental health services far less frequently than do Australian young women (Watsford & Rickwood, 2014). This experience does not pertain solely to Australia; many other Westernised countries, such as Europe and North America, experience similar trends (Cummings, 2014; Eisenberg, Speer & Hunt, 2012; D'Avanzo et al., 2012).

The poor state of young Australian males' mental health, combined with their limited presence in mental health services, highlights the need to investigate options, such as counselling, that will assist in improving this situation. Counselling has long been considered an effective practice to address mental health concerns (Pilgrim, 2014) and the evidence base for many psychotherapeutic interventions has been growing

exponentially since the early 20th century (Bower & Gilbody, 2010; Verhaagen, 2010). It is recognised within the professional counselling industry that the scope of a counsellor's practice includes addressing the mental health needs of an individual (Australian Counselling Association [ACA], 2016). Therefore, counsellors are well positioned to address the mental health needs of young men and can play a major role in helping to improve young men's participation and retention within therapy.

A significant portion of the existing research focuses on help seeking barriers for young men. Theories illuminating why young men often fail to seek mental health support tend to examine issues of masculinity (Farrimond, 2012; Tyler & Williams, 2014), stigma (Chandra & Minkovitz, 2006; Issakainen, 2014; Williams & Pow, 2007) or service-related issues such as accessibility and equity (Booth et al., 2004). These barriers are examined in more depth in the following literature review chapter. However, the literature review also shows that there is a paucity of research about young men who decide to attend, engage in or exit from therapy. The literature review also highlights that there has been limited application of conceptual frameworks in exploring the counselling experiences of young men. Despite the fact that many theoretical positions have been postulated in attempting to understand the reluctance of young men to attend counselling, few studies have applied these theories to their work. When they have been applied, researchers have tended to use them as 'a priori' frameworks, thus limiting the presence of other potential themes within the data. This has prompted the current study to use the Theory of Planned Behaviour (TPB) as an a posteriori approach to better understand young men's counselling experiences. The TPB has been chosen because it provides a multifaceted and heuristic sociocultural framework that lends itself well to the examination of counselling experiences (Smith, Tran & Thompson, 2008; Zolait, 2014). The TPB also incorporates many aspects of other theories that explore help seeking behaviour and thus can be considered more comprehensive in its approach than other conceptual bases (St-Pierre, Temcheff, Derevensky & Gupta, 2015). By taking these factors into account, this study hopes to show that the adoption of the TPB as an a posteriori conceptual framework will further deepen the conceptualisation of the experiences of young men in therapy.

In summary, very little is known about how young men make decisions about counselling as a mode of therapeutic care. The voices of young men are noticeably absent from the

literature. It is vital that these voices be heard, explored and understood, because their experiences provide critical information for practitioners (Degney et al., 2012). Further, Elliott (2008) confirms that the investigation of client experiences in counselling is critical in advancing therapeutic skill and can improve comprehension by the therapist of individual clients, as well as build more effective interventions for them.

Given the issues above, this research focuses on the following questions:

- What experiences do young men report from their counselling that contribute to their decision to enter, engage in or exit from counselling?
- How can these experiences inform future research, practice and training regarding therapeutic work with young men?
- Is there utility in the a posteriori application of the Theory of Planned Behaviour in understanding young men's experiences of counselling?

Narrative Inquiry was chosen to expand upon the limited exploration of young men's counselling experiences. Seven young Australian men, aged between 18 and 25 years at the time of counselling engaged in in-depth interviews.

1.3 The researcher's interest

I have been a practising psychotherapist for the last 18 years, during which time I have provided counselling for many young men in both institutional and community-based settings. The initial therapeutic training I received paid limited attention to the counselling needs of young men. It was heavily focused on the 'traditional male', who was described as suffering from alexithymia (an inability to show emotions), stoic and unlikely to invest well in the counselling relationship. Armed with this limited information, as a willing and determined psychotherapist, I forged forward and provided therapy to young men. Over time, I began to notice that while some young men were representative of the 'traditional male', many were not. In fact, these young men were often the antithesis of the description, articulate and keen to engage. These different presentations seemed incongruous to me and I wondered about other counsellor's experiences of working with young men.

I turned to the literature for guidance, seeking information about the experiences of young men in therapy. I needed support to work with and understand young men and to

understand how they viewed therapy and its processes. It soon became apparent that there was a small research base to guide me. As with my initial, limited training, much of the literature took a negative view of young men's abilities in therapy. Young men were often presented as beholden to hegemonic masculinity, with limited options to transcend their social, gendered and cultural positions (Emslie, Ridge, Ziebland & Hunt, 2007; Noone & Stephens, 2008; Robertson, 2008). The literature focused on young men as emotionally incompetent, unable to recognise symptoms of distress and poorly equipped to develop therapeutic relationships (Cleary, 2012; Good, Thomson & Braithwaite 2005; Wilson, 2010). Literature was frequently theory (Schrock & Schwalbe, 2009) or practitioner driven (Brooks, 2009) and devoid of the voices of young men and their experiences. These observations prompted me to develop a research proposal to examine the experiences of young men in counselling.

1.4 Outline of the thesis

This introduction has described the background to this research and identified the researcher's interest. It has also identified the research problem and its importance and has outlined the research questions. Following on from the introduction, a comprehensive review of the literature is presented in Chapter 2. The literature review assists in contextualising the research and examines the mental health of young Australian men, their barriers to mental health help seeking, the theory base behind these barriers and literature pertinent to their experiences in engaging with counselling. In Chapter 3, the thesis presents the methodology and conceptual framework of this research. The chapter includes an overview of Narrative Inquiry and the TPB. There is also a presentation of the epistemology of this work, the participants, collection and analysis of data and ethical considerations. Chapter 4 presents the findings of this work. The voices of the young men are brought to the fore, and the core themes and subthemes elicited from their narratives are presented. In Chapter 5, the thesis turns its attention to a discussion of the results. There is an examination of findings that support the literature, findings that require further development and discoveries unique to this work. The application of the TPB is expanded, exploring how the a posteriori application of theory supported the findings. Last, Chapter 5 provides a discussion of the practice and training implications of this work and directions for future research.

Chapter 2: Literature Review

A literature review was conducted of databases relevant to counselling and psychotherapy to identify literature concerning the mental health of Australian young men; their mental health help seeking; and their counselling expectations and experiences. The gaps in the literature and the associated need for the current work were also identified to contribute to the justification for this research.

Electronic databases searched were American Psychiatric Publishing; Cumulative Index of Nursing and Allied Health Literature (CINAHL)–Complete; EBSCOhost–Psychology and Behavioural Sciences Collection; Proquest–Health & Medicine; Psychology, Social Sciences; PsychARTICLES; PsychINFO; PubMed Central; SAGE Journals; Taylor & Francis; and Wiley Online Library.

The literature review was conducted in three stages. The initial stage focused on the mental health of Australian young men. The second stage focused on mental health help seeking, barriers, facilitators, young men and associated underpinning theory. The final stage concerned the literature surrounding the counselling expectations and experiences of young men. Key words used at each stage of the search are detailed in Figure 1, with each stage of the search individually colour coded. The initial search was conducted in March 2015. To ensure that key data were not missed, a further search using the same process was undertaken in June 2017.

No restrictions were placed on the date of publication or type of authoritative publication as a previous brief review of the literature had revealed a paucity of available material. Exclusion criteria included non-English-language articles, comments, media reports and editorials.

The search results included a range of empirical study reports, texts, journal articles, books and policy documents that were relevant to the study. The findings of the literature review are presented in four sections. To help establish the broader context of this study, Section 2.1 provides a general overview of the mental health of young Australian men, outlining the prevalence of mental illness in this group and the consequences of not addressing these illnesses. The lack of service use by young men and the theory base behind this phenomenon are also reviewed.

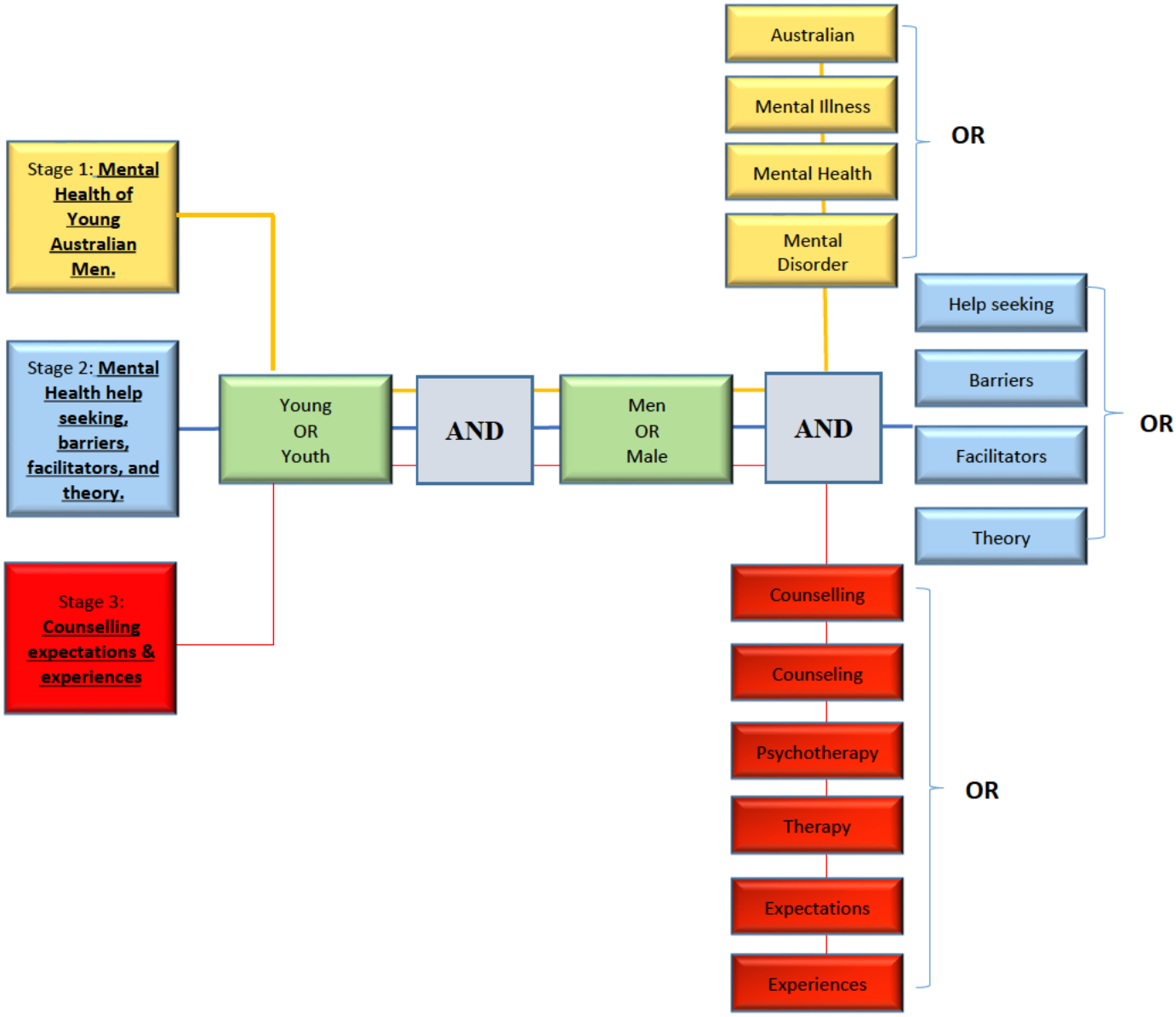

Figure 1: Key terms used at each stage of the literature search

In further contextualising this work, Section 2.2 situates young men's counselling experiences in the realm of mental health help seeking behaviours: where young men seek mental health support and the associated barriers and facilitators are explored. Section 2.3 turns its attention to exploration of the literature concerning young men's experiences and expectations of counselling and why they enter, engage in and exit from therapy.

Finally, Section 2.4 discusses the gaps in the literature and the need for increased attention to be paid to the counselling experiences of young men, thus reinforcing the importance of this work.

2.1 The mental health of Australian young men

In this section, Australian young men's mental health as a growing area of concern is examined. A review of the prevalence and types of mental illness seen in young men, and an exploration of where young men seek mental health is provided. Additionally, the consequences of unmet mental health needs in young men are summarised, and the lack of mental health service use by young men is identified. Finally, the theoretical perspectives proposed in relation to young men's reluctance to seek mental health support are examined.

2.1.1 The prevalence, types and impact of mental illness in young men

The impact of mental health issues on young men is both significant and pervasive. Young adulthood is considered the peak period for the commencement of mental health disorders, with an estimated 75% of all diagnoses having had an onset before the age of 25 years (Kessler et al., 2005). Mental health disorders contribute to 49% of the burden of disease and injury among young Australians aged 15–24 years (AIHW, 2011). Ivancic, Perrens, Fildes, Perry and Christensen (2014) highlight that young Australians have the greatest incidence of mental health disorders among all age groups, while Slade, Johnston, Oakley Browne, Andrews and Whiteford (2009) remind us that over a quarter of Australians aged 16–24 will have suffered a mental health disorder in the prior 12 months. Australia sits in the middle third of the Organisation for Economic Co-operation and Development countries with respect to rates of suicide and other indicators of psychological distress in young people (ARACY, 2013). Further, it has been suggested that current psychological and sociological indicators point to the mental health of young Australians declining (Mission Australia & Black Dog Institute, 2017). It has been proposed that the prevalence and impact of mental illness in young men is complex and poorly understood (Simonds, Pons, Stone, Warren & John, 2014). Young adulthood is a time of great psychological and social transition. This leaves young men particularly vulnerable to developing mental illness as they navigate their personal development (Howard, Galambos & Krahn, 2010; Schulenberg & Zarrett, 2006).

Although the effects of mental health disorders are significant in all young people, they are particularly evident among young men. Burns et al. (2013), in the previously mentioned national study exploring the effect of technologies on young men's mental

health, established that 19% of young men had a recent diagnosis of a mental illness or behavioural issues, with only 26% of these individuals seeking further treatment. An investigation by the Inspire Foundation and Ernst and Young (2012) assessed the economic cost of mental illness in Australian young men (12–25 years) as AU$3.27 billion per annum. Much of this cost is associated with the lost human productivity seen in low rates of employment, high levels of absenteeism at work and education and increased likelihood of physical health issues. Thus, the poor mental health of young men is a burgeoning feature of the Australian community. Assisting improvement in young men's mental health has the potential to lead to increased individual, public and monetary benefits.

The principal sources of mental health disorders among Australian young men are anxiety and depression (Begg et al., 2007). Post-traumatic stress and social phobia are the most prominent among these disorders (Slade et al., 2009), followed closely by substance use and affective disorders (AIHW, 2007). Harmful use of alcohol is the most dominant substance use disorder among young men (Rickwood, George, Parker & Mikhailovich, 2011). An Australian national survey on drug and alcohol use (AIHW, 2007) found that young males were far more likely to consume alcohol above recommended levels; commence drinking at younger ages; and engage in more at-risk activities such as unprotected sex, than were young females.

Mahalik et al., (2013) in a comprehensive examination of the changes in health risk behaviours for males from early adolescence through early adulthood, found that lifelong mortality rates are associated with health behaviours performed by young men. Mahalik et at al., (2013) concluded that mental health plays a significant role in this process. Accordingly, mortality rates in Australian young men with mental illness are higher than in those without mental illness (Degney et al., 2012). Suicide remains a pervasive problem in Australian young men's mental health. As pointed out by Degney et al. (2012*)* it is the principal cause of death in young Australian males aged 15–24 years and has surpassed death via motor vehicle accidents. Suicide is responsible for over 22% of deaths in young men, with the highest rates being in rural Australia and Indigenous populations (ABS, 2016). Australian young men have higher rates of suicide completion than young women (ABS, 2016) and favour more lethal means of ending their life, such as firearms and hanging (Callanan & Davis, 2012). Additionally, although incidents of self-harming

behaviours, such as cutting and burning, have traditionally been higher in young Australian women, there is evidence to suggest that this is now increasing in young Australian males with upward trends seen between 1999 and 2012 (Robinson, McCutcheon, Browne & Witt, 2016).

Compared with Australian young women, Australian young men have been found to have a higher incidence of behavioural disorders such as attention deficit hyperactivity disorder (ADHD), oppositional defiance disorder (ODD) and conduct disorder. In an Australian study of young adults, Ebejer et al. (2012) found that young men had a significantly higher rate of ADHD diagnostic criteria than young adult females, noting that this was in line with international studies. Quy and Stringaris (2012) state that these findings are also replicated in Australian studies concerning ODD and conduct disorders (often co-morbid), with frequency rates in young men that far exceed those in young women. The literature is unclear about why this increased prevalence rate occurs in young males; however, Collingwood (2010) proposes that young men are more likely to be socially and culturally perceived as 'troublesome' or difficult to manage behaviourally and thus more readily attract these diagnostic labels.

Young men suffer from a variety of mental health issues, all of which have significant psychological and physical implications that require support. Unfortunately, when the mental health needs of young men are unmet, this has been demonstrated to have substantial disadvantageous outcomes for wellbeing, functioning and development (Mission Australia & Black Dog Institute, 2017). These adverse effects may be present well into later life and, as such, can create an ongoing cycle of distress and societal impact (Westerhof & Keyes, 2010).

There are diverse and complex consequences associated with not addressing the mental health needs of young men (Morgan et al., 2012). A significant consequence is the development of a mental illness in early adulthood and of not completing secondary school, or not realising full potential, thus having no entry qualifications for tertiary study or vocational training (Ennals, Fossey, Harvey & Killackey, 2014). Australian young men with mental illness have been shown to have poor educational outcomes, high unemployment and low self-worth (Waghorn, Still, Chant & Whiteford, 2004).

Substance abuse has also been shown to be strongly correlated to mental illness in young men, although there is often debate about whether substance abuse is the cause of mental illness or if mental illness causes substance use (Reavley, Cvetkovski, Jorm & Lubman, 2010). Whatever the aetiology, the literature is clear that young Australian men with a mental illness are more likely to use alcohol and other drugs than young Australian women with a mental illness, and do so at younger ages and in greater amounts (Purcell, Lubman, Hides & Orchard, 2007; Reavley et al., 2010; Sheidow, McCart, Zajac & Davis, 2012). There has also been investigation into the association between the use of cannabis in young men and the earlier onset of psychosis-based disorders such as schizophrenia (Malone, Hill & Rubino, 2010). Saban et al. (2014) state that the experience of substance use and mental illness is often tough for young men because it increases the complexity of their condition, further compounding any psychosocial difficulties they may face.

Other factors discussed in the literature concerning the negative impact of mental illness in young Australian men include poverty and socioeconomic status, homelessness and experiences of discrimination (Correa-Velez, Gifford & Barnett, 2010; Priest, Paradies, Stewart & Luke, 2011). A young man with a mental illness is also more likely to be socially isolated and less connected with his peers (Patel, Flisher, Hetrick & McGorry, 2007). Therefore, it is apparent that young men who have a mental illness are greatly disadvantaged. Early intervention and support are vital in addressing this issue, and mental health services offer an effective response (Robinson et al., 2016), with one of the most effective being counselling (AIHW, 2016). However, in Australia, there is a proportionally low use of mental health services by young men (Burns et al., 2013).

2.1.2 Lack of service use by young men

Many studies have shown that young men are particularly unlikely to access mental health services such as counselling, in comparison with young females (Biddle, Gunnell, Donovan & Sharp, 2006; Cotton, Wright, Harris, Jorm & McGorry, 2006; Nam et al., 2010; Rickwood, Mazzer & Telford, 2015; Vanheusden et al., 2008a; Wenjing, Dorstyn & Denson, 2016; Yu, Adams, Burns, Brindis & Irwin, 2008). In the Australian National Survey of Mental Health and Wellbeing conducted in 2009, Slade and colleagues (p. 600) found that only 13.2% of men aged 16–24 with a mental disorder had used services for mental health problems in the previous 12 months. Rickwood et al. (2015) conducted an Australian study of young people utilising mental health services within Headspace (the

Australian Government's National Youth Mental Health Foundation) in the 2013 calendar year. Of 37,994 Headspace (centre-based) and E-Headspace (online mental health support) clients aged 12–25 years, only 31.9% and 17.4% respectively were males. Lower rates of mental health help seeking in young men compared to young women have been found in other Australian studies (Francis, Boyd, Aisbett, Newnham & Newnham, 2006; Patel et al., 2007; Rickwood et al., 2005, 2007; Thomas, Caputi & Wilson, 2014).

It has been concluded that young men have less than favourable attitudes to counselling (Bathje & Pryor, 2011; Berger, Levant, McMillan, Kelleher & Sellers, 2005). Therapy necessitates that the young man is prepared to ask for assistance and be trusting, emotionally exposed and communicative, and these are inconsistent with masculine norms (Mahalik, Good & Englar-Carlson, 2003; McCarthy & Holliday, 2004; Wong & Rochlen, 2005). Reed (2009, p. 427) states that 'seeking out and engaging in counselling may undermine a young man's sense of identity that has been developed and reinforced socially'. This is particularly true of young Australian men who have been shown to have well-developed gendered identities, reinforced through Australian cultural norms that strongly promote hegemonic masculinity (Open Mind, 2012). Evans, Carney and Wilkinson (2013) suggest men will attend counselling when work–life balances are affected and need to be addressed. This is primarily because the male is then able to engage with a process that may help in maintaining their sense of masculinity. Young men who have lower rates of gender role conflict are also more likely to attend counselling (O'Neil, 2013). Some studies have shown that the actual reasons for the bias in the numbers of men attending counselling may be linked to social humiliation or socioeconomic and educational influences (Bailey & Paisley, 2004; Englar-Carlson, Stevens & Scholz, 2010). Other research has found that men do not seek counselling relationships because of damaging stigmas associated with the activity, subtleties of authority and power, and poor socialisation skills (Vogel, Heimerdinger-Edwards, Hammer & Hubbard, 2011). Cusack, Deane, Wilson and Ciarrochi (2006) conclude that the described unwillingness of young men to seek counselling suggests that those who do eventually attend therapy, may have been coerced or influenced by significant others to do so.

It has been confirmed that counselling work with men is distinctive in some ways (Good & Robertson, 2010). Good et al., (2005, p. 701) state that 'men may resist building

therapeutic relationships with therapists by … being stoic, or by acting out to unconsciously prevent or sabotage an emotional bond'. Counsellors who work with young men should, therefore, attempt to comprehend the different communal and social issues that affect masculinity (Englar-Carlson et al., 2010). Good and Robertson (2010) affirm that the counsellor working with a young man should try to comprehend the client and his experiences explicitly. They state the counselling relationship with a male should validate the individual's masculine traits. Duffey and Haberstroh (2014) argue that young men should be challenged to mature a better interpersonal consciousness and deliberation of themselves and others. Counsellor congruence, composure and practice of 'action-oriented' approaches may also help men to soften their presumptions regarding counselling relationships (Englar-Carlson & Kiselica, 2013; Good & Robertson, 2010).

While the lack of service use by young men is well established in the literature, why young men are reluctant to engage in mental health help seeking or support is not well understood (Lynch et al., 2016). There have been some theoretical positions constructed to examine this reluctance, and this review now examines these.

2.1.3 Theories examining why young men are difficult to engage in mental health help seeking

There are some theoretical positions that examine why young men are difficult to engage in mental health help seeking. These theoretical positions can be viewed from a biopsychosocial perspective and have attempted to encapsulate the complexity involved in understanding why individuals may choose or refuse to address mental health concerns when they arise. The theories examined explore gender and views of mental health and do not concern broader perspectives such as class and socioeconomic status. Murray (2005) states that theories of help seeking behaviour have predominantly been formulated and discussed in older adult populations; therefore, their applicability to young adults is not well established. Thus, it is important to develop a clearer understanding of how these theories apply to young men.

2.1.3.1 Biological theory

Perhaps one of the most pervasive and influential theoretical bases for explaining masculine behaviours and lack of mental health help seeking is the biological perspective. As discussed by Robertson (2008), the notion of being masculine is frequently associated

with the physical appearance or sexual presentation of men. This means biological theory takes a perspective that affirms that male behaviours are biologically innate and driven by internal, organic forces. Robertson (2008) proposes that chromosomal and hormonal influences lead men to behave in predetermined ways. Within biological theory, men are therefore seen to be the result of genetic/hormonal evolutionary processes. This view could have significant consequences for the participation of young men within the counselling relationship. Perhaps, as postulated by O'Brien, Hunt and Hart (2005), men are not biologically geared to partake in health-related activities like counselling. This proposition is argued on the basis that genetic predispositions do not support evolutionary mechanisms or sociocultural practices that promote self-reflective actions in men (Evans, Frank, Oliffe & Gregory, 2011).

However, Connell (2005) reminds us that in modern theoretical development it is unusual to find a biological discourse of masculinity solely explaining the behaviour of men. She proposes this is because biology does not fully determine all life outcomes. Male bodies are equally 'agents and objects' of practice, states Connell (2005, p. 61). Men are integrally connected with many other influences during their masculine development. Thus, Connell (2005) argues, biological measures cannot account for the many differences in the presentation of masculinity in the social and private contexts of men all over Australia and the world.

In line with the proposition by Connell (2005) that biology does not fully explain the presentation of masculinity in help seeking behaviours, there are a number of other theories that take a non-biological stance in explaining the mental health help seeking behaviours of young men. These psychosocial explanations of human behaviour propose that gender differences and their expectations play a major role in the development of modern-day masculinity.

2.1.3.2 Gender role theory

Gender role theory posits that social beliefs about a person's status in society yield conformity to a given gendered role (Shimanoff, 2009). Robertson (2008) argues that when social roles have trouble being realised this results in an intrapersonal conflict. The male who has strongly internalised a social role expectation and utilises this heavily in the definition and perception of his sense of self will struggle when he is called upon to

act in different roles (Wester, Christianson, Vogel & Wei, 2007). This may be significant in relation to young men seeking counselling, as internalised role expectations that do not fit with 'asking for help' will severely challenge their ability to call for therapeutic support.

There has been some significant criticism regarding gender role theory and its use in exploring masculinity. Most notable is the theory's homogenisation of males, who are ostensibly viewed as non-defined individuals, pervasively socialised into masculine identities (Heppner & Heppner, 2008). It has also been suggested that gender role theory works at a macro-systemic level that does not promote the exploration of individual nuances within roles (Robertson, 2008).

2.1.3.3 Gender relation theory

Gender relation theory seeks to understand masculinity regarding relationships with women and men and what occurs between them (Roussel & Downs, 2007). Connell (2005) proposes that within gender relations, masculinity forms only one strain of broader relations that occur across a sociocultural setting. Robertson (2008) argues that this permits examination of resemblances, as well as diversity, between genders, and reflection of how extra dimensions of identity underwrite and misinform these similarities and dissimilarities. Connell and Messerschmidt (2005) indicate that masculinities are viewed as arrangements of hierarchically structured sociocultural activities. They suggest that within this hierarchy are favoured practices belonging to men, often referred to as hegemonic. Hegemonic masculinity has provided a dominant framework for the examination of male identity since the 1980s (Connell, 1989). Fundamentally, this framework has posited that ideal or normative notions of being masculine have dominated social discourses. Although it is thought that most males do not conform to the hegemonic approach, they are most certainly complicit in maintaining its discourse (Richardson, 2010). Connell and Messerschmidt (2005) state that hegemonic masculinity embodies the most important way of being a man and requires all other men to position themselves around it.

Thus, as revealed by Sheff (2006) within the hegemonic framework, higher valued practices of masculinity become dominant and habitual. This dominance allows for masculine practices to be viewed as historically contingent and thus flexible in nature.

According to Connell (2005), masculinities are therefore not biological or social idioms but incorporated configurations within social structures that replicate themselves as required. When considering this proposition in relation to young men accessing counselling, it becomes quite apparent that hegemonic discourses may strongly influence a male's choice to enter a therapeutic relationship.

2.1.3.4 Reactance theory

In continuing to highlight the psychosocial theoretical underpinnings of young men's mental health help seeking, the theory of reactance proposes that individuals value certain conditions such as freedom of choice and autonomy (Mead, 2007). When these conditions are endangered, a negative psychological state (reactance) occurs and people react in ways that attempt to reinstate the esteemed conditions. The amount of reactance experienced by an individual is contingent on how important the freedom is to them, the number of freedoms lost or threatened and the strength of the threat (Mead, 2007). Therefore, when someone observes that a form of support will threaten their freedom or autonomy, they are likely to react negatively (Beutler, Harwood, Michelson, Song & Holman, 2011). Some studies have shown that reactance can be present even if freedom has not been directly affected. In evidence of this, a study by Quick and Stephenson (2008), which examined reactance from a communications perspective, found that if people thought others were using dogmatic language that implied a loss of freedom, they would be likely to refuse any support offered. Individuals have also been found to become angry towards support structures if they feel their autonomy and choice to decide is negatively interfered with (Rains & Turner, 2007).

In direct relation to help seeking behaviour in young men, reactance has been shown to play a significant role in whether individuals will pursue support. A study by Miller, Burgoon, Grandpre and Alvaro (2006) concluded that reactance played a major role in young men's decisions to quit smoking. The researchers stated that 'parental prohibitions—especially when perceived as strict, prohibitive, or controlling—should be met with opposition in the form of resistance, noncompliance, resentment, and even hostility' (p. 249). Woller, Buboltz and Loveland (2007) in an examination of American college students (mean age 23 years), found that young men in their study had much higher levels of reactance than young women. Woller et al. (2007) propose that men are more likely to react to threats to freedoms because men typically are assumed to have

more power and therefore may present more ‘targets’ (p. 21) that can be endangered by others.

2.1.3.5 Attribution theory

Another psychosocial theory exploring young men’s mental health help seeking behaviours is known as attribution theory. Attribution theory posits that a young man receiving help will want to know what motivated the helper’s behaviour. Sullivan (2009, p. 34) states that understanding the motivation of others requires three key variables:

> Consensus, the amount to which other people’s behaviour is similar to the person offering support; Consistency, which marks the degree to which the behaviour is the same across time and situations; and Distinctiveness, the level to which a helper’s reaction to one situation differentiates itself from responses to similar circumstances.

Attribution theory proposes that a young man is most likely to pay attention to the attributes of someone who is offering support when they perceive that others do not typically behave in the same manner (low consensus); that the individual always acts like this in different situations (high consistency); and that the individual behaves like this in similar circumstances (low distinctiveness) (Vaughan & Hogg, 2011). If these factors are not present, it is most likely the young man will emphasise situational constraints, referred to as external attributions (Vaughan & Hogg, 2011). Wacker and Roberto (2007, p. 43) propose that in determining what the helper’s intention is, the young man can place emphasis on three possible motives:

> Genuine concern, did the assistant offer support from an honest and unaffected position? Ulterior motive, can the helper be perceived as having a hidden agenda in offering their support, and lastly, role demand, was the help provided as part of the conditions of the helper’s role?

These interpretations readily relate to seeking support from individuals within an individual’s formal network. In the case of young men and counselling, attribution theory would postulate that if a young man perceived a lack of genuine concern from someone suggesting therapy, that this person had an ulterior motive in making the suggestion and that this was not a standard suggestion as part of the person’s role, then the young man would be unlikely to take the suggestion on board and therefore not consider counselling as an option.

2.1.3.6 Equity theory

In this psychosocial approach to help seeking, it is suggested that individuals strive to maintain equity within their relationships (Sullivan, 2009). This notion has also been referred to as *reciprocity* (Molm, 2010). People who believe they are getting more than they should and who feel obligated to others respond adversely to suggestions for help, as they perceive that equity has been conceded (Vaughan & Hogg, 2011). When inequities transpire, individuals can report some anguish regarding the situation and therefore endeavour to remedy the inequity by 'altering the tangible elements of the interaction process or by psychologically reformulating the interaction context' (Wacker & Roberto, 2007, p. 44).

Sullivan (2009) states that an individual may perceive that their 'rewards-to-efforts ratio' (p. 184) is smaller than that of another person. When this occurs, the individual will be motivated to balance out the percentage. They will either reduce their efforts (reduce the denominator) or attempt to increase benefits (increase the numerator). Conversely, if the individual identifies that their rewards-to-efforts ratio is better than that of another person, they will be motivated to balance this inequity by improving their efforts to justify the additional benefit or by reducing their benefit (Sullivan, 2009). Molm (2010), in discussing reciprocity, argues that when individuals have difficulty in addressing inequity, they may choose to internally misrepresent their perceptions about the nature and extent of the inequity, look elsewhere for proof that the inequity is not factual, or abandon the situation in which the unfairness has occurred.

When discussing help seeking, equity theory proposes that individuals will not seek assistance if they feel they are unlikely to be able to reciprocate. Wacker and Roberto (2007) suggest that this is an important factor to consider in help seeking as restoring a sense of equity to a help seeking situation may help an individual feel better able to receive support when required. Reciprocity has also been shown to be more important to males than to females. A Russian study found that men were much more likely to report the importance of reciprocal acts than women, who were said to experience larger amounts of non-reciprocation (Ashwin, Tartakovskaya, Ilyina & Lytkina, 2013). Addis and Mahalik (2003) also affirmed that men placed great importance on being able to reciprocate acts of support when they were in a position requiring mental health assistance. These findings are backed up by the notion of hegemonic masculinity and

gender-based theory. It has been suggested that the act of being demonstratively or heroically helpful in situations where someone requires assistance is a significantly 'male' action (Schrock & Schwalbe, 2009). Perhaps the action of being able to reciprocate support is one way in which a male might be able to hold onto their sense of masculinity when they perceive that this has been threatened.

2.1.3.7 The Theory of Planned Behaviour

One of the most comprehensive psychosocial theories that can be used to understand why young men are reluctant to engage in mental health help seeking is the TPB. The TPB can be envisaged as centring primarily on the young man's attitudes and principles, which are sociocultural in nature (Hartong, 2011). As stated by Morris, Marzano, Dandy and O'Brien (2012), the TPB originated from the Theory of Reasoned Action, which argues that the undesirable or desirable appraisal of behaviour (attitudes), combined with its predicted consequences and the social burdens (subjective norms) applied to an individual, will result in a behavioural outcome (Fishbein, 2008). The TPB takes the concept of reasoned action further by discussing the notion of perceived behavioural control, the apparent simplicity or struggle with which the individual will be able to accomplish a behaviour (Ajzen, 2011).

The TPB has been studied in relation to mental health help seeking. Henshaw and Freedman-Doan (2009), in conceptualising mental health care utilisation through the lens of the TPB, suggest that individuals with mental health concerns can be assisted with the TPB by answering questions about:

> Severity: when are my symptoms 'bad enough' to seek professional help? [attitudes] Benefits: does professional help increase my chances of feeling better soon? [attitudes] Barriers: are the financial, emotional, or other costs of seeking professional help worth the possible benefits? [subjective norms] And Self-efficacy: am I capable of making the changes necessary to improve how I feel? [perceived behavioural control] (p. 439).

In a TPB-based study by Skogstad, Deane and Spicer (2006), mental health help seeking behaviours were examined in a male prison population. The research found that the key concepts of the TPB (attitudes, subjective norms and perceived control) all played a significant role in the decision making of the male prisoners to seek help for their emotional distress, with attitudes to help seeking as the strongest predictor. This finding

is backed up by other TPB studies investigating help seeking in men (Collins, Larimer & Witkiewitz, 2011; Smith et al., 2008).

Although this section of the literature review has examined several biopsychosocial theoretical positions in relation to young men's reluctance to seek mental health support, the current research has chosen to utilise the TPB as the chief theoretical perspective from which to conceptualise the participant's counselling experiences. This decision has been made on a twofold basis. First, the TPB is a multifaceted approach (Zolait, 2014) and as such incorporates characteristics of a range of other theories that explore help seeking behaviour (St-Pierre et al., 2015). Principally, this is seen in the TPB's adoption of the flexible and dynamic constructs of attitudes, subjective norms and perceived behavioural control (Ajzen, 1991). These components mean that the TPB easily reflects different elements of other theoretical positions (Ajzen, 2011), thus forming an approach that is more inclusive in its comprehension of help seeking behaviours. For example, the construct of perceived behavioural control is reflected in multiple other theoretical positions regarding help seeking. Within gender role theory, perceived behavioural control can be seen to relate to how much control a young man feels he possesses over maintaining or challenging his social role as a male. In reactance theory, perceived behavioural control is related to the level of reactance a young man might experience, reflected in how much control he perceives over his level of autonomy or freedom to consider mental health support. Within equity theory, perceived behavioural control is reflected in how much control a young man feels he possesses over reciprocity, and in attribution theory, perceived behavioural control can be seen to relate to how much control a young man believes he possesses over the behaviours of others within the help seeking process. Therefore, this work has adopted the TPB because it is multifaceted, incorporating multiple components of other theoretical positions regarding help seeking. This makes the TPB a comprehensive and dynamic approach that can offer greater flexibility in application than other help seeking theories.

The second reason for adopting the TPB within this research lies in its highly heuristic nature (Smith et al., 2008) compared with other theoretical standpoints. This means the TPB offers a unique, practical, problem solving approach to mental health help seeking that acknowledges the complexity associated with how young men make decisions about gaining mental health support. Heuristic approaches are particularly adept at offering a

simple and efficient way to explain why individuals make decisions, come to judgements and solve problems, typically when facing complex problems or incomplete information (Neth & Gigerenzer, 2015). The components of the TPB (attitudes, subjective norms and perceived behavioural control) offer a heuristic framework to explore mental health help seeking. These components provide an exploratory means to explain why a young man may choose to seek or not seek mental health support. For example, attitudes within the TPB refer to the heuristic a young man may apply when considering mental health support. These could include intuitive judgements through which the young man decides if mental health help seeking is a favourable or unfavourable action (Smith et al., 2008). In additional support of the applicability of the heuristic nature of the TPB to this research, Smith et al. (2008) also suggest that distinctively, the TPB offers a helpful heuristic framework to understand the relationship between traditional masculinity ideology and mental health help seeking. As masculinity has been established as a central component in exploring the counselling experiences of young men, this relationship is of importance. Further, understanding the relationship between masculinity and mental health help seeking from a heuristic perspective contributes to a deeper understanding of the young men's experiences.

In summary, the incorporation by the TPB of a range of other help seeking theories combined with its heuristic nature means that it provides a comprehensive theoretical perspective for the exploration of young men's counselling experiences. These factors position the TPB as a more effective approach than other theoretical stances. This will enable this research to provide a deeper and more nuanced understanding of the counselling experiences of young men.

2.2 The mental health help seeking behaviours of young men

In this section, there is an examination of where young men seek mental health support and a summary of the barriers and facilitators they face in the process. It establishes that mental health help seeking is a complex, problem-focused and planned behaviour (Cornally & McCarthy, 2011). As Mitchell et al. (2017) state, many international studies have examined the mental health help seeking behaviours of young people. Within these studies, there has been interest paid to the help seeking behaviours of young men (Lynch et al., 2016). However, most of these studies have been quantitative in nature, often focusing on the development of measures or analysis of components of help seeking

(Lynch et al., 2016). This highlights a scarcity of qualitative work and the need to better understand the individual help seeking experiences of young men (Biddle, Donovan, Sharp & Gunnell, 2007; Bradford & Rickwood, 2014; Johnson, Oliffe, Kelly, Galdas & Ogrodniczuk, 2012). As established in Section 2.1, young men are reluctant to engage in mental health help seeking behaviours and suffer significant negative effects from their unmet mental health needs. Investigating the help seeking behaviours of young men is, therefore, an important area for analysis. Provision of such information allows the therapeutic planning of services to be informed and promotes proper referral and management of mental health issues, ultimately decreasing or averting the associated effects of not seeking support (Bass, Muñiz, Gordon, Maurer & Patterson, 2016; Clement et al., 2015; Gulliver, Griffiths & Christensen, 2010; Jordan et al., 2012; Mitchell et al., 2017). It has been argued that help seeking behaviours are fundamental to the mental health of young men (Vogel et al., 2011). The limited qualitative studies that have examined the experiences of young men receiving mental health support have shown that young men can reduce their emotional and physical distress by partaking in this activity (Lynch et al., 2016; Jordan et al., 2012; McGale, McArdle & Gaffney, 2011; Tyler & Williams, 2014).

During young adulthood, young men begin to look after their health, making arrangements that were formerly commenced by their parents (Rickwood, Deane, Wilson & Ciarrochi, 2005). Searching for help relating to mental health concerns is one of these arrangements. Cornally and McCarthy (2011, p. 286) state that 'help seeking behaviour can be defined as a problem focused, planned behaviour'. It can involve a connection with others or advice-giving materials, such as an online website (Mitchell et al., 2017).

Scott and Walter (2010) affirm that help seeking is a complex process. When young men decide to gain support for mental health issues, it is not solely a process of undergoing some form of mental distress and then seeking help (Rickwood et al., 2007). A multitude of sociocultural and individual factors play a role in the process (Rickwood et al., 2007). Given the complexity of young men's mental health help seeking, researchers agree that there needs to be more investigation and a deeper understanding of the area (Du Plessis et al., 2009).

