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Abstract

In many ways, male farmers can be considered to be a vulnerable group in relation to mental health, experiencing high rates of suicide, psychological distress and low use of health services. This study highlights important connections between rurality, farming and masculinities in the context of men's mental health. In-depth interviews with 32 male farmers from Québec, Canada were completed focusing on stress and coping strategies. Findings include informal and formal strategies. Many participants had previous positive experience of formal help and would be willing to use such help again and to recommend it to others in need. Those without such experience are skeptical about services but recognize the courage it requires to seek help. Pride and lack of knowledge about services are the main barriers to help-seeking, but it can be legitimated in certain contexts, such as divorce or other psychosocial crisis, and by alignment with particular male ideals. Role models at national or local levels can also help farmers prioritize their own and their family's wellbeing over stigmas and rigid, traditional masculine ideals. Furthermore, gender-based strengths and recommendations for practice are also discussed.

Keywords

Masculinities, men's mental health, help-seeking, farmers, rural, suicide, positive approaches

Introduction

Many high profile crises in agriculture, such as the swine flu and the mad cow disease, have brought about media and public awareness of the often challenging and distressing living conditions that farmers face and the concomitant impact of this on their mental health which can trigger suicide (Hawton, Simkin & Malmberg, 1998). Vulnerability in terms of mental health has been recently demonstrated in literature reviews on: mental health and suicide among rural populations (Fraser et al., 2005; Hirsch, 2006; Judd, Jackson, Komiti, et al., 2006; Stark, Riordan & O'Connor, 2011); rural men (Alston, 2012; Courtenay, 2006; Robertson, Elder & Coombs, 2010); and male farmers (Alston & Kent, 2008; Roy, Tremblay, Oliffe, Jbilou & Robertson, 2013). Common to these reviews are the higher rates of suicide and lower use of psychosocial services amongst these men. In a wider perspective, this is consistent with confirmed evidence that those in the lowest social classes or socio-economic groups and those living in areas of greatest deprivation have the highest risk of suicide, given the financial adversity of farming and the deprivation of many rural communities nowadays (Ní Laoire, 2001; Platt, 2011). Thus, a better understanding of connections between rurality, farming and masculinities in the context of men's mental health is needed. Aligned with empirical works, strengths based research identifies social support and a sense of belonging to a community as particularly important contributors to well-being (Greenhill, King, Lane & MacDougall, 2009; Kutek, Turnbull & Fairweather-Schmidt, 2011; McLaren & Challis, 2009; Staniford, Dollard & Guerin, 2009). Community mobilizations around the world have led to the establishing of some mental health services and outreach practices for farming families (Price, 2012). In addition, suicide prevention services have intensified the peers-support programs ("gatekeepers") in farming communities. Actions like gatekeepers education, medical practitioners training and restriction of access to lethal means of suicide (e.g. guns) show strong evidence of success to preventing suicide in rural areas (NHS Health Scotland, 2013).

Marginalization of male farmers' mental health is said to be part of a wider neglect or ignorance of rural issues by academic research, intervention and training (Pugh & Cheers, 2010). Further marginalization occurs through the construction of particular rural stereotypes such as *rednecks*, *hillbillies* or a portrait based on folklore, belonging to a distant past. Devaluation of the farming profession is also observed through discursive accusations of polluting the land, being cruel with animals and living off government subsidies (Droz, Miéville-Ott, Jacques-Jouvenot & Lafleur, 2014; Labrecque-Duchesneau, Gagné & Picard, 2011). Media campaigns in Australia and Canada, such as "No farmers, no food", seek to resist such negative constructions by demonstrating the value of farmers to their community and wider society.

