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Men's help-seeking in the context of family separation

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Abstract

The aim of this study was to explore how men manage their mental and physical wellbeing during the difficulty and stress of family dissolution. Interviews with twenty-six fathers were undertaken to discuss the ways in which fathers responded to the crisis, what help they sought if any, and the ways in which they coped with distress ensuing from the family breakdown. Participants were recruited through the new Australian Family Relationship Centres. Although men are generally considered high-risk at the time of family breakdown, the study found that the fathers exercised resourcefulness and flexibility in management of their wellbeing. This was demonstrated by the ways in which they handled their emotions and aspects of the problem, and by the seeking of both informational and emotional help through family members and friends. Significantly, it was assistance from family and experienced others, not from professional sources, that was key to fathers being able to balance the stress of the ongoing conflict with their well-being. Government and non-government services were perceived by many fathers as difficult to access. Taking a non-deficit perspective on men's help-seeking behaviour has revealed the extent to which men can monitor and manage their personal resources to deal with adversity. The findings also suggest that there are specific barriers to fathers' access to services. Additionally, the study highlights the effectiveness of strong family connections and mentors as resources for mental health prevention and intervention. Implications for family services are discussed.

Introduction

It is becoming increasingly accepted that men frequently delay seeking help for health problems and that this reluctance impairs men's wellbeing and contributes to their lower life expectancy when compared to that of women (Men's Health, 2005; Smith, Braunack-Mayer & Wittert, 2006). This recognition of men's vulnerability is apparent in the way, for instance, that health services across Australia have initiated special programs to involve men in health promotion (Bentley, 2006; Ballinger, Talbot & Verrinder, 2009) and the national attention that has been focused on men's lack of awareness of depression and proneness to suicide (Movember, 2009). Indeed, Australia is currently developing a National Men's Health Policy that aims to 'identify priority areas for action including ways to ensure men take more action relating to issues of concern: preventable cancers, suicide prevention and mental health' (Development of a National Men's Health Policy Information Paper 2008). Implicit in these developments is the belief that raising men's awareness of the problem, making the problem legitimate and visible by making it policy, and urging men to act once symptoms are identified will improve health outcomes for men.

However, despite the widespread agreement that men seek help for health problems at lower rates than women, and despite the acceptance of the problem and willingness to address it at service delivery and policy levels, explanations for why this is so have been limited and largely speculative, and based on notions of male socialisation. Men's attitudes and behaviours in help-seeking are held to be influenced, most notably, by men's internalised sense of self, their 'identity' as masculine (Good, Dell & Mintz, 1989). Men are thought to subscribe to a hegemonic masculinity that

expects independence, strength and stoicism (Moynihan, 1998; Riska, 2002) and are hesitant to seek help because it would violate their sense of masculinity. In the area of depression, where men are recognised as far less likely than women to seek initial assistance from their general practitioner (Highe, 2002), a review of the literature on men's help-seeking explained that 'weakness and need for help are believed not to be masculine...perceiving a need for help would offend traditional role expectations, and admitting this need would be a double offence' (Möller-Leimkühler, 2002: 6). In this view, individual men's motivations and behaviours are completely explained in terms of internalised beliefs and values which constrain their help-seeking options leaving little room for change without wholesale changes in male socialisation practices.

Although this view is common in commentary on men's health, it has found little support in empirical investigations in the area of men's health service use and has been criticised for simply *assuming* men's disinterest in wellbeing (Brown & Bond, 2008; Smith et al 2006). Recent research has called for a broadening of how we understand men's lack of service use by seeking explanations that include social determinants, such as job insecurity, lack of control at work and social isolation when accounting for men's attitudes, beliefs and actions (Macdonald, 2006; Möller-Leimkühler, 2003). This research also calls for the 'deficit model' of men's help-seeking behaviour—that is, it is men's faulty help-seeking skills that cause their under-utilisation of health services—to be superseded by an understanding of men's behaviour that sees it as adaptive (Mahalik, Talmadge, Locke & Scott, 2005; Wester, Vogel, Pressly & Heesacker, 2002) and self-directed (Smith, Braunack-Mayer, Wittert & Warin, 2008). Such an understanding sees men not as mere passive recipients of socialisation, driven by hegemonic masculinity scripts but as active

agents who seek to manage their perceived difficulties within options constrained by real-life social arrangements.