2.2.1 Where young men seek mental health support

Where young men go for mental health support forms an important component of how they receive help and its associated efficacy (Burns et al., 2013). The following discussion of the literature regarding where young men receive support is integral to understanding how and where support services need to be directed. It is also important to ascertain if young men receive adequate and helpful care, to ensure that their mental health needs are being successfully addressed (Barker, 2007; Batten & Dutton, 2011).

There is clear literature regarding young males' help seeking preferences that identifies that young men are inclined to choose informal types of support, and are reluctant to gain support from mental health professionals (Brownson, Becker, Shadick, Jaggars & Nitkin-Kaner, 2014; Martin, Houston, Mmari & Decker, 2012; Martinez-Hernaez, DiGiacomo, Carceller-Maicas, Correa-Urquiza & Martorell-Poveda, 2014; Wilson et al., 2007). The literature affirms that young men may find support from parents, partners and the community. Jorm, Wright and Morgan (2007), in an Australian nationwide study of 3,746 young people aged 12–25 years, found that intention to seek help for a mental health disorder from family in both young men and women was predicted by younger age, living with a parent and not having personal experience of help. Cusack, Deane, Wilson and Ciarrochi (2004) in a study of 73 males (21–69 years) examining who influences men to attend counselling concluded that intimate partners and general practitioners (GPs), or other health professionals were the most frequent and strongest sources of support. Davis and Kelly (2012), in examining young people (N = 39, 15–25 years; males 74%) with substance use issues, found that young men are more likely to pursue assistance from family regarding most health problems. When they do decide to gain professional support, it is more liable to be with sources they know well.

Peers, friends and partners play a significant role in the lives of young men and have been shown to be a common source of support for mental health issues. D'Avanzo et al. (2012), in an Italian study of 710 secondary school students (37% male), showed that 55% of participants preferred informal sources of support for mental health problems, with the primary form of support suggested being friends or peers. Williams (2012), in a Jamaican study of young people aged 15–19 years (N = 339; 139 males) regarding sources of psychological help, found that friends were the premier choice of participants to gain support, irrespective of gender.

There has been some concern among researchers that peers might be poorly equipped to provide support (Wilson et al., 2007). Cotton et al. (2006) conclude that young men as peers are more likely than young women to suggest 'self-medication' regarding alcohol or other drugs to deal with mental health issues. Lewis and Frydenberg (2004), in a study of how young people cope with stress, found that male adolescents are frequently reported in the literature as being poor at dealing with a psychological strain and therefore are likely to make poor suggestions to peers about help seeking behaviour. Conversely, there has been some research that promotes the use of peer support regarding mental health care for young people. Malchodi et al. (2005) suggest that peer support is effective because it enables young people to share ideas about their health, reflect on inter-subjective experiences and better understand others' experiences.

Increasingly, the Internet and other sources of technology have been shown to be a primary source of support for young men who wish to gain advice for mental health difficulties. Boydell et al. (2013) state that there have been some successful Internet-based strategies for the support of young people and their mental health. These have addressed issues such as depression, anxiety and post-traumatic stress disorder. Stinson, Wilson, Gill, Yanada and Holt (2009) argue that the Internet may speak to the need for individuality and self-sufficiency in young men and thus offer a non-confrontational medium for help seeking. Ellis et al. (2013), in an Australian study of young men's attitudes to mental health and technology (N = 118; 16–24 years) concluded that technology is an integral part of young men's lives. Young men in the study showed a clear preference for using the Internet and other sources of technology to address mental health concerns. One young man in the study commented, 'I'd prefer to talk to someone on the Internet and then maybe make my way to a counsellor or a psychiatrist, rather than just jumping straight into the deep end and going to a psychiatrist' (p. 7). It is therefore likely that the Internet may act as a precursor to young men seeking mental health support from a professional in a face-to-face setting. Rickwood (2012) states that young people need to be discerning in regard to the plethora of information on the Internet and its aetiology, indicating that young men need to be cautious about using the Internet to gain mental health support as it may not always be helpful or appropriate.

2.2.2 Barriers young men face in seeking mental health support

Having examined the literature surrounding where young men seek mental health support, this review now turns its attention to the barriers young men face in this process. Both Australian and international studies within the last five years confirm that young men face many and varied barriers to seeking support for mental health disorders (Lynch et al., 2016; Mitchell et al., 2017; Prior, 2012; Rasmussen, Hjelmeland & Dieserud, 2017; Rice, Telford, Rickwood & Parker, 2017; Salaheddin & Mason, 2016; Tyler & Williams, 2014). Conway, Cohen-Tanugi, Barbour and Bell (2016) argue that young men both create and face barriers to mental health help seeking, and therefore understanding and removing these obstacles is essential for assisting them to find appropriate and relevant support. Most of the reviewed studies used quantitative methodologies, and this reinforces the need for more qualitative work to be undertaken.

2.2.2.1 Emotional competence

The inability to communicate emotional content and share this with others has been shown to be a critical barrier to seeking mental health assistance in young people (Mariu, Merry, Robinson & Watson, 2012). Graham, Huang, Clark and Helgeson (2008) state that communicating negative and distressed feelings to others promotes supportive relationships, further enabling individuals to seek care, interact well with peers and increase levels of intimacy within relationships. Thus, low levels of emotional competence in young people has been correlated with reduced intentions to gain support for mental health issues from both professional and community-based sources of support (Burns & Rapee, 2006; Cefai, Cooper, Borg, Scott & Sladeczek, 2009; Cha & Nock, 2009; Cleary, 2012; Cusack et al., 2004; Vogel, Wade & Hackler, 2008). Low levels of emotional competence also increase the likelihood that young men will choose not to acquire support from anyone (Mariu et al., 2012). In a quantitative study of 295 young adults (18–25 years) in an American college (49% male), Vogel et al. (2008) used structural equation modelling and concluded that students with low levels of emotional competence were far less likely to decide to seek therapy and engage in other help seeking behaviours.

Wilson (2010) also affirms that young males avoid seeking out specialised mental health care because they feel distressed at not being able to express affective content sufficiently.

Deficiency of emotional competence and not having the verbal capacity to recognise, decipher and communicate emotional content with others constrains help seeking in young men (Rickwood et al., 2005). It is conceivable that as symptoms of emotional distress heighten, young males find it problematic to express their affective content (Ciarrochi, Wilson, Deane & Rickwood, 2003). Additionally, as stated by Vogel, Wester and Larson (2007), young males may be afraid to discuss painful and challenging emotions and therefore decide to 'weigh up' the risks associated with expressing this content. Hence, if a young male decides that his emotions are too difficult to address or cannot be trusted with others, he may choose not to seek assistance.

Ciarrochi et al. (2003) examined senior high school students' (N = 217; 71 males) levels of emotional competence and intention to ask for help for emotional problems or suicidal ideation. Their quantitative study, which used multivariate analyses of covariance, showed that social support mediated the relationship between emotional competence and help seeking. Students in the study who identified as having weak social connectedness were less likely to seek support from both formal and informal sources than students who had higher social connectedness. Indeed, more recent studies have concluded that young people who are poorly socially connected are much more likely to have difficulties in discussing distressing emotional content and thus choose not to seek mental health support when required (Best, Manktelow & Taylor, 2016; Rickwood et al., 2015; Whitlock, Wyman & Moore, 2014).

2.2.2.2 Failure to recognise symptoms

Failure to recognise symptoms of mental illness or that a problem needs assistance has been recorded as a barrier to young men seeking mental health support (Gulliver et al., 2010). In a comprehensive quantitative study of American college students with untreated mental health concerns (4,618 young males), Eisenberg et al. (2012) found that significant barriers to help seeking included participants not perceiving a need for help, or questioning how serious their needs were. In a grounded theory study, Biddle et al. (2007) used in-depth interviews to explore non-help seeking among 23 (10 males) young adults with mental distress. The study concluded that the young people interviewed used a 'lay framework' that operated as an interpretive schema for evaluating distress and that this involved a 'repeated negotiation of the meanings of symptoms to avoid a diagnosis of "real" distress' (Biddle et al., 2007, p. 989). This conclusion is significant as it shows that

young men may be aware of their symptoms but choose to interpret them as benign, thereby negating the need to seek help.

The meaning young males attach to their distress has also been shown to explain why they might be seen as not adept at recognising symptoms. Wilson, Deane, Marshall and Dalley (2010), in an Australian quantitative study examining suicidal adolescents (N = 590; 44% male) and their help seeking, concluded that asking for support may well be related to the meaning young people attach to the symptoms of their psychological distress. For example, if a young man attaches a meaning of weakness or inadequacy to his distress he may choose to negate the suffering in favour of appearing more self-reliant or masculine to others. Further, a negative perception of requesting assistance may, in part, be associated with the increasing 'normalisation' of distress, which has been identified in young men and women as having an important role in non-help seeking (Biddle et al., 2007).

Cleary (2012) proposes that restrictive emotional resonance comes from a social discourse that tells young men that they need to show others fortitude while hiding emotional content. This message, in itself, can inhibit the male's ability to affect regulate and understand his feeling states. It could account for why some men do not identify their emotional distress, ultimately not seeking help (Addis & Cohane, 2005). As stated by Jeleniewski-Seidler (2007, p. 16), 'as dominant masculinity within Western modernity still defines itself as independent and self-sufficient, it can be difficult for men to acknowledge their emotional needs'.

In discussing the emotional expression of men within the therapeutic relationship, Cusack et al. (2006) proposes that males who are constrained in emotional expression may have trouble operationalising the tasks of asking for assistance. These men may believe that seeking support is not helpful, thus subconsciously preventing the process from becoming beneficial and consequently re-enforcing their beliefs that the idea of seeking help is futile.

2.2.2.3 Hegemonic masculinity

Integrally linked to the notion of why young men decline to engage in help seeking activities is the concept of hegemonic masculinity (Connell & Messerschmidt, 2005; Heath et al., 2017; Sullivan, Camic & Brown, 2015). Hegemonic masculinity sits

alongside the concepts of gender—the characteristics that a society or culture delineates as masculine or feminine—and sexuality, the biological differences between males and females (Broughton, Brannigan & Omurtag 2017). Hegemonic masculinity is defined as the idea of what it means to be 'male'; encapsulating expectations, properties and behaviours (Addis & Cohane, 2005). Hegemonic masculinity describes men as material providers, showing physical control, stoicism, dominance, strength, independence and emotional resilience (Connell & Messerschmidt, 2005). Verhaagen (2010, p.4) purports that hegemonic masculinity is often known as the "guy code" and that it constitutes the set of rules young men are socially handed about behaving like a 'man.' Some researchers have studied the development of hegemonic masculinity (Chu, Porche & Tolman, 2005; Connell & Messerschmidt, 2005; Mahalik et al., 2003), leading to the development of theories regarding masculinities and how they influence a male's decision to participate in mental health-related activities. Schrock and Schwalbe (2009) argue that the task of being masculine is dramaturgical in nature. It requires that men must perform convincing manhood acts, mastering a set of conventional signifying practices through which the identity 'man' is established and upheld in interaction. Hodgetts and Rua (2010) affirm that modern hegemonic masculinity is inherently complicated and confusing to young men, leaving them unsure about what constitutes a sense of being masculine. However, despite how masculinity is defined or explored, Mankowski and Maton (2010) rightly state that notions of hegemonic masculinity are frequently concomitant with the realities of poor mental health outcomes, violent behaviours and stress.

Some quantitative empirical observations show that males who ratify conventional forms of hegemonic masculinity will face greater mental health risks (Basterfield, Reardon & Govender, 2014; Berger et al., 2013; Hoy, 2012; O'Brien et al., 2005). A recent systematic review of the literature regarding the role of masculinity in men's mental health help seeking found that adherence to hegemonic masculinity affects men's 'symptoms and expression of symptoms; their attitudes to, intention, and, actual help seeking behaviour; and their symptom management' (Seidler, Dawes, Rice, Oliffe & Dhillon, 2016, p. 106). These findings indicate that traditional notions of hegemonic masculinity build up males as enduring and unassailable, placing pressure on them if they want to gain assistance for emotional distress (Emslie et al., 2007; Noone & Stephens, 2008). Therefore, there is inherent difficulty in men admitting to emotional pain as it can be seen to speak of feebleness and is aligned to femininity (Robertson, 2008).

It has been claimed that Australian young men strongly adhere to hegemonic masculinity, often using it as their 'ontological reference point' (Baker & Rice, 2017, p. 16). This strong adherence to hegemonic masculinity seems to be particularly aligned to not seeking mental health support. An Australian national study conducted by Open Mind (2012) and commissioned by 'beyondblue', an Australian independent, non-profit organisation working to address issues associated with mental disorders, conducted 21 discussion groups and 22 in-depth interviews with Australian men (18–60+ years) to examine their mental health help seeking behaviours. The young men in the study (18–25 years) reported a strong alliance with principles of hegemonic masculinity that significantly interfered with their mental health help seeking. Many participants spoke of delaying help seeking, viewing a mental health issue as a sign of weakness. For example, one participant stated, 'men, in particular, are deemed "weak" if suffering and need to "suck it up"' (Open Mind, 2012, p. 33). This is in line with hegemonic masculine values that paint men as independent and self-sufficient, not requiring the support of others to deal with their problems (Basterfield et al., 2014).

A qualitative thesis by Bevan (2010) that examined the psychological help seeking of 18 Australian males (26–64 years) found that all of the participants adhered strongly to traditional masculine norms resulting in avoiding, denying and delaying the need for support. In another Australian study, Brownhill, Wilhelm, Barclay and Schmied (2005) examined the mental health help seeking behaviours of 20 young Australian men (average age 20.4 years). Using a grounded theory approach to analysis, the research concluded that participants avoided help seeking, often numbing mental health symptoms via risk taking behaviours such as alcohol and other drug use. Baker and Rice (2017) state that despite young Australian men being strongly aligned with hegemonic masculine ideals, this is not well conceptualised and further research is required to understand how masculinity, mental health and help seeking interplay.

In addition to Australian young men having a strong affiliation with hegemonic masculinity in relation to mental health help seeking, quantitative and qualitative studies have shown that men in other Westernised countries also possess this trait (Mahalik, Lagan & Morrison, 2006). In an Irish study, Cleary (2012) conducted in-depth interviews with 52 young men (mean age 23 years) regarding suicidal action, emotional expression and how they enact their masculinity. Thematic analysis showed that strong associations

to hegemonic masculinity meant the young men were unlikely to seek support and more likely to hold onto or ignore psychological distress over long periods. Typifying these findings, one young man in the study stated:

> mental illness is very kind of hush-hush among young men. It is taboo. Any mental illness seems to be taboo among young men, that is what I think. Just not discussed, not mentioned, not paid attention to (Cleary, 2012, p. 501).

Oliffe, Galdas, Han and Kelly (2013) conducted a study of 25 young Canadian men (19–28 years) who self-identified or were diagnosed with depression. Through structured in-depth interviews, Oliffe et al. (2013) concluded that three important hegemonic masculine identities were present in the depressed young men that prevented them from seeking support. In line with hegemonic masculine traits, they found the 'angry man' who used anger to dissipate emotional distress. Second, they describe the 'solitary man' who withdraws from others, in fear that his emotional state will be judged as non-masculine. Last, they discuss the 'risk-reliant' young man who utilises substances to control emotions, seeking to prevent engagement with professional services.

In another Canadian study, a qualitative interpretative framework was used by Olstead and Bischoping (2012). They interviewed nine males (19–71 years) in regard to masculinities and constructions of self in a panic discourse. They concluded that it was crucial to men in the study that their experiences of fear be encapsulated in hegemonic masculine ways, stoically and with an appearance of self-control. While reflecting upon his experience of panic, one male interviewed in the study stated, 'there's these intense expectations that you are the guy everyone looks up to, to get things done and, really, inside you are wetting your pants. No way am I going to let people know that or I would really fall apart' (Olstead & Bischoping, 2012, p. 280).

2.2.2.4 Self-reliance and management

The idea of self-reliance and self-management is said to provide a significant barrier to mental health help seeking in young men. Self-reliance and management extend from hegemonic masculine ideals that promote young men as being able to encapsulate their emotions and deal with stress independently (Reed, 2009). These principles of masculinity have led young men to follow a discourse of holding onto their emotional content, attempting to deal with mental health issues with their resources or more

poignantly ignoring them all together. Pollack (2006) purports that, in Western society, we instil self-reliance and dismissal of emotional content in young men from an early age. Culturally we often make comments such as 'Stand on your own two feet'; 'Be a little man'; and 'Don't be a … mamma's boy, a sissy, a wimp, or a fag!' (Pollack, 2006, p. 190). There is also some suggestion that young men are inherently self-reliant through biological masculinity. McCreary, Saucier and Courtenay (2005) suggest that self-reliance is an evolutionary mechanism, instigated to ensure that man survived his environment and emerged from a genetic pool the strongest and most dominant. Owen (2012), through examining crime and masculinities, reminds us that even sociocultural practices have developed with the influence of the biological stance. Men's self-reliant disposition ensured societies developed and cultures encouraged the presence of these attributes. Whether biologically or socially constructed, self-reliance and management have been shown to be associated with negative help seeking behaviours in young men.

American researchers Cigularov, Chen, Thurber and Stallones (2008) conducted a quantitative study of 854 high school students (54% males; mean age 15 years) examining help seeking after undertaking a suicide help education program. The findings showed that 49.6% of participants believed they could take care of any psychological problems they had on their own. This finding is worrying given that young men experience much higher completion rates of suicide than do young women (Pitman, Krysinska, Osborn & King, 2012). Gulliver et al. (2010), in their systematic review of barriers to mental health seeking in young people, found that adolescents and young men prefer to rely on themselves rather than to seek external help for their problems. Gulliver et al. (2010) suggest that adolescent preferences for self-reliance during difficult times extend to a preference for self-help as a treatment for mental health difficulties.

A national online survey by Ellis et al. (2013) exploring the use of the Internet to address Australian young men's mental health needs (N = 486; 16–24 years), found that the vast majority of participants would have preferred to independently deal with their problems rather than seek help from others. This finding was supported in another Australian cohort containing young men, which revealed that the need for autonomy is associated with decreased likelihood of seeking professional mental health support (Rickwood et al., 2007).

Czyz et al. (2013) examined self-reported barriers to professional help seeking among American college students at elevated risk for suicide. The study, which included 51 (32.5%) males, found 18% of the sample showed an inclination for handling their difficulties on their own, as well as a disposition for confidence in using self-help techniques. In another American college-based cohort (*N* = 13,105; 4,618 males), Eisenberg et al. (2012) examined attitudes and beliefs about treatment among students with untreated mental health problems. Over half of the participants (55%), stated they prefer to deal with mental health issues on their own, with young men showing a greater propensity for self-reliance than young women.

2.2.2.5 Gender role conflict

Sitting alongside the notion of hegemonic masculinity is the concept of gender role conflict. Gender role conflict has also been discussed in the literature as a barrier to young men seeking mental health support. As stated by Pederson and Vogel (2007, p. 373):

> Male gender role conflict results from socialised views of masculinity, or how men should behave, and produces strain in a man's life when he does not or is not able to conform to the socialised gender roles, such as being teased by peers for not acting tough enough or being passed over for promotion because he is not competitive enough.

Features of customary masculine gender role socialisation comprise a propensity to be emotionally repressed and self-governing (Wolfram, Mohr & Borchert, 2009). It is thought that this conflict may stunt the realisation of young men's potential, with the individual experiencing feelings of entrapment relating to having to live a version of hegemonic masculinity that they feel does not belong to them (Acosta, 2005).

In a quantitative study of 396 male undergraduate students (age range not provided), enrolled in psychology classes at an American university, Wester et al. (2007) measured gender role conflict and psychological distress. The research utilised a Gender Role Conflict Scale (GRCS), which measures men's reactions to the inconsistent and unrealistic gender role expectations they face. The GRCS has four subscales: Success, Power and Competition; Restrictive Emotionality (RE); Restrictive Affectionate Behaviour between Men (RABBM) and Conflict between Work and Family Relations Wester et al. found that young males within the study who had higher levels of RE and RABBM reported higher levels of psychological distress and less help seeking behaviour.

This finding, they argue, is related to the notion of social support as the provision of social constructions that encourage help seeking, and the important role it plays in men seeking help for their mental health issues. Additionally, they state that men tend to cope with gender role conflict by withdrawing from social connections and attempting to reinforce their sense of masculinity rather than seeking assistance for their distress.

Galligan, Barnett, Brennan and Israel (2010), in another quantitative study using the GRCS, examined the links between gender role conflict and propensity for suicide. The sample consisted of 362 young American men (18–24 years) and found similar results to Wester et al. (2007). Young men with high levels of RE were likely to have poor social supports and therefore were less likely to seek support from others. The study also concluded that as levels of RE increased (reflecting a decreased ability to share emotions and ask for help), levels of personal resiliency reduced. This finding is concerning because it not only affirms young men with gender role conflict are less likely to ask for help from others, but that they are also less liable to be able to find support from within themselves.

Kupers (2005) reports that gender role conflict can be 'toxic', and O'Neil (2013) states that its outcome is the restriction of a young man's potential by devaluing and restricting his experience of self. Berger et al. (2005) have shown links between gender role conflict, depression and alexithymia (an inability to express emotions) in younger men. Good et al. (2006) point out that many studies have shown that gender role conflict has strong implications for poor mental health outcomes for males.

Another key aspect of gender role conflict explored in the literature relates to a male's fear of the feminine. Kierski and Blazina (2010), in their mixed methods study of fear of the feminine and its effects on counselling, found that men experience many worries about the fear of the feminine as related to masculine gender roles. The men interviewed (N = 31; 25–68 years) expressed concern that attending therapy may undermine their expression of masculinity through making them demonstrate female thoughts or behaviours. Frequently, counselling has been associated with stereotypical female behaviour including emotional expression, introspection and acknowledgement of vulnerability (Rochlen, McKelley & Pituch, 2006).

O'Neil (2013), in reviewing 30 years of psychological studies associated with gender role conflict, espouses that men of all ages can be assisted to develop more constructive masculinities if gender role conflict is viewed as a means to conceptualise the positive aspects of masculinity. O'Neil (2013) states that rather than focussing on gender role conflict as an inevitable pathway to serious psychological and interpersonal problems, it can be viewed as a tool to examine areas of self-development and growth. This can be achieved through using gender role conflict to identify "the personal qualities that empower males to improve themselves, their families, and the larger society" (O'Neil, 2013, p. 497). O'Neil (2013) advocates that counsellors can play a pivotal role in this process, discussing the positive qualities of empowerment, confidence and hope that their male clients may seek to develop.

2.2.2.6 Stigma

As argued by Pedersen and Paves (2014), the belief that other people would view an individual negatively, thereby stigmatising them is a significant barrier to gaining support for mental health issues among young males. Stigma has been defined as both public and self-stigma. Public stigma 'refers to the stigmatising perception, endorsed by the general population, that a person who seeks mental health services is undesirable or socially unacceptable' (Vogel, Bitman, Hammer & Wade, 2013, p. 311). Self-stigma occurs when public stigma relating to mental illness is internalised, giving an individual a sense of guilt or shame (Corrigan, Watson & Barr, 2006). Public and self-stigma are associated with reluctance to seek help, discrimination and low self-esteem (Topkaya, 2014; Hartman et al., 2013; Eisenberg, Downs, Golberstein & Zivin, 2009). There has been an examination of both forms of stigma in the literature relating to young men and their help seeking behaviours. This review now turns its attention to these studies.

The literature shows that young men experience more public stigma for accessing mental health support than do young women. For example, in a mixed methods study of college students (N = 116; 48 males; mean age 21.7 years) that explored factors associated with stigmatisation in mental illness, Mann and Himelein (2004) concluded that young men were much more likely to experience stigma than young women. They also found that young men were more likely to stigmatise other young men than young women. This finding has been collaborated by Williams and Pow (2007) who established that not only are young males believed to suffer more stigmatising responses to mental health problems

than young females, but they also hold more negative and stigmatising attitudes to people experiencing these.

In a qualitative study using thematic analysis, Issakainen (2014) examined young people's negotiation of the public stigma surrounding their depression (6 males; 14–29 years). The study concluded that a significant barrier for mentally distressed young men in seeking support was that they were often stigmatised as dangerous to the public and 'out of control'. A 26-year-old male in the study disclosed:

> I have also heard (as a joke although) that I will be the next school killer. I would never want to hurt anyone else although I'm feeling bad myself. I do not hate the world or blame it for my condition (Issakainen, 2014, p. 176).

Other stereotypical and stigmatising associations of young men with mental health issues include notions such as 'behaving like a woman' (O'Brien et al., 2005); being incompetent (Sadler, Meagor & Kaye, 2012); and being untrustworthy social outcasts (Overton & Medina, 2008).

Gulliver et al. (2010) conducted a systematic review of the PubMed, PsycINFO, and Cochrane journal databases. They identified 13 qualitative studies relating to perceived barriers to help seeking for mental health issues in young adults. They found public stigma about seeking help to be the most common help seeking barrier, with 10 of the 13 examined studies addressing this theme. Williams and Pow (2007), in a sequence of focus groups with 496 young Scottish people (245 males), discovered that young men often described psychological symptoms as 'weird' and thought they would be stigmatised if they talked about them. In an Australian national investigation of 12–24-year-old Australians (1,793 males), Yap, Wright and Jorm (2011) suggested that the stigmatised notion 'having a mental disorder is a personal weakness' significantly predicted lower intentions to seek help in the young male participants, as well as less positive beliefs about professional sources of help.

Levant et al. (2013), in discussing self-stigma, argue that men are alleged to hold social power and are therefore not thought of as a stigmatised group; however, when young men experience an inability to solve their issues they violate the traditional masculine norm of self-reliance. These young men then experience self-stigma relative to the degree that they have adopted traditional masculine norms when they consider seeking mental health

support. Vogel et al. (2011) argue that the presence of self-stigma is a significant predictor of reduced help seeking for men living in Westernised countries, given that the general gender role expectations for men embrace independent problem solving and strict emotional control.

Mental health support, such as counselling, can be perceived as a risk to a young man's judgement of his masculinity (Schaub & Williams, 2007). This perception applies if the young man holds high levels of self-stigmatisation around mental health issues. The prospect of seeking mental health services may be self-stigmatised as a sign of feebleness (Vogel et al., 2008). In line with the possible influence of masculinity on how men view themselves (if they were to need mental health care), young men have been found to self-stigmatise this support to a larger degree than women (Judd et al., 2006). Further, the association between public and self-stigma is more robust for males than females (Vogel et al., 2007).

2.2.2.7 Service barriers

Young men have been found to be at risk of not accessing health services because of service related barriers (Booth et al., 2004). The types of issues faced by young men and young people, in general, tend to relate to accessibility, equity and acceptability of services (WHO, 2012). Accessibility can refer to simple matters such as knowledge of services, geographic location and cost, whereas acceptability and equity may refer to more complex issues such as staff training, the service model used and confidentiality.

Laws and Fiedler (2013) argue that the existing mental health structure in Australia does not have adequate funding to cope with the mental health issues of young men. In addition, Baker and Rice (2017) state that frequently, mental health facilities are intended either for children or adults, and young men are rarely factored into the equation when services are designed or developed. Engagement of young men may also require a style and therapeutic skill that is often lacking (Baker & Rice, 2017).

Jenkins (2010) proposes that one of the significant barriers to young people engaging in mental health support is confidentiality. Primarily, fear by the young person that confidentiality will not be kept or respected prevents them from talking to others about their issues (Carlisle, Shickle, Cork & McDonagh, 2006). Rickwood et al. (2007) found that when confidentiality was not kept, or worries about breaches of confidentiality

occurred, this significantly contributed to negative attitudes by young people regarding mental health services, such as school counsellors. Gulliver et al. (2010) found in their review of the literature that a chief anxiety for many study participants was confidentiality and trust concerning the possible source of help. Gulliver et al. (2010) further suggest that concerns about privacy could be linked to stigma, where the distress of a breach in confidentiality branches from the fear of stigma and humiliation should friends and family discover that the young person had sought help.

Gulliver et al. (2010) identified that an absence of accessibility such as transport and cost was a notable obstacle for young people seeking mental health support. These barriers are particularly true for young people in regional and rural settings (Francis et al., 2006). In an Australian study, McCann and Lubman (2012) interviewed 26 young people with depression (10 males) aged 16–22 years. They found that accessing a service could be severely affected by its proximity to the individual and the proximity and availability of public transport. The study also suggested that young people might not persevere with service access if long waiting periods after assessment prioritisation occurred.

Yap, Reavley and Jorm (2012) indicate that Australian youth are still pervasively unaware of available mental health services. This lack of awareness is said to be present in other Western countries. An American study of young college students (N = 266; males 47%) by Yorgason, Linville and Zitzman (2008) found that young male participants were unlikely to be aware of mental health services or know how to access them. Hunt and Eisenberg (2010), in a similar population of college students, concurred with this finding and proposed that young men from lower socioeconomic status were unlikely to seek support for mental health issues. Cummings (2014), in an American national study, found that low socioeconomic status was notably related to young men's help seeking for counselling. Australian studies have also found that young men from low socioeconomic backgrounds are less likely than young men from higher socioeconomic backgrounds to access mental health care (Page, Taylor, Hall & Carter, 2009; AIHW, 2011).

Tonin (2007) reports that providers of youth mental health support must comprehend that a multi-systemic approach, inclusive of the voice of young people, is necessary to prevent service obstacles. Whorley and Addis (2006) affirm there is an absence of young men's voices in the milieu of literature discussing barriers to help seeking. Rochlen and Hoyer (2005) assert that male help seeking could be facilitated through use of a 'promotional

viewpoint' that encompasses an extensive deliberation of how men identify the concept of counselling and other mental health help seeking behaviours. In the current study, this is addressed through conversation with young men regarding their perceptions and involvement with counselling relationships.

2.2.3 Facilitators for young men to seek mental health support

The literature has identified a number of factors that increase the likelihood of a young man seeking mental health support such as counselling. These factors are important to understand as they provide a means through which the mental health sector can capitalise on encouraging young men to use mental health supports when required (Harding & Fox, 2015). They are especially relevant for the current study as they may assist in understanding why young men enter, remain in or exit counselling.

2.2.3.1 Positive past experiences

Gulliver et al. (2010) discussed the importance of positive past experiences in young men seeking support, suggesting it may promote the help seeking process. Timlin-Scalera, Ponterotto, Blumberg and Jackson (2003) found young men were much more likely to attend mental health services if they had been exposed to a previous positive experience in engaging with a worker or service. Garland, Haine and Lewczyk Boxmeyer (2007) reported similar results in their study concerning youth expectations of therapy, noting that if young people have a positive experience in their therapeutic relationship they are more likely to approve of further counselling and report greater benefit from the counselling process. Similar findings have been concluded in other studies of young Australian males (Rickwood et al., 2005, 2007). Watsford and Rickwood (2014), in a more recent Australian study of young people attending a mental health service (including 70 males aged 12–25 years), concluded that a decisive factor in the clinical outcome, and thus likelihood to return to therapy, was related to a positive experience while receiving care.

2.2.3.2 Support from family, peers and others

Another facilitator of young men seeking mental health support relates to seeking advice to do so from their family, peers or other people they respect or admire. Timlin-Scalera et al. (2003) affirm that young men are much more likely to consider mental health

support when recommended by individuals within their support networks. Pisani et al. (2012) conducted research exploring the associations between suicidal high school students' help seeking and their attitudes and perceptions of the social environment. The study, which included over 1,200 young males aged 14–17 years of age, concluded that positive attitudes about help seeking from adults at school significantly contributed to the likelihood that an individual would seek support.

GPs have also been found to facilitate mental health help seeking behaviours in men. Studies over a 12-year period have revealed that this facilitator has remained constant. Millar (2003), in her qualitative study examining men's experiences of considering counselling (N = 10; 27–61 years), found that GPs were a considerable facilitator in the process. Millar (2003) reported that many of the men in her study saw GPs as a significant figure of authority. Consequently, a GP's positive opinion about attending counselling was held in high esteem by participants and likely to make them choose to attend therapy. Bevan's (2010) thesis examining men's psychological help seeking in 18 Australian men (26–64 years) found that GPs played a major role in prompting participants to express their emotional distress and thus agreeing to further mental health support. Harding and Fox (2015), in a qualitative study of nine Australian men (23–65 years), found that GPs often facilitated mental health help seeking by providing the men in their study with information, knowledge and support about mental health support options. Harding and Fox (2015) surmised that GPs acted as a 'doorway to the things like therapies that are available' (p. 455).

It is also important to remember that some researchers report that young men reluctantly enter mental health support when pressured by parents or other social supports (Kiselica & Englar-Carlson, 2010). Interestingly, in an American grounded theory study by Draucker (2005), which examined interaction patterns of young people with depression and the significant adults in their lives (N = 52; 17 males), it was found that even when young people were forced into mental health support, resistance and resentment did not affect the effectiveness of the treatment outcome.

Experiencing social networks that promote mental health support has also been identified as a significant facilitator for young men in their help seeking (Harding & Fox, 2015). Vogel, Wade, Wester, Larson and Hackler (2007) in a quantitative investigation of the relationship between an individual's social network and mental health help seeking,

concluded that social networks that promoted positive norms for mental health support were much more likely to facilitate help seeking. The study consisted of 1,526 university students (46% male) and showed that when participants were supported by their social network or knew someone that had received mental health support, they were much more likely to view the idea of mental health support positively. Rickwood et al. (2015), in a quantitative study examining the effects of social influences on seeking help from mental health services, concluded that young men, in particular, were influenced by their partners in seeking mental health support. The study (N = 37, 994; 31.9% males; aged 12–25 years) established that young men coupled with partners who endorsed social norms that positively viewed mental health support were likely to consider attending mental health services. Rickwood et al. (2015) state that this finding is significant because it exemplifies that partners of young men may need to be targeted in promoting positive social norms in mental health service use.

2.2.3.3 Level of distress

Another point in consideration of facilitators of young men seeking mental health support relates to the level of their distress or severity of their mental health issue. Even though failure to recognise symptoms has been presented as a barrier to mental health help seeking, it appears that when symptoms are severe enough, recognition improves and this facilitates the process. In an Australian quantitative study conducted by Leahy et al. (2010), 955 tertiary students aged 16–24 years (48% male) completed psychological distress measures and were subsequently questioned about whether they had sought mental health support. The results clearly showed that young male participants were more likely to report accessing mental health support if they had higher levels of psychological distress. The results also highlighted that the higher the rate of the distress, the more likely psychological help had been ascertained. In another Australian study by Thomas et al. (2014), which involved psychology students aged 18–25 years (the cohort had 62 males), examined attitudes that predict intention to seek help for psychological distress. It concluded that for the young male participants, high levels of distress were more likely to be interpreted as requiring support than lower levels, particularly if the individual held positive attitudes towards the notion of help seeking. Other studies have found that young men with externalised mental health conditions such as behavioural disorders are more

likely to find support than young men with internalised disorders such as depression (Wahlin & Deane, 2012).

2.3 The experiences and expectations of young men in counselling

An extensive literature search of the experiences and expectations of young men in counselling revealed a limited pool of available material. As argued by Burton (2012), this may relate to the fact that young men are reluctant to discuss their emotional world due to gendered notions that men are prideful, possess power and do not require emotional support. Consequently, young men are less likely to enter counselling relationships than women and are therefore underrepresented in the literature about therapeutic experiences.

The majority of the studies reviewed in this section use qualitative methodologies. This is perhaps reflective of the diverse and complex nature of the experiences and expectations of counselling. Additionally, in many studies young men are often not represented as the chief focus within samples. Therefore, reviewed studies often contain other age groups in their samples, such as older or younger men or young females.

Finally, this section of the literature review has been purposely divided into discussing expectations and experiences of counselling separately. This is because expectations may be fundamentally different from experiences in counselling and as such require separate examination (Tambling, 2012). Expectations of counselling have also been shown to affect the experience and outcome of therapy (Patterson, Anderson & Wei, 2014).

2.3.1 The young male's expectations of counselling

Limited studies have addressed the expectations of young men in counselling. Bury, Raval and Lyon (2007) highlight the experiences of young men in individual psychotherapy, stating that their expectations of counselling are minimal as they possess a poor understanding of the counselling process that is easily influenced by the media and other social discourses. Bury et al. (2007) suggest that young males may not have their expectations of counselling met because of the negative and often untrue portrayals of mental health help seeking in broader society.

Bedi and Richards (2011), utilising a quantitative, quasi-experimental study, examined issues connected with the formation of a therapeutic alliance in counselling relationships

with men. The researchers employed purposive sampling of 41 men (including young men aged 19–25 years) to examine what men expect in developing a relationship with their psychotherapist. The four most important alliance formation variables were Bringing out the Issues, Client Responsibility, Formal Respect and Practical Help. Bringing out the Issues emerged as a key variable in understanding the perspective of men on the therapeutic alliance. It was found to be statistically significantly more helpful and more understood than all other 9 variables except Client Responsibility and Formal Respect. Bedi and Richards (2011, p. 389) reported that in bringing out the issues, men expected that the psychotherapist would listen, make encouraging comments and ask questions.

Some studies have concluded that young men do not consider what counselling will involve and consequently do not hold substantial expectations about therapy (Watsford, Rickwood & Vanags, 2012). Watsford et al. (2012) used thematic analysis to explore the expectations of mental health support in 20 young adults, aged 12–25 years (including nine males). They found that the majority of participants (including the young men) did not know what to expect in their role as the client and did not know what to expect regarding the counsellor's behaviour. Watsford et al. call for young men and women to be better informed around what seeking help from mental health services, such as counselling, entails. They argue this should include increasing young adult's awareness of what seeking help involves, as it may promote engagement, reduce dropout rates and lead to better clinical outcomes.

In a later quantitative study, Watsford and Rickwood (2014) examined the relationship between young adult's expectations, preferences and actual experiences of therapy. Participants comprised 228 young people (12–25 years; 30% male) who were seeking help from an Australian youth mental health care service in Canberra. The young adult participants were given a number of screening forms to complete that were designed to measure preferences, experiences and expectations of therapy. Through statistical analysis of variance, bivariate correlations and path analysis, Watsford and Rickwood concluded that young men and women's initial expectations of therapy might not be necessary for predicting therapy outcomes. Watsford and Rickwood (2014) argue that young men and women often get in touch with therapeutic services because others, for example a parent, have arranged the process. Thus, they may not have formed strong

views themselves about services like counselling. This poses a potential issue for counsellors in working with young men, as it is possible that a young man has not considered what to expect in the therapeutic encounter and will, therefore, take longer to adjust to the therapeutic environment. Alternatively, this may present the therapist and young man with an opportunity to begin the therapeutic journey with a clean slate. With no formal expectations in place, the young man can start to develop these expectations in conjunction with the therapist, thus tailoring the therapeutic experience in a uniquely individualised way.

Binder, Moltu, Hummelsund, Sagen and Holgersen (2011), in a hermeneutic–phenomenological study, explored young adults' expectations of a therapist's behaviour in establishing a therapeutic relationship. The 14-young people in the study, aged 16–19 years (six young men), stated that they expected the counsellor to be aware that they were feeling hesitant in their relationship at the commencement of therapy. They also said that a therapist should show they are comfortable with their profession, and that there should be sufficient emotional closeness in the relationship to allow exploration of presenting issues. These findings are reflected in the theoretical literature relating to young male's therapy, which frequently recommends the need for a strong therapeutic alliance (Lynch et al., 2016; Mahalik, Good, Tager, Levant & Mackowiak, 2012). Binder et al. (2011) also highlight the importance young males place on emotional and role boundaries in the relationship with the therapist. For example, one young male in the study shared:

> It is important that it does not get too close because then it will be a little bit bad when one has to leave. For someone … for me, it would have been like that, very tough if it had become too close, and I had to leave. I have been in therapy for two years. So, I think it is very important that one keeps the roles clear (p. 560).

Binder et al. (2011) suggest that strong role characterisations were perceived by young adults as important in keeping dependency needs within boundaries. Thus, for some participants, counselling was a possible risk to their independence due to feelings of vulnerability that arose. Further, within the study young men and women viewed therapy as 'a project that they needed to find their way in life, or to discover whom they wanted to be' (p. 560). This showed the reflective nature of the young people and how they sought to develop their sense of purpose and direction.

Price (2016), in a quantitative study using multivariate analysis, explored college students' therapy preferences (*N* = 225; 65 young men, mean age 20 years). The research concluded that participants 'not only expected therapy to consist of exploration and expression of feelings, but they also anticipated that these strategies would be especially helpful' (p. 213). Price also concluded that young men, in particular, seem to expect a level of stigma associated with attending counselling, and proposed that they may benefit from a frank conversation at the beginning of counselling, regarding attitudes and fears about therapy, focusing on normalising concerns. This is an important finding from the perspective that stigma has been shown to play a significant role in preventing young men from attending counselling (Issakainen, 2014; Mann & Himelein, 2004; O'Brien et al., 2005; Sadler et al., 2012), and therefore may require consideration in promoting attendance at therapy.