Masculinities & male farmers' help-seeking

Help-seeking among male farmers is poorly understood with a limited amount of empirical work available. In Lafleur and Allard's (2006) study, male farmers with high psychological distress were less likely to seek professional help for this distress than female farmers in the same situation (18% v. 26%). In rural contexts, masculine practices are said, by some, to be more traditional with increased emphasis on practices that demonstrate pride, independence and self-reliance (Cambell, Mayerfeld Bell & Finney, 2006; Judd, Jackson, Komiti, et al., 2006; Little, 2006; Robertson et al., 2010). In addition, associations between these configurations of traditional masculinity and mental health stigma are shown to be stronger among rural men than other groups of men and women which, in turn, predict reticence to seek care (Hammer, Vogel & Heimerdinger-Edwards, 2013; Judd, Jackson, Komiti, et al., 2006). However, rural men should not be considered a homogenous group and neither should masculinity practices be understood as static configurations, as highlighted in a Norwegian study on the construction of rural masculinities (Bye, 2009). Thus, the complexity and diversity of the connections between rural masculinities and help-seeking must be considered within an appropriate conceptual framework.

Theoretical framework

This study understands masculinities as configurations of social practices enacted by men in alignment with, or in resistance, to a dominant set of masculine ideals (Connell, 1995; Kilmartin, 2007; Robertson, 2007). In Western countries, traditional masculine ideology represents the leading ideals about how men should be, generally based on exemplars that have symbolic authority (high profile men) even when they may not be the most numerically common. However, through understanding health behaviours as gendered practices, men can resist, or even challenge, dominant ideals and enable redefinitions of socially admired masculinity (Connell & Messerschmidt, 2005). That is to say, they can help establish new norms of masculinity by enabling the replacement of existing ideals with new, potentially more progressive forms.

Attention has been consistently drawn to this traditional masculine ideology and its links with men's problematic health behaviours, high-risk activities and reluctance to seek help (Gough & Robertson, 2010; Lohan, 2010). This perspective has been very influential in men's health research and especially about construction of masculinities and negative health outcomes (Alston & Kent, 2008; Courtenay, 2006; Ní Laoire, 2001). Although there is a variety of ways rural men construct masculinities, social norms of rural masculinity refers to the dominant form of gender performance which includes the adoption of risky or unhealthy behaviours, an emphasis on independence and

self-reliance (Courtenay, 2006). Consequently, seeking social support or health care is considered unmanly. To identify these connections and to confront its negative outcomes are essential, but the systematic use of this framework has often led to a unitary look at masculine ideology as mainly toxic for men's health (Dulac, 2001; Gough & Robertson, 2010; Oliffe, 2010, 2011; Tremblay, 2011). However, other work has an "emphasis on the fluid nature of men's health practices" (Robertson & Gough, 2010, p. 232) and a recognition of diversity not only among different groups of men, but also shows how social practices may vary in the same man at different times and in different social contexts (Kilmartin, 2007; Lohan, 2010). A study by de Visser, Smith & McDonnell (2009) showed how men's practices can be understood as generating "masculine capital" where distance from hegemonic masculinity such as homosexuality, be compensated for by accruing masculine capital in another setting like being a sports champion. In the context of mental health, this capital can be observed in a study where men with depression countered suicidal thoughts by connecting with family, peers and health care professionals thus positioning help-seeking as a wise and rational way to re-establish identity as a 'good' self-controlled citizen (Oliffe, Ogradniczuk, Bottorff, Johnson & Hoyak, 2012). Their alignment with the "good father's" or "good citizen's" practices to maintain self-control are illustrative of how particular social contexts can facilitate or inhibit men's engagement in coping strategies, including help-seeking (Galdas, 2009; Robertson, 2007; Wenger, 2011). This provides an optimistic alternative to the more common deficit approaches within men's health. Furthermore, this conceptualisation allows us to consider the salutogenic perspective – i.e. what generates health - (Lindström & Eriksson, 2012; Macdonald, 2011), which focusses on positive factors that can move individuals and communities towards the healthy end of the health-illness (or problem) continuum. Applied to men's health, Macdonald (2011) suggests this perspective counters both the pathologizing discourse of traditional biomedical world and the pathologizing discourse of masculinity discussed earlier. Therefore, different questions are raised which brings different possibilities in terms of solutions and responses from health services (Lindström & Eriksson, 2012). This concept is used in studies on men's depression (Skärsäter, Dencker, Häggström & Fridlund, 2003), rural men or farmers' mental health and wellbeing (Kutek et al., 2011; McLaren & Challis, 2009), and psychosocial intervention with men (Hammer & Good, 2010; Kiselica, 2010; Tremblay & L'Heureux, 2010). In other words, a salutogenic perspective enables us to spend more time to investigate the solutions rather than the pitfalls, the social determinants of men's *health*, rather than *illness*.