Widening the scope of the investigation in this way leads to two main areas: first, the contextual factors which place limits on where, when and how men may obtain assistance when they are confronted with health concerns; and second, the processes used by men to manage and negotiate the complexity of serious threats to their wellbeing.

The first of these areas focuses on the barriers and limiting conditions that impact men's attempts to receive help or support. In spite of recommendations for appropriate types of assistance for men, such as questionnaires to raise awareness (Greening, 2006), specialised intervention models (Tremblay, 2007), and active promotion of health messages (Macdonald, Crawford & Oliffe, 2004; Rochlen & Hoyer, 2005), features of mental and physical health services continue to deter men from accessing professional assistance. Men may not use services because they perceive a lack of services (Deave & Johnson, 2008; Frey, Navarro, Kotelchuck & Lu, 2008) and are not sure of appropriate channels of help (Sayers, Miller & Ministerial Council for Suicide Prevention, 2004). Other identified barriers include the lack of male care providers (Tudiver & Talbot, 1999), practitioner disinterest (George & Fleming, 2004), practitioners' gender-biased diagnoses (Möller-Leimkühler, 2003), and rigid work conditions hindering access to services where health problems may be identified (Möller-Leimkühler, 2003; Woods, 2001). Examining the limitations in what is offered to men and the gaps in information delivered to men suggests an alternative explanation for apparently self-defeating

avoidance of attention or treatment.

The second area also rejects explanations focusing on men's supposed 'sense of masculinity' in favour of more detailed investigations of men's strategies for coping with adversity or adapting to a health risk. This approach foregrounds both the range of information sources accessed by the men and their strategies for coping with their personal reaction to the crisis. While help-seeking involves recognition and active response to a health concern (Smith et al., 2006), coping or dealing with uncertainty or difficulty in stressful situations is also an important first step in monitoring and preserving wellbeing (Hale, 1997; King, Lloyd, Meehan et al., 2006); a step which may later lead to seeking advice or assistance from professionals or family and friends. Such skills include working to understand, eliminate or modify the problem, maintaining personal equilibrium, and managing emotional stressors (Endler & Parker, 1990). Drawing on social resources is an additional coping strategy that brings both emotional support and practical, informational or 'instrumental' support (House, 1981; Carver, 1997; Skinner, Edge, Altman & Sherwood, 2003). Research that can provide a basis for more effective support to men in difficulty will need to understand the barriers and limiting factors facing men and develop an appreciation of their manner of coping with the personal processes that form part of their health concerns.

In order to explore the questions and issues that arise from the two areas of investigation outlined above, in this paper we report on the self-helping strategies of a group of men who are recognised as facing significant threats to their wellbeing — fathers who are separated from their families. During the process of family separation fathers frequently experience heightened anger and conflict, anxiety and diminished

communication (Kelly, 2003). They are also very likely to experience sadness and depression, experience somatic problems (Jordan, 1996), alcohol and drug problems (Wadsby & Svedin, 1992) and, as a group, are at elevated risk of suicide (Cantor & Slater, 1995). Men not only mourn the loss of their intimate partner in the event of a family breakdown, they also mourn the loss of their children (Baker & McMurray, 1998; Baum, 2004) and in comparison to women in similar situations, men appear to be more emotionally vulnerable to this exclusion from parenting (Kalmijn & Poortman, 2006). Owen (2003) has proposed that fathers' feelings as a result of separation from their children could be likened to 'chronic sorrow', which, unlike bereavement of death, is a long-lasting sense of loss that may vary in intensity yet continues to have ramifications on an individual's well-being.