Cormack (2009) examined the counselling expectations of young homeless adults aged 16–19 years. The qualitative, grounded theory-based research was undertaken with a small sample of eight young people, three of whom were male. Cormack found that at-risk young men in particular expected counsellors to develop trust over time, being earned and reinforced. In Cormack's work, and with the previous research discussed (Bedi & Richards, 2011; Binder et al., 2011), the trust of the counsellor and the therapeutic alliance appear to be at the heart of the matter. In a meta-analysis of therapeutic relationship variables in youth and family therapy, Karver, Handelsman, Fields and Bickman (2006) reviewed the literature available in the Psychoinfo database between 1870 and 2004. They concluded that therapist interpersonal skills and influence skills were significant specifically in young men's expectations of the counselling relationship. This finding is significant, as it strongly suggests that therapist behaviours play a major role in assisting young men to stay in counselling.

Weber (2007), in her doctoral thesis addressing the expectations of young adult university students about therapist variables (N = 18,819; 48.9% male; 18–23 years), concluded that young male participants preferred therapist characteristics such as being prepared to listen and remaining non-judgemental. The study also found that male students who had previous counselling experience were more likely to identify specific preferred therapist traits when compared to those who had limited counselling experience. Weber further reported a relationship between a young adult's characteristics (inclusive of

demographics) and the therapist's characteristics. Young men in the study, for example, were found to prefer male counsellors who had the same sexual orientation and racial identity as them. This finding is not surprising, argues Weber, as it has been postulated in particularist theory (Calhoun, 2002) that individuals will seek similar characteristics in others when choosing to establish interpersonal relationships.

In a quantitative study using multiple regression, Gingerich (2004) examined 97 adolescent and adult American male patients' expectations of the healing factors in individual psychotherapy. The study's population was tested post-therapy using a self-reporting measure. Findings suggested that men perceived the installation of hope as being important in their expectations of the therapeutic process. This primarily related to the therapist offering opportunities to speak about issues and frame them in a positive light. In a doctoral study by Ockerman (2006), the perceptions, experiences, beliefs and attitudes of young people utilising a public counselling service were examined. The study included in-depth focus groups, individual interviews and biographical questionnaires. The purposeful sample comprised 16 urban high school students (four males; 18 years), primarily from African American backgrounds. Ockerman concluded that the young men in the study expected their counselling relationship to provide them with new information and skills. The young men also expected their counselling experiences to be meaningful and address the issues that they identified as affecting their lives. These findings affirm that young men seek value in their therapeutic experiences and are not disconnected from the process as proposed in other studies (Good et al., 2005; Schaub & Williams, 2007; Vogel et al., 2007).

In an examination of male-friendly practices in therapy, Kiselica (2003) discussed the literature identifying what was expected to help young men remain in the counselling relationship. Kiselica states that young men do not expect to be counselled in formal settings and have set time limits. He proposes that this is difficult for young men as it presents an environment that is foreign and not conducive to the young male's manner of conducting social exchanges. Kiselica also argues that young males expect therapists to use humour in their repertoire of therapeutic tools as this helps to initiate self-disclosure and may act as a conduit to exploring the challenging material. Last, he challenges the notion that young men are not adept at speaking about their emotions and exploring mental health issues. Instead, Kiselica claims that, given the correct therapeutic

environment and support, young males expect to self-disclose as readily as their female counterparts.

Smith (2004), employing a qualitative-based study that utilised blended principles of grounded theory and phenomenological approaches, explored the personal expectations of young adult males (N = 100; 12–18 years) regarding therapeutic support and elements of its application. Smith concluded that young men expect that therapeutic support will align them with mental illness, rather than be an effective form of intervention. Surprisingly, however, when asked if they would ever use mental health counselling services for life's concerns (e.g., personal, social, emotional, psychological or spiritual), 69% of the cohort reported that they would. Smith reflected that this might be because the young men expected to have psychological issues in the future that would require support, or perhaps they had witnessed older men with psychological issues and aligned themselves with the experience. However, it may also be because young men feel as if they have no other choice than to be labelled with having a mental illness if they chose to seek therapy. Finally, Smith found that the young men in his study expected to be engaged in action-based counselling methods (not just engaging in didactic discourses of therapy). This finding is in line with the work of Kiselica (2003).

Kelly (2014) conducted a quantitative study examining males' expectations of counselling. The study sampled 132 males, aged 18–71 years, and employed canonical analysis to ascertain if socioeconomic status, counselling stigma, counselling barriers and ethnic identity were related to expectations about counselling. Kelly concluded that men with high socioeconomic status, low counselling stigma and counselling barriers, and low ethnic identity expect to be committed to counselling and for therapy to facilitate their needs. Conversely, men with low socioeconomic status, high ethnic identity, high counselling stigma and counselling barriers did not believe that counselling would address their needs and showed low commitment to the idea of therapy. These results, proposes Kelly (2014), may be related to the proposition that men from low socioeconomic status and high ethnic identity are likely to have been heavily socialised in traditional gender roles, and have been shown to be less inclined to attend counselling as it challenges their masculinity identities.

2.3.2 The young males' experiences in counselling

As with the literature concerning young men's expectations of therapy, there is a significant paucity of research that has examined the actual experiences of young men attending counselling. In a recent phenomenological inquiry by Reed (2014), six young men aged 18–24 years were asked to discuss their experiences in counselling or related mental health services and to share their reactions to those experiences. Reed found three major themes: participants' opinions about counselling; the stigmatisation of counselling; and preferences for counselling. Young men in the study viewed therapy as a source for assisting with personal problems in cases where they were unable to do so independently. Participants also revealed that counselling could be used to develop introspective capacity and to recognise emotional content that might be perceived as unacceptable in other areas. As one young man in Reed's study revealed:

> I think it really helps with a lot of people to be able to open up honestly to someone and to share parts of themselves that they wouldn't necessarily share with people in their lives—it's safer. You know that if you're talking to a counsellor, they're not going to tell your buddies or whatever (p. 434).

Reed (2014) found that participants in her study unanimously reported peers would understand if they were to engage in therapy, although the stigmatisation of counselling was acknowledged. This suggests that there may be flexibility in young men's tolerance of stigma, allowing them to respect a peer's transcendence of the issue if they chose to attend therapy.

Meister (2010), in a doctoral study exploring why men access and continue with mental health counselling, found that the counselling experiences of the majority of participants were positive and helpful. The qualitative study, which employed grounded theory as a methodology, interviewed 20 men aged 20–65 years (20% aged under 25 years) and showed that many had positive relationships with their counsellors. Participants spoke of having a counsellor that listened and was empathic, attentive and engaged. Part of this process was also not being pressured by the therapist into addressing affective content too soon. Some of the men in the study spoke of the counsellor giving them appropriate space and letting them decide when they were ready to discuss more emotional issues. Other young men talked about their counselling experience as helping them improve their

problems between sessions. Many participants also preferred counselling experiences that provided them with solution-focused and practical methods.

Noyes (2007) in a doctoral dissertation examining men's therapy experiences ascertained that the participants in her study vacillated between wanting/needing to attend therapy and reluctance to attend. The study which involved 14 male college students aged between 18–38 years, (mean age of 23.57 years) used grounded theory. The research concluded a central theme of inner conflict which pertained to the renegotiation of gender roles that the men experienced in their counselling journeys. Noyes (2007) concluded that participants pronounced more resistance to counselling during the early stages of therapy. As the men in her study gained more experience with therapy, their attitudes began to shift. Noyes found that the inner conflict was still present for the men, but did not hold the same weight as it did at the early stages of counselling. As the men progressed in their counselling, they were no longer so opposed to therapy and all had something positive to say about their personal experiences. However, Noyes (2007) reported that even though the feelings of conflict decreased, they nevertheless persisted for participants. Many men still felt some anxiety with the attending therapy, and preferred not to have to attend again in the future.

An older qualitative study by Dunne, Thompson and Leitch (2000) examined the experiences of adolescent males engaging in counselling relationships in a school setting (N = 11; 14–18 years). Within an interpretivist paradigm, utilising a process research approach, the study observed 11 young males' self-reports of their experiences of therapeutic sessions. Dunne et al. (2000) concluded that adolescent males have similar experiences to adults in counselling relationships. The study found that these experiences centre on the importance of the relationship between the counsellor and adolescent male and thus speak to notions of therapeutic alliance (Bordin, 1979). Dunne et al. (2000) suggest that the value of the very act of talking about their emotional world, and the catharsis this provides, was a recurring theme for participants in their study. The experience was to some degree unexpected to the participants and they spoke about it frequently as they defined their involvement in therapy.

Another strong theme in the work of Dunne et al. (2000) was the participants' identification of the need to gain insight into their emotional world. Working with feelings and exploring emotions in therapy allowed this to occur and participants in the study

revealed that having assistance in making sense of what was happening within their affect, mood and emotional disposition was extremely helpful. A participant in Dunne et al.'s study discussed this notion:

> You kind of made me say what it was that he'd done because I couldn't, I didn't feel I was able to say it out, you know … And when you brought that out it was very helpful … I was cracking up because of it, it just felt like shit talking about what happened, but it was good that I did think about what happened … It was good because it gives you a sense of how I am, how I was feeling, that I am not just saying this and not feeling anything but I am feeling pissed off inside, so I wanted help with it, yeah (p. 87).

Working with feelings and exploring affective content has also been found to be important in adult male studies of counselling experiences (Schaub & Williams, 2007).

Jordan et al. (2012) conducted a qualitative study, using thematic analysis, which examined what young suicidal men considered to be meaningful care in their counselling experiences. The study involved semi-structured interviews with 36 Northern Irish men, between 16 and 34 years. The findings highlighted the need for counselling services to be more proactive in their provision of services, with many young men expressing that their counselling experiences would have been improved with the provision of outreach services, away from the traditional office setting. Some participants also spoke about their masculinity and reflected that their sense of being a man affected their counselling experiences. Chiefly, these participants felt that attending counselling challenged masculine notions of independence and success. This was somewhat alleviated by counsellors 'gently challeng[ing] the (self-)limiting constructs and perceptions of young men and replac[ing] them with more helpful and realistic views of the wider possibilities open to them' (Jordan et al., 2102, p. 1216). Finally, within the study, some young men also spoke of the need for counselling to address a variety of contributing factors to their suicidality. These included issues such as child abuse, addiction and dependency and loss and grief. When these problems were dealt with by the counsellor, the young men said their experience of counselling was positive and more helpful.

2.4 Missing research and the need to focus on young men

Evans (2013) conducted a content analysis of the literature between 1981 and 2011, exploring all research concerning men's issues in counselling. The analysis, which

focused on two American flagship journals, the *Journal of Counselling and Development* and *Counsellor Education and Supervision*, revealed a scarcity of research, with only two articles in the reviewed period relating to young men. Also, both analysed journals had decreased the number of articles about men and counselling over the reviewed period by 42% and 35% respectively. Mirroring Evans's finding of a marked paucity of research, this literature review has only been able to identify 11 studies about young men and their counselling experiences conducted in the last decade (2007–17). These studies include those of Bedi and Richards (2011), Binder et al. (2011), Bury et al. (2007), Cormack (2009), Jordan et al. (2012), Kelly (2014), Meister (2010), Noyes (2007), Reed (2014), Stewart, Steele and Roberts (2012) and Weber (2007). This indicates a substantial gap in the research that focuses on the counselling experiences of young men aged 18–25 years. Young men are a specific age group that require targeted needs and approaches relevant to the counselling experience (McGale et al., 2011). Therefore, much of the literature under-represents the counselling experiences of young men by not ensuring age-specific sampling in their participants. Also, as stated by Connell and Messerschmidt (2005), men are not a homogenous group; they have diverse lived experiences and cannot be viewed as a unified entity. In not recognising this diversity, much of the literature makes the assumption that young men have the same experiences of counselling as other age groups of men. As a result, there is a need for research that recognises young men as a unique population with distinct experiences in therapy.

Another significant gap in the literature relating to the experiences of young men in counselling is the propensity of qualitative studies not to make adopted conceptual frameworks explicit in their findings. Of the 11 reviewed studies that address the counselling experiences of young men in the last decade, only three (Binder et al., 2011; Meister, 2010; Weber, 2007) make reference to conceptual underpinnings within their methodologies. This may be because there is a paucity of information within the qualitative research literature on how to apply conceptual frameworks, or that often researchers believe their conceptual approaches are implied and therefore there is no need to explicitly describe them (Green, 2014).

This literature review has examined multiple theoretical underpinnings, many of which are suitable as conceptual frameworks to examine young men's reluctance to seek mental health supports. Adopting a theory base as a conceptual framework allows deeper

examination and understanding of lived experiences (Green, 2014). Conceptual frameworks also make findings in qualitative work more coherent and useful to others (Smith et al., 2012). Thus, this current investigation into young men's counselling experiences embraces the use of a conceptual framework to improve the quality of findings.

It can be argued that given the complex and multidimensional nature of young men's counselling experiences, in-depth, narratively rich investigation is required. The current literature, although predominantly qualitative, has had limited application of narrative approaches. Narrative approaches as a research methodology offer an examination of the 'complexity of the relational composition of people's lived experiences' (Clandinin & Huber, 2010, p. 436). Avdi and Georgaca (2007, p. 415) argue that narrative approaches are essential in the examination of psychotherapeutic experiences because '[they] provide a means for studying how meaning is co-constructed within the therapy encounter, which leads to reconceptualising key therapeutic notions in linguistic and interactional terms'. Given these points, narrative approaches are well positioned to explore the counselling experiences of young men. Narrative approaches have also been successfully used to study the counselling experiences of other age groups and genders (Henkelman, 2005; Hunter, 2011; Jordan, 2013; Stutzman, 2011). Hence, this current work has chosen to adopt a narrative approach for examining the counselling experiences of young men.

One theory examined in this review that has been used as a conceptual framework in understanding help seeking is the TPB (Hartong, 2011; Smith et al., 2008; Westerhoff, Maessen, de Bruijn & Smets, 2008). At the time of writing, no study had specifically adopted the TPB as a conceptual framework for exploring the counselling experiences of young men. Therefore, to establish further efficacy, this theory is adopted as a conceptual framework within this thesis. Primarily, the TPB has been applied in qualitative research as an a priori approach to analysis. This has resulted in studies that have not explored the overall experiences of participants, focusing only on aspects of the TPB and no other emergent themes. Given the lack of research examining young men's counselling experiences, a need for investigation of all emergent themes is evident. Therefore, in this study, the TPB is applied as an a posteriori conceptual guide.

In summary, as asserted by Evans (2013, p. 472), 'the lack of counselling literature that addresses issues specifically encountered by [young] men indicates we are missing a very

important group of individuals with diverse needs'. It is clear that there is a paucity of literature that focuses on the counselling experiences of young men and that further research requires narratively rich approaches that adopt explicit conceptual frameworks.

2.5 Chapter summary

The literature review began by firmly establishing that the mental health needs of Australian young men are a burgeoning and pressing issue. It was shown that young men have a high prevalence rate of a variety of mental health disorders and that not addressing these disorders has both serious and ongoing consequences. The results of this review highlight that despite this, there is strong evidence that young men are unlikely to seek mental health support and do so at rates much lower than young women. Theoretical underpinnings for this reluctance to seek mental health support were reviewed and involved biopsychosocial approaches to understanding. Within the review of these theories, it was stated that the TPB has been chosen as the major theoretical framework adopted for this study. This is because the TPB encompasses a range of other theoretical concepts and is highly heuristic in nature.

In Section 2.2, the review examined the mental health help seeking behaviours of young men. It was acknowledged that, for this cohort, help seeking behaviour is a complex, problem focused and planned behaviour. Where young men seek mental health support was examined, alongside the multitude of barriers and facilitators that play a role in this process. Barriers included issues such as mental health literacy and hegemonic masculinity, while facilitators included matters such as recommendations from peers and family and the presence of social norms that promote mental health help seeking.

Section 2.3 explored the experiences and expectations of young men in counselling. It was made evident that there is a distinct paucity of research in this area and that little is known about the subjective and inter-subjective experiences of young men in counselling. Exploring the nature of the scarcity of this research, Section 2.4 identified the gaps in the literature in more detail. It was acknowledged that gaps included a lack of specific focus on young men, the need for narrative-based approaches and the adoption of conceptual frameworks.

Accordingly, a qualitative, narrative-based study that focuses on the counselling experiences of young men is a timely contribution to the research base. Adopting this style of research will assist in filling the research gaps and developing the understanding of young men's counselling experiences. By understanding what assists young men to enter into, remain in or exit the counselling relationship, practitioners and policy makers alike will be in a better position to meet the therapy needs of young men, and ensure that their experiences are helpful and fulfilling.

Chapter 3: Methodology

This chapter outlines the conceptual framework and methodology upon which this study is based. It examines the conceptual framework of the TPB and discusses how a post-positivist, a posteriori application of this theory and concepts within it may assist in addressing the research questions. Attention to the methodological framework of Narrative Inquiry is then provided. There is discussion about how Narrative Inquiry is utilised to construct and analyse the data; and how the researcher is inextricably intertwined in this process. The chapter highlights theoretical and epistemological similarities between the TPB and Narrative Inquiry. The chapter discusses ethical considerations as well as the methods for data collection and analysis. Participant recruitment is outlined. Last, criteria for assessing the research methodology are explored.

3.1 Theory of Planned Behaviour: An overview and its connection to this study

As identified in the literature review for this study, no qualitative studies have explicitly described and applied conceptual frameworks to examine the counselling experiences of young men. Conceptual frameworks are important in qualitative studies as they assist with a deeper examination and provision of understanding of individual experiences (Green, 2014). In light of this, the current research has chosen to adopt a conceptual framework and to test its utility in comprehending the young men's stories of attending therapy. The TPB has been chosen as the conceptual guide. The TPB is one of the most well-established theories for explaining help seeking behaviours and has prior successful quantitative and qualitative application in exploring intention to seek mental health support (Ajzen, 1991; Hyland, Boduszek, Shevlin & Adamson, 2012a; Hyland, McLaughlin, Boduszek & Prentice 2012b; Mesidor & Sly, 2014; Mo & Mak, 2009; Westerhoff et al., 2008). As identified in the literature review, the TPB has been chosen as a conceptual guide because it is multifaceted (Zolait, 2014) and thus incorporates a range of other theoretical positions regarding mental heal seeking. The TPB has also been chosen because it is heuristic in nature and as such offers a unique, practical, problem solving approach to mental health help seeking that acknowledges the complexity associated with how young men make decisions about gaining mental health support (Smith et al., 2008).

The TPB originated from the Theory of Reasoned Action, which postulated intention to act as the top predictor of behaviour (Morris et al., 2012). The Theory of Reasoned Action purports that the undesirable or desirable appraisal of behaviour (attitudes), combined with its predicted consequences and the cultural burdens (subjective norms) applied to an individual will result in a behavioural outcome (Fishbein, 2008). The TPB (see Figure 2) takes the concept of reasoned action further by including the idea of perceived behavioural control. Ajzen (1991) states that perceived behavioural control should directly influence behaviour when it measures actual control (i.e., engagement). Otherwise, it forecasts intention to perform the behaviour (i.e., intentions). Perceived behavioural control was added to the model so that behaviours willingly chosen by an individual could be predicted (Armitage & Conner, 2001).

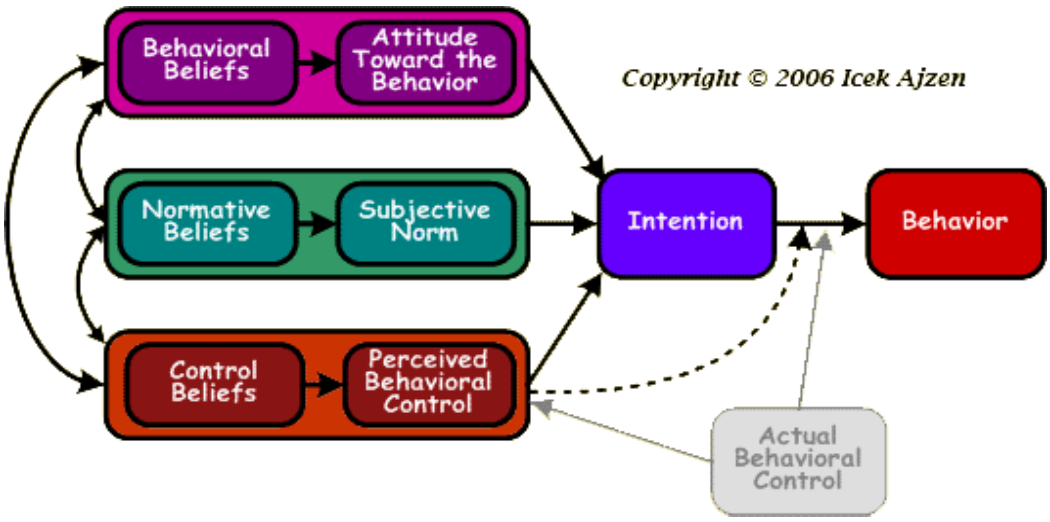

Figure 2: Ajzen's model of the Theory of Planned Behaviour

The utility of the TPB for predicting behaviours has been examined in a variety of meta-analyses using quantitative methods. In a large meta-analysis of 185 studies utilising the TPB, Armitage and Conner (2001, p. 481) concluded that the TPB accounted for 39% of the variance in intentions and 27% of the variance in behaviour.

There have been similar findings in smaller meta-analyses. Hagger, Chatzisarantis and Biddle (2002, p. 18) in a review of 72 studies of the TPB in physical activity, found the TPB accounted for 44.5% of variance in intentions and 27.4% in behaviour, while a

review of 11 studies by Trafimow, Sheeran, Conner and Finlay (2002, p. 114) reported 33.1% variance in intentions and 32.5% behaviour. Most recently, McEachan, Conner, Taylor & Lawton (2011) have conducted the largest meta-analysis of the efficacy of the TPB in predicting behaviour to date. The study included 206 articles and found that the TPB could explain 19.3% of the variance in behaviour and 44.3% of the variance in intention across studies. McEachan et al. (2011) affirm that while their study found a slightly lower variance in predicting behaviour than previous work, rates of the variance in intention remained comparable to past meta-analyses. These meta-analyses of quantitative research lend support to the usefulness of the TPB, and most theorists are now satisfied that the TPB predicts intentions and behaviours well (Ajzen, 2011).

In the five years preceding the current study, the TPB has been used broadly to explore many health-related behaviours. Studies are predominantly quantitative in design and have included an examination of:

- sexual health, in particular, safe sex practices (Kiene, Hopwood, Lule & Wanyenze, 2014; Montanaro & Bryan, 2014; Rich, Mullan, Sainsbury & Kuczmierczyk, 2014; Tyson, Covey, Rosenthal & Kazak, 2014)
- oral health (Anderson, Noar & Rogers, 2012; Van den Branden, Van den Broucke, Leroy, Declerck & Hoppenbrouwers, 2015)
- diet and physical exercise (Brouwer & Mosack, 2015; Hobbs, Dixon, Johnston & Howie, 2012; Leyland, van Wersch & Woodhouse, 2013; Motalebi, Iranagh, Abdollahi & Lim, 2014)
- safe driving practices (Chorlton, Conner & Jamson, 2012; Efrat & Shoham, 2013).

Almost a decade ago, Renzi and Klobas (2008) commented that there was a propensity by the research community not to adopt qualitative approaches in the examination of health behaviours using the TPB. It would appear this still holds true, with this research identifying few qualitative studies in the preceding five years. These limited studies have tended to utilise a priori coded TPB combined with content or thematic data analysis. Examples of these studies include:

- a thematic analysis exploring childhood obesity and its treatment (Davidson & Vidgen, 2017)

- a content analysis of people's beliefs regarding non-prescribed antibiotics (Widayati, Suryawati, Crespigny and Hiller, 2015)
- a content analysis of young people's wine consumption (Ana Patrícia, Figueiredo, Hogg & Sottomayor, 2014)
- a thematic analysis of parent's perceptions of child feeding (Duncanson, Burrows, Holman & Collins, 2013)
- a content analysis of GPs' views on prescribing (Tsiantou et al., 2013)
- a content analysis examining beverage consumption behaviours among adults (Zoellner et al., 2012).

The TPB has also been applied to the intention to seek mental health support, such as counselling, mostly through quantitative methodologies. In a Dutch study consisting of older male and female adults (65 to 75 years), Westerhoff et al. (2008) applied the TPB to explore intentions to seek both therapeutic and preventative psychological help. Using a regression analysis, the study concluded that individual intention to seek out both kinds of mental health services was low, with attitudes and perceived behavioural control the most important forecasters of intention. Mo and Mak (2009) considered the mental health help seeking behaviours of 941 male and female Chinese residents in Hong Kong. The study utilised confirmatory factor analysis and revealed that attitudes, subjective norms and perceived behavioural control were all associated with intentions to seek psychological help. Within the study, perceived behavioural control was found to be the weakest predictor of intentions, while subjective norms were the strongest predictor.

Hyland et al. (2012a), in a quantitative study, explored the intentions of 259 Irish police officers to attend counselling services. The research split perceived behavioural control into internal and external control and concluded that the TPB was a useful model for the prediction of counselling seeking intentions, explaining 92.6% of the variance in behavioural intentions (p. 133). Hyland et al. (2012b) applied the same attenuated model of the TPB in a quantitative study that examined the intentions of front-line, at-risk Irish government employees to attend counselling. The research revealed a 59% variance in behavioural intentions (p. 279). Interestingly, Hyland et al. (2012b) concluded that irrespective of gender, perceived behavioural control was the most important factor considered by the study's participants in determining their intent to receive counselling.

A study employing correlational analyses by Mesidor and Sly (2014) applied the TPB to the mental health help seeking intentions among male and female international and African American college students. The study concluded that attitudes, subjective norms and perceived behavioural control accounted for 17.7% of the variance in help seeking intentions (p. 144). Mesidor and Sly (2014) found that perceived behavioural control was a significant predictor of help seeking intentions and that 'when the students recognised that they had access to the required resources, they were more likely to report intentions to seek mental health services if they experienced psychological distress' (p. 147).

A recent study by Lee, Choi and Park (2015) investigated young South Koreans' intentions to seek mental health support for depression. Utilising a structural equation model based on the TPB, Lee et al. concluded that subjective norms and perceived behavioural control had significant effects on the study participants' intention to seek support. They suggested the views of the participants around mental health and associated stigma had a substantial effect on their intention to apply for support and belief that they could successfully engage in help seeking.

The TPB has also been utilised specifically in relation to mental health help seeking in men. In a TPB-based study by Skogstad et al. (2006), mental health help seeking behaviours were examined in a male prison population. Applying correlational analyses, the research found that the key concepts of the TPB (attitudes, subjective norms and perceived behavioural control) all played a significant role in the decision making of the male prisoners to seek help for their emotional distress. Skogstad et al. (2006) also found that the males in their study identified attitudes to help seeking as the strongest predictor of seeking help for emotional distress.

In a quantitative study, Smith et al. (2008) explored the likelihood of young men seeking help from a GP, psychiatrist or psychologist for a personal or emotional problem. The sample consisted of 307 young American male undergraduates (18–26 years). Using structural equation modelling, the TPB model accounted for 29.6% of the variance in men's psychological help seeking intentions. Smith et al. (2008) propose that these results indicate that attitudes towards psychological help seeking are important in explaining the relationship between traditional masculinity ideology and intentions to seek psychological help. They state, 'the inclusion of traditional masculinity ideology in an

integrated model can foster understanding of how this ideology is related to men's attitudes toward and intentions to seek psychological help' (p. 181).

Overall, the TPB has a strong quantitative research base that has been used to examine the intention to seek help in a diverse range of health-related behaviours. The qualitative research base is significantly smaller. This could be attributed to the development of the TPB primarily as a predictive framework (Ajzen, 2014), which is within the primary domain of quantitative research (Donmoyer, 2008). Despite this, when qualitative frameworks have been applied to the theory, they have been shown to have high predictive qualities (Renzi & Klobas, 2008). Qualitative frameworks also allow for a more subjective and exploratory analysis of intention to seek help (Zoellner et al., 2012) than is afforded in the quantitative realm. Further research utilising qualitative frameworks with the TPB is warranted; this applies to counselling in particular. In this thesis, TPB is being applied in the examination of young men's counselling experiences in unique ways not seen in the existing literature.

Primarily, the TPB has been applied in quantitative research as an a priori approach to analysis. This has resulted in studies that have not explored the overall experiences of participants, focusing only on aspects of the TPB and no other emergent themes. Given the lack of research that has examined young men's counselling experiences, a need for investigation of all emergent themes is evident. Therefore, in this study, the TPB is applied as an a posteriori conceptual guide. Rather than purposely structuring analysis of the data around the core components (attitudes, subjective norms and perceived behavioural control) of the TPB, the components are left to freely emerge alongside other possible themes in the young males' narrative accounts. This ensures that all possible themes within the data are explored. Thus, it is only after a thorough thematic analysis of the participants' narratives has been undertaken that an investigation into which components of the TPB are also evident is completed.

Second, the majority of studies that have used the TPB when exploring mental health help seeking, such as counselling, have adopted either constructivist or positivist epistemologies. This work has chosen to combine positivist and constructivist epistemologies by adopting a post-positivist approach towards TPB alongside Narrative Inquiry. How this process occurs is explored in the next section of this chapter. Briefly, a post-positivist use of the TPB means that a less dogmatic position, usually associated with

positivist approaches, can be established (Loughlin, 2012). Therefore, a richer and more dynamic exploration of young men's experiences in therapy can occur.

Last, the application of the TPB in this work is not solely directed at predicting intention to attend counselling as seen in most relevant research. Rather, this research is also interested in young men's intention to enter into, engage in or exit counselling. This means that the TPB is being applied more broadly to the experiences of the participants and is not constrained to one aspect of their therapeutic experience. It acknowledges that the decision to behave in a particular way does not cease for young men once they decide to enter therapy, but continues to occur over the life of the counselling journey (Brooks, 2009). Indeed, the decision to engage in or exit counselling could be considered as equally important as the decision to enter counselling. This is because even if a young man chooses to enter therapy, this does not always act as a predictor of his intention to engage in or exit the process (Hyland et al., 2015).

Keeping the above points in mind, the following information explores the components of the TPB in more depth and discusses some of the ways they may possibly emerge within the young men's counselling experiences, only after a thorough thematic analysis of the participants' narratives has taken place.

Within TPB, the attitudes of an individual are shaped by how positively or negatively they appraise the consequence of a given behaviour (Ajzen, 1991). An individual's expectations about the hazards and benefits of seeking therapy have been shown to predict attitude formation (Collins et al., 2011; Skogstad et al., 2006; Smith et al., 2008). Researchers examining intentions to seek counselling have been inclined to place emphasis on the connection between attitudes and behavioural intentions, and have commonly found support for this link (Ægisdóttir, O'Heron, Hartong, Haynes & Linville, 2011; Choi, 2008; Vogel, Wester, Wei & Boysen, 2005). In considering how attitudes may arise in the participants' narratives, it has been shown that attitudes associated with therapy include how closely the young male aligns themselves with the notions of hegemonic masculinity (Cleary, 2012; Oliffe et al., 2013; Tyler & Williams, 2014) and the level of stigma experienced by the young male (Chandra & Minkovitz, 2006; Mann & Himelein, 2004).

The subjective norms component of the TPB is a combination of one's assessment of what important others believe one should do and one's motivation to act in a way that is consistent with the perceived opinions of these important others (Ajzen, 1985; Hartong, 2011; Morris et al., 2012). The TPB postulates that subjective norms are not entirely mediated by behavioural intentions but rather influence behaviour indirectly through their effect on intentions (Manning, 2009). Subjective norms have been explored in the literature as relevant variables in seeking counselling and other forms of psychological help (Christopher, Skillman, Kirkhart & D'Souza 2006; Mo & Mak, 2009). If subjective norms arise in the data, the literature affirms attention should be paid to level of familial and peer support (Kiselica & Englar-Carlson, 2010; Schulenberg & Zarrett, 2006; Timlin-Scalera et al., 2003) and issues of public and self-stigma (based on the individual's perception of how others stigmatise) related to mental health (Eisenberg et al., 2009; Hartman et al., 2013; Topkaya, 2014).

The final component of TPB is perceived behavioural control, which denotes the perceived difficulty of performing a behaviour and the insight that an action is controllable despite known obstacles (Ajzen, 1985, 1991; Trafimow et al., 2002). Bandura's (1977) notion of 'self-efficacy', the idea that a behaviour can be performed to gain a particular result, underpins perceived behavioural control as a concept. Ajzen (1991) suggested that perceived behavioural control differs from attitudes and subjective norms because of its potential to directly influence behaviour. Hartong (2011, p. 39) gives an example: 'having favourable attitudes and subjective norms toward buying an island likely has an inconsequential effect on behaviour for most people because the lack of financial capability (low perceived behavioural control) directly prevents purchasing behaviour'.

In considering this study's data for the possible presence of perceived behavioural control, the literature points to being aware of factors such as emotional competency (does the young male believe he is competent enough to have control over his emotions and to share them with others?) (Biddle et al., 2006, 2007; Eisenberg et al., 2012); style of service provided, accessibility and affordability (Gulliver et al., 2010; McCann & Lubman, 2012); notions of self-reliance and self-management (does the young male believe he can have control over how much counselling he feels he does or does not need?) (McCreary et al., 2005; Pollack, 2006); and perceptions about control over confidentiality (Carlisle

et al., 2006; Jenkins, 2010). Figure 3 provides a visual representation of the components of the TPB and how they may emerge in the participants' narratives. The next section of this chapter discusses Narrative Inquiry as a research method. This is followed by a detailed discussion of how narrative and the TPB have been utilised to frame the conduct of this investigation.

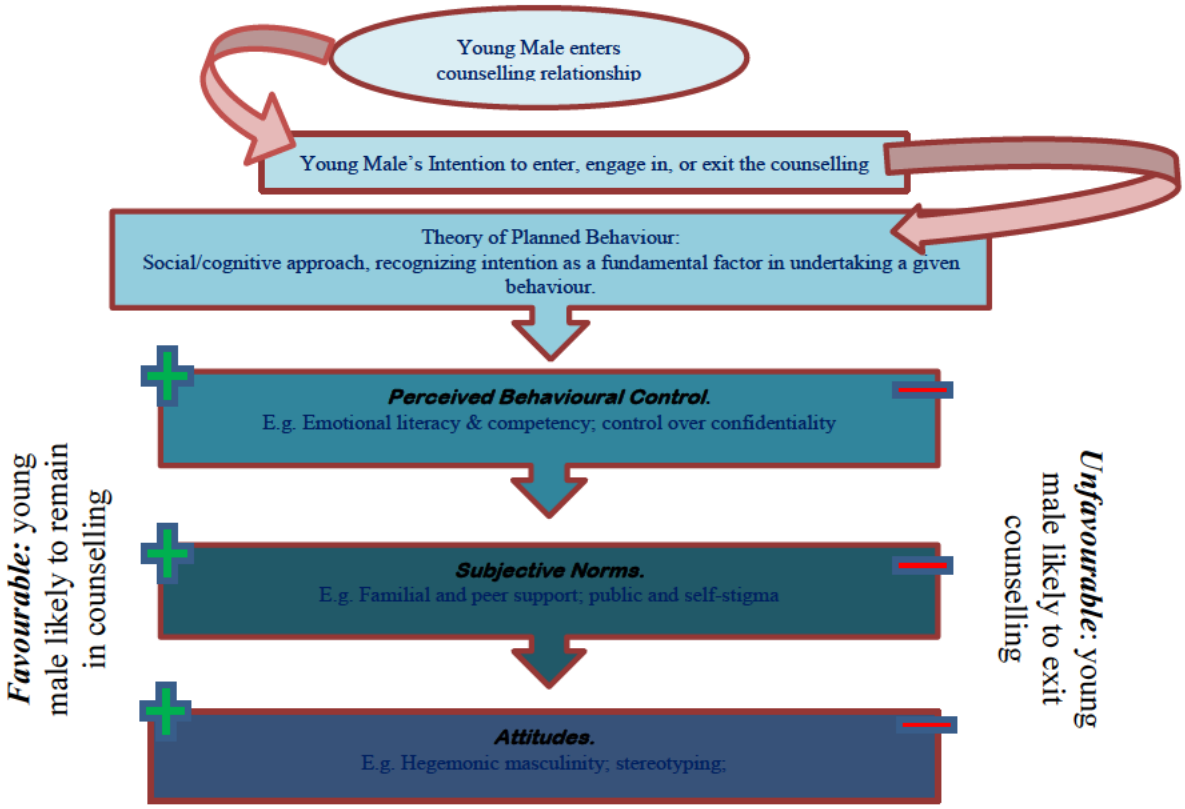

Figure 3: The components of the Theory of Planned Behaviour and how they may emerge in the participant's narratives

3.2 Narrative Inquiry as a methodology

The exploration of social and psychological concerns using qualitative research methods has a long tradition and has been increasingly recognised as valuable in exploring previously ignored ontological and epistemological reasoning (Wertz, 2011). While quantitative methods are useful in the exploration of phenomena, they are often devoid of the ability to examine an occurrence regarding its 'fullness' and 'variation' (Polkinghorne 2005), and fail to recognise that 'experience is not directly observable;

data about it depend on the participants' ability to reflectively discern aspects of their own experience and to effectively communicate what they discern through the symbols of language' (Polkinghorne, 2005, p. 138).

Narratives, as asserted by Clandinin and Huber (2010) are authoritative research tools. Witherell and Noddings (1991, p. 1, as cited in Books, 2007) remind us that 'stories … provide meaning and belonging to our lives … images, myths, and metaphors that are morally resonant and contribute both to our knowing and our being known'. Thus, as suggested by Vazir (2006), if narrative experiences can be comprehended as learning processes that help to arrange our experiences and behaviours, then Narrative Inquiry can be used to explore these experiences and actions.

Narrative Inquiry forms representations of experiences, seeking to develop the structure of the story. Clandinin and Rosiek (2006) remind us that narrative researchers explore a person's understanding of the world and that, through this exploration, the narrative researcher pursues methods of 'enriching and transforming that experience for themselves and others' (p. 42). The story also has relational context but is malleable; it possesses temporality, place and sociality. Clandinin and Huber (2010, p. 436) provide a brief reflection of this notion when they state, 'narrative inquirers are able to study the complexity of the relational composition of peoples' lived experiences both inside and outside of an inquiry and, as well, imagine the future possibilities of these lives'.

The researcher wished the chosen method to serve 'as a strategic, but malleable guide throughout the research experience', as expressed by Hesse-Biber and Leavy (2006, p. 36). With this in mind, the researcher chose narrative as a method for its potential to enhance understanding through giving voice and highlighting relationship. Polkinghorne (1995, p. 7) provides a brief statement of two seemingly separate occurrences: 'The King died; the prince cried'. This statement spoke to the researcher; it reminded the researcher that without story there is no relational significance. It is only when we have an in-depth narrative that we understand the king was the prince's father and not unrelated or in a different relationship. The researcher wanted the stories of the young men in this study to provide the reader with relational significance, allowing the reader to see how individual behavioural intention contributed to decision making about the counselling experience. Additionally, young men are often found to have a difficult time discussing affective content, particularly when relating to issues surrounding mental health (Sweeney, Owens

& Malone, 2015; Wilson, 2010; Wilson et al., 2010). This is related, in part, to the notion of hegemonic masculinity that does not promote young men sharing their emotional states with others (Wester et al., 2007). Thus, there is a risk that the stories of young men and counselling potentially remain untold. In helping to mitigate this risk, this study employs the narrative approach as it provides a framework by which the researcher may promote and encourage the individual to share their experiences (Mulhall, 2013). As pointed out by Hall and Powell (2011), the narrative approach invites the individual to tell their story in their own way and in doing so lessens barriers to expression and judgement. This means the participants of this study can be reassured that in sharing their story it will not attract recrimination and will be valued for its content. Last, as stated by Travis (2010), narratives 'cultivate empathy, domesticate difference and overcome otherness' (p. 232). It is hoped that through using a narrative approach, this research will promote the reader's learning and understanding about the experiences of young men in counselling.

In summary, this work applies a social constructivist epistemology and acknowledges that there is no one objective truth for young men inherent in the experience of counselling, but rather many truths. Josselson (2006, p. 3, 5) states, 'narrative researchers eschew the objectification of the people that we study, and we understand and espouse the constructed-ness of our knowledge […] Narrative work articulates on a different set of principles from hypothesis-testing quantified studies'.

3.3 Narrative Inquiry and the Theory of Planned Behaviour: Working together

The utilisation of the TPB with qualitative research methods has been uncommon. However, Ajzen (2014) argues that the TPB was established to explore human social behaviour, serving as a framework for behaviour change interventions, and that it can be used as a heuristic framework to guide questions raised in qualitative research. Ajzen further states that the standard methods developed for use with the theory are primarily quantitative. Mynarska (2008) reports that there have been few published studies using qualitative research methods along with the TPB, and there is little or no detail about the process adopted by researchers to obtain presented results. All studies reviewed in this work regarding the TPB and counselling have used quantitative approaches (Hyland et al., 2012a, b).

Outside the counselling research agenda, this study found only one study (Beach, 2008) that has utilised the TPB and Narrative Inquiry. That doctoral thesis examined the experiences of women who placed a high priority on their health. It used the TPB as a framework by which in-depth interviews with the participants could be coded and themed within a three-dimensional narrative space (temporality, sociality and place). However, as previously revealed by Mynarska (2008), as is typical of research utilising the TPB and qualitative approaches, Beach's work does not explore or conceptualise in detail, the nature and process by which the narrative methodology combines with the TPB.