This theoretical framework therefore enables us to consider changing and contradictory health-related practices in different times, spaces and social contexts and is useful in helping us answer our research question: "in the context of male farmers' help-seeking, what masculine practices can be used as levers for intervention and social change?"

Methodology

Aligned with the research question, a qualitative approach using in-depth interviews was used to consider lay understandings and practices of help-seeking in the context of male farmers' mental health. The interview guide was developed with the help of three key informants to ensure its practical suitability. It covers areas such as; stress, coping and male roles (farmer, father, partner), with an emphasis on experiences, ideas and views, which enabled access to participants own meanings and interpretations, as suggested by Oliffe and Mroz (2005) and Ridge, Emslie and White (2011). The recruitment was also supported key informants from farming and health and social

services organisations as well as promotion of the study at farming fairs and through the media. Recruitment posters invite male farmers who experience any level of stress. By doing so, we aim to access a wide range of stress-related experience, from positive coping to distress and suicide ideations. Distress and suicide was not mentioned in the recruitment posters. Participants who experience such adversities speaks openly about it as part of the results. Only at the end of the interview, a question addresses “how would you help a colleague (farmer) who thinks about suicide?” In total, 32 male farmers, aged between 27 and 63 were interviewed. All were French-speaking and live in the Province of Quebec, Canada. In presenting the data, pseudonyms are used and identifying information is changed for confidentiality. Forms of farming production included dairy, pork, cereals, beef, lamb, poultry and wine; many participants are involved in multiple production. On arrival at the farms, the interviewer (first author) invited participants to take him on a tour. This helped position the participants as lay experts and also demonstrated interest and consideration for what is important to them which, in turn, helped establish trust creating a relaxed climate for discussion. After obtaining written consent, as a part of the approval by the research ethical committee of the university, semi-structured interviews lasted between 90-120 minutes. Participants received 25\$ for their time and were provided with a list of psychosocial services in their region. At the end of the interviews, participants were invited to mention any other important elements that had not already been discussed. This was followed by a debriefing about the interview to assure the wellbeing of the participants.

Interviews were electronically recorded, transcribed and notes also taken. As suggested by Maxwell (1998), analysis started immediately after the first interview with the research question in mind. This helped improve the interview guide. Based on the general inductive approach of Thomas (2003), the study used a set of analysis principles that combined inductive and deductive processes. Categories were developed from raw data, in a framework that included and linked key themes. Saturation was obtained around the 15th interview as new categories become rarer. From this point, the analysis tended toward validation by confronting the interpretative scheme with the search for negative cases and alternative interpretations, as suggested by Paillé and Mucchielli (2010).

A set of validity criteria were utilized to assure the scientific quality of the study (Shek, Tang & Han, 2005; Thomas, 2003; Whittemore, Chase & Mandle, 2001). Authenticity and transparency criteria were met by detailing the recruitment and data collection processes along with the recording and the transcription of the interviews. The use of quotes aimed to assess the quality of the links between description and interpretation, giving further credibility to the study. The main preliminary results were discussed in academic and professional activities enabling comparison with other studies and to facilitate critical questioning of the theoretical framework. A focus group with rural social workers, clinicians and farmers’ union agents, often farmers themselves, provided further opportunity to check if emerging results were consistent with their experience. Negative cases and alternative interpretations were purposely searched to assure the integrity of the research process. Finally, sensibility criteria were met through ethic consideration for human, cultural and social contexts, such as stigmatisation and marginalisation of farmers and the importance of having a non-judgement attitude toward experiences of distress or suicide ideations.