In this paper, the resources drawn on by fathers who are separated from their children during the process of family dissolution are investigated to clarify aspects of men's help-seeking and coping in situations of high stress. We were interested in investigating fathers' use of both their own inner resources and the social resources or networks in managing their well-being in a time of change and sorrow. We set out to describe how fathers responded to the crisis, and how they coped with the stresses occasioned by being involved in emotionally charged negotiations over access to their children while building their new lifestyle as 'separated father'. We were also interested in identifying the individuals or organisations sought out by the fathers whether for information or for moral or emotional support. Through the analysis of father's responses a more comprehensive picture of men's attitudes and behaviours may be developed that can inform targeted health promotion and clinical support.

Methodology

Participants and Procedure

An Australia-wide network of community-based support services—Family Relationship Centres (FRC)—have been funded to provide dispute resolution and conflict management for separating families in relation to parenting arrangements (Moloney, 2006). Twenty-six fathers were recruited through two urban FRCs at the time of their registration with the centre. Fathers' employment backgrounds ranged through trades and machinery operators to support professionals (such as IT) or business managers, their average age was 40 (range 31–51) and the majority of men approached the FRC to activate shared parenting plans or to solve existing problems of access to children. Most had recently separated from the family, although some had longstanding issues with child access lasting from 6 to 15 years.

Telephone interviews with the fathers (ranging from 10 to 40 minutes) were undertaken to discuss the ways in which fathers responded, what help they sought if any, and the ways in which they coped with any emotional distress ensuing from the family breakdown. The interviews were transcribed in full.

Measures and Analysis

The interview questions were designed to allow fathers maximum discretion in

describing their situation ('What brought you to the FRC?'), and inquired into all sources of assistance sought before becoming involved in the mediation and negotiation included within the FRC. Once the impetus for contact with the FRC was established participants were asked, 'Who did you first talk to about this issue?' and, 'Anyone else that you would have talked it over with?' Participants were also asked open questions to evaluate the usefulness of different sources of support ('Who would you say of all those was the most helpful to you at this time?') and to clarify the general type of support ('Did they give you mainly information or was it just to talk it over?').

The method used to analyse the participants' interviews was a qualitative descriptive process (Maykut & Morehouse, 1994: 121) that involved three steps of coding: first, the coding categories were organised according to *social resources* (e.g. people and agencies), *support type* (emotional or informational support), *coping strategies* (e.g. active coping), *mental health* (e.g. depression, distress) and *help-seeking* (e.g. actions taken to seek help). From further reading and analysis of these categories, sub-categories were developed for each of these upper-level categories. Lastly, to gain a finer picture of fathers' pathways of action before contacting the FRC, coding categories were cross-searched to identify types of help and sources of help, as well as the quality of coping strategy associated with distress.

The qualitative analysis was undertaken with NVivo 7 software. The software allows users to categorise textual data into flat and hierarchical categories, as well as facilitating cross-sectional searching of data for patterns of attitudes and behaviours for example.

Two researchers coded a sample of three interviews each (11%) and differences in coding were discussed until resolution. The remaining interviews were analysed by the second author. Discussion on the developing categories was regularly undertaken by the authors, and also when categories became conceptually dense. In this way the ‘content of disagreements’ and collaborative reflections refined the coding frameworks, and eventually, the findings of the study (Barbour, 2001).

Findings

The findings are presented in three sections: first the nature of the crisis experienced by fathers is described; this is followed by examination of the ways in which fathers coped with their distress; finally, the nature of the social support fathers drew on to solve practical and emotional problems are examined.

The nature of the crisis

By the nature of the recruitment process, the problem of access to children was of critical importance to participants. Six fathers had been denied visitation with their children by the ex-partner, and like others, were hoping to either gain ‘fair’ visitation with their children (the majority of fathers) or full residency (4 fathers). Despite having made formal arrangements with the mother, many fathers experienced disruption to their visits with children; for example, ‘I’ve got court orders but there’s always dramas getting them’. Visits were perceived to be at the ‘mother’s convenience’; either ‘No, we’re busy this week’, or ‘Away on holidays’ and ruled by

conflict : ‘We were so separated she wouldn’t let me see the kids for six months until I actually got to court.’ One father’s expression of frustration mirrored that of other fathers: ‘From my point of view it’s unacceptable. I’m the dad, I’m not his babysitter or I mean, that’s how I look at it. I want quality regular time with him not just when she’s got something on.’ (26)