Given the paucity of research that incorporates the TPB within a qualitative methodology, it is incumbent upon this research to articulate this process in a more comprehensive manner. This is because, as suggested by Kapasi and Galloway (2014), the contribution of qualitative approaches to the TPB is significant, leading to increased methodological richness in exploring phenomena. While quantitative research highlights that a young male's intentions are involved in remaining in or exiting counselling, it does not explore why this is the case or how it comes about. Narrative Inquiry utilised in conjunction with the TPB allows a broader and deeper comprehension of young males' intentions to enter into, exit from or remain in the therapeutic setting. The following discussion examines the commonalities inherent in epistemology, theoretical background and fundamental theoretical principles of the TPB and Narrative Inquiry.

3.3.1 A positivist versus constructivist epistemology

At a broader theoretical level, the epistemological assumptions of the TPB and Narrative Inquiry are contradictory. Indeed, the TPB has primarily been used within a positivist, empirical approach (Ajzen, 2014), while Narrative Inquiry has been more closely aligned with constructivist views (Lal, Suto & Ungar, 2012). The interplay of positivist and constructivist epistemologies has been seen as contentious; indeed some theorists have argued that they are fundamentally incommensurable (Smith & Heshusius, 1986). However, as affirmed by Cupchik (2001, p. 2), 'a reconciliation of positivism and constructivism can be accomplished by eliminating the arbitrary boundaries and assumptions that separate them'. Through the use of a post-positivist approach, it can be acknowledged that 'all observation is fallible and has error and that all theory is revisable' (William, 2006). This study, therefore, uses a post-positivist approach to the TPB, recognising that while young men construct narratives of their counselling experiences

that reflect their values, the underlying phenomena of decision making does not rely on them for existence. In doing so, both positivist and constructivist ideologies are engaged, 'though they responsibly attempt to develop principles and accounts which are not restricted by arbitrary biases' (Cupchik, 2001, p. 2). This also provides an opportunity for a less dogmatic approach to examining the counselling experiences of the young men, helping to ensure that the rich tapestry of their experiences is explored in more flexible and innovative ways (Loughlin, 2012).

3.3.2 Theoretical background

Narrative Inquiry has grown from a theoretical background rooted in the traditions of symbolic interactionism (Bedford & Landry, 2010). It has been profoundly influenced by the work of American pragmatists such as John Dewey and Herbert Blumer (Lal et al., 2012). The viewpoints of American pragmatists moulded the development of symbolic interactionism, expressing that individuals hold meaning for objects within their interaction with others, thus determining their actions towards these objects (Lehn & Gibson, 2011). Further, Narrative Inquiry in its adoption of symbolic interactionism accentuates a focus on understanding human interaction and behaviour through meaning (van den Hoonard, 2013).

The philosophical roots of planned behaviour lie in behavioural approaches, particularly the work of Bandura and the concept of self-efficacy (Ajzen, 1991). The TPB is therefore influenced by a social cognitive approach that is founded on the supposition that behaviour is best comprehended as a function of people's perceptions of reality, rather than objective characterisations of the environment (Conner, 2010).

The theoretical backgrounds of Narrative Inquiry and the TPB can be matched through considering the broader assumptions inherent in their theoretical stances. Primarily, both symbolic interactionism (Narrative Inquiry) and social cognitive approaches (planned behaviour) emphasise the individual's construal of events. Symbolic interactionism places emphasis on subjective meaning and symbols, while social cognitive models place importance on construction and interpretation. Both theoretical approaches share the ideology that an individual will seek to understand their reality at some level. Additionally, both theoretical ancestries are underpinned by a shared recognition that environment and cognitions play a role in the development of the self. This is borne out

in the construction of both the narrative and the TPB approaches. Narrative Inquiry can be used to explore the individual's subjective experiences of the environment and how this has contributed to their thinking. The TPB places equal importance on environments and how an individual perceives control within them.

3.3.3 Key theoretical principles

Narrative Inquiry and the TPB operate on similar fundamental theoretical principles. The key theoretical principle of Narrative Inquiry is that it provides understanding into experience through 'collaboration between researcher and participants, over time, in a place or series of places, and in social interaction with milieus' (Clandinin & Connelly, 2000, p. 20). Principles of Narrative Inquiry stress the subjective and promote the importance of story, they attempt to 'express human experience' (Polkinghorne, 2010, p. 395) and form understanding. Similarly, Ajzen (1991, p. 206) argues that the TPB's primary principle states, 'Attitudes toward the behaviour, subjective norms with respect to the behaviour, and perceived control over the behaviour are usually found to predict behavioural intentions with a high degree of accuracy'. At the basic level, the TPB also holds the ideological stance that 'behaviour is a function of salient information, or beliefs, relevant to the behaviour' (Ajzen, 1991, p. 189). In aligning these key theoretical principles, there are similarities to be found in how each approach elucidates the expression of an individual's experience and the subsequent construction of reality.

Both the TPB and Narrative Inquiry bear theoretical principles that place emphasis on the individual's interpretation of their world and how this can be understood. Narrative Inquiry's theoretical position of expressing experience and forming understanding through story is mirrored in the TPB's position of exploring beliefs about a behaviour and predicting intention to complete it. Thus, each theory relies on an exploration of the individual's subjective experience of events. Additionally, the TPB and Narrative Inquiry both utilise principles that consider the individual's broader interaction with their environment. The TPB stands on a theoretical platform that acknowledges that attitudes, subjective norms and perceived behavioural control are constructed through the individual's interaction and observation of social and cultural environments. A critical theoretical posture in Narrative Inquiry is to explore, acknowledge and narrate the individual's interaction with others to inform a mutual understanding. Both approaches

adopt principles that reject the notion that a person exists as a sole entity, instead noting that behaviour is grounded in interaction with others.

3.3.4 Tying it all together: The commonalities

Within this work, Narrative Inquiry provides the method by which the stories of the young men are analysed. This reinforces and supports the TPB when it is applied as an a posteriori conceptual framework to help understand why young men enter, remain in or exit from counselling. The connections between the two approaches ensure that a richer tapestry of understanding and exploration occurs throughout this work. Figure 4 provides a visual representation of this process.

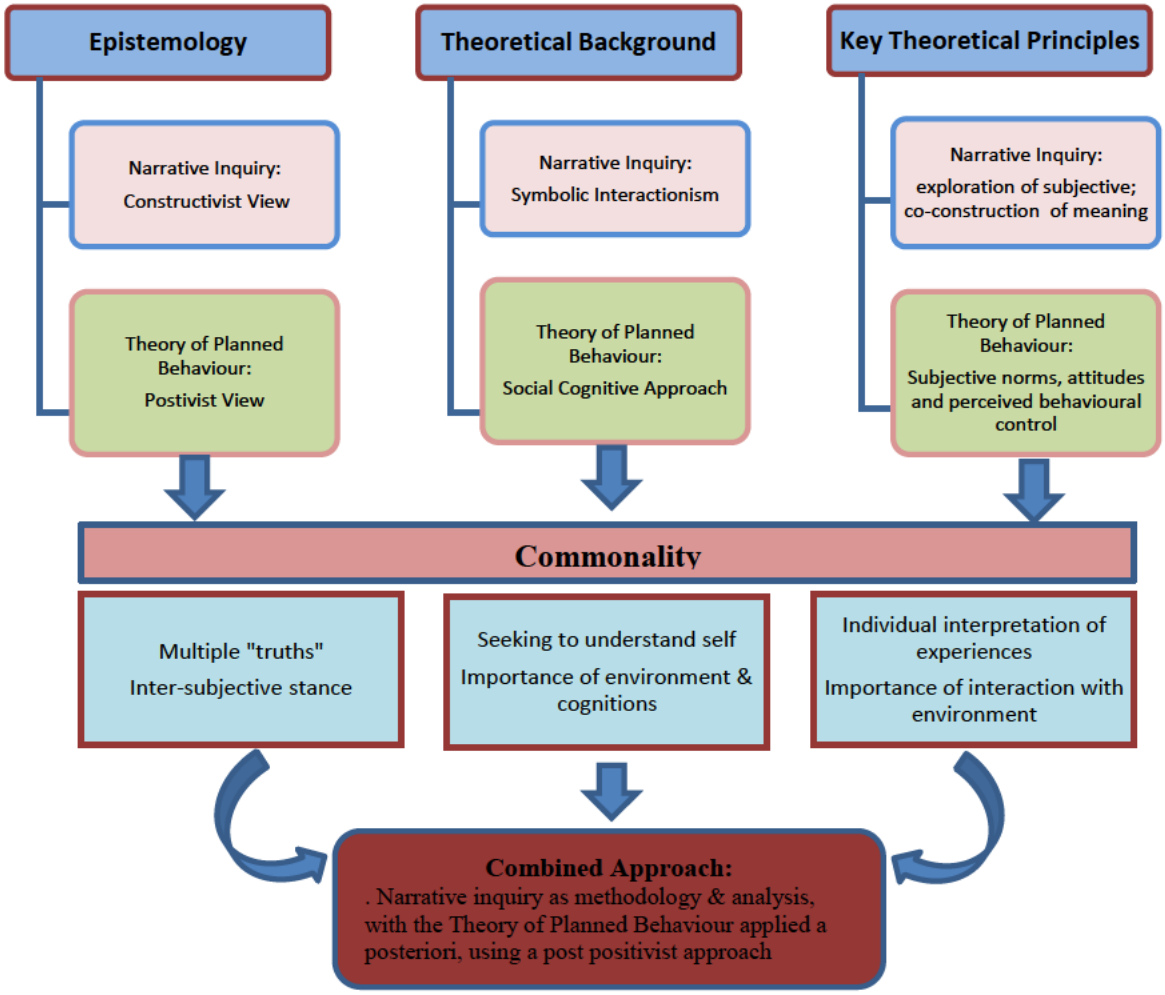

Figure 4: The commonalities between the Theory of Planned Behaviour and Narrative Inquiry

3.4 The researcher's perspective

Bedford and Landry (2010) state, 'the narrative researcher, makes his or her autobiographical connections to the research question explicit' (p. 155). Adopting a similar disposition, Connolly (2007, p. 453) states the individual conducting narrative research should 'include a report of an auto-ethnographic nature where the researcher provides an account of his or her voice, stance, assumptions, and analytic lens so that the reader is abundantly clear on whose story is whose'. Thomas (2012) reminds the narrative researcher, 'there is no way that we can remove the "us" from our analyses' (p. 215). However, the presence of the researcher in the research needs to be managed to ensure that the researcher qualifies their ability to conduct the work (Denzin & Lincoln, 2003). Management of the investigator's presence in the research can be achieved through processes such as debriefing, positioning and self-challenging when interpreting data (Al-Natour, 2011); the researcher used each of these processes in the current research. In conducting this work, the researcher ensured that he debriefed with colleagues on how the research was affecting him and any biases he felt in interpreting the data. This was done confidentially and included more formal discussions with the clinical supervisor and less formal discussions with fellow doctoral students and work colleagues.

Additionally, as with Narrative Inquiry methodology, the researcher kept a reflective journal, which was written after interviews with the young men (Bold, 2012), or after supervision. As stated by Ortlipp (2008, p. 695), 'keeping self-reflective journals is a strategy that can facilitate reflexivity, whereby researchers use their journal to examine personal assumptions and goals and clarify individual belief systems and subjectivities'. The researcher used the journal to examine his assumptions and values regarding the counselling of young men, referring back to it at key points in the writing of the thesis. This contributed to ensuring transparency in the research process. Further, it was through entries in the reflective journal that the researcher clarified the research aims and conceptual approach of the study. The researcher wrote about and examined questions regarding his own knowledge and how he had gained it. These entries in the journal contributed to the researcher clarifying the epistemology of the research and the consequent choice of methodology.

The researcher also acknowledged his presence in the data by strengthening his research skills and recognising his unique position as an investigator. Adams (2008, p. 180) argues

that this is being aware of one's own 'narrative privilege'. In doing this, it made the researcher more aware of the worlds of the young men being interviewed and showed the researcher that he had a lot to learn from them in the process. As a therapist of young men for many years, the researcher needed to be aware that he had certain experiences and practice knowledge that was likely to influence how he viewed the stories of the young men in this work. The researcher had to be cognisant about this experience and acknowledge and leave it behind when he interviewed each young man—a process Al-Natour (2011) refers to as positioning. The researcher needed to be aware that he was not moving into the role of the therapist in his interviews, rather staying in the position of the researcher. This was achieved by the researcher being aware of his language and carefully considering the questions and directions of each interview. If the researcher strayed into a more therapeutic style of interaction with a participant, he would stop and reframe the conversation in his mind, choosing different pathways and expressions to continue the process.

As this study is about young males' experiences of the therapeutic process, the researcher also needed to acknowledge his sense of being a male within this research. The researcher's personal experiences of being a male have helped him to form his actions and beliefs regarding counselling and its application. The researcher was mindful that as a male interviewing young males, at some level, he is considered an 'insider' (Dwyer and Buckle, 2009, p. 56); someone who is knowledgeable about working with young men in counselling. However, a researcher must also be 'self-challenging' (Al-Natour, 2011) and while being vigilant about their masculinity and knowledge of therapy, assume they know nothing about the phenomenon being studied (Asselin, 2003). Thus, the researcher acknowledged that even though he is a part of the male culture, he is no longer part of the young male subculture, and the researcher bracketed his assumptions regarding young men in his interviews with them (Asselin, 2003). Bracketing was often achieved in the researcher's writing in his reflective journal. Further in-depth details regarding the researcher's use of bracketing are provided in Appendix G.

3.5 Participants

Young men within the study are aged 18–25 years and were within the same age range during their counselling experience. This cohort was targeted because of the associated literature that identifies them as proportionally more vulnerable to mental health issues

than other male age groups (Kessler et al., 2005) and less likely to attend and remain in counselling relationships than young women (Biddle et al., 2006; Cotton et al., 2006; Vanheusden et al., 2008b). Young men were eligible for the study if they had had a counselling experience of at least one session, regardless of whether they continued the therapy. Young men also needed to reside in the greater metropolitan region of Adelaide as this is where the researcher is situated, making face-to-face interviews possible.

A social networking advertisement was developed for dissemination to potential participants and placed on a Facebook site established by the researcher for the purposes of the study (Appendix A). In support of this action, social networking in the employment of young males in behavioural research has been shown to be efficient, effective and economically viable (Balfe, Doyle & Conroy, 2012; Ramo & Prochaska, 2012).

Initially, snowball sampling was intended as the recruitment method for participants. Noy (2008, p. 330) describes snowball sampling as:

> A sampling procedure … when the researcher accesses informants through contact information that is provided by other informants. This process is, by necessity, repetitive: informants refer the researcher to other informants, who are contacted by the researcher and then refer her or him to yet other informants, and so on. Hence the evolving 'snowball effect'.

Snowball sampling was chosen because it has been shown to be particularly useful when the focus of the study is a sensitive issue, discussing private matters, and consequently needs the experience of insiders to locate people for the study (Goodman, 2011).

However, in the process of recruitment, the 'repetitive' nature of the snowball effect did not arise. Instead, three participants responded to the social networking advertisement after they were made aware of the research by friends who had seen the Facebook page developed for the study. These three participants were unknown to the researcher and each other, and did not recommend the study to other eligible participants. This suggests that even though these participants had shared their attendance of counselling with others (the friends who recommended them to the study); they may not know other young men who had attended counselling. This would support the argument that young men do not attend counselling very often (Reed, 2014; Vogel et al., 2011) and therefore would be unlikely to know other young men who have experienced therapy.

The remaining four participants in the study were not recruited by the snowballing method, but rather through contacts associated with the researcher. This method of recruitment is reflective of convenience sampling. Salkind (2010, p. 254) describes convenience sampling as:

> the selection of a sample of participants from a population based on how convenient and readily available that group of participants is. It is a type of nonprobability sampling that focuses on a sample that is easy to access and readily available.

Of these four participants, one participant became involved with the study through his connection with the researcher's son; another participant came to the study through the recommendation of a friend of the researcher, and the final two participants came to the study via work colleagues of the researcher. When using convenience sampling it is important to acknowledge potential ethical issues associated with the process (Singlton & Straits, 2010). These ethical issues may include if participants are coerced into participation in the research by their association with the researcher (Abbott & McKinney, 2013). In the current research, even though four participants were referred to the study by associates known to the researcher, the researcher did not know the participants personally and they all voluntarily gave informed consent to participate in the research. The researcher also made it explicit to these participants that their association with the individuals known to the researcher should in no way prompt them to be involved in the research, and that they must make the decision to participate solely based on their own desire to do so.

One participant within this study involuntary entered into therapy. As this study is primarily focussed on the experience of therapy it was decided not to exclude this participant based on their involuntary status. It is however important to discuss how the involuntary status of the client may play a role in their therapeutic experience. The involuntary status of a client in counselling is described by Sotero, Major, Escudero and Relvas (2016) as a common presentation and thus an inevitable occurrence for the therapist. Young men in particular are likely to be involuntary clients due to their reluctance to enter into therapy (Stanley, 2011). The experience of the involuntary client in therapy has been shown to be initially qualitatively different to that of the voluntary client (Sotero et al., 2016). The involuntary client is at first likely to have reservations about the efficacy and rationale for therapy, difficulty in establishing a therapeutic

alliance and low levels of motivation (Stanley, 2011). As therapy progresses however, research has shown that involuntary clients, inclusive of young men, commonly have equal treatment outcomes when compared to voluntary clients (Draucker 2005; Sotero, Cunha, da Silva, Escudero & Relvas, 2017; Turney, 2012). There is limited literature exploring the nature of these treatment outcomes (Draucker, 2005; Prior & Mason, 2010). Within the limited literature, some research has found that treatment outcomes with involuntary clients have been related to the pro-social, empathic and ethical way in which the therapist has addressed the issue (Higham, Friedlander, Escudero & Diamond, 2012; Trotter & Ward, 2013); and the level at which the client believes they have been forced or coerced to attend therapy (Brodsky, 2011; Sotero et al., 2016). Whatever the possibilities, what remains centrally important in this current investigation is the therapeutic experience of the participant. As the literature demonstrates, it is possible that initially the therapeutic experience of the involuntary client in this study may be qualitatively different to the participants who have voluntarily entered counselling. It is also possible, however, that their on-going experience may produce equal therapeutic outcomes.

All of the young men who agreed to participate in the research were provided with an information sheet about the study (Appendix B) and gave signed informed consent to participate (Appendix C). They were informed they could withdraw at any time and that participation in the research was entirely voluntary. Young men who consented to participate completed an in-depth interview with the researcher that was audio-recorded. While the research focused on exploring reasons for entering, exiting or remaining in counselling, the young men involved were encouraged to discuss the full range of their experiences and were not restricted in their verbal or emotional expression. The interview recording was transcribed and then shared with the young men so that they could verify its accuracy. These transcripts then became the data for the study.

3.6 Saturation

Saturation is ‘the point at which no new insights are obtained, no new themes are identified, and no issues arise regarding a category of data’ (Bowen, 2008, p. 138). To determine when saturation occurred in this work, the study adopted the process as described by Rowlands, Waddell and McKenna (2016, p. 43) who state:

> The researcher looks beyond the total number of unique concepts to consider the number of new concepts generated per interview. If the number of new concepts per interview stays constant or increases, then the number of unique concepts available has not been exhausted. However, if this rate decreases, then there must be a point after which soliciting more interviews is not going to be useful (i.e., diminishing returns). When that point is reached, then the concepts derived from the data have become saturated.

Within this work there was a close and recursive involvement with the data, which is part of the Narrative Inquiry process (Bedford & Landry, 2010). Participant interviews and data analysis were undertaken at the same time. Interviews and data analysis continued with new applicants until additional data and further analysis did not expose any new themes relating to the research questions. When this occurred, the sampling and interview process ceased. It has been suggested that 'saturation' of data can occur in narrative inquiries at participant numbers between 5 and 12 (Guest, Bunce & Johnson, 2006). However, there is limited consensus regarding appropriate sample sizes and when saturation occurs (Rowlands et al., 2016). Mason (2010) asserts that many qualitative studies oversample and that this poses an ethical issue as research participants are burdened with involvement in studies unnecessarily. Oversampling also runs the risk of losing depth in analysis and overusing valuable resources (Mason, 2010). In the present study, no new themes emerged from the data provided by seven participants.

As an example of how saturation was determined in this work, the process of triangulation was employed. Triangulation is where 'the researcher uses multiple methods of data collection to gain an articulate, comprehensive view of the phenomenon' (Cope, 2014, p. 90). As the participants narratives were collated and analysed, the researcher shared the transcripts with two of their doctoral supervisors. This improved the reliability of coding and assisted in gaining a consensus about when prominent themes within the data became recurrent. Vigorous discussion was held between the researcher and the supervisors, debating the recurrence of themes and associated saturation. As stated by Fusch & Ness (2015, p.1411) "triangulation is the way in which one explores different levels and perspectives of the same phenomenon. It is one method by which the validity of the study results are ensured".

Another example of how saturation was determined in this work was through the researchers use of 'conceptual depth' as outlined by Nelson (2017). First, a wide range of evidence from the data was identified to illustrate the chosen themes. The researcher ensured that the chosen themes were able to be illustrated by numerous quotes from participants. Second, the researcher ensured that there was a network of themes in the data in which "complex connections" (Nelson, 2017, p.559) existed. Themes were interrelated and influenced each other, resultantly increasing their validity. Last, the researcher was able to correlate chosen themes with concepts in the existing counselling literature. This showed that the chosen themes were in line with other qualitative investigations and thus had greater reliability.

3.7 Collection of data

Data collection took place over a nine-month period, between January and September 2015. Participants were required to engage in a face-to-face, in-depth interview regarding their experiences of therapy. Interviews were conducted at places chosen by the participants in an endeavour to make them feel at ease in discussing their stories (Bold, 2012). Three interviews were held at participants' homes and the remainder at the researcher's work office. There was no prescribed length for the interview; however, interviews typically lasted 60–90 minutes. During the interviews, the discussion was driven by the content and direction in which participants chose to take their story. Before the interview commenced, participants were 'introduced' to the topic with a description, devoid of the researcher's personal views or standpoints regarding the project's content:

> Thank you for showing interest in participating in this research project. The research aims to explore the stories of young men who have some experience with counselling in their lives. Specifically, the research is interested in why young men choose to enter, engage in or exit from counselling. To participate in the study, I would like to have a conversation with you about your experiences. I will not be asking you any set questions, so it is up to you about what you would like to share with me. There are no 'right' or 'wrong' answers. My job is to listen, clarify and guide you along as you are telling your story. If you have any questions about the interview or the research you can stop and ask me at any time. Typically interviews last about an hour, but you can have less or more time if you think you need it. I will also be audio-recording our conversation. You may have copies of the recording and the final research paper if you would like them.

The interviewee was then asked to ‘tell his story’. The researcher practised active listening; only promoting further content with open and inquisitive questioning that was reflective of the participant’s language and style of storytelling. Judgements and cross-examination of contradictions in the story were not utilised. In some interviews, the young male telling his story was reluctant to share. In these cases, the researcher followed the advice of Holloway and Jefferson (1997) and changed interviewing style to assist the young man in discussing their story in more depth. Holloway and Jefferson (1997) suggest using a more biographical–interpretative method for those who struggle to elicit their story. The interviewer should ‘avoid why questions and follow up using respondents’ ordering/phrasing’ (Holloway & Jefferson, 1997, p. 60). This makes the individual feel less threatened and more able to speak of any anxieties in their experiences.

In the days after the interview, the researcher kept a journal, noting further thoughts and feelings about the interview and the general research process. This is important in the Narrative Inquiry process because ‘by considering what one knows, believes, and values within the context of an event, reflection supports evaluators [researchers] to bring into awareness what they sense but cannot explain and develop their intuitive processes’ (Becker & Renger, 2017, p. 138). Participants were provided with a copy of their transcript and asked to read it. In this process, they were encouraged to add further content or suggest re-editing of their interviews (Bold, 2012). None of the participants in this study requested changes to their transcripts; however, they were reminded that they could contact the researcher at any time if they wished to reconsider this option.

3.8 Analysis of data

Analysis of data within the Narrative Inquiry method commences with the onset of the research process and continues throughout the life of the study. Connelly and Clandinin (2006) suggest analysis of narrative data continuously develops from within the participants’ and researchers’ stories, changing and evolving with time and understanding. Data analysis within this work utilised Lieblich, Tuval-Mashiach and Zilber’s (1998) holistic–content approach. Lieblich et al. (1998) state that the holistic–content approach ‘takes into consideration the entire story and focuses on its content’ (p. 15). The holistic–content approach also allows for precise examination of the inter-subjective between collected stories (Beal, 2013). This method was employed because

the researcher wanted to view the young males' stories of counselling experiences holistically, keeping stories intact and complete.

In order to keep the narratives of the participants complete and coherent prior to be being merged into themes, the researcher followed the initial step of the holistic–content approach, reading all interview transcripts several times, and developing a 'global impression' for each (Lieblich et al., 1998, p. 62). This consisted of an 'impression' of the core story and the noting of patterns and issues that 'disturbed the teller' (Wells, 2011, p. 46). An example of a global impression written for a participant is provided in Appendix D. The global impression was then refined and themes (recurrent ideas within the story); transitions (places within the story where changes in themes transpired); content (what happened in the story and why it occurred) (Beal, 2013); and mood (the pervasive set of feelings behind the story) were considered (Lieblich et al., 1998, p. 63). The interview transcriptions were then developed into research texts (Clandinin & Connelly, 2000) and the researcher observed how one narrative related to another. The TPB was also considered at this point of analysis from an a posteriori approach, thus assisting in determining interrelationships between the narratives and the theory.

After this, themes and threads of narrative within and across stories began to emerge (Clandinin & Connelly, 2000). At this stage of the analysis process, as suggested by Lieblich et al. (1998, p. 62), themes were followed throughout the story and conclusions were noted. Attention was paid to where 'themes appeared for the first and last times, the transitions between themes, the context for each one, and their relative salience in the text' (Lieblich et al., 1998, p. 62). Coloured markers were used to highlight themes, as suggested by Brown et al. (1988).

Comprehensive notes were also added to the transcripts, serving to remind the researcher of his thoughts and considerations (an example is provided in Appendix E). Highlighted themes were then formatted into central thematic headings and subheadings (Bold, 2012). As suggested by Braun and Clarke (2012, p. 63), to decide on these headings, information was collapsed or clustered together on the basis that it 'shared some unifying feature together, so that [it] reflected and described a coherent and meaningful pattern in the data'. The researcher used whiteboards and large pieces of white paper to record this process. This visual representation of the core themes and subthemes helped in several ways. First, it assisted the researcher to make links and collate information together.

Second, it invited discussion with colleagues and supervisors, with each whiteboard or large piece of paper on the wall acting as a focal point for examination (like hanging a piece of art). Further, it allowed all the thematic data to be visualised in one field, thus keeping in line with a holistic approach to analysis. From this point, final core themes and their relevant subthemes were chosen and organised into structural plans for their presentation in the thesis. The structural plan presented representative quotes from the participants and examined what was known in the literature regarding the theme, what was new and what was and was not inherent in the conceptual framework of the study—the TPB (an example is provided in Appendix F).

3.9 Criteria for assessing the research methodology

Historically, there has been a tendency for qualitative researchers to try and use attenuated elements of positivism to verify their findings (Hesse-Biber & Leavy, 2006). This approach has been viewed as poorly acknowledging the social construction of data and failing to see multiple realities (Lietz, Langer & Furman, 2006). Some researchers have even suggested that as a result there has been a crisis of validity and reliability in narrative research (Polkinghorne, 2007). As stated by Noble and Smith (2015, p. 34), as 'qualitative methods are inherently different from quantitative methods in terms of philosophical positions and purpose, then alternative frameworks for establishing rigour are appropriate'.

There have been many approaches suggested for assessing the credibility of qualitative research. These have included prolonged engagement (Creswell, 2003), which is the notion of spending sufficient time in the field to understand a phenomenon of interest; and respondent validation, asking participants to remark on the final themes and whether they believe the themes reflect the issues under examination (Noble & Smith, 2015).

Another approach that has been increasingly recognised by qualitative researchers is the idea of reflexivity. Reflexivity involves continued self-reflection by the researcher to heighten awareness of their behaviours, emotions and thoughts (Lengelle, Meijers & Hughes, 2016). In research, it improves 'transparency in the researcher's subjective role' (Darawsheh, 2014, p. 561). This transparency occurs in both the direction of the research and the analysis of its data. It permits the researcher to make changes if required, thus

ensuring the credibility of their work (Darawsheh, 2014) and increasing the trustworthiness of the findings (Bishop & Holmes, 2013).

Given the complexity of reflexivity and the increasing need to be self-reflective in research, Riessman (2015) reminds us that 'finding a way to incorporate the various components of reflexivity into a narrative project is a huge challenge for investigators today' (p. 224). However, if narrative researchers are to improve the credibility and authenticity of their work, then reflexivity must be an integral part of the process. The task as always is to 'account for our situated selves in a scholarly product, thereby lending the research credibility and validity' (Riessman, 2015, p. 233). As stated by Lietz et al. (2006, p. 443):

> although qualitative inquiry, as framed within a postmodern paradigm, acknowledges multiple realities and the role of social construction in establishing meaning, it is still important to create some level of confidence that qualitative research represents the meanings of its participant.

With this in mind, this study has used particular methodological procedures to enhance its credibility and dependability.

First, the researcher ensured interview transcripts were produced within five days of the meeting with a participant. This improved credibility and dependability by allowing the researcher to have a fresh recollection of the interview and recall important 'events and discoveries' (Yin, 2011, p. 166). Second, the researcher employed reflexivity at all times. This included being transparent in the work by illuminating the subjective role of the researcher. Third, the researcher utilised member checks whereby the individual transcript belonging to a participant was given to them to read and comment upon. Thomas (2017) considers member checks are an important method in ascertaining credibility and dependability in qualitative research because they offer a means by which participants can validate accurate representation of their perspectives and experiences. Last, in the presentation of the stories of the young men in this work, generous verbatim quotes were used to support any conclusion made (Slevin, 2002). As affirmed by Green (2013, p. 109), credibility and dependability are clearly established through 'direct quotation from a person who lives their life in the circumstances under consideration, and has shared that experience in their interview'.

The researcher has always had a firm intention that the reader will feel able to judge the credibility, integrity and competence of this work. It is hoped that this study will provide findings that are directly attributable to the voices of the participants and can be used to achieve tangible improvements in the counselling of young men.

3.10 Ethics

Approval to conduct the study was received on 2 September 2014 from the University of New England's Human Research Ethics Committee (approval number HE14-241). This authorisation was in line with the National Statement on Ethical Conduct in Research Involving Humans (National Health and Medical Research Council, 2001).

As this research examines the counselling experiences of young men, it was deemed possible that as the young men discussed their accounts of therapy, they could become distressed with their memories and content. Therefore, it was a condition of ethics approval that the young men in the study were provided with phone numbers and details of relevant government and non-government bodies that could provide them with further support if required (Appendix B). The researcher is also an experienced counsellor and is familiar with symptoms of re-traumatisation, which assisted in identifying if participants needed further support or intervention.

Young men in the study were required to give informed consent (Appendix C) prior to participation. This included full knowledge of the possible risks involved in partaking in the study. Finally, the study recognised the inherently confidential nature of the personal stories of the young men involved. Pseudonyms were used for all aspects of the research, and complete anonymity assured.

The researcher was also mindful of acting ethically when interviewing the young men who offered their precious stories and the time to tell them. This meant adopting many of the principles inherent in a person-centred approach as developed by Carl Rogers in the 1940s (Castonguay & Hill, 2015). This included employing a non-judgemental approach, which allowed the young men to speak of their experience without fearing that they might be vilified for doing so. It involved showing empathy for the participants' experiences, imagining what it might have been like to have been in their position and lived their lives. It also meant demonstrating genuineness in the researcher's presence with the young men,

reflecting interest and curiosity in the young men's stories. Finally, it meant reflecting on the notion that counselling is often not a comfortable experience for young men. In discussing their involvement in the process, they become vulnerable and exposed. Ethically, it was therefore important to assist the participants to feel that their stories would be treated with the reverence and confidentiality they deserved. At a personal level, heartfelt thanks were offered to each participant, and their contribution noted.

Last, the researcher was mindful of the ethical issue of 'narrative privilege' (Adams, 2008, p. 180). Within this work there is a great privilege afforded to the researcher in being entrusted with the narratives of the counselling experiences of the young men. Ethically, it was incumbent upon the researcher to make sure that these narratives were accurately recorded and authentically told (Adams, 2008). In addressing this, the researcher made sure that the young men's narratives were treated with respect and that when telling their stories, the young men had opportunity to comment on their authenticity, correcting any incongruence with their experiences.

3.11 Chapter summary

This chapter outlined the methodology that underpins this research. It described the conceptual framework of the TPB, and how it can be utilised as an a posteriori, post-positivist approach to understanding the experiences of young men in counselling. It also discussed Narrative Inquiry, a method for conceptualising and analysing the stories that form the data of this work.

This chapter also established the epistemological stance of this research, along with the personal perspective of the researcher. This allowed the reader to see how the researcher and participant come together in the creation of this narrative work. Further, this chapter outlined the processes by which participant recruitment, data collection and analysis took place. Last, the criteria for assessing the research methodology were made known and ethical considerations in this study were presented.

Chapter 4 presents the stories of the young men and their counselling experiences, along with the associated core themes and subthemes that emerged from the data.

Chapter 4: Results

The results presented in this chapter are based on the outcomes of the seven participant interviews conducted. The results are presented to explore the experiences young men reported from their counselling journeys that contributed to their decision to enter, engage in or exit from counselling. The results also illustrate how these experiences inform future research, practice and training regarding therapeutic work with young men: is there utility in the a posteriori application of the TPB in understanding young men's experiences of counselling? Core themes and subthemes are described, and quotes from participants are frequently used to illustrate them. As Savin-Baden and Van Niekerk (2007) remind us, citing the participant (even when de-identified) brings their voice to the fore and enlivens their stories, situating them in the theme and honouring their contribution.

The chapter is presented in five sections. Section 4.1 provides an introduction to the participants while Sections 4.2–4.5 each represent a core theme and their associated subthemes. Section 4.2 on the 'Therapeutic Engagement' theme, presents the narratives of the participants about entering, engaging in and exiting from counselling. Section 4.3, on 'Being a Man', centres around the participant's experiences of counselling through the lens of masculinity. Section 4.4 deals with the theme 'Connections with the Counsellor and Others' and presents the participants' narratives about relationships with the therapist, families and peers. Finally, Section 4.5, on the theme 'Stigma and Stereotype', focuses on the participants' experiences of these factors. A discussion and the implications of these findings are explored in Chapter 5.

4.1 Introducing the participants

Reissman (2013 p. 170) reminds us that recounting narratives 'is a relational activity that encourages others to listen, to share and to empathise'. It is a process whereby the researcher and reader begin to appreciate the stories of participants in a more meaningful way and to understand how they construct and theorise about their world (Savin-Baden & Van Niekerk, 2007). To this end, the following section introduces each participant to the reader. It is important that the reader gain knowledge and experience of the participants (Bold, 2012) to facilitate grounding in the narrative data of this work. The participants' introductions are offered in the order in which they were interviewed. Each

of the participants has been given a pseudonym to protect his identity. The information included in each of the participant introductions includes their age, the professional role of the therapist they engaged, the reason for attending counselling, how often they attended counselling and how they came to participate in the study. This information has been included to help establish the context and identity of the participants to give the reader a clear picture of their counselling experience.

Peter is a young man of 18 years who engaged a psychologist through a Child and Adolescent Mental Health Service (CAMHS) over a four-month period. He attended counselling to address a relationship with a girlfriend that had ended acrimoniously. He attended sessions fortnightly. He heard about the current research through a friend who had read the social networking advertisement disseminated through Facebook.

Mark is a 20-year-old who accessed counselling because he decided to address a depressed mood he had been experiencing over an extended period. He engaged a psychologist in private practice for 18 months and attended monthly. He heard about the current research through a friend who had read the Facebook advertisement.

Adam is a 22-year-old who attended counselling to address social anxiety and depression. He saw a private psychologist for a total of five sessions and through his admission left the counselling relationship early because he did not feel engaged with the process. He attended sessions fortnightly. Adam heard about the current study through his brother who was a friend of the researcher.

Joshua is a 20-year-old who engaged with a public health service psychologist by phone after he had made an earlier suicide attempt. The process of engaging with the psychologist by phone was part of a mental health system response and occurred automatically; it was not instigated by Joshua. He experienced only one session and decided not to engage with the counsellor any further. Joshua heard about the current study through contact with the young male son of the researcher.

Martin is a 22-year-old who decided to see a counsellor at the university he attends because he failed a crucial examination and was feeling depressed and anxious. He engaged with a counsellor (he was unsure of her professional discipline), for a one-hour, face-to-face session. He decided not to attend any further sessions after his initial

engagement. Martin heard about the current research through a friend who had seen the Facebook advertisement.

Brad is a 25-year-old who attended counselling on an involuntary basis to address an addiction to cannabis. Brad was informed by his employment agency that if he did not go to counselling, they would report back to Centrelink that he was not fulfilling his mandatory obligations; therefore, he would lose his unemployment benefits. Brad saw a counselling psychologist in private practice. Brad attended counselling for eight months on a fortnightly basis. He heard about the current research through a work colleague of the researcher.

Paul is a 25-year old who attended counselling to address a pornography addiction with which he had been grappling for some years. He saw a psychologist at a non-government agency. He attended counselling for 12 months on a fortnightly basis. He heard about the current research through a work colleague of the researcher.

4.2 Core Theme One: The Therapeutic Experience

This theme explores participants' therapeutic experience. It is divided into three subthemes: entering, engaging and exiting. The subtheme of 'entering' begins with a discussion of the catalysts that played a role in the participants' decisions to consider counselling. These catalysts spoke to aspects of their lives that they perceived to be difficult and included addressing relationships, finding personal meaning/moving forward, and ameliorating distress. The discussion then turns to the influential factors that were part of the participants' decision-making practices to enter therapy. Underpinning the catalysts and acting as aspects that complemented and gave genesis to the decision-making process, these factors consisted of the young men's levels of motivation to address their issues and the levels of control they perceived that they possessed over entering counselling. Next, the 'engaging' subtheme examines the different elements that influenced the participants' decisions to participate in therapy. The young men spoke of the nature of therapeutic activities, the therapeutic space, collaboration with the therapist and therapy as a helpful or unhelpful activity. Last, the subtheme of 'exiting' is presented. This subtheme addresses the elements that influenced the participants' decision to depart counselling. Young men discussed a sense of readiness in exiting therapy; they also spoke

of whether this was a joint agreement between the therapist and themselves, or an independent act.

4.2.1 Entering

All the participants spoke of catalysts that played a role in their decision to enter therapy. While the catalysts were often not the sole factor that led the young man to a final decision to enter counselling, they served as points through which considering the activity of counselling came to fruition. From the participants' stories, three main catalysts emerged. First, some young men spoke of the need to address relationships. Second, some young men discussed a need to find meaning and move forward in their lives, and third, some spoke about the need to ameliorate distress. In addition to catalysts, some participants also discussed factors that were influential in driving the process of entering therapy. Two key factors that emerged were how motivated participants were to address their issues, and how much control they perceived they had over the process. Catalysts and influential factors were often not experienced individually; thus, in the following discussion, participants are frequently represented in more than one element. This subtheme will commence with a presentation of the three main catalysts and then move to an examination of the key influential factors.

4.2.1.1 Catalyst One: The need to address relationships

A key catalyst that emerged from three of the participants' stories was related to addressing relationships. Two of these young men, Peter and Paul, spoke about having experienced difficulties in relationships with their partners and viewed these difficulties as being the catalyst for entering counselling. Paul wanted to improve his relationship and to show that he could change:

> *I wanted to prove that I was a great partner and willing to change and prove myself … Hopefully, above anything else I am proving that I can change and that I am willing to become better for her* [girlfriend] *and that is what I wanted.*

Peter also wanted to use therapy to understand the experience of his relationship better now that it had ended:

> *That was a problematic time for me … I went through a very traumatic breakup … I wanted to gain an understanding of why my ex-partner behaved in certain ways.*

While Peter and Paul focused on improving or understanding relationships with their partners, Adam spoke of experiencing social anxiety. Thus, his catalyst for entering counselling revolved around improving general social relationships with others:

> *In a way, it was the social anxiety that I wanted to work on, so it was just getting my feelings that I would have when I was thinking about going to social gatherings or meeting people … being happy and social, and all of that was not something that was familiar to me … Everyone is expected just to maintain this kind of social life, that everything is great … I know at the time I just hated being asked, how are you, because then I had to give a socially unacceptable answer, or I would have to lie.*

4.2.1.2 Catalyst Two: The need to find meaning and move forward in their lives

Four young men presented catalysts for entering counselling that addressed the desire to find personal meaning and to go forward in their lives. As seen in the following extracts from two of the young men, sometimes this was directly about seeking clarity, direction and resolution. In Peter's words:

> *At the time, there were a lot of things I wanted to try and resolve … I wanted a form of clarity, in the end, basically, the right direction to head towards … So that was the main thing.*

Martin expressed a similar desire:

> *I was not sure I was on the right track; I did not want to fail the fourth year again. It was like okay, what can I do make sure that doesn't happen … I will cover my bases … speak to a counsellor and see what they reckon … then I will be able to start the year in reasonably good shape, with a new method and techniques available.*

At other times, it was more about the young man seeking to improve who he was as a person and what he was capable of. Paul, for example, stated:

I went to counselling to help myself to get rid of and control the problems that I did have and become, in a way, a better person'.