This study must be considered within certain limitations. Potential participants were mainly approached online (group emails, social media) which might favour younger farmers. Another

possible bias is that the more traditional farmers would not have been keen to disclose personal matters in a study and therefore would not have taken part meaning their views remain unavailable. Social desirability is a common limit in qualitative studies and that is why participants were asked, prior to the recorded interview, to express what they think rather than what is politically correct. Nonetheless, the data collected enable us to begin to recognize a wider range of masculine practices related to help-seeking amongst this group which contrasts some previous work.

Results

Participants disclosed an array of stress related coping strategies. The findings detail informal strategies and formal help-seeking and connections between masculine practices and help-seeking are presented.

Informal support

To cope with stressful events and difficulties related to farming and family life, participants demonstrate an array of strategies based on their relations to others. Consistent with the strong value they place on family ties, connecting with the family is not only a coping strategy in tough times but also functions as a more general strategy as well. Such is the case for Yvon, the owner of a large farm and father of several children.

Yvon: In stressful times, my irritability is more visible at the farm. But when I come home I am happy to see my children and chat with them. Home is such a retreat.

For those who experience suicidal thoughts, connecting with the family, and especially the children, prove to be a major barrier against an actual suicide attempt. Arthur is a divorced dairy farmer in his forties. He discusses his consideration of suicide in regard to the burden it would impose on his children.

Arthur: You really have to be in a total blackout. I think about my children, I would never do that to them. If I am ever in this situation, thinking about my children would be the first thing I would do. Not just them, but my whole family. [Someone he knows] bought the rope, tied the knot to hang himself, and what stopped him was that it would have been his son who would have found him. So he decided to talk to his wife.

This view is mirrored in Denis' discussion about what enabled him to stay afloat when he went through a deep depression and suicidal thoughts.

Denis: It's true to say that if I didn't have kids and my parents hadn't been there for me, I would have killed myself. My parents and my friends supported me without any judgement. My dad is 84 and told me "if it's not ok, sell the farm". I didn't sell it, but his support was such a relief.

This leads to another crucial informal support based on having a confidant, a close friend or relative to confide in. Jean-Marc is a stoic, bold and straightforward, organic producer. During the custody conflict following his divorce, he demonstrated a contradiction between discourses and practices regarding seeking social support with confidants.

Jean-Marc: I don't talk about my problems. Of course my family... My mom and my new wife helped me a lot to pass the storm without too much consequence. I talked a bit with my employee, of course. Because we both live the same thing. I spoke with 2-3 friends who are farmers, not at large number of people.

Similarly, many participants assert that farmers don't talk about personal matters yet all of them identify one or more such confidant. They find a way of sharing this emotional burden with peers after a relationship of trust is established. Legitimation for this personal talk is facilitated by shared understanding and development of trust over time. Yet even in difficult times, some participants demonstrated an ability to show concern and to prioritise their own and their family's wellbeing over the farm's needs in contrast to a performance of masculinity strictly based around work identity. Jean-François is a multi-production farmer and he highlighted the importance of using less demanding periods at the farm to spend time with his wife and family.

Jean-François: Your farm is there to make you live, not the other way around where you make the farm living. In more quiet times, I can postpone the job.

In contrast to the above, many participants describe the barriers or context in which they would not rely on others during tough times. There are certainly many examples of solidarity and camaraderie among farmers, but there is also a strong sense of competition that raises suspicion and made it difficult to trust and to know the people you could safely share intimate matters with. A lamb farmer in his late forties, Christian, used to share confidence with a colleague but the relationship has changed gradually due to competition between the two.

Christian: We worked together, shared machinery and a good friendship developed from there. Then it's more about competition. We still share personal matters but no deep stuff. It's more about production methods than about each other's health.

Informal support also includes strategies quite different from the ones discussed above. For many participants, physical and social activities are important to their balance. Some participants, like Mathieu, takes part in farmers' sports leagues.

Mathieu: We have this league of ice hockey with farmers around, every week that's pretty cool. When you are on the ice, the farm just doesn't exist.

Such activities often provide a cathartic release, an opportunity to exhale the stress and are frequently followed by a visit to a local bar after to chat informally. Thus, bonding through sports and bars is presented as another healthy means of coping with stress.