Separation from children was a painful experience for most of the fathers in this study, and the love of their children was strongly expressed throughout the conversations. For example:

‘Well, like your children, if they needed any organs, you know that they could have my heart you know, kidneys anything, they could take anything out of me. My daughter can have all them things and that’s the way I am. In order for her to keep going.’ (02)

Some fathers felt that the legal structures that supported their ex-partner’s rights to the children were unfair and unwieldy to deal with when changes or conflict occurred. Finding the court orders no longer valid, a parenting plan to be ‘not worth the paper it is written on’, along with the difficulty of access to reliable child support information, exacerbated the difficulties that fathers were having in arranging times in which they could develop their relationship with their children. Frustration with court orders was expressed:

‘This is the part that’s ridiculous, having to justify, to prove you have your own children when you have your own children ... I mean they’re my

children. I didn't have them not to live with them.' (03)

Fathers' comments about stress or worry as a result of the family break-up emerged through brief descriptions of stress as this was not a direct question. Descriptions of anxiety or distress ranged from feeling a 'bit stressed', 'low' and 'down', through being fairly upset and not coping too well, through to descriptions of complete breakdown, being 'burned out', 'gone', and at 'boiling point'. Such descriptors, along with feeling unable to function well at work, wanting oblivion or sleep, would suggest that some fathers were at risk of developing mental health problems.

One father reported attempting suicide, and two others reported planning suicide. Fathers also reported depression, although it is important to note that the distress described by the fathers may have occurred at different points in the process of family breakdown and separation. For example, two fathers stated that the highest points of stress were when the relationship was faltering, and when it finally ended, there was a relief from the burden of this stress: '...the day she walked out of the door I felt like a huge weight had been lifted off my shoulders'..

Internal resources

In coping with the ongoing conflict and sorrow associated with family dissolution, the majority of fathers in the study described the use of a range of affirmative thoughts and constructive actions. Fathers' inner resources appeared to be strong and adaptive to the changing circumstances of their family breakdown.

Many fathers described their attempts to see the positive in their crisis, thus changing

the problem-frame from negative to positive. One outcome of this was the feeling of catharsis, an 'awakening experience', one father emerging as a 'better person having gone through it', another felt it would 'make you wiser'. Becoming frustrated by the process of the crisis helped one father to become more determined to turn his frustration into a positive energy of acceptance, another similarly found that he had to use this time in the right way: 'I know what stage of my life I am up to, and I've got to climb out of this'. This acceptance of the problem included 'dealing' with the problem; 'having a cry every now and then, and basically concentrating on getting my life re-established'.

One highly positive way of coping with the stress of the situation was in making sure one 'did the right thing': 'I've done all the right things in the right way to recommence contact. I haven't gone to their house and done stupid things over there. I've done things as I should have.' (05)

Especially this meant that fathers worked hard to stay clear of destructive activities such as over-drinking or anger and consciously choosing to act positively, such as learning how better to handle disputes and monitoring one's progress. They also found ways in which to help themselves stay calm, exercising to 'clear my head', staying 'focused' on the children, determining to 'build up a level of trust with the ex', organising life so 'when it does go to court, I've got the best chance of getting them fifty-fifty'. One father explained that a focus on his child helped him to change his life by setting 'hard goals' for himself:

'I was telling myself, 'I've got to stop doing this and be a better Dad', even though I was being the best I could and as far as I'm concerned I was being

great, I was pretty good. The last visit, I made the decision to go to the rehab and I gave myself a lot of clean time ... and got myself a nice department of housing from the rehab and a job on top of that, so life's looking up. And that was two years ago when I started setting hard goals for myself.' (16)

Fathers also described that remaining active, by working long hours or taking on sporting or volunteer activities, helped prevent them from dwelling on their problems and enabled them to move forward.