While Brad acknowledged:

> *I wanted counselling to get me in a better state of mind, be able to do more things for myself, instead of just sitting around doing nothing.*

4.2.1.3 Catalyst Three: The need to ameliorate distress

Some of the participants spoke of their need to ameliorate distress and the associated issues it caused. Five of the young men discussed experiences of emotional disturbance that had occurred in their lives before their decision to enter therapy. Two of these young men experienced very high levels of distress that resulted in either suicidal thought or direct suicidal action:

> Mark: *I had really bad depression and was on the verge of suicide. I was also self-harming, on a daily basis and it was pretty bad.*

> Joshua: *I had an experience with a past girlfriend after breaking up, and I took a lot of Panadol, and I ended up in a hospital for that reason.*

The other three young men discussed their distress regarding how it was adversely affecting relationships in their lives as well as their general functioning. Dysfunction caused by the distress drove them to enter counselling:

> Adam: *I never had particularly good habits of getting to bed on time and all that, but it got worse and worse … I was pretty miserable at the time … it was getting to a bit of a stage where it was starting to interfere with my productivity, so I went to a therapist to figure out some strategies to deal with it … I knew that I needed to do something and that counselling probably would be the best thing to do.*

> Peter: *I had mixed emotions at that point … It was affecting my school life, social life and interaction with my parents was slowly—it was very slow—but gradually decreasing to a point where there were days where I just would not leave my room … so I went* [to counselling].

> Martin: *I just lounged about … I thought I will wake up tomorrow, and I will not want to wake up, I will not want to get out of bed … I think I kind of sat there … and after a couple of weeks I spoke to some friends, told my parents … and eventually, I got in touch with the uni counsellors.*

As the young men discussed the catalysts for entering counselling, other influential factors within this process began to emerge from their stories. The two most important influential factors that surfaced in the young men's narratives related to the level of motivation they felt towards addressing their issues, and the level of control they felt they

had if they were to enter the counselling process. Influential factors were qualitatively different from catalysts, in the sense that they underpinned the catalysts, acting as aspects that complemented and gave genesis to the decision-making process to enter counselling.

4.2.1.4 Influential Factor One: The level of motivation

All participants referred to the degree of motivation they experienced in addressing the issues they considered bringing to the therapy. Motivation levels varied from high to low and were sometimes affected by a mix of forces: intrinsic forces, those relating to internal thoughts and feelings; and extrinsic forces, those relating to others or external circumstances. High levels of motivation were generally indicated by the young men expressing a clear personal rationale for coming to therapy, whereas low motivation was indicated by the young men feeling more ambiguous about the process.

Four young men expressed high levels of motivation that were affected by intrinsic forces:

> Peter: *I made that decision* [to go to counselling to address his relationship] *knowing that this was something I had to deal with. I wanted to face my problems.*
>
> Martin: *It's quite funny. It got to 9 o'clock I thought yes, I have to get out of bed! I could not handle it! I had to get out and do something.*
>
> Paul: *I wanted to be with her* [girlfriend] *again … that was the big motivation.*
>
> Mark: *I finally decided, okay I am going to go* [to counselling], *or I am going to commit suicide.*

One participant, Brad, had a mix of intrinsic and extrinsic forces that contributed to his high level of motivation. His motivation to enter therapy originated from the extrinsic force of needing to maintain his welfare payments:

> Brad: *I did that* [go to counselling] *so I would still get paid, sort of thing. Because I had to be doing something at the time, if I wasn't doing anything for the job network, then they were going to cut me off my payments…*

However, he was then able to move past this and express intrinsic motivation that viewed counselling as potentially helpful:

> Brad: *I thought it would probably help me in the end anyway, so I will just do it … yes, I would go in there.*

Two young men had lower levels of motivation to enter into therapy. This was driven by the intrinsic forces of having negative thoughts about going to counselling or how it would help:

> Adam: *I was not motivated to fix it myself … I wasn't really sure how to go about it … it was really hard to feel optimistic about going to counselling.*

> Joshua: *I just didn't want to go to that sort of thing, going to counselling or anything like that … I mentioned that I didn't want to go ahead with anything … I was just more frustrated with the fact that he* [the counsellor] *had called. I mentioned at the start that I didn't want him, like it was fine, I mentioned it at the hospital the day before … I just felt stupid … as I said, I just felt more frustrated, like counselling was wasting my time…*

In addition to highlighting the level of motivation as an influential factor in entering therapy, some young men spoke of the degree of control that they perceived as being associated with the process. This factor was influenced by whether the participant came to counselling voluntarily or involuntarily. These narratives are now presented.

4.2.1.5 Influential Factor Two: The level of control

Within their stories, four participants made reference to the degree of control they felt they had over entering counselling; this was affected by whether their entry had been voluntary or involuntary. Two of the young men who voluntarily considered entering counselling expressed higher levels of control over attending. These young men spoke of finding a sense of choice in their journeys:

> Mark: *I kind of realised okay I am in control of what I can say, what I can do, I can pick the appointments, I can choose whether I come back or not. That is when it started to feel that this is now my choice.*

> Paul: *I had control in a sense like, well no matter what, no-one has complete control over me and I could make all the wrong decisions, and it was still a matter of me being in control … Yes, I would say, I could choose how this all plays out, whether to tell the truth, lie, just keep going, stop, you know.*

Two young men who had experienced lower levels of control expressed this as either a feeling of having options ignored or directed:

> Joshua: *I mentioned that I didn't want to go ahead with anything, but he* [the counsellor] *ignored me … I was trying to think of ways that I could end the phone call … it was sort of like pushed upon me in a way because he* [the counsellor] *called me back several times for me to ignore them anyway* [the phone calls].

> Brad: *Basically, I didn't really have a choice. The job network people made me do it* [go to counselling].

4.2.2 Engaging

All the participants in the study discussed factors within the counselling experience that were important in their decisions to continue to engage in therapy. These factors included the nature of therapeutic activities, the challenge of counselling, collaboration with the therapist and therapy as a helpful or unhelpful activity.

4.2.2.1 The nature of therapeutic activities

All but one participant spoke of the nature of therapeutic activities they engaged in during counselling sessions. The young man who did not speak of therapeutic activities was Joshua, whose counselling experience was brief and did not include opportunities to engage in therapeutic activities.

The majority of young men spoke favourably about the therapeutic activities they experienced and found a benefit associated with the process, therefore remaining engaged in therapy at the time. Two of these young men described activities that were characterised by the counsellor assisting with addressing thinking or behaviour:

> Mark: *The main thing she* [the counsellor] *taught me—and it is still something I use to this day—is controlling my way of thinking or changing my way of thinking … She was changing my way of thinking, that was the main thing that she did for me … So I can control it now, at least when I know I am going to have a breakdown, I can take a step to either prepare myself, so I don't do something stupid … So, she gave me all these different methods as to how I could deal with it instead of going straight for what I used to do.*

Adam: *We were kind of starting to go over some mental exercises, getting me to challenge my beliefs, that kind of thing, which I thought was helpful.*

The remaining four participants spoke of therapeutic activities that focus on addressing their issues through practical actions and advice from the therapist, which also helped them continue to participate in therapy:

Peter: *We talked about how my anger occurs and we worked on ways to deal with the anger. We worked on ways looking at external ideas … We identified which one was more suitable and that was kickboxing. We worked towards releasing that anger in a way which didn't harm anybody … I spent a lot more time kickboxing and a lot more time getting rid of the internalised anger through kickboxing training. When the counsellor mentioned utilising one of my hobbies to deal with that issue, it was probably one of the most positive things I have heard in a counselling session in a while.*

Brad: *When I was in the appointment with the psychologist, she would always write out a list of what I should try to do before I see her next time and to try to get them done before I see her … Some of the things she got me to do was just count how many smokes I had in the day, count how many for the next day I had, see if I can make any difference in the next week sort of thing, and keep track if I have cut down or not.*

Paul: *The counsellor provided me with practical suggestions … it was logic focused. It was always, if this doesn't work we will try this, or you know if there is something that is wrong just come up and tell me.*

Martin: …she [the counsellor] *offered a little bit of advice, like when I am going through doing the fourth year for the second time, she gave me some advice and some tips on how to study better and how to, I guess to come to terms with what had happened.*

4.2.2.2 The challenge of counselling

Three of the participants shared that at times they found the activity of counselling challenging, which played both negative and positive roles in their decision to remain engaged in therapy. The ways in which these young men found therapy challenging included explaining their emotions, significant personal change and stirring up emotions.

4.2.2.3 Explaining emotions

One participant spoke of being challenged by having to provide detailed accounts of his affective content—something he thought he was not competent in doing, which he felt was not helpful in assisting him to remain in therapy:

> Brad: *It could get to you a bit, with some of the emotional things you had to talk about with them … I just got sick of having to sort of get into the detail of certain things … I just got sick of having to explain every bit … I am not good at that sort of thing. It didn't help me to stay.*

4.2.2.4 Significant personal change

Another participant stated that counselling was challenging because he perceived it would require him to change his thoughts and feelings at a significant level. This formed part of the reasons he decided not to remain in counselling:

> Adam: *It was challenging, I had no idea what would help, but it just, it felt like it would be a lot of work as well, trying to change the real underlying feelings and attitudes that feel so natural to me. I felt like I had to change my entire personality, so that was a really daunting kind of thing … I suppose I didn't really want to stay.*

4.2.2.5 Stirring up emotions

The final participant who spoke of counselling as challenging revealed that on occasions it had increased his anger to a level that was higher than what he had experienced before entering therapy; however, this did not stop him from continuing with counselling:

> Peter: *There were some points when counselling was very challenging … stirred up more anger that what I had experienced beforehand … But that was positive … dealing with that issue … talking about how I approached the issue.*

4.2.2.6 Collaboration with the therapist

Five of the participants identified collaboration with their therapist as being an important part of their continued engagement in counselling. Three of these young men denoted this collaboration through the use of the first person plural pronoun, 'we', when speaking of engagement with their therapists. This reflected joint decision making and exploration of

the young man's concerns, which played a role in these young men choosing to engage in therapy:

> Mark: *So, when I used to get really, really down and have my really, really down moments, my instant reaction would be to find a blade and start cutting, or would be to have a complete emotional meltdown. We talked about ways of changing that, and how to recognise the signs together.*
>
> Peter: *We approached how I dealt with my emotions, and basically, we came to a conclusion that it is acceptable to have the traits of your parents. We explored that concept towards the end, but I was comfortable with the situation where I felt, okay let's see how this goes, let's see if it is a positive.*
>
> Paul: *We also talked about depression in a way, and just helping recover from that, because a lot of things were putting me down at that time as well. I kind of took the brunt of it and went, 'this is just how it is'! So, we decided how actually to manage stress and to produce a study method that actually works.*

Two participants spoke of a weaker collaboration. This was characterised by using first person singular pronouns such as 'he' and 'she', suggesting a limited collaborative stance between the young man and therapist. These two young men did not continue with their therapy:

> Joshua: *He was just talking about stuff that was completely irrelevant rather than what actually happened. Not that I wanted to talk about that anyway, but as I said I just felt more frustrated like he was wasting my time rather than doing what you hear they are meant to do I guess.*
>
> Brad: *Like, it was if she was telling me what to do. Like how I said she would give a list of things that I could do. It was like giving a chores list or something. She really got it into you, like 'do this!', sort of thing … did I even tell her right or did I say what I was supposed to say about what happened, sort of thing? Always wondering whether or not they are on the same page of what happened to you…*

4.2.2.7 Therapy as helpful or unhelpful activity

All the participants spoke of therapy in terms of being helpful or unhelpful in addressing their needs. For the five young men who said that therapy was helpful, this was because it provided them with either a sense of personal understanding, achieving success or skills

to use in the future. This assisted with them choosing to engage in counselling. For the two young men who recounted that therapy was unhelpful, this was due to the structure of therapy sessions and therapy reminding them of issues they were trying to forget; they did not remain in counselling.

4.2.2.8 Personal understanding

One participant spoke of gaining an understanding of events that had occurred in their life:

> Peter: *Yes. I was gaining a lot of understanding … a lot of understanding about many things that occurred in my life as well.*

4.2.2.9 Achieving success

Two participants revealed that therapy was helpful because it provided them with an ability to achieve success in addressing their concerns:

> Brad: *…while I was going to counselling … I sort of had a bit more of an edge to be able to do something about it, because I was going to counselling.*

> Paul: *I was achieving success with the actual meetings.*

4.2.2.10 Skills for the future

Another two participants spoke of therapy as being helpful because it provided them with skills for the future:

> Mark: *Counselling was really, really helpful and still something I can use to this day.*

> Martin: *There was some useful stuff she gave me … It was definitely to my advantage … The advice the counsellor gave me I still use to this day.*

Two young men revealed that therapy was not helpful and this reduced their level of engagement. This related to the structure of their sessions or that counselling reminded them of issues they wished to forget.

4.2.2.11 Session structure

Adam shared that the way counselling sessions were structured prevented him from getting help:

> Adam: *…our sessions were always about gathering information about me, rather than being able to tell me anything useful.*

4.2.2.12 A reminder of issues

Joshua expressed that he felt that therapy stood as a reminder of his problems, rather than helping him resolve them:

> Joshua: *It was sort of more frustrating rather than helpful … it brought my mind back to the reason I had been so upset and frantic about things in the first place.*

The final subtheme is now presented. This subtheme addresses the elements that influenced the participants' decisions to exit counselling. Participants spoke of their level of readiness to exit therapy and whether exiting was by mutual consensus or if the young man acted autonomously.

4.2.3 Exiting

Some of the participants spoke of their experience of coming to the end of therapy. This was often accompanied by a sense of readiness, with the young man having successfully addressed the concerns that brought them into therapy. Some participants also spoke of whether they decided to exit therapy autonomously or if the decision was agreed upon with the therapist.

4.2.3.1 A sense of readiness

Four participants shared that they experienced a sense of preparedness in completing their counselling journey. This feeling of readiness to exit was for the most part determined by a sense of mastery over the concerns they had addressed in therapy. These young men used 'I' statements that tended to describe their increased competency, improved mental health and preparedness to move on:

> Paul: *I knew how to actually combat the actual issue … It was a matter of me going, yes, I guess I would say I am ready.*

Peter: *I went back to the counselling environment; I could explain what I had used to deal with the issues … It was to such an extent I felt like I didn't require counselling towards the end.*

Mark: *I was in a really good state of mind, so I just didn't feel the need to come back, I am happy, and I am fine.*

Martin: *I think I had crossed most of the t's and dotted most of the i's, I think I had got most of what I needed. So, I didn't need to go back.*

4.2.3.2 An autonomous act or a joint decision

Six participants spoke of the way they exited therapy. These young men made the decision either in consultation with their therapist or autonomously.

4.2.3.2.1 Consultative exit

For those who took the decision to exit in consultation with their therapist, they described joint appraisal and review of progress, followed by an agreement that counselling was no longer required. These were the same young men who had voluntarily chosen to enter and engage in counselling:

Mark: *At my last session with her we actually both sat down, and kind of were just smiling and talking throughout the whole session, and she actually asked me … 'I know my opinion, but I want to know yours. Do you feel like need to come back or do you want to go out and see if you can deal with it?' … I just turned around and said to be entirely honest I don't feel the need to come back … she agreed.*

Peter: *…we had considered all these aspects which don't require a counselling environment … It was a very positive thing … We agreed to stop sessions.*

Paul: *Pretty much it got close to a crossroads …* [the counsellor said] *'you could keep getting counselled … or we could stop it fairly soon. I feel like you are fine like you are actually recovered but it is a matter of how you feel'. Personally, I felt like I had recovered … So, I stopped going … we both agreed on it.*

Young men who made autonomous decisions to exit their counselling identified that they were influenced by several factors. These young men were the same participants who had

either entered therapy involuntarily or had chosen not to engage with the therapeutic journey.

4.2.3.2.2 Changes in personal circumstance

For Adam and Brad, some elements caused changes in their personal circumstances that played a role in their decision:

> Adam: *…moving state … that is what triggered not going to counselling anymore.*

> Brad: *I mainly stopped because I sort of found out that I didn't have to do it anymore to be able to get paid by Centrelink.*

4.2.3.2.3 Stigma

For Joshua, the autonomous decision to exit therapy was driven by the stigma he perceived about going to counselling:

> Joshua: *I didn't want to see anyone anymore in regards to it, as I explained to them … not so much because I wasn't sure … but it was more I guess the persona around seeing a psychologist or seeing a counsellor … the last thing you want people to know is that you are seeing a counsellor for something.*

He also stated:

> Joshua: *I always see those as weak people* [people who attend counselling], *and I figure other people have seen them as weak people, to put it bluntly, I guess, because I thought of people being like that then that is what would be seen upon me, and I didn't want that, so I wouldn't stay in counselling.*

4.3 Core Theme Two: Being a 'Man'

This theme presents the narratives provided by participants who, in the context of discussing their counselling experiences, spoke of the role that 'being a man' played in the process of entering, engaging in or existing therapy. This theme is divided into three subthemes. The first subtheme begins with the reflections of two young men who spoke of their masculine socialisation. This is followed by a presentation of the second subtheme, which involves participants' narratives about how they are defined as young men. Some participants spoke of the contrast between how young women and men are

expected to behave. The last subtheme addresses the stories of participants about how their masculinity interacted with the notion of counselling; with some young men suggesting counselling may make a young man look weak and dependent.

4.3.1 Masculine socialisation

Two of the participants discussed their socialisation as males. In doing so, they described experiences they had had that played a role in teaching them about masculinity. These participants shared that their family life was traditional in the gendered sense:

> Paul: *I was part of a big family, one of eight … Mum stayed at home; she was always busy doing this, that and the other and the housework … He* [father] *always had to work, do overtime, just to support us all.*

> Martin: *Dad I guess is the dominant figure. He always made the decisions, and my mother followed.*

In discussing their family lives, they shared experiences that reinforced traditional masculine behaviours:

> Paul: *In a sense, all of us boys were always told to focus on physics and sciences … When it got to the girls, they were told if you wanted to do cooking and drama and all that, then that is completely fine.*

> Martin: *Yes, Dad always fixed problems when we were growing up. He taught me to do the same as a man. Similarly, to Dad, I think I can fix most problems that I encounter.*

Both young men spoke of consequences for not meeting family expectations of masculinity. Paul recounted the following scenario:

> *I went and helped a friend because they were in desperate need of a person to help with their play. They couldn't find males anywhere … So, I went out and helped them, and I thought nothing of it, it was a little bit embarrassing, but I didn't feel like it was nothing I couldn't handle … when I told them* [my family] *about it, I received weird looks and all that type of stuff … it was the fact that I was a guy doing it. So, I didn't do it again.*

Martin shared:

I guess being the first-born son, admitting to not 'being a man' in some way, either on his [father] *part or my part there would have been a problem that would have been difficult. There would be some serious consequences.*

4.3.2 Defining the role

Five participants spoke of the way in which they believed they were identified as men. This included making statements about how men are expected to behave, often in contrast to women. These expectations affected how the young men engaged in counselling, often attenuating how they saw their role in the counselling process:

Martin: …[being a man means] *being someone that is doing shit that he doesn't want to; doing things because someone else wants him to. He would be doing shit that no-one else wants to do because someone has to do it. Pick up the slack for the rest of his family … Going to counselling doesn't fit with that…*

Joshua: *…women are the ones who, in a way, we look after … we are meant to be the strong ones … Shit happens, type of thing and get through it … feelings are a very, you keep them to yourself as a man, you keep them to yourself. They are not meant to bother you as much as they seem to bother a girl … men are not supposed to go to counselling…*

Peter: *I think men are supposed to put up with problems, be tough and work hard. Women often have emotional problems, but men aren't supposed to talk about them … I suppose a lot of men don't really see a counsellor…*

Adam: *I think it is probably harder for men to decide to go* [to counselling]*, it would definitely be harder to admit that they are going … Most of the time men take care of stuff themselves. It's the way I feel like I should act, have been told to act. Women can be more reliant on others if they like.*

Mark: *Guys tend not to talk about their feelings as much as girls do … Especially in the younger generation, it is kind of like if you talk about your feelings you are considered to be a girl … So, it was another reason why it took me so long to do it* [attend counselling].

4.3.3 Masculinity and counselling

Some of the young men in this study presented narratives that demonstrated how their masculinity influenced their counselling experiences. The following excerpts from Joshua's narrative provide a good example of this. Joshua had a strong sense of counselling being incongruent with his image of masculinity; he did not want to engage with counselling. As Joshua commenced speaking about his counselling experience he identified that:

> *…when a guy is going to counselling, it is pretty sort of, I think, what is the word I am looking for? Like, looked down upon, I guess by others.*

In expanding upon this reflection, Joshua revealed that it was not expected that young men would go to counselling, whereas with young women it seemed to be quite acceptable:

> Joshua: *A young woman seeking help wouldn't sort of make me think any differently of them or anything like that. It would be more accepted amongst people my age that they do. You see on Facebook, for instance; there was a girl writing statements about being depressed and things like that. You don't see that so much from people of my age and young men. Hearing that they* [young women] *are going to counselling and stuff like that is more expected. That they are seeing people at school and seeing the counsellor at school and that sort of stuff is expected, it's just the norm, rather than guys doing it.*

As Joshua clarified why this was the case, he suggested young women *need looking after*, and as such, it is accepted that they go to counselling, whereas men can be considered *weak* if they attended counselling:

> *…you sort of expect women to be the ones who need looking after … you sort of expect it more from a girl, and it's sort of more openly accepted that a girl has gone and done it* [counselling] *rather than a man. You are not going to think of a girl so much as weak because it is more expected in a way, but it's not part of a man's image, it would be seen as weak.*

Joshua explained that men would be seen as weak in counselling because he believed that as a young man he needed to show that he was:

…strong, I am not saying as strong in a physical term, but like strong minded, head screwed on, knows what I want to do…

Joshua shared that he had some male friends who had been going to counselling and that he had viewed them as weak for doing so. This is a common way in which hegemonic masculine ideas are perpetuated:

As I have said, I have some friends, there were two others, guys, and they were sort of my year level … who were going through the same thing [counselling], and I guess I see them as sort of weak.

Joshua was quite adamant about maintaining a representation of himself as being strong. So much so that he did not want his current girlfriend to find out about his experience of attending counselling because he feared it would make him look emasculated. This is reflective of the stigma that drove part of his autonomous decision to leave counselling. He shared:

Joshua: *I didn't want her getting wind of that, of it being, 'Look! Mary* [de-identified name] *and Joshua have broken up; he is now seeing a counsellor!' It just makes me look weak and pathetic … see*[ing] *a counsellor … you don't want your new partner or new friends or anything like that having that image of you … so I didn't want to stay* [in therapy].

Some other examples of participants discussing masculinity and counselling are seen in the narratives provided by Mark and Martin. As they discussed their counselling experiences, they spoke openly about the masculine ideals of being independent and self-sufficient. Mark stated that it took him several years to come to counselling because of his adherence to this model. His belief that he should be able to deal with his depression by himself prevented him from engaging in therapy, to begin with:

It is a pride thing, and it gets to many young men especially around about my age; they are just like, no I can deal with this myself, no I will get over it. It is a just in my head thing, and I will get over it and even though like it [counselling] *is a highly recommended thing and it helps, I think it just comes down to pride, because that's what it was with me for so long. I have had depression since 2008 and you know I have been doing all of these things for that long but just never going to see someone because it was all about pride.*

Later in his narrative Mark reiterated this point:

> *So, it was another reason why it took me so long to do it because it was mainly stubbornness and pride, which a lot of young men have. Especially like between when you get like between 16, 17, 18. You are just like, 'I am a man I don't need to talk about my feelings, I don't need help, I can deal with this myself!'*

In similar ways, Martin shared his thoughts about how being self-sufficient as a young man was not in line with attending counselling. In the following example, Martin reflected that he felt counselling and being self-sufficient were so incongruent he could not even place the two concepts alongside each other:

> Martin: *First of all, I don't think a man would* [attend counselling]. *Going to counselling doesn't fit with that. They are not two thoughts that I have put together. I wouldn't think less of someone seeing a counsellor, but immediately I wouldn't think of a man having problems that he couldn't himself deal with, that would warrant going to see a counsellor, or going seeing someone. That kind of thing.*

Martin explained that as a man he would try to deal with his issues first. This would be followed by asking others; counselling would be the last resort for him:

> Martin: *Yes, definitely, I thought I would try and solve as much of my problem as I can by myself, then I thought then I would involve my friends and then parents to see if they were able to shine any light on it. They couldn't really, and then I thought I would go one step further and see a counsellor; to see what light they could shine on it.*

4.4 Core Theme Three: Connections With the Counsellor and Others

In this theme, the participants share how the connection with their counsellor and others were an important part of their counselling experiences. The theme is presented in three subthemes. The first subtheme is the therapeutic alliance. The participants described what they considered to be positive and negative alliances. In the second subtheme, connections with family and friends are addressed. This subtheme presents the participants' narratives around the role of their family and friends in encouraging attendance at therapy, receiving mixed messages about the process and preferring to discuss issues with family and friends rather than a counsellor. It also focuses on participant identifying the need for someone to talk to when there is a lack of connection

in their life. This is followed by the third subtheme in which participant share narratives about doing therapy for others and recommending counselling to peers.

4.4.1 The therapeutic alliance

In varying ways, all the young men in this study discussed the relationship they had with their counsellor. In short, they portrayed themselves as individuals expecting and appreciating a connection when and if it occurred. Although not specifying the link to their therapist, participants' descriptions alluded to the construct of the therapeutic alliance. The therapeutic alliance was explored in the reviewed literature of this study and its importance in positive therapeutic outcomes was discussed. In this section, the effect of the therapeutic alliance is linked to whether the young men chose to engage or exit from therapy. In offering a brief recapitulation of the nature of the therapeutic alliance, it can be described as a positive connection between the therapist and client, akin to a 'mutual liking' (Bachelor & Horvath, 1999, p. 136, as cited in Arnd-Caddigan, 2012). In offering descriptions of their connections with their therapists, the young men identified important features regarding what a positive and negative therapeutic alliance looked like from their perspective. A discussion of these features now occurs in this subtheme.

4.4.1.1 A positive therapeutic alliance

Three young men who decided to remain in counselling described having had positive partnerships with their counsellors. These connections were described as a particular type of friendship, involving empathy from the counsellor, allowing non-pressured exploration of personal issues and promoting positive therapeutic outcomes.

4.4.1.1.1 A particular type of 'friendship'

Mark, Peter and Paul described an alliance with their counsellor that they likened to friendship, a friendship that possessed distinct qualities such as those outlined in the following examples:

> Mark: *In a way, yes, I kind of looked at her more as a friend … like that is the way I refer to her to my friends, yes, she was like a friend to talk to. We worked together well. You could go to her and tell her absolutely everything, and she is not going to tell anyone. Just like a friend would, but it was a friend that had no connection to my life. There was no bias; there was no, 'Oh my God, I can't believe that happened to you! I*

feel so sorry for you!' It was, 'Okay, that happened, let's help you deal with that', instead of, 'Oh my God, no let's do this!' So, it's like a friend that had no bias, which is really hard to come by because your friends have always got a bias if they are your friend.

Peter: *I felt that the counsellor I had was willing to listen and was willing to help in whatever way he could. It was like having a friend that supported me no matter what.*

Paul: *They were always* [the counsellor] *working in a way that would benefit me. It was like a friend who had good answers to my problems.*

4.4.1.1.2 Empathy

Mark, Peter and Paul also spoke of the way the counsellor behaved in their alliance with them. In describing behaviours, they used adjectives such as *honest*, *willing* and *kind*, thus suggesting the counsellor had an empathic stance. The following quotes provide examples of this:

Mark: *Weirdly I felt comfortable straight away. I don't usually feel comfortable; it was nice … she was straight out … she was honest.*

Peter: *It was the counsellor; he wasn't too intimidating because when you go to a place, certain things intimidate a person. How we should approach the subject that is going to be discussed, and for me, it was actually a very welcoming environment to be in the end.*

Paul: *The counsellor was very kind, he was very casual, and we just got along great. It was just the listening, always going from what I am saying to the next logical step from that.*

4.4.1.1.3 Allowing non-pressured exploration

Additionally, Mark, Peter and Paul shared that they believed that within their alliance with their counsellors they could explore their issues in a safe and non-pressured way:

Mark: *I don't know what it was about her, but she didn't pressure me to do anything or say anything. If she could see I was getting uncomfortable she would turn around and say 'that was okay you don't have to tell me'. Or she would, if she could see I was getting agitated by talking about something, she would change the topic to something else just to take my mind off, just to calm myself down, then ease back into that topic,*

which was really good because it did mean that I didn't feel any pressure to tell her what I wanted to tell her.

Peter: *He* [the counsellor] *gave me a lot of time to reflect, a lot of time to think about how it is affecting me in this. He was accommodating to what emotions could be projected. He could identify the fact that a lot of the topics would be confronting, so he approached the topic in a way that suited it to be basically expressed. He approached topics to be discussed, but in a way that wasn't so confronting and intimidating that you were forced to speak … I mentioned a quote he said, 'speak at your own pace, don't feel intimidated. If you don't want to speak straight away, you don't have to because it is a process'.*

Paul: *It was always, 'if this doesn't work we will try this, or you know, if there is something that is wrong just come up and tell me', which I was absolutely fine with, because if it is not working, what is the use of actually hiding it in a way?*

4.4.1.1.4 Positive therapeutic outcomes

Mark, Peter and Paul spoke of the results they achieved in their therapy because of their positive therapeutic alliance with their counsellors. Mark went so far as to suggest that he may have ended his life if the strong alliance with his counsellor had not been in place:

I said to my psychologist after the end of my first year seeing her, she was purely and simply—and I still stick by this—the reason that I am still here. I said that to her, and she brought it up with me at the end of every year, and she would start tearing up when I said that, and she was like, 'you know, I helped you thank you'. I was just like, 'No! You don't need to thank me at all. You are doing your job you are the reason that I am still here!'

Peter felt as if he would:

…probably be a very different person,

further stating:

If I had not got along well with him [the counsellor], *I would not be able to deal with my issues; I would still turn into that 12-year-old kid who would hide in a shell, or lock himself in his room. I would not be able to face the world because I was ashamed to divulge my issues.*

Paul offered that *working closely* with his counsellor resulted in him addressing the issue he brought to therapy:

> *I have proved from actually working closely with him* [the counsellor] *I actually stopped the issue and it remained not an issue ever since. ...* [the counselling was] *positive in the outcome ... everything about it was positive.*

4.4.1.2 A negative therapeutic alliance

Four participants spoke about alliances with their counsellors that were negative in nature. These young men did not remain in counselling and indicated that the alliance was part of this decision. The negative connections were described as having a disconnect from personal experience and preventing a deeper relationship. Some of these young men expressed a desire for a more positive alliance. Additionally, some participants offered suggestions regarding how their alliance with the counsellor could have been improved.

4.4.1.2.1 A disconnect from personal experience

Brad and Joshua described negative experiences in their alliance that occurred early on in their counselling experiences. For Brad, this happened when his counsellor inquired about an issue that Brad felt was completely unrelated to his experience:

> *I ended up leaving there because she asked me the wrong question. The reason I was there was because of my weed addiction, and she asked me as soon as I got there one session, and then she asked me how are you going with your alcohol, are you drinking a lot? I didn't want anything to do with her after that; she was going the wrong way, asking me about some other problems that I might have, not sticking to the problem that I actually had. I have never had any alcohol problems ever.*

Poignantly, Brad reflected how this disconnect made him feel:

> *The way she asked me didn't make me feel good at all. I was just another patient. She completely forgot what I was there for or something.*

In Joshua's case, the therapist who spoke with him began the initial session discussing his *office chair*. As with Brad, Joshua felt this had a definite disconnect to his personal situation:

> *…he began talking about the office chair and how he was adjusting that and tried to make light of the situation, and was talking about something rather than what was actually at hand. I think it was sort of his technique to get me past it* [the idea of being in therapy] *and get me thinking of something else. It was sort of more frustrating rather than helpful.*

This led to Joshua becoming quickly disenfranchised within the counsellor relationship, and he consequently made the decision not to engage any further:

> *I guess in his* [the counsellor's] *frame of mind he probably was just trying to do the right thing. The way he* [counsellor] *went about it was completely different to what I ever expected and something that I never ever want to do again because of that.*

In comparison with Joshua and Adam, Martin's experience of a negative alliance with his counsellor was more nuanced. While he believed his counsellor was '*generally quite friendly*'; he did not think she could fully understand his needs and subjective experience. This led Martin to feel like the therapist '*didn't know*' him well and in light of this, he did not remain in the counselling relationship:

> *I suppose that a lot of what she said was not useful because I found she was not able to relate to what happened to me … here I am doing a med degree, doesn't sound like you* [counsellor] *get how many hours I have to put in each night.* [The counsellor told Martin] *'So maybe you could just dedicate a whole day each week to your studies', like well I can't do that … She was generally quite friendly, easy to talk to, but a lot of stuff she said you have to take with a pinch of salt, because yeah I can't do this, this is not viable. It sort of made me feel like she didn't know me very well and so I didn't go again.*

4.4.1.2.2 Preventing a deeper relationship

The final participant to discuss his therapeutic alliance in negative terms was Adam. While the other young men felt the counsellor was at fault for the weak alliance, Adam felt that he was to blame for the relationship not being established well and he exited from therapy. He shared that he felt his counsellor '*definitely gave off a very passionate vibe*'. However, he explained:

> *I guess I wasn't really completely engaging with the counsellor, because I kind of didn't have an idea of what it would look like if it was successful.*

Adam shared that he felt confronted by the idea of therapy and thus:

> *I probably wasn't completely open with the counsellor either, about everything that was going on, I didn't want to raise the real issues because I thought it was a bit of a waste of time anyway. It would kind of just open up a can of worms I didn't want to open up. That was self-sabotaging; it was just a waste of time.*

4.4.1.2.3 A wish for something more

Two young men spoke of hoping for a more positive alliance with their counsellors. Despite his reluctance to form a connection, Adam reflected that there were times when he wished that he had been able to do so. He felt discouraged that this did not eventuate:

> *Yes, I got a bit frustrated, I probably did want to talk about some things, but never got there because I didn't actually say 'this is actually a bigger issue than I might have let on'.*

Adam also expressed that he wished at times that the counsellor could see through his façade and deepen the alliance as a result, although he did not blame the counsellor for this not occurring:

> *I remember I didn't quite want to open up completely about everything, but kind of hinted towards stuff and I was hoping that he* [the counsellor] *would pick up on it, which was a terrible way to go about it, to try and engage with the counsellor … I didn't blame him* [the counsellor] *at all for not picking up on that. I was just kind of hoping that I would get lucky and he would.*

Martin also shared that he had a desire to have his counsellor connect with him more:

> *I guess she had not related to me as much I would have wanted her to…*

4.4.1.3 Improving the alliance

Some young men offered some ideas about how they would have liked the counsellor to have developed the alliance between them:

> Brad: *I would probably prefer that she was a little bit towards getting me to try to do it* [counselling]*… as much as she could. To try and force it on me a little bit.*

Joshua: *Well, sort of help you and give you ways of getting through it. I mean none of this I know for sure, but this is what you hear. I guess you assume that counselling and psychologists do that sort of thing, help you through it, talk about it, and talk about why it is not a big issue or something like that.*

Martin: *Maybe if she didn't have all the nitty gritty stuff that I wasn't thinking of, if she just had the real core stuff she would be able to put together something useful, give me some good advice basically, the really important stuff.*

4.4.2 Influence of family and friends

All seven participants discussed the relationship they had with families and friends within their decision to enter, remain in or exit from their counselling experiences. These connections were described in relation to encouragement to attend therapy; mixed messages and preferring the support of family and friends to counselling. Each of these areas is now discussed.

4.4.2.1 Encouragement to attend therapy

Five participants recounted narratives that revealed a connection with family and friends that encouraged them to enter into therapy. For example:

Mark: *...a friend of mine who was going* [to counselling] *and said just do it, it was a good idea, it works, and it helps. That is part of what finally made me go, yep, I need the help!*

Brad: *I told my Dad straight away. He lives down here as well. He would just have been, that's good ... if you need some help.*

Martin: *Yes, I told my friends, I told Mum and Dad as well. Everyone was pretty supportive because they all understood what had happened, they said, 'go', it makes sense that you want to go speak to someone about it. They were pretty understanding.*

Peter: *I also asked Mum what it was like* [first counselling experience], *because Mum had been in all the sessions I had been in, and she basically said that they were really supportive and you should go again.*

> Paul: *I know my partner and me, we were talking about it when we were together, and she just wanted what was best for me, and so she suggested that I go there* [counselling] *and try and come out better in a way…*

Paul also spoke about needing to speak to his partner about his counselling experience. In doing so, he found reassurance and praise that he was moving in the right direction and this assisted him to remain in therapy:

> Paul: *…during the counselling I always did tell her* [his partner] *just what is going on, what I talked about and all that. She was very understanding, and from what we were talking about she could definitely see an improvement. We celebrated every milestone together, so when it got to the first one, the second one, the third, the fourth, we always saw it as a positive and it was proving that everything was going to be all right.*

4.4.2.2 Mixed messages

While some young men received positive encouragement from friends, they were also receiving negative messages from their family. For example, Mark, who spoke about the helpful assistance of his friend, shared that his father did not share the same view:

> Mark: *I remember asking him* [father] *about it* [counselling] *when I initially started thinking about going, and he was like, 'No! Don't be stupid!'*

Similarly, Paul, whose partner was very encouraging, spoke of the contrastingly unfavourable support he received from his family:

> Paul: My family did not support it … whenever I talked about my emotions and how I felt, it was kind of dismissed in a way.

For these young men, balancing the decision and commitment to attend counselling was difficult as they weighed up the differing opinions of the family. However, both Paul and Mark remained quite resolute about their decision to go to therapy. For Paul, this resoluteness seemed to have an origin in his personal motivation to attend:

> Paul: *Pretty much, I just got upset as well, and so that didn't help the situation. I wouldn't say it affected me in not going because I still had that motivation to actually go. You know what they are going to be like, but I am still going to go!*

For Mark, it appeared to originate from his feelings of wanting to be self-sufficient:

> Mark: *My Dad and I, we have a good relationship but we are not close, so it was kind of just, I had always been dealing with it myself and would rather deal with it myself.*

4.4.2.3 Needing someone to talk to

Although some participants had spoken about the importance of family and friends in encouraging attendance at therapy, they also shared that they did not have many connections with people in their lives with whom they could discuss their personal issues. As this was the case, these young men identified engaging in counselling as filling this role:

> Brad: *I don't have many friends. No-one is very close to me … I would go in there* [counselling]*, and it was kind of okay. A bit better to talk about some things with someone. I needed to; I didn't have anyone to talk to at the time. It helped to be able to talk to them…*

> Paul: *I didn't really have many friends at that stage in my life … I always felt like there were no peers to talk to about it* [his problems] *… talking with the counsellor filled that role for me.*

> Adam: *I didn't have a huge amount of support from friends … I mean social support; I definitely didn't have that. If I hadn't gone to counselling, it would have been very difficult to change my outlook. Speaking with the counsellor was the only way to do that really.*

> Peter: *I didn't have close friends and often felt lonely … I had difficulty relating to people, and there were times when I couldn't speak or bring myself to speak. Because of this, I didn't have many friends, and I felt like I had no-one to help me with the way I was feeling. The counsellor I had basically allowed me to have that time for myself.*

In addition to this, two of these young men identified why they did not see their family as suitable confidants. They believed their family were biased in opinion or they felt embarrassed to share. Peter articulated:

> *The family is good in helping with some things, but ultimately you need an unbiased view. Someone who will tell you like it is and not try to cover up the issues.*

Paul, who went to counselling because of his addiction to pornography, stated:

I couldn't talk to my family about the issue I was facing. It was too embarrassing, and they wouldn't understand.