Formal help-seeking

Nearly half of the participants has previous experience of formal help-seeking for psychosocial matters. Usually, the decision to seek formal help (GP, social worker, psychologist) is legitimated when self-help or informal support is not sufficient to meet their needs. Challenges to help-seeking are negotiated through access, acceptability, proper knowledge of services and expected outcomes.

The rural nature of farming means that one of the first, obvious, challenges is that of geographical access to services given the distances often involved. For some participants, attending a session with a therapist requires a huge time investment, often more significant for those who works alone. For example, Simon, a young dairy farmer, has to be supported by his father when he goes to his psychologist.

Simon: My dad had no problem with replacing me at the farm. I took off 2-3 hours in the morning to go to my appointment and I worked in the afternoon.

Access to help-seeking also depends on financial circumstances. Seeing a therapist in private practice implies a monetary investment which can be hard to meet when part of the problem is actually financial. In contrast, those who use the public system, are concerned that delays in accessing services are potentially dangerous, particularly for people with suicidal ideations, as Greg, a pork farmer in the late forties, explains.

Greg: I called a voluntary service, no call back. Then a psychologist, we spoke twice. She sold me three books and referred me to the psychologist's association website to find one in my area. At the public clinic, we met someone once, then no follow up. If I had to do stupid stuff, like losing control, taking my own life or violence, it could easily have happened four times.

Finally, he consulted for a psychologist in a private practice in a nearby city that enables greater confidentiality than the services available closer to home.

Acceptability also emerges as a strong, salient theme, both as a challenge and as an element that legitimates help-seeking. Many participants associated stigma with mental health and therefore with psychosocial services, to a certain rural mentality. This is less likely to be present in communities close to larger cities.

Pascal: We live close to town. Our friends are not farmers, I went to school in [city], my friends and my girlfriend are city folks. It certainly had an influence because when I am with farmers, I don't see myself among them. I see a lot of redneck mentality: close minded, stubborn, "we work, we work".

A strong agreement emerges among participants about self-reliance as a common trait among male farmers and a strong sense of pride related to it. This is boosted by farmers' social image.

Mathieu: It's just the reputation. Society considers us as tougher people. I don't consider myself tougher than you, but it's a stereotype. And I am sure some will say that "those who go to the psychologist are crazy", that's another prejudice and I don't personally think that.

These two last quotes illustrate the care some participants show in distancing themselves from general ideas about farmers. Pride is mentioned as the main obstacle to accessing services by those who have prior experience of help and those who did not. A common theme is expressed by many participants about the challenge of reconciling men's support role in the family with disclosing a need for help.

Yvon: We, men, our role is to support, to be the sturdy oak, to be the bread-winner; naturally, we are like that. So seeking help because we are psychologically weak, well! But I think those who do are good. It takes guts. I wouldn't laugh at the guy who seeks help. This pride is tough to get over, you know. But I feel the younger ones don't have this pride anymore, so it might be easier for them.

Some situations, such as a bodily breakdown, crisis or pressure from close ones, legitimate help-seeking for men and are common situations mentioned by participants.

Christian: Maybe I haven't been in trouble long enough to feel the need [to seek help]. We have seen it 2-3 times: They [names of farmers] were not able anymore, losing everything and they killed themselves in the barn. It's really linked, me, I would see a psychologist and say "listen, I am tired, discouraged, 58 years old, and I don't want to do it anymore".

Commonly, (male) independence is evoked as a reason for *not* seeking help within men's practices. In an interesting contradiction, some participants mention independence as an element that could actually legitimate help-seeking.

Steve: I don't give a [swearing] about looking tough or whatever. I needed to understand the situation [divorce] to feel better, so I went straight to a psychologist, that's it! I didn't have serious obstacles. It wasn't something shameful. It was uncomfortable because it's not easy to talk about a failure, but it was stronger than me, and I needed to understand it. I worked on myself and it made me wiser and more caring about psychological matters.

Similar perspectives are expressed by other participants including one's own wellbeing is valued before conformity to male norms.