The men in this study showed that they were enacting a range of positive and adaptive strategies that were focused both on the problem as well as on their own emotional responses to the crisis. Where they could, they worked on practical activities and change, and exercised emotional awareness in hand with a restraint of these emotions in keeping with legal and social expectations.

Social comparison (Festinger, 1954; Taylor, Buunk & Aspinwall, 1990) was identified as a positive strategy to alleviate emotional distress: 'They're going through much bigger, harder, more complex [things] than what I'm going through. I never want to get to that stage No, that's not good.' (02)

However, for one father it still did not ease the pain of his situation: 'I know there's hundreds of people out there like it, you know, I know there's people worse off than me, but it still doesn't stop you from feeling low and down' (22).

Four fathers reported that they had passed through a stage of using alcohol as a 'way to knock myself out', but that by support from family, friends and counsellors, and

finding agencies that could assist, they were able to move forward in positive ways.

The context and content of fathers' support

The nature of emotional support

A central finding concerning fathers' talk about their crisis was the importance they attributed to being able to 'let off steam' and 'get it out', that is, express their negative emotions, together with the feeling of relief and support this gave them. Fathers described how 'things built up inside you'. Not having access to empathic release was 'a downfall because you tend to explode', which could lead a father to 'go down easy', 'bottle it up', or 'neck' himself.

Fathers indicated that they had found individuals who 'did a lot of listening', acting as a 'sounding board', 'an ear to listen to me', 'opening up the conversation a bit more'. For example: '... just lets me get it out. He doesn't say anything, he just lets me ramble on and say what I've got to say; shakes his head, says 'Yeah'.' (20)

In hearing new angles to their problems, or through the dialogic 'one-on-one' relationship, listening and advising 'both ways', fathers expressed feeling less isolated. These conversations helped fathers understand their position, giving them insight, comfort, reassurance and courage to continue.

Practical and emotional help were interchangeable as families supported their sons through the crisis as described in the following:

'My mum and dad live around the corner probably two hundred metres away,

they're seventy-seven now, they have been excellent, they've been an absolute rock ... really when you look at my situation, we're very close and see each other every day and you know the kids love them.' (25)

Recognition of the bonding and support of family was echoed by several fathers, who found their parents to be willing and loving supporters; people who could understand where the father was 'coming from'. Close-knit friends also provided a safety net of practical help, such as meals, shelter and a temporary home for the children. Importantly, they could also help prevent destructive behaviours such as excessive alcohol consumption and taking revenge:

'You know I wake up every morning and I thank the Lord that I rang him that night and if I hadn't rung him that night ... because he sort of come to my place and stopped because I was on my way over. I'd be in jail today.' (09)

Other fathers described routine phone calls and visits by friends or family that helped fathers stay 'rational' and safe.

The give and take of emotional support was inextricably bound with sources of this support. Fathers talked with family and close friends; an almost equally important informal source of support was the *experienced other*. Such a person, generally already known to the father, was usually but not always male, and had previously experienced the trauma of family break-up.

Most participants stated that they had not sought the services of a health professional, such as a counsellor or GP.

The nature of informational help

As important as emotional support is, so too is meaningful information. Separation from family brings many practical problems requiring resolution; new residence, visitation arrangements, property and financial settlements. *Informational help* provided fathers with steps, facts, or strategies to help them move more smoothly towards resolution of their conflict.

Informal sources such as family members, friends and new partners helped fathers to look for information or offered suggestions when they had experience in other areas such as parenting or drug rehabilitation. Learning from the mistakes of experienced others seemed as important as finding out what to expect from judges and law procedures:

‘... just listened to what he had to say and what he’d been through and how it worked for him ... ‘this is the way the system works’ and ‘this is what will happen when it goes to court’ and, ‘when you go to court what the, basically what the judge is going to say to you’.’ (07)

Among more formal sources of support, fathers contacted agencies, legal and health professionals. Agencies consisted of non-government organisations such as men’s or fathers’ help-lines, and government organisations included the Child Support Agency, the Family Court of Australia, and Centrelink. Health professionals consulted were

counsellors, psychologists or GPs based in workplace, private or community practice.