Sitting outside the experiences of these young men, one young man in this study, Joshua, offered an opposite opinion. Joshua admitted that he would rather talk with family and friends than to a counsellor. Joshua had only one brief session with his counsellor and did not engage any further. Joshua did not initiate his counselling session as it was a public health response to his attempted suicide. Joshua felt that he had a secure connection with family and friends, whereas with a new counsellor there was no such connection. In Joshua's experience, this meant that the counsellor mostly knew nothing about what he had experienced in life and therefore he was not prepared to enter and engage in therapy:

Joshua: *I would have much preferred to, which I did, talk to my parents, friends' parents about it all and people who I was close with, rather than opening up to a new stranger who had no idea about what I had been through really…*

Joshua recounted that he felt the counsellor would potentially draw negative conclusions about his mental health. In contrast, he felt his family and friends were cognisant of the fact that his recent actions did not encapsulate 'Joshua the person':

Joshua: *I guess the people who I was talking to knew I wasn't a weak person; knew I was strong or anything like that. Whereas I felt like these people* [the counsellor] *might just think that was the first thing they see of me, is that I am not all there in the head and things like that…*

Joshua also shared his thoughts about preferring to speak with family or friends rather than his peer group. Joshua talked about other young male friends who had attended counselling and how he felt frustrated at their actions. He did not understand why they had not chosen to seek friends or family out to discuss their issues:

Joshua: *I didn't sort of see why they were doing it or how it got to that point, like how they were depressed and had to see a counsellor. Like, I thought in my head there are other avenues, like talk to me, I am your friend! Like, we are meant to be close and just seeing, like in my head, a stranger and telling them all your thoughts, and why you are sad, it doesn't make sense, when you know and trust someone who you have been friends with for years! I guess that is kind of a greedy way to look at it, but I guess in my head, and it is probably very different, but why would you talk to someone you have*

met for 30 seconds about years of issues? When you could speak like that with someone, you have been friends with for years, who is saying open up to them!

Joshua did have an exception to this rule, suggesting it was perhaps okay to speak with a counsellor:

…if that person had sort of felt like there was something embarrassing perhaps. Something embarrassing that they don't want friends to know.

This seemed to reinforce Paul's point of view as presented earlier, when he didn't see his family as suitable confidants with whom he could discuss his issues because they were too embarrassing. Joshua also made suggestions about what he would require if he were to consider utilising counselling again in the future:

Joshua: *I think that it is something where you get to know that person before you start opening up to that person, if that makes sense. So, you are not going there on the first day and telling them all your history; you are going there on the first day getting to know each other, but not in a way that is obvious.*

4.4.3 Doing therapy for others and recommending counselling to peers

Four of the young men in this study spoke of the fact that they were completing therapy to benefit others and not just themselves. This helped with engaging in counselling. For example, Mark shared that he commenced therapy because he wanted to make sure his personal issues were not affecting his family and friends. He worried that if he did not take action to attend to his mental health, the consequences would be severe. This would affect his loved ones, and consequently, he felt a need to '*put everyone else's minds at ease*'. The following conversation involving the researcher provides an illustration of this:

Mark: To be honest I wasn't really thinking about myself. Initially, when I started going, I was kind of thinking about the fact that everyone kept telling me that I needed to go and that if I didn't go, I inevitably would do something stupid, and that would impact everyone else. I didn't think about how it would impact me at all. It was kind of; I was doing this for everybody else.

Researcher: The decision was in itself to please everyone else, not necessarily to look after yourself.

> Mark: *Yes, that was pretty much it. It was kind of, to put everyone else's minds at ease, knowing that at least I was talking to someone.*

Another participant said that he was attending therapy primarily because he saw it as a means of repairing his relationship with his partner. In this regard, he did not attend counselling solely to address his own needs but also the needs of the relationship:

> Paul: *I guess I could start off with, you know, what I went and did the counselling for and all that. So pretty much, my partner and I were having issues. We kept breaking up because of me really, and you know for a period of time I was quite, how should I say, I was just focused on trying to think of a way I could actually make it so that I could show her* [partner] *that I am dedicated, and I am willing actually to be a good boyfriend again. So, I went to counselling…*

This in fact was a clear incentive to commit to the process:

> *Paul: It was in a way, it was, I would say, all about my relationship … to become better for her and that is what I wanted. I was totally committed.*

Other young men also spoke about needing to ameliorate their behaviours or actions with therapy to improve relationships. This is seen in the following examples:

> Peter: *I went through a very traumatic breakup to a point where there was a risk of me facing incarceration in gaol because of it … It was pretty mean to my parents because we all had different opinions … so I decided to go to counselling.*

> Adam: *It was just interfering with relationships so much, I had to really do something about it for them* [family] *… and that's when I went to a counsellor for depression.*

Three of the young men in this study recounted that they would recommend counselling to other young men. Each approached this in a different manner, ranging from a wholehearted recommendation to placing caveats on the endorsement. Whatever their approach, all three young men portrayed an idea that counselling could potentially be helpful to their peers. Mark had chosen to engage in therapy and exit by mutual agreement with his therapist because he had achieved what he had come to counselling for. He was very emphatic in his thoughts about promoting counselling. He was keen to share with those he believed would benefit from the behaviour. He stated:

Mark: *I know some people, just in their teens, and I have been telling them for a year to go see someone. I did it!*

In promoting counselling to others, Mark also called upon his own experience. He wanted to tell others that he would be a source of understanding and support if they made the decision to try therapy. Within this, he articulates that the process of counselling was helpful to him and a good choice:

Mark: *One of my friends has really bad depression, and I said go see someone. I did, I've got the scars to prove it. I can understand what you are going through. Seeing someone was the best choice I ever made. Trust me, it really, really helps.*

Adam did not engage well in counselling and made an autonomous decision to leave counselling. He took a different approach in recommending counselling to his peers. Initially, he reflects that he would be uncertain about what else to suggest to a peer if they expressed a mental health issue:

Adam: *If someone told me that they were depressed or whatever, I definitely wouldn't have another suggestion other than counselling … I would recommend counselling because I wouldn't have any better solutions.*

Adam then explained that his lack of a '*better solution*' is based on the idea that he would personally feel inadequate in providing support to a peer. Therefore, the recommendation of therapy would be most appropriate:

Adam: *Generally, if it is at the point where they are* [a friend] *actually talking about it with friends, especially my kind of social group, which is a lot of introverted geeky types who are not very open, usually about emotional stuff. If it were to the point where they were actually talking about it to a friend, it would probably be to a point where they would definitely need a lot of support, which would really improve things. I definitely wouldn't know how to provide that…*

Brad also didn't engage well in counselling and left on his own volition. Brad was prepared to recommend counselling to other young men, but only if these young men fulfilled certain criteria. The following conversation with the researcher illustrates this:

Researcher: Would you recommend counselling to other young men?

Brad: *If they* [the young men] *were a certain person.*

Researcher: What type of ‘certain’ person would a young man have to be?

Brad: *Someone that is able to listen.*

Researcher: Listen and anything else?

Brad: *Someone that doesn’t get angry at everything. When you go to counselling, someone is telling you what you should be doing, and if they* [the young man] *are an angry person, they are not going to listen to them* [the counsellor].

4.5 Core Theme Four: Stereotype and Stigma

This theme presents the narratives of participants regarding their experiences of the stereotype and stigma associated with counselling. Within this theme there are two subthemes. The first subtheme relates to stereotypical ideas about therapy that some participants discussed. Tied to this, the subtheme presents the narratives of the young men who revealed from where they developed their stereotypical views. This is followed by the voices of participants who spoke of the difference between their stereotypical view and the reality of their counselling experience.

The second subtheme is then presented, dealing with the participant’s experiences of stigma. Young men discuss their awareness of stigma and counselling, with some acknowledging the barrier this presented regarding entering therapy. Narratives about the reluctance to share their attendance in counselling with others are then offered, with some participants revealing the consequences associated with the stigma of attending therapy. Last, the subtheme presents the stories of participants who shared that they challenged stigma either within themselves or with others.

4.5.1 Stereotype

Some participants in this study spoke of stereotypes and the effect this had on their counselling experience. These young men revealed that they had stereotypical expectations of counselling. They spoke about where these expectations came from, with some sharing that there was a different reality in their counselling experiences.

4.5.1.1 Expectations

Five participants shared that they possessed some stereotypical ideas about what counselling would be like. This often affected their decision to enter into therapy, making them reluctant to do so. These young men spoke of the counselling environment, counsellor behaviours and what they believed would be expected of them as the client:

> Mark: *I kind of thought it was going to be like I would go there and they would start probing me with questions like why do you do this? Why do you do that? How does that make you feel? Tell me about your life, tell me about what they do here, tell me this, tell me that. Here, you have some medication, or no, you are doing this, quick we have to lock you up in a mental institution and give you drugs. It made me scared to go.*

> Paul: *I guess the stereotypical room, the bookshelf off the side of the desk and the couch and the comfy chair and they would sit next to it … I expected it to be serious and all that in a way.*

> Peter: *People had told me in the past, they* [counsellors] *are only in it for the money, they don't really want to help, they don't uphold this real interest; I expected that.*

> Adam: *I had heard that you kind of go there for a few weeks and suddenly have some big epiphany and then everything is great.*

> Joshua: *I mean I have heard that in counselling you have to pour your heart out to a random person, talk about stuff you don't want to talk about. That made me anxious to go.*

4.5.1.2 The root of stereotypes

In discussing their stereotypical views of counselling, some participants spoke of how they had developed:

> Mark: *The stereotypes I had in my head … that is what my Dad thought, which was kind of fed into me. You go by what you see on TV as well. It is not portrayed very nicely on TV either.*

> Adam: *I think they* [expectations of counselling] *were pretty stereotypical because it was mainly probably the ideas I got from studying psychology for a little bit.*

> Paul: *I suppose I had some stereotypical ideas from family and friends about what it would look like.*

4.5.1.3 A different reality

Both Paul and Mark shared that their experience of engaging in counselling provided them with experiences that did not meet the stereotypical representations they originally had in mind. This ultimately increased their commitment to remain in therapy:

> Paul: *It was not necessarily like that* [the stereotypical representation], *there were just two chairs, beautifully open window, but of course the window was specialised so you could look outside, but you couldn't look in. So, it was very comfortable in that sense. A white board, it felt like a very simple comfortable environment. It made me feel like staying.*

> Mark: *She* [the therapist] *treated me like a normal person. Not crazy. Which I didn't expect … and yes it was the complete opposite of my expectations … Weirdly I felt comfortable straight away. I don't feel comfortable, it was nice. So, I decided I would like to keep going.*

4.5.2 Stigma

Some participants in this study talked about stigma and the role it played in their counselling experiences. These young men revealed that they were aware of the stigma associated with counselling and that this acted as a barrier to commencing their therapy. Participants also shared that they were reluctant to share their attendance in counselling with others, further reflecting that there were consequences to admitting to the behaviour. Some participants also spoke of challenging stigma, prompting themselves or others to view counselling in a different way.

4.5.2.1 An awareness

Three participants spoke of their knowledge that attending counselling was a potentially stigmatised behaviour. These young men shared that going to therapy carried a stigma that implied mental instability or weakness:

> Mark: *There is a really big stigma around it. Especially because people think if you are seeing a psychologist you are crazy.*

Joshua: *Counselling is a big thing; people judge you for it … It just makes you look weak and pathetic I guess.*

Paul: *I think it is still a matter of you don't talk about it, it is shameful. People think you are unstable. Going is not an easy decision to make.*

4.5.2.2 A barrier

Some young men acknowledged that stigma had acted as a barrier to them attending counselling in the first place, for example:

Mark: *That was a big reason why it took me so long as well because I was worried about the stigma associated with going to counselling.*

Joshua: *I guess it is kind of degrading in a way, people sort of see you as weak and that you are not stable and in my head, it was a huge put-off … so that was massive for me in not wanting to see or talk to anyone.*

4.5.2.3 A reluctance to share

Tied to the stigma associated with counselling, four young men spoke of their reluctance to let others know that they were participating in the process:

Martin: *My Dad was a bit, not uptight, but a bit reluctant to talk about or acknowledge that there might be a bit of a problem in struggling to deal with anything mental health related. So maybe there was some reluctance there. I told him what had happened and I told him I was going to see a counsellor. Actually, I was a bit reluctant to tell him.*

Joshua: *I mean the big thing in my head, which is something I don't like to admit is, I mean now being in a further relationship … knowing that I have talked to that counsellor, it is something that I didn't want my current partner to know, for the fact that it is very off-putting and like you know this guy I am with is weak.*

Mark: *You don't want people to look at you differently, especially if like a lot of people look at people with depression and think it is all in your head, get over it. You don't want people to look at you and treat you like you are that depressed kid.*

Paul: *Yes, and I always felt like I didn't want to say anything to my peers or family about it so just keep it to yourself … I had lied to my family. Previously I had been seen* [going to counselling], *and I said I just took the bus to the shops.*

4.5.2.4 Consequences

Three young men shared differing consequences they believed would be associated with the stigma of attending counselling:

> Paul: *My brothers saw me going towards the actual place* [counselling venue] *on the way somewhere and turned around to pick me up and then all of a sudden, I am gone, because I have walked into the building of the actual place, and so when I got home I was questioned about it. When I told them, pretty much it was like, why are you going there? If you go there, it could ruin your entire career, because people will find out and then you won't be able to get a job.*

> Martin: [His family] *would have to acknowledge that there was a problem. What other people might think of it.* [This could potentially mean that others might], *think less of the family. Me, my brother and sister, Mum and Dad, I think all of us.*

> Joshua: *I always see those as weak people* [those that attend counselling], *and I figure other people have seen them as weak people, to put it bluntly, I guess, because I thought of people being like that, then that is what would be seen upon me.*

Joshua also reflected that he believed there would be consequences for his new relationship with his girlfriend or new friends:

> Joshua: *I felt like it was going to be like, that she* [current girlfriend] *was going to see that as me being weak. Or what if he and I break up? Is he going to try and do that again? And see a counsellor again? You don't want your new partner or new friends or anything like that having that image of you—if that makes sense.*

4.5.2.5 Challenging stigma

Some participants shared that they have challenged others to question the stigma associated with counselling. These young men educated others and invited them to consider counselling in a less stigmatised light:

> Mark: *People have this stigma of what it is going to be like, and so no-one does it, but I challenge them to get over it … so like even now thinking about it, going through counselling it sounds so weird talking to a random stranger about your life, but it really helps, that is why I always recommend it.*

> Paul: *I don't feel like mental health was really taken seriously back then* [in years past] *and they* [family] *may have carried that on and despite the seriousness it is getting now they may not have felt the same way …* [but] *I think, you know time has changed, I would say that really … the more professional I made it, have them* [family] *understand it, the more they have opened up to it. While they weren't into it, now they are kind of understanding it.*

Rather than challenging others to question the stigma of counselling directly, one participant spoke of how he had challenged their view and now possessed an outlook about therapy that no longer acknowledged the stigma previously shared with him:

> Peter: *But after going through the second session, the second period of using* [counselling], *all those opinions and stigma meant nothing to me, they were just, in my opinion, there were pretentious, I couldn't look at them, I couldn't acknowledge their opinions because of what the counselling framework has done for my life.*

4.6 Chapter summary

The chapter began with an introduction to the participants. This was followed by the presentation of Core Theme One, the Therapeutic Experience. This theme explored the ways in which participants entered, engaged in and exited their therapeutic journeys. It was divided into three subthemes: entering, engaging and exiting. The subtheme of entering counselling explored catalysts and influential factors identified by participants as important in the process. The 'engaging' subtheme identified important aspects of the participants' participation in their counselling. It focused on the nature of therapeutic activities, the therapeutic space as challenging, collaboration with the therapist and therapy as a helpful or unhelpful activity. The final subtheme, 'exiting', addressed the experiences of participants in departing from counselling. It identified that some participants had a sense of readiness to exit. Participants also spoke of exiting therapy independently or in agreement with the therapist.

Core Theme Two was then presented; it explored the relationship between the participants' experience of masculinity and counselling. Three subthemes were identified around being socialised as a man; how the role of masculinity was defined; and how this interfaced with the experience of counselling. Often the experiences of masculinity made

the young men decide not to engage with counselling or made them reluctant to make the decision to do so.

The chapter then introduced the third core theme concerning the participant's connections with others. The subthemes within this theme revolved around the importance of the participants' relationships with the counsellor, family and peers. Conditions contributing to a positive or negative alliance with the counsellor were identified. The young men who had positive alliances with their counsellors were more likely to engage with and remain in counselling, whereas the young men who had negative alliances were more likely to exit the counselling relationship. The role of family and peers was acknowledged, with some participants sharing that they received concurrent encouraging and discouraging support to attend therapy. Some participants also spoke of their need to have someone to talk to about their life concerns. Further, it was identified that some participants were undertaking therapy for others rather than themselves. This made them more likely to remain in the counselling relationship. Last, the theme presented how some participants would recommend counselling to others. The young man who had a positive experience in counselling made a positive and emphatic recommendation to his peers. The two young men who did not have positive experiences in counselling made less empathic recommendations. They expressed that they would make the recommendation based on their inability to provide support themselves or the criterion that their peers would have to be able to take direction and listen.

Finally, the chapter discussed the fourth core theme in this research. Participants spoke of the stigma and stereotypes they experienced in relation to their counselling. It was identified where some participants gained their stereotypical information and how this was different from their actual experiences. These participants acknowledged that stereotypes made them reluctant to enter therapy. The two young men who had these stereotypes challenged by their actual experience of counselling were consequently more likely to remain in counselling. Participants' experience and knowledge of stigma were then presented. These young men acknowledged stigma created a barrier to entering counselling. They wished to control who knew they were in counselling, often because of the significant negative consequences associated with the disclosure. Three young men who remained in counselling spoke of how they were able to challenge stigma and overcome its adverse effects.

In the next chapter, a discussion of these findings is conducted. The discussion directly relates to the aims of this work, and explores the experiences young men report from their counselling journeys that contribute to their decision to enter, engage in or exit from counselling; how these experiences inform future research, practice and training regarding therapeutic work with young men; and the utility of an a posteriori application of the TPB in understanding young men's experiences of counselling.

Chapter 5: Discussion

This chapter discusses the findings arising from this study. The chapter is divided into five sections. Sections 5-1–5.3 relate directly to the aims of this study. Section 5.1 provides discussion around the experiences young men describe in their counselling journeys and how these contributed to their decision to enter, engage in or exit from counselling. Next, Section 5.2 discusses how the participants' counselling experiences inform future research, practice and training regarding therapeutic work with young men. Section 5.3 then explores the possible utility of a posteriori application of the TPB. Following this, Section 5.4 provides an important discussion surrounding an overarching, key feature inherent in the participants' narratives of this work—tenacity. Finally, Section 5.5 discusses the strength and limitations of the current research.

5.1 What experiences do young men report from their counselling that contribute to their decision to enter, engage in or exit from counselling?

The first aim of this study was to explore the experiences of young men in therapy, seeking to comprehend how these experiences contributed to their decision to enter, engage in or exit from counselling. From this perspective, the following section has been divided into three subsections that address the key areas of the therapeutic experience: entering, engaging and exiting. Each subsection discusses key aspects of the findings and explores how these findings replicate the existing literature, require further examination or are unique to this study.

5.1.1 Entering

This study identified a number of key elements that contributed to participants entering into counselling. These key elements are now discussed.

5.1.1.1 Encouragement to attend and mixed messages

This work demonstrated that five participants were given assistance to enter counselling by family members or close friends. In general, assistance took the form of supportive statements by others once the young man had made the decision to enter therapy, or involved consultative discussion about the possibility of commencing therapy. The

literature reflects that others often support young men in their decision to enter counselling, with multiple studies reaching this conclusion (Barker, 2007; Lindsey, Joe & Nebbitt al., 2010; Pisani et al., 2012; Rickwood et al., 2015; Timlin-Scalera et al., 2003). In support of this, practitioners and researchers such as Rickwood et al. (2015) and Verhaagen, (2010) suggest that partners of young men may need to be targeted in promoting positive social norms in mental health service use.

Two participants in this study revealed that they had been coaxed reluctantly into counselling through their contact with social support systems (e.g., a job services agency). This experience is also confirmed in the literature with researchers finding that young men are frequently coerced into counselling by social supports such as family, a GP or an educational setting (Brooks, 2009; Cusack et al., 2004; Kiselica & Englar-Carlson, 2010; Meister, 2010; Millar, 2003). It is interesting to note that Cusack et al. (2004) concluded that most men might not seek psychological support such as counselling if they did not receive some influence from others to attend. This proposition affirms that the support and opinion of others may be paramount for young men when making the decision to engage in therapeutic work.

However, this study has also found that young men can concurrently experience both encouragement and discouragement to attend counselling, and this is not explored in the literature. Mark, for example, received encouragement from a friend:

> *A friend of mine was going* [to counselling] *and said' just do it, it was a good idea, it works, and it helps'. That is part of what finally made me go, yep, I need the help,*

but he was discouraged by his father:

> *I remember asking him* [father] *about it* [counselling] *when I initially started thinking about going, and he was like, 'No! Don't be stupid!'*

This finding demonstrates an added complexity for young men negotiating the views of others about their engagement in therapy. It would appear for some of the young men in this work that it was not as simple as negotiating encouragement or discouragement alone, listening to a united chorus. Essentially, these young men had to 'weigh up' the competing views of significant others and decide which opinion they valued more. For one of the participants, the decision was influenced by their level of motivation to attend. The

participant held a high level of motivation to go to therapy and it is possible that this was the ameliorating factor that allowed them to listen to the voice of encouragement over the discouraging voice. Higher levels of motivation to attend therapy (as presented earlier in the results) have certainly been associated with an increased likelihood of counselling attendance (Ilagan, Vinson, Sharp, Ilagan & Oberman, 2015). However, the literature is unclear about what factors contribute to higher levels of motivation and the associated decision to attend therapy (Principe, Marci, Glick & Ablon, 2006). Clearly, further study is required to understand what role motivation plays in overcoming stigma and other discouraging events when young men make decisions about entering therapy.

For another participant, the need for self-sufficiency assisted in their decision to value encouraging comments to attend therapy over discouraging ones. The need for self-sufficiency can be aligned to hegemonic principles of masculinity (Connell & Messerschmidt, 2005) and it is therefore possible that this participant chose to value encouraging comments to attend therapy because it enabled him to reinforce his sense of masculinity. If this conjecture holds true, it would seem possible that discouraging comments to attend therapy, (which often revolve around mental health stigma and the de-masculinisation of men), can be combatted by imbuing young men with the sense that choosing to listen to encouragement to attend counselling aligns with masculine behaviours, constituting a self-sufficient act. This would further support the literature that suggests young men choose to attend therapy when it enables them to reinforce their masculine traits (Nahon & Lander, 2008).

Overall, the identified influences that assisted these young men to value the encouraging voices they heard to attend therapy are diverse in nature. This alludes to the possibility that there may be a myriad of influences that a young man may call upon to form a decision about whose voice they value more. Despite this diversity, what remains central to the experience is that the young men faced a position where they needed to reflect upon how they would deal with the conflicting views before them. However, it is also important that the young men in this work could negotiate this complexity and make decisions about what they felt was important to them. Even though there were competing voices, these young men resolutely decided to proceed with their counselling. This finding shows that in the face of adversity, they could make informed decisions about their therapeutic

care—a finding that calls into question the widespread social and academic belief that young men are not capable of such acts.

5.1.1.2 Stigma and stereotype

Many participants in this work shared narratives that focused on the role of stigma and stereotype within their counselling experiences. This study found that these experiences frequently interfered with entering therapy. For example, Mark revealed:

> *That was a big reason why it took me so long* [to enter into therapy] *as well because I was worried about the stigma associated with going to counselling.*

This finding is supported by substantial literature that concludes that stereotypical and stigmatised representations of mental health help seeking play a significant role in the counselling experiences of young men (Gulliver et al., 2010; Issakainen, 2014; Levant et al., 2013; Reed, 2014; Topkaya, 2014; Vogel et al., 2011; Wahto & Swift, 2016; Yap et al., 2011). Some participants in this work repeatedly acknowledged that they experienced or learnt about stigma and stereotypes from social influences such as family and the media. Paul stated:

> *I suppose I had some stereotypical ideas from family and friends about what it would look like.*

These experiences are also reflected in the recent literature (Jorm & Reavley, 2012), but there has been limited research that examines how this is enacted; influences such as age, gender and culture require further investigation (Griffiths, Christensen & Jorm, 2008). Some participants in this study also spoke of the consequences they perceived were associated with stereotypes and stigmas around attending counselling. They stated that others might think less of them, viewing them as weak and unemployable. For example, Joshua shared:

> *I always see those as weak people* [those that attend counselling], *and I figure other people have seen them as weak people, to put it bluntly, I guess, because I thought of people being like that, then that is what would be seen upon me.*

The literature supports this experience, reporting that young men fear they will suffer similar social penalties for attending counselling (Levant et al., 2013; Williams & Pow,

2007; Yap et al., 2011). This proposition is often couched in the notion that masculinity will be questioned (Schaub & Williams, 2007; Vogel et al., 2008, 2011). This ties into the previous finding in this work that masculinity plays a significant role in the counselling experiences of young men.

5.1.1.3 Ameliorating distress

Some participants experienced significant distress in their lives, sharing narratives of how this influenced their decision to enter into therapy. For example, Adam shared:

> *I never had particularly good habits of getting to bed on time and all that, but it got worse and worse … I was pretty miserable at the time … it was getting to a bit of a stage where it was starting to interfere with my productivity, so I went to a therapist to figure out some strategies to deal with it … I knew that I needed to do something and that counselling probably would be the best thing to do.*

The literature contains contradictory findings in regard to this result. While some studies have suggested that when young men experience significant distress, they are more likely to seek support (e.g., Thomas et al., 2014; Timlin-Scalera et al., 2003; Wahlin & Deane, 2012), others have suggested the opposite (e.g., Obasi & Leong, 2009; Wilson, 2010; Wilson et al., 2007). It has been proposed that young men are frequently unable to recognise whether their level of distress requires therapeutic support (Cotton et al., 2006; Biddle et al., 2007; Gulliver et al., 2010; Vaswani, 2011). This proposition is often borne from the notion that young men's masculine socialisation has in some way robbed them of the ability to recognise their feelings and express them to others (Emslie et al., 2007; Noone & Stephens, 2008; Robertson, 2008). Additionally, to recognise distress and ask for help would be inconsistent with the hegemonic masculine behaviours associated with stoicism, thus exposing young men as vulnerable and feeble (Cleary, 2012; Robertson, 2008; Tyler & Williams, 2014). In this study, this suggestion has been challenged, as the young men who wished to manage their distress were obviously able to identify that they were experiencing a problem and that they may require support. For example, Adam clearly stated:

> *I was pretty miserable at the time … I knew that I needed to do something and that counselling probably would be the best thing to do.*

However, the timeframe between recognition of distress by the young men and their final consideration of counselling is not clear in this study's results, and this factor should be acknowledged with respect to these findings. For example, Meister's (2010) study found that his cohort of men frequently delayed help seeking for many months at a time, despite having experienced high levels of distress over this period. The young men in the current study could, therefore, have suffered for some time before considering counselling as an option. Further, the type of distress experienced by the participants in this study was primarily psychological, and this kind of distress has been shown to be more likely to motivate help seeking than other forms of distress (Vilhjalmsson & Gudmundsdottir, 2014). Given that high levels of distress in young men have been shown to be associated with factors such as increased likelihood to die by suicide (Czyz et al., 2013; Galligan et al., 2010; Pitman et al., 2012) and decreased social and educational involvement (Degney et al., 2012); understanding the role of distress in seeking counselling is very important. The divided nature of the literature is therefore in urgent need of clarification. There is apparent complexity in exploring this proposition, and it is possible that there is no clear-cut answer. The individual experience of distress in each young man may in fact be the determining factor.

5.1.1.4 Recommending counselling

As explored earlier in this discussion chapter, this study and other associated research have concluded that young men may attend counselling when a peer recommends it. This highlights that some young men have made the decision to endorse the practice of counselling to others. However, what requires further exploration is an understanding of why or how young men make this recommendation. Within this work, three participants stated they would recommend counselling to peers, although each of them spoke of different reasons for doing so. For Mark, the reason lay in the thought that he was now a veteran of the counselling experience and was, therefore, able to offer advice and understanding to those who might consider the behaviour. Research has found that the process of enduring challenging experiences often results in the individual becoming a 'champion' of a cause (Cohen & Peachey, 2015). It is conceivable that this young man may have felt that by recommending counselling he is helping to lessen the stigma and difficulties that others may have to undergo. Hypothetically (either consciously or

unconsciously), he is ‘taking up the banner’ against mental health and masculine stereotypes.

Another participant, Adam, revealed he would recommend counselling because he felt inadequate to provide appropriate emotional support. This revelation supports the literature that concludes young men possess a low level of emotional competency (also discussed in Section 5.2) and therefore may find it difficult to meet the emotional needs of their peers. Finally, another participant, Brad, revealed he would recommend counselling based on two criteria. First, he states a peer should be able to *listen.* Second, he states that the ability to listen has a precursor that the individual would not *get angry at everything.* It is likely that this participant is talking about some of the skill sets or traits a young man might be expected to possess to be successful in the counselling space. The literature has tended to focus on counsellor skills required for effective therapeutic outcomes, and so there is a paucity of research regarding the skills that clients need to be successful in the same space. It might be that these client skills are more implied than explicitly spelt out. In this sense, perhaps this young man’s criteria are quite robust. It seems reasonable that within therapy, young men should be able to listen, and be in an affective state (i.e., not angry) to allow this to occur. Interestingly, however, the participant also summarises that:

> *…when you go to counselling, someone is telling you what you should be doing.*

This comment might provide an alternative rationale for his criteria. If the participant perceives counselling as a somewhat directive space, then he may feel the counsellor is overly controlling and an authority figure. Young people, in general, have been shown to be less likely to respond to authoritarian approaches in the counselling relationship (Martin et al., 2006); this reinforces the importance of how both the young man and the counsellor interpret the counselling dynamic.

Further examination is needed to understand why or how young men will make recommendations to peers about attending counselling. While this study has discussed three distinct possibilities, clearly further research is required to flesh out this important component of the experience of counselling for a young man. It has been suggested that one of the best ways for individuals to examine mental health practices, such as counselling, is via peer education (Eisen et al., 2012). Therefore, perhaps what is most

significant about these young men recommending counselling to their peers is that it provides a platform via which they communicate and promote mental health help seeking. Through sharing their stories of counselling and suggesting the practice to others, these young men contribute to debunking the myth, challenging stigma and promoting positive self-care practices. In short, they become living examples of men who have experienced the counselling journey and have survived to tell the tale. As eloquently described by Mark:

I've got the scars to prove it. I can understand what you are going through.

Within itself, this markedly contributes to changing the tide in terms of social norms. Impacting upon social norms concerning counselling and young men has been described as best achieved through invigorating social practices that normalise the act of attending therapy (Rickwood et al., 2015). If young men recommend attendance at counselling to other young men, then this can potentially spark a social, gendered and cultural sway towards norms that endorse mental health help seeking in this group. Counsellors can also have a role in this process (Thornicroft et al., 2015), supporting young male clients to openly invite their young male friends and peers into the therapeutic space.

5.1.1.5 Different catalysts to enter counselling

This study identified a number of catalysts for entering into counselling for young men that have not had representation in the literature. The first of these is addressing relationships. The literature confirms that young men struggle with addressing interpersonal relationships and often bring this as an issue into counselling. However, examination is required of how these issues act as a point from which young men might consider therapy as an option. The young men in this study who struggled with relationship issues viewed counselling as a means by which they could address these concerns. Paul, for example, wanted to use therapy to show he was a '*great partner*', while Peter sought '*understanding*' of his past relationship. These findings affirm that the impetus to address relationships is a potential point of entrance into therapy for a young man. It is, therefore, a significant potential element in young men's decision-making processes regarding attendance at counselling.

Second, although the literature acknowledges that young men may explore personal meaning while participating in therapy (Dunne et al., 2000; Reed, 2014), finding personal

meaning has not been studied as a catalyst that might assist young men in the decision to enter therapy. Perhaps the lack of exploration in the literature is grounded in the notion that young men are not typically considered to have the ability to be introspective (Cleary, 2012; Oliffe et al., 2013; Tyler & Williams, 2014). Indeed, some young men in this study have debunked this representation and shown an introspective capacity through recognising their need to address personal meaning as a doorway to therapy. Therefore, this result highlights that consideration of a young man's desire to explore personal meaning may act as a means by which they consider counselling as a personal option.

5.1.1.6 Motivation and level of control

All participants in this study alluded to different personal motivations that were influential in their decision to enter counselling. For example, Paul stated:

> *I wanted to be with her* [girlfriend] *again … that was the big motivation to stick with it* [counselling].

Motivation was affected by intrinsic forces, that is, those relating to internal thoughts and feelings; or extrinsic forces, that is, those relating to others or external circumstances. Motivation to attend counselling is not a well-explored area in the literature (Ryan, Lynch, Vansteenkiste & Deci, 2011). Further, this study was unable to identify any research into the motivation levels for young men to attend therapy. In exploring this further, young men in this study reported both high and low levels of motivation concerning intrinsic forces. Those young men who had low levels of motivation were driven by personal (intrinsic) views that they were not motivated to address their issues or did not see therapy as a practical activity in achieving this outcome. However, the young men with higher levels of motivation were driven by intrinsic forces that viewed counselling as a positive step towards addressing their issues. There are no identified examples in the literature that have examined the role of intrinsic forces in motivating young men to attend therapy. However, this finding can potentially be explained by the work of Ryan et al. (2011), which proposed that intrinsic motivation comes from the 'inherent satisfaction' (p. 201) an individual believes they will receive by participating in therapy. As such it occurs on a continuum from 'a motivation' to a high level of volition.

Thus, the young men in this study that possessed a view that counselling would satisfy their personal needs were more highly motivated than were those with lower motivation,

who did not believe they would be satisfied. Additionally, application of the Stages of Change Model as developed by Prochaska, DiClemente, and Norcross (1992), may provide some insight into the motivation levels of the young men. In applying this model, the young men in this study who had higher levels of motivation may well have been in a 'preparation' phase whereby they were seeking to make significant changes in their lives (Sullivan, 2011). In contrast, those young men with little motivation may have been 'pre-contemplative', possessing no real commitment to addressing their personal issues in the near term (Dempsey, 2009). The stage of change could, therefore, influence the successful engagement of young men in counselling.

This study identified that perceived level of control was an influential factor for young men when entering therapy. Control was influence by whether the participant had entered counselling with a voluntary or involuntary status. Those young men who came to counselling voluntarily perceived more control over the process. Young men who came to counselling involuntarily perceived less control. This is evident in the following two examples concerning Mark and Brad. Mark was voluntarily in counselling and shared:

> *I kind of realised okay I am in control of what I can say, what I can do, I can pick the appointments, I can choose whether I come back or not. That is when it started to feel that this is actually now my choice,*

whereas Brad came to counselling involuntarily, and when asked by the researcher if he felt he had control he replied:

> *Not really. It was more like she* [the counsellor] *was telling me what to do sort of thing.*

This experience of the involuntary versus voluntary client in therapy is well documented in the literature, with research supporting that involuntary clients are unlikely to engage well in therapy (Brodsky, 2014). However, two important factors are not well understood. First, the experience of men (of all ages) as involuntary clients in counselling has had limited attention and such research has tended to focus on individuals who are court-mandated to attend therapy in relation to domestic violence matters (e.g., see Zalmanowitz, Babins-Wagner, Rodger, Corbett & Leschied, 2013). Second, there is limited research that has examined the relationship between perceived level of control and voluntary/involuntary status regarding counselling pertaining to young men. The limited research has tended to focus on loss of control as a component of treatment fear,

often preventing young men from attending therapy in the first place (Paige & Mansell, 2013; Good & Robertson, 2010; Schauman & Mansell, 2012). Schauman and Mansell (2012) propose that the importance of control (by men of all ages) when entering therapy might lie in adherence to hegemonic masculinity. Indeed, hegemonic masculine principles promote control over one's behaviours as a central component of acting like a 'man' (Emslie et al., 2007; Noone & Stephens, 2008). It is perhaps possible that if a young man chooses to adhere to masculine traits, he subsequently requires increased control over his possible entrance into therapy.

5.1.1.7 A combination is essential

Catalysts and influential factors for entering counselling were often not experienced individually by participants in this work. Therefore, an important new finding of this research is that participants experienced a mixture of factors that contributed to their decision to enter counselling. Again, there is a paucity of literature that examines why young men decide to enter counselling. However, this work shows there is potential complexity in this decision. Addressing relationships, finding meaning and ameliorating distress, combined with the level of motivation and perceived level of control, are essential components young men may take into consideration when considering engagement in the therapeutic journey. Therefore, these components should be considered in developing a more comprehensive understanding of the decision-making processes young men employ when considering counselling as an option within their lives.

5.1.1.8 Attending for others

Four young men shared that they envisaged their attendance at therapy was a way in which they were contributing towards addressing the needs of others in their life. For example, Mark shared:

> *To be honest, I wasn't really thinking about myself. Initially, when I started going, I was kind of thinking about the fact that everyone kept telling me that I needed to go and that if I didn't go, I inevitably would do something stupid, and that would impact everyone else. I didn't think about how it would impact me at all. It was kind of; I was doing this for everybody else.*

The literature has not reported this finding in relation to young men. In some ways, it seems counterintuitive of these young men to attend therapy for the benefit of someone other than themselves. After all, therapy is often portrayed as a personal journey of self-discovery and thus an inherently self-focused act. However, the participants affirmed that doing therapy for others was about improving relationships. They typically viewed their behaviours as disruptive to those around them and saw attending therapy as a way to repair this. Through this lens, doing therapy for others can be seen as a desire by these young men to deepen their interpersonal relationships with family and partners. Improving relationships is a key theme that men seek to address when in therapy (Mahalik et al., 2012). If these young men prove within the therapeutic setting that they can discuss their issues, they then exemplify to others that they can do this in interpersonal relationships outside this context.

Another rationale for this behaviour may lay in the idea that these young men could reinforce a sense of masculinity by envisaging therapy as an assistive act to others. Good et al. (2005) reminds us that men are typically socialised into holding traditional masculine characteristics, which include 'achievement' and providing for others. It is possible that these young men's sense of masculinity has endowed them with the belief that doing therapy for others is congruent with 'being a man'. This possibility supports the literature that confirms men will attend counselling when it provides them with an opportunity to maintain their sense of masculinity (Englar-Carlson & Kiselica, 2013; Evans et al., 2013; Mahalik et al., 2012). It is also supportive of the argument that both men and therapists need to find ways in which counselling can encapsulate principles of masculinity within its process (Good et al., 2005; Mahalik et al., 2003; Nahon & Lander, 2008).

A final possible aetiology of this behaviour, also tied to the notion of reinforcing a sense of masculinity, may relate to the participants seeking to externalise their rationale for being in therapy, rather than admitting to being present to meet their own needs. The literature reports that there is a tendency for young men to externalise their reasons for attending therapy as there are often feelings of shame and inadequacy associated with the act (Genuchi, Hopper & Morrison, 2017; Shepard & Rabinowitz, 2013). Externalisation of the rationale for attending therapy essentially means that the young man can attribute his presence in counselling to issues external to himself, rather than issues intrinsically

belonging to him. This ultimately means that the young man can maintain his masculine identity of stoicism and self-efficacy (Emslie et al., 2007; Good et al., 2005; Noone & Stephens, 2008). It is also likely, therefore, that the young man will evade some degree of stigma associated with being in therapy.

5.1.2 Engaging

The results of this study highlighted multiple components of the participants' narratives that contributed to their positive or negative engagement in the therapeutic process. Key aspects of these findings are now discussed.

5.1.2.1 The nature of therapeutic activities

Six of the participants in this study spoke of the therapeutic activities that they experienced during their counselling sessions. Characteristic of these activities was that they addressed the thinking and behaviour of the young men and offered practical solutions and advice. This helped these young men to remain engaged in counselling. Those who mentioned these activities spoke favourably about them, noting benefit associated with the process. For example, Mark stated:

> *We talked about how my anger occurs, and we worked on ways to deal with the anger. We worked on ways looking at external ideas … We identified which one was more suitable and that was kickboxing. We worked towards releasing that anger in a way which didn't harm anybody … I spent a lot more time kickboxing and a lot more time getting rid of the internalised anger through kickboxing training. When the counsellor mentioned utilising one of my hobbies to deal with that issue, it was probably one of the most positive things I have heard in a counselling session in a while.*

These findings support the literature in affirming that men (of all ages) engage better in solution and cognitive-based therapies that focus on practical therapeutic objectives, rather than therapy that is more abstractly concentrated on introspective exploration (McKelley, Rochlen & Levant, 2010; Millar, 2003; Rochlen, O'Brien & Lisak, 2002; Smith, 2004). Although the participants in this study did not elaborate in depth upon why they found these types of activities favourable, it is possible that cognitive or solution-based therapies offer a more 'masculinised' approach to counselling, therefore making it more appealing to young men. The masculine nature of these types of therapies and their consequent attraction for young men may hinge on several factors. First, these types of

therapies tend to focus less on an exploration of emotional content and more on thinking and behavioural actions (Merrick & Sher, 2013). These areas are traditionally associated with male behaviours (Tyler & Williams, 2014). Second, extrapolating from the first factor, these approaches highlight areas of self-reliance and control, two areas closely aligned with hegemonic masculine principles (McGale et al., 2011). Therefore, the young men in this study may have felt more in control of their therapeutic experience and less threatened by a need to adopt traditionally feminine positions—such as emotional dependency—frequently associated with the practice of attending counselling (Kierski & Blazina, 2010).