Participants were invited to discuss the case of a recent big media story about Jean-Paul Ouellet, a very successful farmer in Quebec who publicly disclosed having depression and receiving support from a psychologist. Media reports revealed how he got through a series of personal difficulties including a tough childhood, the death of a child and tensions in the farm transfer. The severity of his situation is a key element to legitimating help-seeking.

Maxime: I understand what made him seek help, hats off, it was great! And maybe it will raise awareness for many farmers who were in a similar position, but he lived something huge.

Isaac: It [the public disclosure] is super, congratulations! It will enable the isolated farmers to see they are not alone.

The value of Mr. Ouellet's disclosure is shared by all participants, but one participant questions the relevance of going public with personal matters such as depression. Overall, participants' views suggest disclosure of depression and difficulties is likely to be considered by very few farmers as shameful and to be hidden from the public, but the larger majority would value this practice and hope for a normalization of help-seeking. This is supported by the idea that Mr. Ouellet's public disclosure draws attention to how farmers' pride can stand as a barrier to help-seeking and how he can represent a role model for farmers who live through similar experiences in isolation. Thus, such disclosing is likely to imply much more approval and support than stigma. At a local level, participants who went through separation notice other farmers going through the same experience talking about it and this also acts as a form of role modelling and 'normalises' the idea of being more emotionally open.

Pascal: Being divorced, people are asking questions and some open up. Everybody has conjugal problems; it's normal, normal challenges. Sometimes it's more acute, so people tend to open up to me because they know I went there.

Just like role models, public activities such as conferences and media reports contributes to raising awareness about farmers' mental health and help-seeking. The large attendance at conferences, mostly farmers themselves, demonstrates their interest in such topics and their desire to reduce stigma.

Frank: We hear about this community service for farmers in distress. Also, there are conferences about farmers' mental health in our region. The attendance is not bad so I think that helps to show there is no stigma and represents a move forward in this direction.

Help-seeking is also influenced by the proper / lack of knowledge of psychosocial services by farmers in terms of whom and where they are, what they do, and how much these services cost, etc.

Jean-Francois: The small farmer at the end of the country road if he doesn't know there is someone to help him, then he is going to drink his little beer deep in his barn until he takes the rope, you know.

Knowledge matters also concerns the expected outcomes of engaging with psychosocial services. There was a clear distinction between participants with prior experience in this regard and those without. The latter group tends to maintain scepticism about the benefits of "talking". In a previous quote, Yvon exposes his reluctance to seek help due to his pride. This man, who has never sought help through formal systems, questions the processes and outcomes.

Yvon: I don't even know what a social worker can do beside from talking. Even that, you can talk in a bar, a restaurant. I don't know the classes you need to be able to talk with people besides taking notes or whatever! A mechanic we know, he is going to be able to talk about it because he had classes to repair engine. But it's different with social workers.

In contrast, those with prior experiences of help are generally positive and likely to use services again and to recommend doing so to other farmers in similar situations.

Sebastien: I didn't have any reluctance to seek help. After experiencing help, I recommend it to everybody. You've just got to find a therapist with whom it's going to be a good match. Before I wasn't comfortable talking about it, but now, when I see someone who thinks about consulting, I mention the benefits that he is going to gain from this. It enables you to accept and to assert yourself. As a guy, it is important to know yourself.

Thus, male farmers displayed a wide range of coping skills, from informal support with peers and family to help-seeking with professional psychosocial services. The following discussion considers the complexity of help-seeking among male farmers linking it to our theoretical framework and previous studies.

Discussion

This study aimed to explore how masculinities influence help-seeking among male farmers. There are many labels used to name the dominant set of masculine ideals (Kilmartin, 2007), but "traditional masculine ideology" seems appropriate here because participants mainly refer to the masculine ideals of their father and previous generations, which brings a historical perspective. However, we must avoid the assumption that "traditional" automatically means "toxic". Positive approaches emphasise the benefits of some traditional ideals such as bread-winner and protective roles, self-control in crisis situations, loyalty in engagements, work and so forth (Tremblay & L'Heureux, 2010). However, the diversity of masculinities revealed in these interviews do not support the widespread idea that male farmers do not talk. This is apparent, for example, in the dissonance found between discourse (not talking about difficulties) and practices (having confidants). These findings resonate with and extend previous studies on rural and farmer's help-seeking (Alston, 2012; Judd, Jackson, Fraser, et al., 2006; Judd, Jackson, Komiti, et al., 2006; Lafleur & Allard, 2006; Price, 2012; Sturgeon & Morrissette, 2010) by providing further evidence on the fluidity of masculine practices and their variability in different contexts. As suggested in our theoretical