Many help-lines or agencies directed fathers to FRCs where shared parenting plans could be mediated, although these directions could be hard to follow (see discussion on access to help below). For example, one father talked of a men's help-line as 'setting me up with enough contact numbers that you know like I actually hit a point that was good', while another was given 'a few website addresses and [they] said that the go these days is mediation and you've got to talk about the process and what you want to do'.

Some fathers also stated that their conversations with advice givers included discussing what might be seen to be 'fair' arrangements for visitation or residency, and some found that the advice enabled them to see the problem from another perspective. This may have been by learning how to understand women's emotions or learning how to talk to the ex-partner, or understanding mental health and substance abuse.

Difficulties in finding information

Numerous problems with access to help were outlined by fathers. Fathers felt strongly frustrated by delays in appointment availability (up to 3 months for 6 fathers) as well as a strongly held perception that there was 'no-one there' for fathers in the early days of distress. Some of these complaints included fathers saying 'there's just nothing there for the guy's side of things for instant help or support', there is no information available to 'say where you can go', no 'upfront service to help you no matter what the situation is'. Among some fathers there were also feelings that any help that

was received was uninterpretable: there were no 'straight answers', everyone 'passes the buck', agencies did not 'want to answer too many questions', 'you hear fifty different answers', they were 'useless', for 'no-one' was of any help. For example, one father felt that there was no agency that gave him the opportunity to express 'his fatherly right' if his son was unhappy in the custody of his mother.

Other fathers experienced trouble in locating services that could help them, because either they did not quite know what questions to ask, did not know what services were available, or failed to meet the means-tested criteria for assistance.

The paradox of talking

Despite the strong evidence of emotional support detailed above, some fathers indicated that at the time of their separation and access problems, they had not felt the desire to talk to others or unburden themselves. They felt they had not wanted to talk about their troubles, to burden others, or discuss their problems with friends or workmates. Fathers described how they felt they could deal with the problem, looking after themselves, and not involve too many others in the story of their problems, conveying an implicit sense of competence at coping well with the problem or tension. One father commented that it was not something he wished to 'bring up all the time'. It is likely that the crisis may have 'hot spots' where fathers might need more support than at other times, and this father's comments give the sense of not wishing to wear out his support resources by calling upon them too often. Other fathers spoke of being open to seeking help, based on who they wished to talk to and

when they felt they needed to seek help: ‘If I want to talk to people I will and I can’.

However, as indicated above, the majority of these fathers also recalled emotional sharing with family, friends, experienced others or counsellors. Importantly, most fathers also garnered advice, information or legal help from formal or informal sources. Thus although many fathers felt an initial disinclination to talk to people, and some expressed their reasons for this as wanting to keep to themselves or relying on themselves, most did ask for and/or receive emotional and instrumental support through their family, close friends or experienced others.

Discussion

This study explored the range of resources, both individual and social, used by separating fathers in the context of resolving child-access issues prior to registration with FRC mediation services, with the aim of understanding how men manage their well-being in a time of change and sorrow. Overall, we found that the men in our study were resilient and adaptive in seeking help and emotional support from friends and family.

It was found that many fathers experienced profound distress resulting from the dissolution of their family, and the loss of children. Fathering is seen as an important social function (Lamb, Pleck, Charnov & Levine, 1987; LaRossa, 1997), and exclusion from opportunities to father children is an important factor in men’s vulnerability to mental and physical health crises (Engstrom, Khan, Zia et al., 2004;

Gahler, 2006; Hetherington, Cox & Cox, 1976; Martin, Haren, Taylor et al., 2007; Möller-Leimkühler, 2003; Roterman, 2007). When individuals have little say in the direction of events, they are more likely to feel stress (Carver, Scheier & Weintraub, 1989); the continual conflict with the mother over access to the children, along with perceived inequity of legal procedures, contributed to the distress of fathers in this study.