5.1.2.2 Therapy as helpful or unhelpful

Five participants found therapy helpful and recounted that they did so because it provided them with a personal understanding of their concerns, success in addressing them and skills to ensure sustainability of this achievement. For example, Martin revealed:

> *There was some useful stuff she gave me … It was definitely to my advantage … The advice the counsellor gave me I still use to this day.*

These factors within themselves appear to be elements of therapy that most counsellors and their clients would hope to achieve in any therapeutic endeavour. The literature certainly supports these findings and has suggested that young men seek these types of outcomes when they decide to engage in counselling (Dunne et al., 2000; Gingerich, 2004; Ockerman, 2006; Reed, 2014; Stewart et al., 2012). Thus, this work supports the notion that young men will engage in therapy when they perceive that it is helpful to them.

One participant, Adam, spoke of therapy as unhelpful because of the session structure. Adam suggested that too much time was taken up by the therapist in gathering information rather than providing direct support. For this young man, there needed to be a more balanced approach to therapy, one in which there was the negotiation of assessment and direct therapeutic work. There is no literature exploring how information gathering or assessment affects the engagement of young men in counselling. Potentially, young men need to have more control over therapeutic tasks, as already seen in the discussion regarding collaboration with the counsellor. This control includes assessment by the counsellor, allowing the young man to identify what information gathering will entail and how long it will take within sessions. Another participant, Joshua, spoke of

counselling as being unhelpful because he did not appreciate revisiting the distress he had experienced before coming to therapy. Again, there is no exploration of this issue regarding young men in the literature. Although this finding may have solely been related to the participants' personal decisions not to address their distress, it may also have had an origin in the counsellor discussing emotive content too early in the counselling relationship. The participant in question only had one counselling session and chose not to engage any further. Brooks (2009) confirms that men, more than women, need space in the initial counselling period to adapt to the unfamiliar territory of therapy, finding reassurance that they will not immediately be required to 'spill their guts, get in touch with their feelings, reveal deep inner pain, or re-experience childhood trauma' (p. 81). This finding, therefore, affirms that young men may require more time and reassurance before they are ready to address deeper emotive content within counselling sessions.

5.1.2.3 Masculinity plays a role

Three participants in this work identified that their socialisation as males and how they defined their role as a man affected their experience of counselling. This finding is supportive of the extensive literature that reports masculinity has a pervasive effect on young men engaging in therapy (Cleary, 2012; Emslie et al., 2007; Farrimond, 2012; Noone & Stephens, 2008; Oliffe et al., 2013; Olstead & Bischoping, 2012; Robertson, 2008; Tyler & Williams, 2014). Some young men in this work revealed a strong connection to the hegemonic masculine ideals of pride, self-sufficiency, independence and stoicism, and this inhibited these participants from accessing counselling in the first place. For example, Mark shared:

> *It is a pride thing, and it gets to many young men especially around about my age, they are just like, no I can deal with this myself, no I will get over it. It is a just in my head thing, and I will get over it and even though like it* [counselling] *is a highly recommend thing and it helps, I think it just comes down to pride because that is what it was with me for so long. I have had depression since 2008 and you know I have been doing all of these things for that long but just never going to see someone because it was all about pride.*

This finding is also reflected in the literature, with studies reporting that young men who conform strictly to hegemonic masculinity are less likely to entertain counselling as an option to address their mental health needs (Evans et al., 2013; Pederson & Vogel, 2007;

Schaub & Williams, 2007). One participant, Joshua, also affirmed that much of the interaction between attending counselling and masculinity centred on being perceived as weak or incapable. These are traits that are archetypically deemed non-masculine in nature and often associated with femininity. Thus, this work proposes that there is an element of 'the fear of the feminine' present in this participant's experiences. This notion supports the extensive work of Kierski and Blazina (2010) that concluded that a male's fear of the feminine is a significant factor underpinning their lack of engagement in counselling. Therapy is seen to promote feminine characteristics such as vulnerability and emotional closeness. These authors conclude that there is an overwhelming need to address the role of masculinity within counselling and ensure that young men can explore their emotional and personal requirements in a therapeutic context without fear of transgressing their socially generalised expectations.

Some significant research has been established to seek better ways to address the role of masculinity in therapy (Englar-Carlson & Kiselica, 2013; O'Neil, 2013). Some of this has pertained to young men and includes examples of affirming positive masculine traits in counselling (Englar-Carlson & Kiselica, 2013; Kiselica t al., 2016; Nahon & Lander, 2011, 2014); focussing on developing specific masculine therapeutic alliances (Bedi & Ricahrds, 2011); and using transpersonal approaches to understanding masculinity (Kingerlee, 2012).

5.1.2.4 Therapeutic alliance is critical

All participants in this study alluded to positive and negative alliances they felt they experienced with their therapists. Three young men, Mark, Peter and Paul, had positive alliances with their therapists; there was a sense of connection that affirmed a 'mutual liking' (Bachelor & Horvath 1999, p. 136, as cited in Arnd-Caddigan, 2012). These young men spoke of having special friendships with their counsellors who could work with them from an impartial and non-biased stance. They also described their counsellors as *honest, willing* and *kind,* thus highlighting an empathic approach. For example, Paul revealed:

> *They were always* [the counsellor] *working in a way that would benefit me. It was like a friend who had good answers to my problems.*

Four young men alluded to a negative alliance, feeling that their counsellor did not connect to their personal experience and therefore they could not deepen the relationship in a meaningful way. For example, Brad shared:

> *I ended up leaving there* [counselling] *because she* [counsellor] *asked me the wrong question. The reason I was there was because of my weed addiction, and she asked me as soon as I got there one session, and then she asked me how are you going with your alcohol, are you drinking a lot? I didn't want anything to do with her after that; she was going the wrong way, asking me about some other problems that I might have, not sticking to the problem that I actually had. I have never had any alcohol problems ever.*

These findings support the literature demonstrating that the therapeutic alliance is a significant factor in the successful counselling of young men (Bedi & Richards, 2011; Deering & Gannon, 2005; Dunne et al., 2000; Scholz & Hall, 2014). Some aspects of a positive therapeutic alliance discussed by the participants, such as non-biased friendship and empathy, have been individually examined in research and have been found to be important (Bedi & Richards, 2011; Johnson et al., 2012; Richards, Bedi & Levant, 2015). However, the finding in this study that young men find the non-pressured exploration of their issues to be critical in their alliance with the counsellor is novel.

Non-pressured exploration of their issues was identified by three participants in this study. For example, Mark stated:

> *I don't know what it was about her* [the counsellor]*, but she didn't pressure me to do anything or say anything. If she could see I was getting uncomfortable she would turn around and say 'that was okay you don't have to tell me'. Or she would, if she could see I was getting agitated by talking about something, she would change the topic to something else just to take my mind off, just to calm myself down, then ease back into that topic, which was really good because it did mean that I didn't feel any pressure to tell her what I wanted to tell her.*

This element has not been explored in the current literature and is a unique finding of this work. While there has been some mention in the literature of men requesting that exploration of emotional content is a gradual process (Meister, 2010) and that this is important in nurturing engagement (Mahalik et al., 2003), no studies have examined a link to the therapeutic alliance. It would appear, from the experiences of some of the young men in this research, that the way in which the counsellor approaches the

exploration of issues brought into therapy, is an important component of the therapeutic alliance. If a young man believes he is being pressured into addressing content that he does not feel ready to address, then the therapeutic alliance is likely to suffer. Some young men in this work reported that they felt their alliances were positive because their therapists completed non-pressuring actions such as giving a lot of '*time to reflect*'; '*changing the topic*' when the young man was agitated or required calming, and remaining '*casual*'. Perhaps these actions by the counsellors assisted in developing the alliance with the participants by imbibing them with a sense of security and control over exploring their content, which in turn built trust in the relationship. Control has already been mentioned in this discussion as important on several fronts (e.g., practical, solution and cognitive-based activities) as it assists in reinforcing masculinity. Therefore, this study affirms that a positive therapeutic alliance with young men involves the practice of non-pressured exploration, which in turn offers security and control, reinforces masculinity and consequently builds trust.

Regarding a negative therapeutic alliance, the findings concerning a disconnect from personal experience and prevention of a deeper relationship with the client, are both elements supported in the literature (Bedi & Richards, 2011; Richards et al., 2015). However, the fact that young men in this work wished for a stronger alliance and made suggestions for how this might occur is again not represented in the literature. Rather, the literature highlights that young men will often feel intimidated by the development of a positive therapeutic alliance (Westwood & Black, 2012), even seeking to jeopardise its progression within therapy (Good et al., 2005). This study has not supported these findings and instead proposes the opposite. Young men within this study sought a positive alliance; they expected it to occur and were disheartened when it did not eventuate. For example, Martin revealed:

> *I guess she had not related to me as much I would have wanted her to…*

Further, Adam shared:

> *I remember I didn't quite want to open up completely about everything, but kind of hinted towards stuff and I was hoping that he* [the counsellor] *would pick up on it, which was a terrible way to go about it, to try and engage with the counsellor… I didn't blame him* [the counsellor] *at all for not picking up on that. I was just kind of hoping that I would get lucky and he would.*

The rationale provided in the literature reporting that young men have difficulty in forming alliances in therapy stems from the notion that male socialisation promotes fear of intimacy, ultimately leaving men to feel ashamed of vulnerability and closeness with a therapist (Addis & Mahalik, 2003). The experiences of the young men in this work appear to challenge this. Even though it might be true that young men are socialised to fear intimacy with others, perhaps their desire to transcend this fear within the therapeutic context allows them to build an alliance. Some researchers and practitioners have suggested that young men seek counselling relationships because it offers them a space in which they can experience vulnerability and intimacy without fear of reprisal or judgement. For example, Dunne et al. (2000) concluded that young men relish the intimacy offered in the counselling space because it allows them to explore emotive content that they cannot explore elsewhere. Brooks (2009) suggested that men of all ages have suffered significant hurdles and resistance in attending therapy and when they finally arrive at the counsellor's door they are seeking understanding and connection to ameliorate this. This study, therefore, concludes that young men expect a positive alliance with their therapist and will consequently pursue its development. Further, some young men in this study articulated that there were ways in which they believed the relationship with the counsellor could be improved. This evidence suggests that these young men were aware of the relationship with their counsellors and could express how they would like the relationships to evolve. Other studies, such as that of Bedi and Richards (2011), reported similar findings. However, they were not specifically focused on young men. From this perspective, the current study offers a more nuanced and unique understanding of the young male's consideration and development of the therapeutic alliance.

5.1.2.5 Needing someone to talk to and talking to family and friends

Four young men in this study revealed that they did not have adequate relationships in place to discuss personal matters. These young men stated that they did not have many friends with whom they could discuss their personal concerns. For example, Mark shared:

> *I always felt like there were no peers to talk to about it* [his problems] *... talking with the counsellor filled that role for me.*

From this perspective, these young men engaged with counselling as the way in which they could address this lack of connection. It has been suggested that men often have

'unmet needs for talking about troubles, and being listened to' (Feo & LeCouteur, 2013, p. 77), and the experiences of the participants in this study would seem to support this assertion. Compared with young women, young men have been found to be less likely to have intimate friendships with others, particularly with members of the same sex (Demir & Orthel, 2011). Arbes, Coulton and Boekel (2014, p. 5) also found that many Australian men have no-one outside their immediate family whom they can rely on, and are often not satisfied with the quality of their relationships, typically because they do not feel they are emotionally connected or supported. This finding strongly affirms that the young men in this study might be lacking friendship opportunities to discuss personal content. Therefore, they feel a sense of isolation in addressing personal issues. Counselling in this sense offers these young men an important point of connection and relationship. If, however, these young men had existing friendships that they felt they could confide in, the literature confirms that they would prefer to do this rather than talking to a counsellor.

One young man in this work, Joshua, spoke of this preference, sharing that he would rather talk to family and friends than a therapist:

> *I would have much preferred to, which I did, talk to my parents, friends' parents about it all and people who I was close with, rather than opening up to a new stranger who had no idea about what I had been through really…*

While this finding was only evident in the narrative of one participant, a substantial literature supports this experience (Barker, 2007; Cusack et al., 2004; D'Avanzo et al., 2012; Davis & Kelly, 2012; Jorm et al., 2007; Swords et al., 2011; Williams, 2012). The rationale often cited in the literature for why young men may prefer families and friends is the informal nature of this type of support, removing the stigma associated with seeing a counsellor (Brownson et al., 2014; Wilson et al., 2007). Interestingly the young man in this study who spoke of preferring family and friends did not allude to the informal nature of the relationship but rather stated that he felt that he did not have an established rapport with a counsellor and therefore would be unlikely to disclose to them. This experience confirms that this young man was seeking a stable relationship within which to disclose his concerns. This section has established that the therapeutic relationship is important to young men. However, this participant's narrative proposes that it may be important to build this alliance considerably before a young man feels comfortable enough to discuss personal issues. Thus, once the young man believes the relationship with the counsellor

has established adequately, he may feel supported sufficiently to begin more formal therapeutic work.

5.1.2.6 Collaboration with the therapist

For many participants, collaboration with their therapist was an important part of their engagement in counselling. The interview responses of three young men illustrated that when collaboration was high, there was a keen sense that both the therapist and young man worked together in achieving the tasks of therapy. For example, Paul stated:

> *We also talked about depression in a way and just helping recover from that, because a lot of things were putting me down at that time as well. I kind of took the brunt of it and went 'this is just how it is!' So, we decided how actually to manage stress and to produce a study method that actually works.*

This sense was the opposite for two young men who described weaker collaboration. As Joshua revealed:

> *He* [the counsellor] *was just talking about stuff that was completely irrelevant rather than what actually happened. Not that I wanted to talk about that anyway, but as I said I just felt more frustrated like he was wasting my time rather than doing what you hear they are meant to do I guess.*

This finding supports research that has found that collaboration is essential for young men in the process of counselling (Englar-Carlson & Kiselica, 2013; Bedi & Richards, 2011; Brooks, 2009; Cusack et al., 2006). However, why collaboration is essential for young men requires further examination. There has been some suggestion (Brooks, 2009) that collaboration in therapy is important for men of all ages because it affords them some belief that they can negotiate what therapy will look like, thereby serving to confirm they are both capable and proficient at attempting counselling. If this proposition is correct, although it was not explored in the interviews with the young men in this study, perhaps the young men in this study who experienced a stronger collaboration were provided with a sense of competency in negotiating their counselling engagement. This increased sense of competency could also sit alongside a greater reinforcement of masculinity, which is often underpinned by a sense of control. The competency afforded to the young men in collaborating on their engagement may have bolstered their masculine identity, helping them to feel that their participation in therapy was less of a feminine act and more in line

with their sense of being a male. Clearly, further research into understanding the role of collaboration in the counselling experiences of young men is required. This research should address not only why collaboration is important but how it could be enhanced and ultimately, if possible, improve engagement.

5.1.2.7 Discussing the counselling experience

A participant in this work, Paul, recounted that he used someone to talk to that was external to his counselling experience, thus affirming that he needed to find a relationship outside of the direct counsellor affiliation that assisted in encouragement to remain engaged in therapeutic experience. In doing so, Paul had the opportunity to reflect upon his therapy and make decisions about its efficacy. This reflection, in turn, helped Paul to decide to remain in his counselling journey. This study is the first to suggest that some young men may need to discuss their therapeutic journey with someone. Some research has suggested the need for the education of young people regarding professional mental health support (D'Avanzo et al., 2012; Du Plessis et al., 2009; Rickwood et al., 2005). However, there has been little focus on the need for young men to seek relationships that will assist in reviewing already established connections with therapists. Thus, perhaps it is not enough in itself that young men find a counselling relationship; they may require connections external to this process to underpin and reinforce their therapeutic journey.

5.1.2.8 Reluctance to share

Four participants in this study revealed that they were quite reluctant to share with others that they were engaged in therapy. For example, Paul shared:

> *Yes, and I always felt like I didn't want to say anything to my peers or family about it so just keep it to yourself … I had lied to my family. Previously I had been seen* [going to counselling]*, and I said I just took the bus to the shops.*

This reluctance was often tied to the stigma associated with the act. While on the face of it—given the negative effects of stigma—this would seem a reasonable act by young men, this work could not find any direct examination of this in the literature. What the literature has shown (as examined in Section 5.1) is that stigma plays a role in young men entering, engaging in and exiting therapy. From this perspective, perhaps an associated reluctance to share their attendance at counselling with others has been implied rather than explicitly

described and investigated. Thus, this work presents a unique finding; albeit one that requires further exploration. Perhaps there is a link for these young men regarding perceived behavioural control over their experience. The concept of control has already been extensively explored in various sections of this discussion, including being important as an influential factor in entering counselling. However, it may well extend into the need for young men to have control over the level of experienced or perceived stigma from others. In gaining control over who knows they are in therapy, the participants in this study may have afforded themselves some power over the level of potential stigma and its associated consequences. This control again may have a connection to masculinity (also spoken about in several sections of this discussion), reinforcing masculine behaviour through self-reliance and independence.

5.1.3 Exiting

In describing their counselling experiences, participants spoke of elements regarding their decision to exit counselling. Key facets of these elements are now discussed.

5.1.3.1 Changes in personal circumstances

For participants Adam and Brad, changes in circumstances preceded the independent decision to exit therapy: for example, moving state. Research has reported, albeit not specifically for young men, that changes in personal circumstances are common reasons why individuals will exit counselling (Renk & Dinger, 2002; Swift, Greenberg & Nezu, 2012). Thus, from this perspective, the experience of these young men could be considered supportive of literature findings. However, it is also possible that the choice to exit for these young men was related to motivation, as later explored in the catalysts for entering counselling. Within the broader narratives of Adam and Brad, they expressed lower levels of motivation to attend therapy; their decision to exit without consultation with the therapist may reflect this. If this were the case, it would, therefore, seem that such motivation also plays a role in young men's decisions to exit from counselling. Further examination of motivation to undertake therapy as a predictor of the likelihood that young men will make the single decision to terminate therapy is required.

5.1.3.2 A sense of readiness

Some participants spoke of leaving counselling with a sense of preparedness and revealed that they believed they had achieved proficiency over the concerns they had chosen to address. This mastery provided the young men with a perceived ability to manage their mental health and complete behaviours that improved their wellbeing. For example, Martin and Peter shared:

> Martin: *I think I had crossed most of the t's and dotted most of the i's, I think I had got most of what I needed. So, I didn't need to go back.*
>
> Peter: *I went back to the counselling environment; I could explain what I had used to deal with the issues … It was to such an extent I felt like I didn't require counselling towards the end.*

This finding is significant as it proposes that these young men could utilise their therapy in a meaningful way and consequently exit their journey positively. This novel finding is not reflected in the literature, which often reports that young men exit counselling early and do not engage successfully (Good et al., 2005; Ogrodniczuk, 2006; Owen, Thomas & Rodolfa, 2013; Reneses, Munoz & Lopez-Ibor, 2009). Also, for the participants in this study, it is possible that the sense of mastery and the associated readiness to exit therapy is related to their sense of masculinity. As previously identified on several occasions in this discussion, the qualities of independence and self-reliance are essential aspects of the masculine persona. As therapy assisted the young men to return to these qualities, perhaps they felt that this heralded the point at which they felt ready to exit counselling and move forward with their lives. This proposition would certainly support evidence from the literature that confirms that therapy is most successful for young men when it bolsters masculine strengths and qualities (Kiselica, 2003; Kiselica, Benton-Wright & Englar-Carlson, 2016; Kiselica & Englar-Carlson, 2010).

5.2 How can these experiences inform future research, practice and training regarding therapeutic work with young men?

This section addresses the second major aim of this study: exploring how the counselling experiences of the participants can inform future research, practice and training regarding therapeutic work with young men. This section presents key points relating to the

direction of future research studies, which includes areas concerning recruitment, young men's connections with others, understanding the role of distress and furthering the use of the TPB. The section also explores practice and training options, discussing the need to acknowledge the skills required for young men to attend counselling, advocating for them and challenging hegemonic masculinity, making space for young men in practice settings and considering their needs in training agendas.

5.2.1 Future research

Most young men who volunteered to participate in the study expressed gratitude and interest in being involved in research that valued their own counselling experiences and could potentially assist other young men in theirs. While recruiting participants for this study was at times difficult (and indeed men of all ages are harder to recruit in research that deals with sensitive topics; De Lacey, 2014), those who were recruited proved to be willing participants and invaluable sources of information. As researchers, we need to emphasise the importance of hearing the young male's voice, a voice that has limited representation but major significance. Future research in counselling must examine intently methods of recruitment for young men. Snowball sampling and social network recruitment proved to have some efficacy in attracting young men to this work. However, this study affirms that in future research, sampling methods require consideration. Certainly, Internet-based, online methods have shown promise in recruiting young people in general (Bull, Levine, Schmiege & Santelli, 2013), but there is a need to apply this more specifically to the needs of young men.

Perhaps another point in recruitment that bears consideration lies in how we represent young men in the literature. This study has shown that research surrounding young men and counselling has predominantly focused on their deficits. If the research community continues to represent young men in this manner, there may well be little incentive for young men to come forward and share their experiences. After all, it seems a reasonable response from young men not to participate in counselling studies if they are only ever painted in a light of inability. The integrity-based approach by Nahon and Lander (2011, 2014) and the 'possible masculinities' approach by Davies, Shen-Miller and Isacco (2010) suggest that we need to focus on men's unique abilities within the counselling context. Similarly, conducting research with young men in this manner could help to bolster their sense of masculinity rather than demonise it, thus providing more incentive

to share their counselling stories with others. This study argues, therefore, that promoting counselling research that examines strengths and abilities will provide greater incentive for young men to participate. Studies could implement this approach when considering both the line of inquiry and its epistemology. For example, strength-based lines of inquiry in counselling research would investigate the types of emotions young men competently articulate in therapy, rather than the emotions they have difficulty in sharing. A strength-based epistemology would underpin this approach and adopt a view that masculinity is an asset; not purely a deficit. Strength-based approaches have been used in approaches addressing men's health and have shown good efficacy (Isacco, Talovic, Chromik & Yallum , 2012).

This study recruited young men who had attended counselling on at least one occasion. In doing so, it excluded young men who have been offered therapy and chosen not to participate or young men who are completely unwilling to attend counselling at any cost. Future research on these groups is important for several reasons. First, an understanding of what prevents young men from arriving at 'the door' of the counsellor's office will provide researchers and practitioners valuable information about how the barriers that prevented attendance evolved. Second, it can potentially provide valuable information about how these barriers might be addressed, informing measures that might smooth the path for young men to come forward. These understandings could progress young men's participation rates in counselling and have flow-on effects, improving mental health and social engagement.

This study has identified that young men's connections with others are important in their counselling experiences; thus, there is also a need for future research to explore these relationships. The connection between the counsellor and young man is one connection that requires particular attention. There is a paucity of information in the literature about counsellor's experiences in working with men of all ages (Levant & Silverstein, 2005). For example, Paul and Paul (2016), in exploring counsellor's attitudes in working with sexually abused men, shared that they knew more about the men's experiences than the attitudes of the counsellors who treated them. Given that the therapist is a crucial component of young men's counselling experiences, understanding how they view work with young men, and how this affects practice, could yield significant information. Additionally, this study showed that families, partners and peers play a major role in

young men's counselling experiences. Again, there is limited representation of these connections in the literature. Future research could focus on how families and peers experience young men's counselling journeys. These experiences may help strengthen the support base for a young man while he is in therapy.

Another important area of future research includes gaining a better understanding of the role of distress in young men's decision making to enter therapy. As the literature is divided in thinking, further study is required to understand if distress is a motivating or demotivating force. Any future inquiry could also consider the level and nature of distress. This study found emotional distress was a catalyst to enter therapy, but other types of distress may also be catalysts. For example, Evans et al. (2013) found young men will attend therapy when work and life balance is interrupted; perhaps financial or sociocultural distresses are important.

Improving comprehension of young men's ability to express emotional content is a further area of future research. Because the literature has suggested that young men are both inept and proficient in exploring emotions in counselling, further examination is required to study this contradiction in findings. Perhaps the adoption of strength-based research principles that examine young men via an integrity model (Nahon & Lander, 2011, 2014) would assist with this process. This approach seeks to exemplify emotional abilities inherent in masculinity rather than focus on deficits.

Other important areas for future research to emerge from this study include:

- whether there is a link between exacerbation of symptoms during therapy and young men's ongoing engagement
- understanding the role of collaboration between young men and their counsellor
- exploring the role of motivation in the counselling experiences of young men—specifically what motivates them to attend and why
- developing an understanding of what factors are important for young men to recommend therapy to other young men.

A final important area of future research relevant to this study is the application of the TPB in conceptualising the experiences of young men in counselling. This study has found that the TPB was helpful in exploring the roles of masculinity and stigma in the

participants' experiences of therapy. However, this theory has had limited application in qualitative research, and even less in the field of counselling. This work has suggested the TBP has excellent utility in exploring counselling experiences; thus, additional studies are needed to strengthen this utility. There is a need for closer examination of how perceived behavioural control, subjective norms and attitudes interface with the counselling experiences of young men.

5.2.2 Practice and training

The propensity of the literature to focus on the fact that young men often do not attend counselling, and when they do they struggle, has meant that therapists possess a practising field that frequently highlights problems rather than solutions. From this position, the main implication of this work regarding practice and training is that it promotes ways in which counsellors can work with young men in productive and meaningful ways. To this end, this study encourages adoption of the following principles in practice and training.

5.2.2.1 Acknowledgement of the journey and the skills required to complete it

Primarily, counsellors need to be cognisant that young men experience significant journeys when they decide to enter, engage in and exit from therapy. These journeys are characterised by unique factors inherent in the lives of the young men, many of which form both barriers and facilitators for them to navigate. In this navigation, the young man can show tenacity and commitment to his counselling experience and make decisions that he feels are best to meet his therapeutic needs. The counsellor, therefore, needs to be present in this journey, reinforcing to the young man that he is both capable and admired for his ability to traverse the counselling landscape before him. Instead of adopting the pervasive literature's position that young men will face many issues in their capacity to experience counselling, the counsellor needs to reverse this proposition and acknowledge the skill set that the young man possesses to have come forward (as discussed in Section 5.5, in regard to tenacity). This change in tactic alludes to the integrity approach as spoken about by Nahon and Lander (2013, 2014). This study proposes that when young men come to counselling, the therapist should promote resilience in their ability to participate, improve their self-worth and challenge sociocultural discourses that suggest they are capable of less. As dynamic forces influencing young men, counsellors need to shine a bright light in their therapeutic work. This means the counsellor listens to the complete

story of the young man including 'the confusion and the clarity, the suffering and the endurance, the pain and coping, the desperation and the desire' (Duncan, Miller & Sparks, 2007, p. 36).

5.2.2.2 Advocating for the needs of young men

The literature review for this work shows that young men in Australia are experiencing significant mental health issues at increasing rates. This problem is not a phenomenon that pertains solely to Australia, with other Westernised countries facing similar challenges (Erskine et al., 2015). Despite this, the Australian federal and state governments have not sustainably addressed the specific mental health needs of young men. In a review of the economic costs associated with mental health issues, Degney et al. (2012) recommended significant investment in policy targeting ongoing care of young men. This study argues, therefore, that counselling as a profession should become more involved in addressing this need. Therapists can combine their voices to advocate at the state and national levels for increased attention towards young men and their therapeutic needs. To date, the counselling industry has been remarkably silent in this regard. Industry bodies such as the PACFA and the ACA have yet to develop position statements on the care of young men and have not actively advocated for increased services in this area. This stance needs to change, and these bodies must become more vociferous in political and community settings. Additionally, there are limited current examples of targeted services in Australia that provide specific therapeutic care for young men. Some examples include *Man Therapy*, *Men's Line Australia* and *Men's Link*, most of which rely on philanthropic funding and charitable donation. Clearly, there is a need for more services, underpinned by sustainable financing and long-term government investment.

5.2.2.3 Promoting de-stigmatisation and challenging notions of hegemonic masculinity

As this study has identified, young men experience stigma related to their counselling experiences. This stigma is most often related to hegemonic masculinity. Principles of hegemonic masculinity prevent young men from seeking counselling support (Levant et al., 2013; Reed, 2009; Schaub & Williams, 2007). The perpetuation of sociocultural values that portray men as stoic, independent and unemotional often ensure that young men receive the message that going to therapy is a weak or feminine act (Kierski & Blazina, 2010). Counsellors must be cognisant of this stigma and work within the

community to ensure that it is challenged. Counsellors and their professional bodies could launch public campaigns that are targeted at young men and the broader community, educating them about the harmful effects of adherence to masculine norms that prevent attendance at counselling. Individually, counsellors can introduce a discussion of these matters in their counselling practices with young men. Acknowledging with young men that they may have had to deal with stigma relating to masculinity in their counselling journey may help to open discussion about the difficulties they have endured and how these were overcome. If the counsellor helps to educate young men in therapy, these young men are more likely to question their adherence to hegemonic masculine ideals and challenge stigma when they experience it in the community. Additionally, research confirms that stigmatised beliefs commence at a young age and are passed on by social and cultural processes to which children are exposed from early stages in their life (Kaushik, Kostaki & Kyriakopoulos, 2016). From this perspective, it is likely that early intervention with respect to de-stigmatisation and hegemonic masculinity is warranted. It is therefore not just education for young men that is required but also for young boys. Counsellors who work with younger male children should make sure that they include within the counselling experience a discussion of stigma and masculinity. In itself, this may help to prevent the further spread of stigma in males as they develop into young adults. Last, this study found that young men often experienced stigma from their families and peers. Therefore, the last step in the equation of addressing stigma is for the counsellor to make sure they involve family and friends in discussions that challenge stigmatised thoughts and behaviours. The therapist needs to adopt a more holistic approach to caring for the young man in therapy, helping to educate his external support base about stigma and its harmful effects.

Furthermore, counsellors should also be encouraged to adopt masculinity frameworks (Davies et al., 2010) that acknowledge the vast in-group differences between young men. Individual experiences of masculinity are diverse and adherence to hegemonic masculine ideology does not have to be a social given (Connell & Messerschmidt, 2005). As stated by Il'inykh (2012, p. 29) “just one type of masculinity in its pure form does not always dominate in the consciousness of men.” The counsellor has a unique role to play in educating young men and the broader community that diversity in expression of masculinity is both common and acceptable (Brooks, 2009; Englar-Carlson & Kiselica; 2012; Kiselica et al., 2016; McKelley et al., 2010). Additionally, through encouraging

young men to question and conceptualise their masculinities in different ways, the counsellor contributes to the development of new and emerging positive masculinities that can be "sustainable and far-reaching" (Davies, et al., 2010, p.505).

5.2.2.4 Acknowledging one's view about young men

One of the core features of a competent therapist is self-reflection in their practice (Briscoe & Arai, 2012). This study proposes that self-reflection needs to extend to the counsellor considering their view about young men and how this affects their work. Given that many social and cultural discourses exist about young men, masculinity and counselling, therapists need to develop a sound awareness about how they have interpreted and translated these views into their practice. It is highly likely that counsellors have been exposed to negative views about counselling young men within their training and professional development. As well established in this study, much of the literature that underpins counsellor education has painted young men with a brush of emotional inadequacy and associated difficulties in therapeutic settings (Ogrodniczuk & Oliffe ,2009;Rochlen, 2005). The counsellor needs to reflect upon how much of this message has pervaded their professional thinking and behaviours. As poignantly stated by Nahon and Lander (2008, p.32), there is a need to

> …invite…therapists working with men…to ask not what men cannot do, but rather what men can do in the arenas of help-seeking…and what our roles and stewardship can be in facilitating this process, offering new encouragement for therapists to dare to reach out to the men in need of help in their communities.

Counsellors could ask themselves fundamental questions such as, how do I expect young men to behave when they present for therapy? How do my views about young men infect this process? What are my experiences of young men in social, familial and professional settings? In adopting this position, therapists will be able to become more critical and self-reflective in their counselling work with young men. Supervision is an essential part of this process. Supervisors who are working with therapists that counsel young men also need to make sure they keep this reflective stance on the supervision agenda. Ultimately, the counselling profession will not be able to move to a position of improved support if therapists do not stop to consider their personal positions in the milieu of theoretical, social and cultural discourses regarding young men.

5.2.2.5 A willingness to create a space for young men in practice

It is the hope of this work that counsellors who may have been reticent to work with young men will be enticed to consider counselling them in the future. There is a need for counsellors to be prepared to make space for young men in their practice so that young men can have increased options in their therapeutic care. There is also need to improve the experience of practitioners to promote the development of further practice wisdom and associated research. Young men in this study worked with a variety of counsellors from different genders and professional persuasions. What was important for most of the young men was that they developed an active therapeutic alliance and could have their personal needs addressed. If counsellors can focus on these skills and remain cognisant of the barriers and facilitators of young men's therapeutic journeys, then they will be able to position themselves as suitable counsellors of young men. For those counsellors who already take care of young men within their professional practice, this study encourages them to reach out to other counsellors and share their experiences. This sharing can be achieved through attendance at network meetings, professional events and practice symposiums. Counsellors that share their experiences in working with young men create space for young men in an expanded way. Not only do they create their unique spaces, but they encourage other counsellors to do the same. It is through this expanded approach that therapeutic areas will become increasingly available for young men and the quality of their care will continue to improve. Additionally, counsellors can promote the care of young men as a specialist area, thereby highlighting to the counselling and wider community that there is a need to provide particular care to this unique group. The specialist in working with young men could become an ambassador in the counselling field, encouraging policy development and government funding. Similar approaches have been adopted successfully in Australia for youth-specific counselling (Yap et al., 2012). Finally, this study argues that it is incumbent upon the practitioner who works with young men to consider a contribution to the research base. Counsellors can provide a data-rich examination of young men's counselling experiences, presenting convincing research that captures the 'miracle of therapy, in a way statistics and randomised control cannot' (Dallos & Vetere, 2007, p. 131). The counsellor who adopts a research lens in their work with young men will help to ameliorate the paucity of literature that currently exists, while at the same time developing the therapeutic skills of themselves and others.

5.2.2.6 Young men on the training agenda

There is a need for tertiary programs that train counsellors and psychotherapists to introduce specific courses that target working with young men. Meister (2010, p. 228) proposes that professional education programs could include 'how to respond to the ambivalence of men towards counselling, how to handle male difficulties of expressing their problems and their reluctance to reveal feelings and preferred treatment approaches'. In addition to these recommendations, this study further argues that tertiary programs in counselling offer internships and associated opportunities for developing therapists to work face to face with young men and gain invaluable practical experience. Close relationships with industry appropriate services will help in this endeavour. Universities are also well placed to seek funding opportunities to develop specific research centres that could focus on the therapeutic needs of young men. Collaboration between industry and academia could also offer fruitful research partnerships in this area.

5.3 Is there utility in the a posteriori application of the Theory of Planned Behaviour in understanding young men's experiences of counselling?

A conceptual framework, the TPB, underpins the examination of the findings in this research. As discussed in the methodology chapter (Chapter 3), this research sought to apply the TPB in an a posteriori manner, seeking to identify any aspects of the TPB that may have relevance to the counselling experiences of the participants. In guiding this process, attention was paid to the components of the TPB (attitudes, subjective norms and perceived behavioural control) and how they might be represented within the data. Therefore, this section discusses what components of the TPB were found to be represented in the narratives of the young men.

The two main areas of this research where the components of planned behaviour emerged from the data are masculinity and stigma. These are now examined. Figure 5 provides a visual representation of these results.

5.3.1 Masculinity and planned behaviour

It has been made clear by the findings of this study that masculinity played a major role in the counselling experience of some of the participants. Alongside this, it emerged that

there are strong ties for young men between the experience of masculinity, the TPB and attending therapy. Essentially, the key components of the TPB (attitudes, subjective norms and perceived behavioural control) were inherent in the experience of masculinity and counselling by the participants. This finding supports those of Smith et al., (2008), who argue that the inclusion of traditional masculinity within the TPB can support comprehension of how men form their intention to seek mental health support such as therapy. It is also supports the findings of Skogstad et al. (2006) who, in an examination of male prisoners, found that the components of the TPB were significant in the prisoners seeking help for emotional distress. This was directly related to how the male prisoners experienced their masculinity. This finding is now explored in more depth.

First, a set of social norms underpins masculine behaviour. These comprise the ways in which men believe they should act based on the opinions of others. They are borne out of socialisation processes and embedded in culture and tradition (Connell & Messerschmidt, 2005). These norms play a significant role in how a young man believes he should act like a man, assisting him in his decision to either accommodate or refute them. Young men in this study were called upon to consider the norms of being a man and whether attending counselling would substantially impinge upon these norms. This finding is reflective of the TPB's subjective norms; an individual's assessment of what important others would like them to do and how motivated they are to meet these actions. For some participants in this study, part of what their important others would like them to do was dictated by their masculinity. As a reminder of this, Joshua stated he felt important others would not like him to go to counselling because:

> *when a guy is going to counselling … it's looked down upon.*

Joshua then had to decide if he was motivated to behave in expected masculine ways (not going to counselling), or non-masculine ways (attending counselling). Joshua revealed he was motivated to adhere to how others would like him to act like a man and therefore not continue with therapy because:

> *It just makes me look weak and pathetic…*

Second, having chosen whether they would transcend or comply with the social norms of masculinity and counselling, some participants in this study then had to decide if the associated outcome of this decision had favourable or unfavourable consequences. This

is representative of attitudes, another key element of planned behaviour. Choosing to transcend masculine social norms and attend counselling was not an easy task for these young men. This was evident in the young men's awareness and experience of stigma and stereotype regarding counselling. Again, Joshua provided an example, when he stated that counselling is:

> *…not part of a man's image, it would be seen as weak.*

It is often the case for young men that having favourable attitudes towards possessing male attributes is applauded socially. Favourable attitudes to upholding masculinity and behaving in masculine ways are therefore socially reinforced for young men and planning to go against them, such as by attending counselling, may be considered a significant risk. Some participants in this work had to weigh up these attitudes. In doing so, they had to consider the consequences of attending therapy and form an opinion about whether these effects were favourable or unfavourable regarding their masculinity.

Last, planned behaviour incorporates perceived behavioural control, and this has a rich representation in the notion of masculinity. This work has highlighted that control is in itself an inherent feature of masculine behaviour. Hegemonic principles of masculinity speak directly to the need for men to express self-reliance, independence and general control over their social and personal beings (Emslie et al., 2007; Noone & Stephens, 2008). This work has identified that control as a feature of masculinity is important to young men in various respects regarding their counselling experiences. As a new finding, this work has shown that level of control is an influential factor for young men in their decision to enter therapy. Perceived behavioural control in planned behaviour argues that young men will consider the difficulties in attending counselling and decide whether these are manageable. Participants in this work, therefore, considered how much control they had over entering therapy and whether associated obstacles were manageable. For example, Mark shared:

> *I kind of realised okay I am in control of what I can say, what I can do, I can pick the appointments, I can choose whether I come back or not. That is when it started to feel that this is now my choice.*

Control was also shown to have a potential link to the preference of some participants for more cognitive and solution-based therapeutic work. In this way, perceived behavioural

control is related to managing what young men see as the potential 'non-masculine' obstacles of completing counselling tasks, such as having to share intimate emotional material, often more favourably associated with feminine behaviour. Collaboration with the therapist also highlighted the roles of masculinity and control for participants. A stronger collaboration afforded more control over therapeutic engagement, again potentially allowing participants to feel their experience was more masculine in nature. A weaker collaboration resulted in less control over therapeutic engagement and less alignment with masculinity. Brad provided an example of this after experiencing a weaker collaboration with his therapist. His feelings that the therapist was '*telling him what to do*' were in direct contrast to masculine principles that promote independence and control:

> *Like, it was if she was telling me what to do. Like how I said she would give a list of things that I could do. It was like giving a chores list or something. She really got it into you, like 'do this!', sort of thing…*

Therefore, this study has found that components of the TPB are clearly represented in the experience of counselling and masculinity for participants. The correlation among planned behaviour, masculinity and counselling are important. Significantly it offers an opportunity for planned behaviour to be used as a broader theoretical platform to understand how masculinity and counselling affect each other. Attitudes, subjective norms and perceived behavioural control can all be utilised as a means by which young men negotiate, conceptualise and manage their masculine selves; thus, applying these in depth at the interface of therapy could yield an improved understanding of their counselling experiences. While the literature predominantly focuses on the notion that masculinity impedes a young male's potential engagement in counselling, studies have poorly examined what elements of masculinity are important in this process. Planned behaviour, therefore, offers a component liberal approach to this line of investigation.