framework, there are key-elements that can and do legitimate informal and formal support. Such is the case of some formal help-seeking experiences which involves informal support, like the father who replace his son at the farm while the latter has an appointment with a psychologist. The father is therefore complicit in legitimating formal help-seeking.

Nuances and contradictions emerge between the rigidity of traditional ideals, such as the view of help-seeking as a sign of weakness, and the positive consideration of men who have the “guts” to seek help. There is also a suggestion that this is changing over time, that traditional norms are shifting, and that younger farmers’ pride may be less of an obstacle to help-seeking. Fluidity in masculine practices was also found across age groups. The eldest farmers feel less pressure to embody traditional masculinities once the full weight of the responsibility for the farm has been removed. This might be facilitated by bodily fatigue or illness, that can compel many men to value alternative masculinities (Dulac, 2001; Robertson, 2007), but also the farm transfer to the next generation can shift roles from primary producer and business men to mentorship. Similarly, younger farmers, rather than having everything to prove, often value alternative forms of masculinity as opposed to traditional ones strictly based on relentless work. Practices of engaged fatherhood and how this integrates with work practices were enlightening in this regard. Men in their mid-forties to mid-fifties are aware of both generations’ ideals (older and younger) and navigates their identity with questions and situational fluidity about what it means to be a man and a farmer today. These findings are consistent with the way work-based constructions of masculinity become more flexible with age and with changing mental and physical capacity (Anderson & McGuire, 2010; Dulac, 2001).

Regarding informal support, as other studies have shown, the development of trust in relationships for men often takes place through shared physical engagement; through instrumental action (Robertson, 2007). Our findings are therefore inconsistent with some work that suggests masculinity almost inherently equates to irresponsibility and an inability to care for their own or others wellbeing (Peate, 2004). Furthermore, engaging in social and physical activities like sport, which combines opportunities for ‘vibrant physicality’ with male sociability, has been recognised as playing an important part in creating or maintaining men’s mental wellbeing (Robertson et al., 2013). Previous work suggests that men tend to have smaller social networks of acquaintances than women (Tremblay, 2005) but a similar number of close confidants (Robertson, 2007). From the data here, this pattern seems also to hold true in rural settings.

Consistent with previous studies on men’s help-seeking (Dulac, 2001; Oliffe et al., 2012), a state of crisis, such as a divorce or persistent suicide ideations are identified as a situation where help-seeking might be acceptable as a man. In the absence of “visible” signs or tipping points, bearing pain as a masculine practice can lead to situations reaching a crisis level. This is a major challenge because this pattern is far from a preventive approach to psychosocial health and wellbeing. Participants here often distance themselves from extremes of stoicism and self-reliance when peer relationships based on understanding and development of trust over time enable the disclosing of difficulties to friends or colleagues.

Findings also reveal important information about farmers’ experiences or views of formal help-seeking as a masculine practice. Independence, usually aligned with self-reliance and toughness,

becomes re-interpreted in these contexts and used alongside discourses of 'rationality' to explain how seeking help is the correct (logical and moral) decision where the farmer and his family's wellbeing are prioritized over social pressures. Showing independence toward "what would people say" by using psychosocial services demonstrates how farmers can distance themselves from traditional practices of self-reliance by valuing a 'morally wiser' form of masculinity. There is an off-setting of certain types of masculine capital against others to provide support for certain courses of action (de Visser et al., 2009). However, it remains unclear where the tipping point is between independence being evoked as a barrier to help seeking and it being recognised as an important element in actively facilitating help seeking. These findings are consistent with, and extend, previous research on men's mental health (Bottorff et al., 2011; Noone & Stephens, 2008; Oliffe, Han, Ogrodniczuk, Craig Philips & Roy, 2011; Oliffe et al., 2012).