Associated with this distress, a minority of the men in this study appeared to be have been at risk for developing mental health problems indicated by their overuse of alcohol, impulsive acts, and loss of work capacity; four men described depression and suicidal intentions (King et al., 2006).

However, coping skills act as a protective factor to mental health deterioration (King et al., 2006), and the ways in which fathers described their resourcefulness with the crisis over time was in general highly positive. Like separated parents in previous studies (Beattie & Viney, 1980), almost all fathers reported learning to regulate their feelings and behaviour, often through acceptance and reframing the negative into hope for the future (Richmond & Christensen, 2000). The nature of the child-access problem demanded both types of coping – problem-focused and emotion-focused. Taking practical steps to solve the problem was common among fathers – talking to government agencies for example. Equitable shared parenting solutions could not be found single-handedly however; and while fathers took several pathways to inform themselves, they also had to work hard at containing and managing the emotions that were connected with losing their children. Resolving interpersonal conflict is important in reducing psychological distress (Eurelings-Bontekoe, Diekstra &

Verschuurl, 1995) and the evidence of fathers' adaptive coping indicates the means by which they were able to reduce their distress. The search for resolution eventually brought these fathers into contact with family relationship centres that could advise on parenting plans.

The majority of fathers in this study received both informational and emotional support from formal and informal sources, and they felt that this support had augmented their personal resources to cope with the ongoing stress of unresolved problems. They were able to find advice on systems and procedures as well as to express their feelings about their family breakdown, 'to let off steam' and to feel reassured or appreciated. These participants welcomed the opportunity to learn more about interpersonal relationships and see the problem through new perspectives.

Although the literature refers to men's preference for informational-based advice (Stroebe, Stroebe & Schut, 2001), most fathers in this study stated that they had also asked for and/or received emotional support, and this support, as predicted by the literature (Bovier, Chamot & Perneger, 2004; Sherbourne, 1988; Takizawa, Kondo, Sakihara et al., 2006), buffered depression and further crisis.

Active help-seeking is often associated with the severity of the problem (Smith et al, 2008; Thompson, Hunt & Issakidis, 2004), and many fathers in this study indicated that the earliest days of the breakdown were when they felt under the greatest emotional pressure. They also reported a lack of crisis assistance at these times. Further research would be required to clarify the points at which fathers do seek emotional or informational support in this type of family crisis.

While fathers expressed sensitivity to the context in which they were to share their emotions, most fathers in this study were able to find empathy and understanding when they were ready to search for it. They expressed a reliance on self as one adaptive way of coping with certain aspects of the problem. Reliance on self may be adaptive by supporting fathers' resilience under prolonged high-stress situations. Edge and Rogers (2005) found that their female participants responded to adversity in early mothering by enacting a strong cultural resilience that essentially meant 'dealing' with the adversity rather than seeking professional help. Although some fathers expressed their wish not to disclose their emotional thoughts, the characterisation in the literature of men's lack of self disclosure as reflecting their wish to be seen as 'masculine' was not generally supported by the participants' comments in this study. Fathers who chose not to discuss their situation appeared not to be able to find contexts that favoured expression of these high levels of stress, as suggested by Wong, Pituch and Rochlen (2006). This may be because many had broad social networks rather than intimate networks (Cross & Madson, 1997) and their concerns for privacy lay in seeking the 'where and when' of appropriate contexts rather than not seeking them at all. Thus rather than not seeking help or support, these men were closely monitoring their well-being (Smith et al., 2008) in balance with their sense of independence; when they were at a certain point, they did indeed share their emotions with appropriate others.

Family was the most important source of both information and emotional support; providing practical help, keeping fathers within healthy mental states, supporting them financially, and helping with child care or providing a lifeline when needed. Other researchers have also found family to be a consistent and effective source of

support for individuals in difficulty. Mental health sufferers depend on mothers and their family (Horwitz & Reinhardt in Avison, 1996), and it is acknowledged that many culturally diverse social groups consider family to be an important social resource (Avison, 1996; Keefe, 1977; McMiller & Weisz, 1996). For *experienced others* to hold a key role in supporting fathers also is not unusual, for as Thoits (1986) suggests, those who have situational similarity are able to provide empathic support that targets or matches the needs of the individual. The evidence of reliance on *experienced others* might indicate that such individuals were able to provide an environment where privacy could be maintained through empathy.