5.3.2 Stigma and planned behaviour

Much like the observed relationship with masculinity, there was also a link between stigma, counselling and the TPB. This study has found that stigma was an important aspect of the participants' counselling experiences, as is evident in the literature. Stigma as described by Wahto and Swift (2016, p. 182) 'is one variable that likely plays a substantial role in the more negative attitudes that some men hold toward mental health

help seeking [counselling]'. Bearing this in mind, attitudes as a component of the TPB address the participants' narratives of stigma and how it affected their counselling experiences. Attitudes in planned behaviour describe an individual's beliefs about the expected consequences of behaviour and whether these are seen positively or negatively. Some participants in this work described that they were aware of stigma and stereotypes regarding counselling, which placed them in a position of having to decide if this had a favourable or unfavourable consequence for them. This is seen in Paul's narrative when he stated:

> *I think it is still a matter of you don't talk about it, it is shameful. People think you are unstable. Going* [to counselling] *is not an easy decision to make.*

In short, it was their attitude regarding stigma that played a role in their decision to either engage or not with therapy. This finding would seem to add weight to the construct of attitudes as important in young men's counselling experiences.

Stigma is often defined as 'a mark of disgrace that is given to individuals or groups that possess a socially undesirable characteristic or engage in an unacceptable behaviour' (Vogel et al., 2007 as cited in Wahto & Swift, 2016, p. 182). This definition also alludes to stigma being encapsulated under the banner of subjective norms within planned behaviour. As seen in the discussion of masculinity and planned behaviour, participants were called upon to consider the stigmatised transgression of social norms if they attended counselling. Stigma sent the clear message to participants that important others expected them to behave in different ways to attending therapy. This message meant the participants had to decide if they were motivated to meet these expectations. Subjective norms, therefore, played a role in their decision to engage with counselling as far as stigma was involved.

Perceived behavioural control was also a factor in the participants experiences of stigma. Specifically, some participants sought to control who knew they were in therapy to lessen possible exposure to stigma. For example, Joshua shared:

> *I mean the big thing in my head, which is something I don't like to admit, I mean now being in a further relationship … knowing that I have talked to that counsellor, it is something that I didn't want my current partner to know, for the fact that it is very off-putting and like you know this guy I am with is weak.*

In this case, perceived behavioural control is not directly addressing the individual's intent to act (as per the origin of the TPB); rather, it is alluding to a similar proposition that perceived control is important in managing how others may act. For the participants, if they could control who knew about their therapy then they could have some power over the use of this information (how it could be stigmatised). This finding proposes that perceived behavioural control has some utility in providing an understanding about how young men may negotiate stigma and its consequences.

This finding also supports findings of research by Lee et al. (2015), who applied the TPB to examine the help seeking behaviours of young Korean adults. They concluded that perceived behavioural control had significant effects on the study participants' intention to seek support. The views of those around the participants, and the associated stigma, had substantial effects on the participants' intention to apply for support.

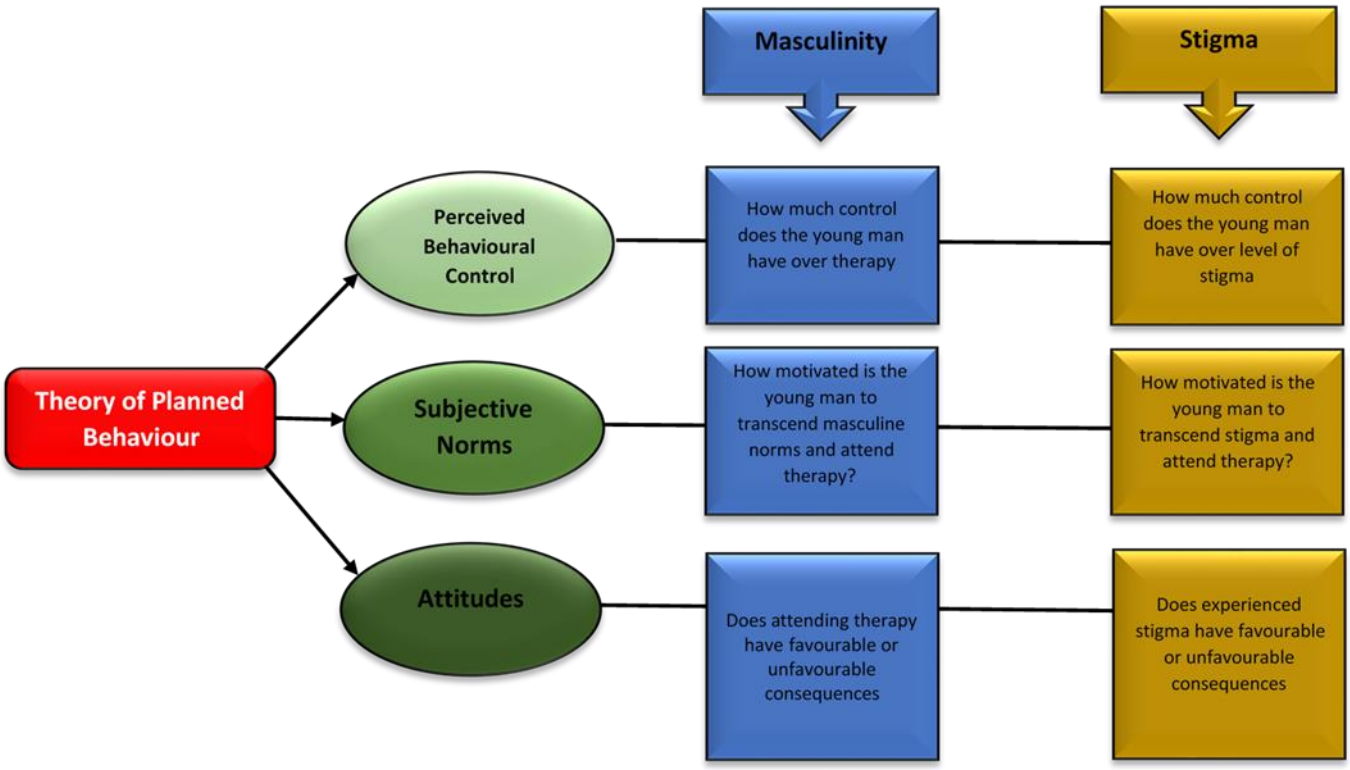

Figure 5: How the TPB is represented in the data of the current study

Thus, this study has concluded that the central concepts of the TPB are represented in the participants' experiences of stigma and that there is significance in this finding. As shown in this work and other studies, stigma is a pervasively negative force for young men who

are considering therapy or who already attend. Associated research has focused much attention on these adverse effects and how to combat them. However, what is missing regarding understanding stigma lies in knowing how young men (and indeed all young people) negotiate its presence and position themselves as users of counselling (Prior, 2012). Through this work, the TPB has suggested that attitudes, subjective norms and perceived behavioural control may play significant roles in this process. Using this theory, therefore, potentially offers insights into the mechanisms underpinning young men's experiences of stigma within a counselling context.

5.3.3 The overall utility of an a posteriori application of the Theory of Planned Behaviour

The third aim of this study was to explore if there is utility in the a posteriori application of the TPB in understanding young men's experiences of counselling. The answer is yes, and this is inherent in several factors. First, within this work, the multifaceted nature of the TPB (Zolait, 2014) offered a mixture of components that allowed the elucidation of the complexity of young men's counselling engagement. This was evidenced in the ties seen between attitudes, subjective norms, perceived behavioural control, masculinity and stigma. The intricacies associated with the young men's experiences of stigma and masculinity in counselling required application of a component-rich theory to comprehend them at a deeper level. Other theories of help seeking that are more unidimensional in nature, such as biological or gender-based approaches, may not have been able to rise to this challenge. However, the TPB was able successfully to provide this multifaceted approach and utility.

Second, the TPB as suggested by Ajzen (2014) was established to explore human social behaviour, serving as a framework for behaviour change interventions. As such, it provided a flexible approach in this qualitative research. The TPB's malleability was primarily seen in its ability to be applied in a post-positivistic way. This meant that it could be aligned with the qualitative, constructivist epistemology of Narrative Inquiry. In successfully bringing Narrative Inquiry and the TPB together, a more comprehensive methodology was developed and deeper investigation of the data ensued. The theoretical rigidity of other positivistic approaches may have prevented this union. Thus, the TPB offered utility in exploring young men's counselling experiences within a qualitative

framework. However, the post-positivist use of the TPB has had limited evaluation. Further examination is required to explore this utility in more depth.

Third, the a posteriori application of the TPB allowed for utility in exploring not only the intent to enter counselling, but the intent to engage and exit. This is an important finding because the TPB has predominantly been applied in an a priori manner relating only to intent to seek counselling. Within this study, the TPB showed utility in considering all aspects of the therapeutic experience. This broadens the conceptualisation of the TPB as a tool to explore all facets of a counselling experience rather than just its initial stages. Thus, ongoing research can focus on the intricacies of young men's counselling experiences. In this way, the utility of the TPB can be developed to provide a richer and more nuanced understanding of this area of research.

Given how little we know about young men in therapy, there should be a concerted effort to find theoretical premises that assist in this exploration. This study argues that the TPB has real utility in exploring the counselling experiences of young men. This research alone has shown the applicability of the TPB in examining masculinity and stigma, two significant factors in the experiences of young men in therapy. Further expansion of the TPB is therefore required to explore broader aspects of the counselling experience of young men.

5.4 Tenacity

This section discusses an overarching, key feature inherent in the participants' narratives of this work—tenacity. In some ways, it might seem inappropriate to examine such an important concept as tenacity at the end of a discussion chapter. However, there is good sense in doing so. A fundamental premise of narrative research is that a story provides meaning and it is in its exploration that the real essence of experience becomes known (Bedford & Landry, 2010). It would, therefore, have been fruitless to have presented the subject of tenacity earlier on in this discussion; tenacity sits as the essence of the experiences of the participants in this work. Although not overtly referred to by the participants, their overall counselling experiences involved 'a determination of purpose' and a 'strength of will' (Tenacity, n.d.) inherent in the ways they approached obstacles and complexities, and in their vision and motivation to partake in counselling. Perhaps the following statement by one participant, Paul, best sums up this proposition:

> [I will] *actually stick with it* [counselling] *and no matter what, not budging from it … It seemed, I really wanted everything to be sorted out, so it was, okay, so even if I feel uncomfortable or I didn't want to go, just take it on the chin, because no matter what I will be fine. I was determined I would succeed.*

The narratives of participants, combined with the reviewed literature in this study, have shown that there are significant social–cultural barriers that affect young men's psychotherapeutic experiences. The young men in this work spoke of having to navigate obstacles that included principles of hegemonic masculinity, experiences of stigma and stereotype, complexity in connections and relationships with others and the intricacy of the counselling process. Their experiences of the counselling journey were not simplistic, but were characterised by a series of personal and social challenges wherein they were called to traverse a landscape both unfamiliar and at times intimidating. All young men in this work made emphatic decisions and remained committed to their chosen course of action. It seems that they were not deterred from making choices about what they wanted or did not want from their counselling experiences.

The act of tenacity in young men, and indeed men of all ages, is often grounded in the notion of hegemonic masculinity, which portrays men as having courage and showing bravery (Hammer & Good, 2010; Jarvis, 2009; Kiselica, 2003). There have been long held traditions of bravery culturally applauded in men across multiple social contexts, such as war and sport (Jarvis, 2009). Tenacious acts that demonstrate courage in the face of adversity, risking one's life for others and triumphing over seemingly impossible odds have helped to epitomise the ideal masculine figure (Whitman, 2013). Also, inherent in the act of tenacity in young men is the masculine principle of not asking for assistance. Young men are culturally expected to act with self-sufficiency and autonomy (Mahalik et al., 2003). Certainly, acts of bravery that have been performed without asking for the help of others have been applauded as the most significant exhibitions of masculinity (Schrock & Schwalbe, 2009). In this regard the tenacious acts shown by the young men in this study can be considered contrary in nature as they asked for help through attending counselling.

Furthermore, the tenacity of the young men in this study challenges the more common representations within the counselling literature of men who remain aloof from and non-engaged with the therapeutic process (Cusack et al., 2006; Good & Robertson, 2010;

O'Brien et al., 2005). This propensity of the literature to focus on what young men 'can't do' in therapeutic settings, rather than what they 'can do' (Nahon & Lander, 2008, p. 232) has meant that attributes such as tenacity have remained unexplored in their experiences. Other researchers have similarly suggested that the literature regarding males in therapeutic settings is frequently overly focused on their deficits (Englar-Carlson & Kiselica, 2013; Nahon & Lander, 2014). Ultimately, this study concludes that young men can exhibit tenacity in their personal decision making regarding their therapeutic care.

There is importance in a therapist recognising the tenacity of young men in their counselling experiences. This recognition allows encouragement of other young men to engage in therapy when they require support. Therapists can inform young men who show reluctance to participate in therapy about the tenacious examples of other young men. In this way, they promote tenacity as a positive trait that young men can possess to help them navigate their therapeutic care. Tenacity is also a unique trait for an individual to own, and it has been shown to improve mental health outcomes (Haddadi & Besharat, 2010) and contribute to the management of stressful life events (Florian, Mikulincer & Yaubman, 2005). A therapist that recognises the tenacity of young men can help them to apply this trait to the management of their presenting concerns, and this will ultimately assist in improving therapeutic outcomes.

Additionally, there is a need within the literature to focus on the positive abilities of young men within the counselling space. Nahon and Lander (2013, p. 164) conclude that there is 'a negative bias in therapists' and researchers' attitudes towards male clients'. They argue that this has resulted in a self-fulfilling negative prophecy that men of all ages will not attend activities such as therapy. This study proposes that one way to challenge these attitudes is through the acknowledgement of tenacity. If counsellors and researchers can focus on the presence of tenacity in young men, then they may begin to question and challenge the negative bias that has emerged in the literature. In turn, counsellors can begin to increase their capacity to work with young men and use strategies and skills relevant to young men's abilities.

As a final point on tenacity, while it underpinned the capability of the young men in this study to endure their counselling experiences, in some ways it is disconcerting that they required the trait to do so in the first place. The participants' need for tenacity highlights the complexities young men face in entering, engaging in and exiting from therapy. In

this study, these complexities were at times so difficult to traverse that they required participants to have a tenacious approach, which is no mean feat. It appears a lot was asked of these young men. Fortunately, they rose to the challenge, but what of the young men who cannot be tenacious, who cannot navigate the complexities they must face in counselling? The literature review within this work highlights that, compared to young women, young men do not attend therapy. From this perspective, perhaps the young men in this study are the exception to the rule, and it is their tenacity that enabled their experience. Researchers and practitioners need to continue to work towards making counselling far less complicated for young men at both social and cultural levels. While it is important not to take away from the tenacious qualities of young men, it is imperative to ensure that this tenacity is not related to negotiating barriers and complexity, but rather to focus on areas such as self-development and growth. However, in the end, young men—tenacious or not—deserve a right to come to counselling.

5.5 Strengths and limitations of the current study

Allowing young men to come forward and share their counselling experiences is the fundamental and essential strength of this work. It gave young men a voice that has essentially been silent in the literature. Undertaking the literature review for this study exposed the absence of the young male voice. Motivated by this noticeable failing, this research sought to prioritise the voices of young men, encouraging them to share their experiences in counselling. From this perspective, this study provides a narrative-rich and unique contribution to the field of counselling.

The application of the TPB as an a posteriori conceptual framework in this study has also been a strength in this work. As there is a paucity of qualitative work that has utilised conceptual frameworks such as the TPB, this work has significantly contributed to the field. As discussed previously, the TPB offers a unique heuristic and multifaceted approach to understanding the decision-making processes of young men who are considering therapy. This framework means the experiences of the young men could be examined in a more practical but complex way, a mirroring of the intricacy and pragmatism of therapeutic involvement.

This study has also applied the TPB in such a way as to see how its theoretical principles emerged in the data, rather than adopting an a priori approach. In using this method, the

findings have made links with the TPB and the conceptualisation of masculinity and stigma in the experiences of young men in counselling. This is a strength because it has confirmed that TPB can be used to understand elements of young men's therapy experiences, advocating for the use of this conceptual framework in further studies that examine young men and therapy.

In a broader sense, another strength of this study lies in affirming the utility of conceptual frameworks in general when exploring the counselling experiences of young men. The majority of the research base has not adopted conceptual frameworks in its methodologies, which potentially means that exploration of experiences has not been as rich as possible. In the case of this study, the TPB has shown utility as a conceptual framework. However, there is the possibility that other help seeking theory bases could be explored to help conceptualise findings.

As argued by Krauss (2005), rather than purely focusing on the dichotomy between quantitative and qualitative epistemologies, there is a need for social research to use approaches that are considered appropriate given the research topic of interest and level of existing knowledge pertaining to it. Given this premise, the combination of Narrative Inquiry and TPB is a strength inherent in this work. There has been a propensity for other scholarly work not to combine positivist and constructivist epistemologies as they have been seen as fundamentally incommensurable (Smith & Heshusius, 1986). However, by amalgamating these epistemologies in a post-positivistic approach, this study has shown that Narrative Inquiry and TPB can complement each other and provide a rich and dynamic exploration of young men's experiences of counselling.

There are constraints in this work that require acknowledgement. In developing participant inclusion criteria, the study did not address young men who have considered counselling but have chosen not to engage, or who have booked initial sessions and failed to attend. Attention to the experiences of these young men is an area needing further investigation. Given the difficulties of recruitment, how these young men could be encouraged to participate in research requires considerable thought.

Although this study did not set out to focus on the professional background of the counsellors who provided therapy to participants, it is plausible that this factor may present another limitation in this work. The majority of the participants reported seeing

psychologists in their therapeutic experiences. It has been documented in the research literature that the training experience of a psychologist is qualitatively different to that of the counsellor/psychotherapist (Bager-Charleson, 2010; Ingrams, 2012). Traditionally counselling psychologists have received an education grounded in scientific methodology and evidence based practice that places less emphasis on client interaction and the clinical process (Thongpibul, 2011). Conversely, counsellors and psychotherapists have tended to receive an education that has an origin in humanistic or psychodynamic principles, with greater importance placed on therapeutic alliance and the client relationship (Thongpibul, 2011). It is conceivable that this difference in educational experience may have directly impacted upon the experiences of the young men in the therapeutic context. Perhaps the skill of the psychologist in addressing issues such as the therapeutic alliance is less developed than that of the counsellor. Indeed, a recent qualitative study by Soygüt and Gülüm (2016) examining counselling psychologist's perspectives on therapeutic alliance found that there was a "lack of focus on the process of and relational aspects in therapeutic work in [their] current training programs" (p. 121). Further investigation into the counselling experiences of young men may therefore need to be more cognisant of the educational backgrounds of the therapists the young men seek assistance from.

Last, another limitation in this study was that two of the young men experienced only one session of counselling. Singular sessions may provide qualitatively different therapeutic experiences and therefore may have affected the inferences made here.

5.6 Thesis conclusion

There is little existing knowledge about the counselling experiences of young men. This study aimed to examine these experiences and give a voice to young men in the literature. It has drawn upon the qualitative method of Narrative Inquiry to understand the decisions of young men to enter, engage in and exit from counselling. It has used the TPB as a potential guide to conceptualising these experiences. In doing so, it has identified key findings, some of which confirm or expand the literature; others that provide unique results and propositions for future research.

All the young men in this work faced barriers and facilitators in their counselling journeys. They spoke of the catalysts and influential factors that brought them to the counselling space. They shared the important aspects of their engagement and how they

exited therapy. The young men acknowledged the importance of the role of others in their counselling, speaking of the significance of the counsellor, family and friends. They further shared their experiences of masculinity, reflecting on how 'being a man' influenced their therapeutic journey. They also spoke of stigma and stereotyping and its associated consequences.

The study uncovered some experiences of young men in counselling that supported the literature. Importantly, within these experiences, it was confirmed that masculinity, stigma and stereotype significantly affect the counselling of young men. One of the implications of this work was that the counselling profession needs to continue to address these matters and work hard to ensure that de-stigmatisation occurs. If therapists are to help young men improve their mental health and gain support when they require it, then they need to be able to support young men as much as possible to transcend the adverse effects of these issues. Another significant finding reflecting the literature is the importance of the therapeutic alliance. Young men require an active partnership that assists them in feeling supported and exploring their presenting concerns. This finding reinforces the growing body of research that shows that therapeutic alliance transcends many aspects of the therapeutic experience. It would appear that for young men, the relational nature of therapy is a crucial aspect of their engagement in the process.

This study also presented some findings that require further examination in future research. Increased exploration of these areas will ensure the experiences of young men in counselling have greater clarity, and ultimately improve their engagement. One area of interest was the role of distress as a factor inherent in young men's decision to enter therapy. The divided literature reports distress as both a motivating and demotivating factor. It is crucial to understand this division in more detail because distress is a contributing element in the decline of young men's mental health. Another area of interest was the role of collaboration between the therapist and the young man. Given that the importance of the therapeutic alliance is well documented, an improved understanding of how collaboration works within this process is warranted. Comprehension of the ties between masculinity and collaboration could be an integral component of this examination.

Novel findings were presented in this work, introducing themes that are not explored in the literature. These results offer significant contributions towards understanding young

men's counselling experiences. The results were varied in nature and spoke to many facets of the counselling experience. Significant contributions that were highlighted included addressing relationships, finding personal meaning, motivation and level of control as important catalysts and influential factors in assisting young men to enter therapy. Distinctively, the study also found young men expect a positive therapeutic alliance, and that this is partially developed by a non-pressured examination of presenting issues. Further, the study concluded that some young men often receive mixed messages from family and friends about attending therapy and that these competing messages needed to be navigated. All the unique findings in this work were united in the sense that they provided original themes that have opened new areas of understanding and future research.

The key finding of this work is the overarching theme of tenacity, a quality required by many of the young men to navigate their counselling experiences and make therapeutic decisions about their care. The propensity of research to examine the deficits of young men in counselling has meant that there has been little attention applied to notions such as tenacity. The young men in this work had to transcend many barriers and remain strongly committed to the course of action they had decided to take. This determination showed that they were tenacious in their approach and capable of making decisions about what occurred during their counselling journeys. This finding further demonstrates the need for strength-based models of counselling that highlight the assets of young men in the counselling process.

This work applied the TPB as a conceptual framework to help understand the counselling experience of the young men. The study allowed resonance with the TPB to emerge from the narratives of the young men, adopting an a posteriori approach. This approach meant that themes not commensurate with the theory could also emerge. The result was that the TPB was found to resonate with the young men's experiences of masculinity and stigma. Perceived behavioural control, attitudes and subjective norms were all seen in the young men's narratives regarding these themes. This study has concluded that the TPB has excellent utility in exploring young men's counselling experiences. Its heuristic and multifaceted approach allows it to be flexible and adaptable for qualitative research; more application of the theory to qualitative methodologies is required.

This study made some recommendations for future research. Chief among these is the need for further studies to adopt a more strength-based approach to research, highlighting the abilities of young men to be involved in counselling. This study has suggested that if we want to understand the experiences of young men in counselling, then we need to provide an inviting space where they can be comfortable and reassured to share their stories. If the literature continues to represent young men as individuals who only face difficulties in the counselling journey, then it is likely that young men and the therapeutic communities that serve them will not feel confident in a young man's ability to work within the counselling space.

Finally, this study has several implications for practice. Counsellors who work with young men need to feel a sense of competency and support in their practice. Suggestions for practice included being mindful of the journey and the skills that young men bring to the therapist door and being reflective about personal and societal views around the competencies of young men in the therapeutic space. Ultimately, it is up to the counselling industry to help ensure that studies concerning the counselling needs of young men are given time, energy and interest. In this way, the counselling sector can play a leading role in helping to understand the experiences of young men in therapy.

The counselling experiences of young men have proven to be a complex but exciting area of study. This work has achieved its set objectives in exploring these experiences and provided young men with an increased voice in the literature. However, many more aspects of this research need to be addressed. Young men and their counselling experiences remain novel in the research world; therapists and researchers need to forge forward and continue to explore this important area of investigation.

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Appendices

Appendix A: Social networking advertisement for recruiting

Hey! Young Man!

Would you like to tell your story about your experiences with counselling?

TO BE PART OF THIS STUDY YOU NEED TO BE:

MALE

AGED BETWEEN 18 AND 25 YEARS WHEN YOU ENGAGED IN COUNSELLING& WHEN YOU WERE LIVING IN THE SUBURBS OF ADELAIDE

PREPAPRED TO TALK ABOUT YOUR COUNSELLING EXPERIENCE

THIS STUDY IS LOOKING AT THE EXPERIENCES OF YOUNG MEN WHO HAVE CHOSEN TO EITHER REMAIN IN, OR EXIT FROM, COUNSELLING.

I am conducting this research as part of my post-graduate studies in the School of Health at the University of New England.
The research aims to explore the experiences of young males who have chosen to either remain in, or exit from, counselling. It is hoped that this information gained through this study will help inform the care provided to young men who may choose to explore counselling as a support option in their lives.

If you have a story to tell and would like to be a part of this study please contact:

MATTHEW DOHERTY
Mdohert7@une.edu.au
Or ph. 0401 459 995.

This project has been approved by the Human Research Ethics Committee of the University of New England (Approval No. HE14-241, Valid to 2/9/2015).

une University of New England

School of Health, University of New England, Armidale NSW 2351, Australia
Phone 02 6773 3644 Fax 02 6773 3611
www.une.edu.au/

Appendix B: Information sheet for participants

School of Health
University of New England
Armidale NSW 2351
Australia
Phone 02 6773 3644
Fax 02 6773 3611
www.une.edu.au/

INFORMATION SHEET
For
PARTICIPANTS

I wish to invite you to participate in my research project, described below.

My name is Matthew Doherty and I am conducting this research as part of my research studies in the School of Health at the University of New England. My supervisors are Dr Jane Clark, Dr Ahmed Bawa Kuyini-Abu and Mr Shane Merritt.

Research Project	**Young Males Experiences of Counselling: Should I Stay or Should I Go?**
Aim of the research	The research aims to explore the experiences of young males who have chosen to either - remain in or exit from counselling. It is hopeful that this information will help in providing care for other young men who may choose to explore counselling as a helpful option in their lives.
Interview	I would like to conduct a face-to-face interview with you at a location negotiated with you. The interview will take approximately one hour. With your permission, I will make an audio recording of the interview to ensure that I accurately recall the information you provide. Following the interview, a transcript will be provided to you if you wish to see one.
Confidentiality	Any information or personal details gathered in the course of the study will remain confidential. No individual will be identified by name in any publication of the results. All names will be replaced by pseudonyms; this will ensure that you are not identifiable.
Participation is Voluntary	Please understand that your involvement in this study is voluntary and I respect your right to withdraw from the study at any time. You may discontinue the interview at any time without consequence and you do not need to provide any explanation if you decide not to participate or withdraw at any time.
Questions	The interview questions will relate to your experiences of remaining in or exiting counselling. There are no 'set' questions to answer; rather the interview will be guided by your experiences and contribution. It's really up to you how much or how little you would like tell!
Use of information	I will use information from the interview as part of my thesis, which I expect to complete in July, 2015. Information from the interview may also be used in journal articles and conference presentations before and after this date. At all time, I will safeguard your identity by presenting the information in way that will not allow you to be identified.
Upsetting issues	Talking about your counselling experiences may potentially raise some issues for you. While the researcher will be respectful and supportive in this process, it is important to know that there are some other services available for you if you need further support. All the services listed below provide state-wide care; however there may be local services in your area, such as your general practitioner who are helpful. The services that are available 24 hours a day, 7 days a week are marked with an asterix(*): • **Relationships Australia-South Australia: 08 8223 4566** • **Anglicare SA: (08) 8305 9200** • **Centacare SA:** (08) 8210 8200 • **Mental Health Triage Service:13 14 65*** • **Life Line: 13 11 14***

Storage of information Hardcopy recordings and notes of the interview will be kept in a locked cabinet at the researcher's office. Any electronic data will be kept on a password-protected computer belonging to the researcher. Only the research team will have access to the data.

Disposal of information All the data collected in this research will be kept for a minimum of five years after successful submission of my thesis, after which time it will be disposed of by deleting relevant computer files, and destroying or shredding hardcopy materials.

Approval This project has been approved by the Human Research Ethics Committee of the University of New England (Approval No HE14-241 , Valid to 2/9/15).

Contact details Feel free to contact me with any questions about this research by email at mdohert7@une.edu.au or by phone on 0401 459 995.

You may also contact my supervisors.

- **Principal supervisor:**
  Professor Jane Conway
  Email: jconway4@une.edu.au
  Phone: 02 6773 3291
- **Co-supervisor:**
  Dr Jane Clark
  Email: jclark@une.edu.au
  Phone: 02 6773 3681
- **Co-supervisor:**
  Dr Ahmed Bawa Kuyini-Abubakar
  Email: kuyinia@une.edu.au
  Phone: 02 6773 3676
- **Co-Supervisor:**
  Associate Professor, Frankie Shane Merritt
  Email: smerritt@une.edu.au
  Phone: 02 6773 3281

Complaints Should you have any complaints concerning the manner in which this research is conducted, please contact the Research Ethics Officer at:
Research Services
University of New England
Armidale, NSW 2351
Tel: (02) 6773 3449 Fax: (02) 6773 3543
Email: ethics@une.edu.au

Thank you for considering this request and I look forward to further contact with you.

Regards,

[redacted]
Matthew Doherty

Appendix C: Consent form for participants

School of Health
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CONSENT FORM
For PARTICIPANTS

Research Project: Young Males' Experiences of Counselling: Should I Stay or Should I Go?

I, ..., have read the information contained in the Information Sheet for Participants and any questions I have asked have been answered to my satisfaction.	Yes/No
I agree to participate in this activity, realising that I may withdraw at any time.	Yes/No
I agree that research data gathered for the study may be published using a pseudonym.	Yes/No
I agree that I may be quoted using a pseudonym.	Yes/No
I agree to the interview being audio recorded and transcribed.	Yes/No
I would like to receive a copy of the transcription of the interview.	Yes/No
I am 18 years of age or older.	Yes/No
The counseling experience I will be talking about occurred when I was between the ages of 18 and 25.	Yes/No

....
Participant Date

....
Researcher Date

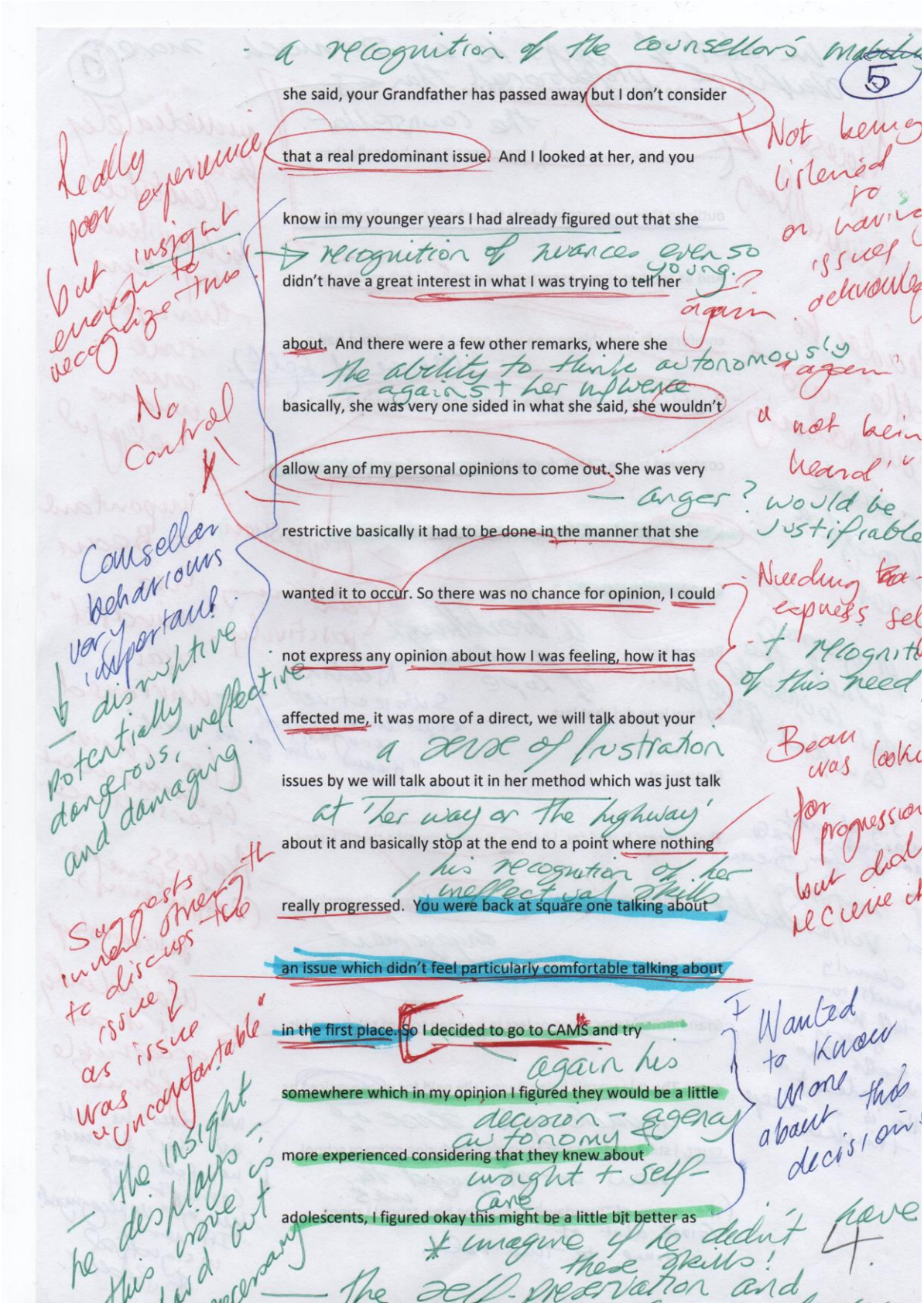
Appendix D: An example of a Global Impression, of Paul

Paul had heard about my study through a work colleague and subsequently contacted me. In our initial telephone conversation, Paul told me he was eager to tell his counselling story, and I got the impression he was quite proud of his therapeutic journey. Almost from the time that Paul started sharing his story until the moment the interview concluded, I was struck by the tenacious and committed nature of his counselling experience. Paul faced many hurdles in entering counselling. His family was against the idea and actively discouraged his participation; so much so that when Paul made the decision to go to therapy, he lied to them all about what he was doing. His family did not value mental health. Paul's family feared that his attendance at counselling would have grave consequences; he shared that they would berate him, 'why are you going there? If you go there, it could ruin your entire career, because people will find out and then you won't be able to get a job'. Paul stated he also battled stigma in going to therapy: he said, 'I think it is still a matter of you don't talk about it, it is shameful. People think you are unstable. Going is not an easy decision to make'. Additionally, Paul was addressing a highly personal issue through therapy (pornography addiction). I could not help but think that this must have been very difficult to discuss with a counsellor and Paul hints at the level of awkwardness he sometimes felt in the process: 'there were some things that I was embarrassed about or just wanted to keep to myself, and I didn't really want to bring them up, in a way'. However, despite these barriers, Paul remained highly tenacious and committed to attending counselling. This had a powerful motivation in repairing his ailing relationship with his girlfriend. Paul stated, 'I really wanted to be with her again and I wanted to prove that I was a great partner, and willing to change and prove myself'. Paul's motivation was so powerful that he shared that he believed his counselling was 'all about my relationship and … that was the big motivation to actually stick with it and no matter what, not budging from it'. When Paul faced barriers to attending counselling he focused on his motivation and showed tenacity and commitment; he reflected, 'It seemed, I really wanted everything to be sorted out, so it was, okay, so even if I feel uncomfortable or I did not want to go, just take it on the chin, because no matter what I will be fine. I was determined I would succeed'.

There were a few things that disturbed me about Paul's narrative. The first was his need to prove himself to others. Part of me wanted him to realise that through attending

counselling and addressing his issues, he had proven ‘himself to himself’, and that this held great value. Although I could see the importance of his relationship with his girlfriend, I could also see the importance of Paul developing his own self-worth and identity. I wanted more of Paul’s motivation to be about his own self-growth and less about the needs of others. Perhaps, however, these are wrapped up inextricably with each other. Paul’s need to prove himself to others may also be a need to show capability within himself. I remain unsure. Second, Paul had to face many barriers in his counselling experience, and it was only through his tenacious spirit that he could transcend these difficulties. This was disturbing because it seemed to hold a contradiction in terms. Paul’s tenacity is commendable; however, at the same time, I felt there was an injustice in the fact it was required at all. I felt his counselling experience should have been easier to negotiate and that the plight of young men in attending therapy is often unreasonably difficult. In summary, even though Paul’s story is one of tenacity, it is also one of adversity, two paradoxically complimentary traits.

Appendix E: An example of notes added to a transcript



Appendix F: An example of a structural plan

Entering counselling–discussion of the catalysts involved in commencing therapy	**What is known/consistent in the literature**	**What is new & different**	**Theory of Planned Behaviour**
Finding personal meaning/moving forward *Peter At the time, there was a lot of things I wanted to try and resolve … I really wanted a form of clarity in the end, basically the right direction to head towards … So that was the main thing, it was how to make sure that I was dealing with not just the grieving process, having to appropriately maintain that, but also keeping a standard at school.* *Martin I wasn't sure I was on the right track; I didn't want to fail fourth year again. It was like, okay what can I do make sure that doesn't happen … I will cover my bases … speak to a counsellor and see what they reckon … then I will be able to start the year in reasonably good shape, with a new method and techniques available that I am aware of.* *Paul I went to counselling to actually help myself to get rid of the problems that I did have and actually become, in a way, a better person.* *Brad I wanted counselling to get me in a better state of mind, be able to do more things for myself, instead of just sitting around doing nothing.*	*Young men who remain in therapy are often trying to find meaning/on a personal journey.*	*Finding meaning may be a catalyst for attending therapy–again, helping to commit to the process.*	*Attitude–desirable consequences Going to counselling=helping to move forward in life; therefore, the young man will see the benefit in counselling and attend.*

Appendix G: The researcher's use of bracketing.

Tufford and Newman (2012, p. 80) describe bracketing as a method within qualitative research that "mitigate[s] the potentially deleterious effects of preconceptions that may taint the research process." From this perspective the researcher, within current study, has used bracketing to identify and moderate their own preconceptions and biases regarding their work. The use of bracketing was deemed important within the study as it permits the reader to take the researcher's perspective, "perhaps opening them to new understandings… [or allowing them to] offer new interpretations of the researcher's interpretations" (Fischer, 2009, p. 584).

The chief manner in which the researcher applied bracketing to this study was through the use of a reflective journal. This method of bracketing involves writing reflective content in a journal throughout data collection and analysis as a means of examining and reflecting upon the researcher's engagement with the data (Ortlipp, 2008). In this study the researcher wrote regularly about their connection with the study and the participants. Through this process some key themes regarding the researcher's involvement with the data emerged. First, the researcher found that their own sense of masculinity was not mirrored in some of the participant's masculine identities. Some participants adhered very strongly to hegemonic masculine ideals and the researcher recognised that this was not their own experience of being a 'man'. Indeed, through reflective journaling, the researcher was able to recognise that many of their own experiences of masculinity were in-fact the antithesis of hegemony. As stated by Fischer (2009, p.585) "reflective bracketing can reveal a great deal to researchers about themselves", and in this vein the researcher had to be reflexive in acknowledging that their experience of masculinity was not typical in this sense. This involved the researcher reading the narratives of the participants while bracketing their own experiences of masculinity, focussing specifically on the experiences of each individual's masculine sense of self.

Second, through the researcher recognising that their experience of masculinity was not overtly traditional in nature, they also recognised that this had transferred to their practice in providing therapy to young men. The researcher acknowledged that their own therapeutic practices with young men were alert to the influence of masculinity and therefore made allowances for its presence in the counselling space. The researcher noticed that in reading the narratives of participants they had, on occasion, become

judgemental towards the practices of the therapists engaged by the participants who had not acknowledged the role of masculinity in their counselling practices. This meant that the researcher was often reading narratives with a skewed ideology of how the therapist should practice, expecting the therapist to be more nuanced in their work regarding the needs of young men and their masculine identities. Fischer (2008, p. 585) refers to this occurrence as taking a "self-righteous stance". In mitigating this issue, the researcher went back to the participant narratives and re-read them within a new light, reconsidering their understanding of the therapist's behaviours and practices in relation to masculinity.

Third, through reflective journaling, the researcher became aware that as an older male, they were no longer aligned with the culture and experience of young men. Although the researcher expected the experiences of young men in counselling would be unique in relation to men of other ages, the researcher had not stopped to consider how their own age would impact upon the study. Tufford and Newman (2012) propose that the researcher needs to bracket in relation to their life experience, and this is inclusive of age. Thus, the researcher in this work was cognisant, throughout the gathering and analysis of data, that their life experience as an older male formed a significant factor that influenced how they understood the experiences of participants and how the participants related to them.

Last, by reflective journaling, the researcher became cognisant of their own experiences in therapy and how these affected the analysis of the participant's narratives. The researcher had been involved in their own therapeutic process and as such had lived experience as a male who had been counselled. This meant the researcher was, at times, reflective of their own counselling experience and how these compared to the experiences of the participants. While the researcher had to be mindful that the experience of counselling is subjective in nature, the shared experience of having gone to counselling also allowed the researcher to empathise at a deeper level with the young men. This was a reminder to the researcher that bracketing is also an opportunity for 'dual-engagement', whereby the researcher's experience can also deepen their connection with the participant, promoting a learning space between them (Finlay, 2008).