Formal sources such as help-lines and agencies were often perceived as unhelpful and frustrating. Appointment delays and recurring redirection of enquiries by agencies led many fathers to express their frustration at the perceived dearth of services for fathers in family crisis, as also found by Gater, Sousa, Barrientos et al. (1991). The need for a ‘one-stop shop’ to guide and advise fathers, suggested by one participant, was also the recommendation of Foster, Chudleigh, Lenton and Gibson’s (2005) focus group study. The authors recommended an ideal model of intervention and support for separating parents that included ‘guides’ to help fathers (and mothers) negotiate the different options available to them as well as to help them find support and advice for personal concerns. Rather than men being reluctant to seek help, the existing publicity channels may not be reaching men before they need to use family or relationship services, this being a significant barrier to timely help-seeking (Thompson et al., 2004). If men do not access family-related services before the break-up (Fletcher, Silberberg & Galloway, 2004) they will not be well informed when the crisis happens.

This research was designed as a small qualitative study, and conducted through two FRC centres; as such, this design is not intended for generalisation. Some biases may exist: fathers had volunteered for the interview, and thus they may have been more likely than others to feel relaxed in talking about their feelings or problems. This may account for the generally positive findings regarding these men's willingness to share their personal concerns. The fact that these men were also fathers may also have had some bearing on their resilience and intentions to 'deal with it'. Having responsibility for and a strong attachment to their children may act as a buffer to stress and give parameters for behaviour to remain rational and responsible. McKeering (2007) found this concept of 'generativity' (caring for others and providing support for the next generation) to protect fathers from grief and mental health problems.

In conclusion

Men's high rates of preventable illness and death point to the need for understanding how men might seek assistance to ensure their well-being. Given the risk of suicide and the possible long-term effects on children's health following highly conflicted separations, particular attention should be paid to the emotional support of fathers undergoing family separation. From interviews with fathers involved in highly stressful negotiations over their children we have described an adaptive approach to coping adopted by these men. In contrast to the view that men ignore or dismiss indications that their mental and physical health may be jeopardised due to misguided notions of appropriate masculinity, our results suggest that these fathers were able to take steps to manage their emotional reaction to the stressful situation, accept

emotional and practical support, while they planned positive, practical strategies for resolving the issues over their children.

The interviews also identified a number of gaps and deficiencies in the support available to fathers undergoing family separation. While there has been a marked increase in the information on legal aspects of family separation (Rogers, Smith & Robinson, 2004), the current research shows that services are required that support parents emotionally, and that education and information is necessary for men to be able to recognise their difficulty and find the appropriate channels for support.

The current research has indicated that men's pathways to informational and emotional support about the crisis was through experienced others, close friends and parents, and that fathers perceived these sources to be very helpful. Strong family connections, where family members can rely on close emotional and practical help in times of crisis, could be an important function to promote; it is a support mechanism that would also alleviate pressure on community-based services. Providing resources through 'mentors' or 'guides', akin to 'experienced others', may also be an important alternative to seeking health professionals in the context of family dissolution.

We have argued that fathers' perspectives, as gathered here, give a productive lens through which to view the help-seeking of men. Contrary to the notion that male socialisation or 'masculinity' is the cause of men's self-destructive, help-avoiding strategies, we have identified specific barriers to father's access to support services and have described several adaptive strategies employed by fathers when confronted by family disruption. While we acknowledge the limitations of this study we would suggest that further investigations of men's help seeking, particularly in the face of

mental health challenges, investigate men's adaptive strategies by inquiring into their perceptions of their situation and ways of coping. Organisations wishing to assist men could use evidence such as we have presented here, and other, similar studies to tailor their services to be accessible and relevant to men in need.

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