For future research, these results suggest opportunities to further explore the acceptability of various coping strategies. Fluidity of masculine practices has been noted across age groups and this raises questions about the extent to which pride is (still) a barrier to help-seeking among younger farmers as it is with their elders. The conditions of farming are challenging for men and women and this is another area to explore. In many countries, a large proportion of female farmers experience high psychological distress (Droz et al., 2014; Lafleur & Allard, 2006). Given the fluidity of gender practices, attention should be given to studies that can explore the health and help-seeking practices of female farmers. While farming has a high profile in rural masculinities, other occupations (fishing, timber, etc.), are also relevant regarding the connections between masculinities, rurality and help-seeking in order to address the significantly higher suicide rates in rural men.

This study also has implications for practice. Access to appropriate services is obviously crucial, it is nonetheless insufficient to establish a healthy connection with farmers. Even when distance was no obstacle, confidentiality and acceptability were barriers to help-seeking. One element contributing to a positive view of help-seeking is prior experience. Almost half of the participants have already experienced professional help and would have no hesitation in doing it again if needed or in recommending it to someone in distress. In contrast, those who have never sought help are more sceptical and emphasise pride as the main obstacle to seeking formal help. Nonetheless, they generally recognize the courage of those who do seek help. This reinforces the positive message that "once [men] are engaged in care they do very well, but the challenge remains how to get men aware of their emotional health, especially in times of crisis, and how to get the most appropriate care" (White & Conrad, 2010, p. 258). Highlighted here is the need to position help-seeking as a wise, rational and courageous action, as recognised in some previous work (Hammer & Good, 2010; Oliffe et al., 2011; Oliffe et al., 2012). The isolation of many male farmers is certainly a challenge for health promotion but it must not obscure a continuing reflection on how to do health promotion outreach to male farmers *where they are* and connect to *where they want to be* in their hope to improve their quality of life. Social marketing can contribute to securing change amongst many groups of men traditionally seen as hard to reach (Hopkins & Voaden, 2010).

Through the lens of masculine capital (de Visser et al., 2009), role models are crucial allies as they contribute to legitimating and normalising the experience of personal distress and promoting the benefits of help-seeking. At a national level, role models are important for speaking publicly about farmers' mental health in order to reach those most isolated who are experiencing distresses. At a

local level, farmers' union leaders and peers with specific experiences (such as divorce) can also have positive impact as role models in their community. Therefore, suicide prevention programs, such as those based on peers' reference, are clearly relevant and should be positioned as a means of strengthening solidarity among farming communities.

These findings also confirm the relevance of psychosocial models of intervention with men (Tremblay & L'heureux, 2005) that are proactive, that value the courage to seek help and that understand and address the contradictions between masculine ideals and practices. In this regard, White and Conrad (2010) highlight the relevance of locating services outside traditional (GP/hospital) settings, and this view supports emerging and existing outreach interventions in rural and farming communities (Labrecque-Duchesneau et al., 2011; NHS Health Scotland, 2013; Price, 2012).

Conclusion

Previous research often encourages us to consider male farmers as a vulnerable and marginalized group in terms of psychosocial health and well-being. While "problem-describing" is essential to better understand connections between masculinities, farming and help-seeking, this approach can perpetuate the marginalization of many men and garner inattention to healthy masculine practices (Bourke, Humphreys, Wakerman & Taylor, 2010; Galdas, 2009; Oliffe, 2011; Robertson & Williams, 2011). This study discussed the need to go beyond a focus on deficits and to also include strengths and solutions by purposefully investigating social contexts that can and do facilitate men's help-seeking. The diversity of coping skills displayed by male farmers must be acknowledged, from connecting with the family, having confidants and, at times, having the ability to going straight to a psychologist or a social worker. In this context, the acceptability of formal help-seeking emerged as a more important challenge than access to psychosocial services. Acceptability is facilitated by crisis situations, role models who openly talk about their help-seeking experience and finally, a form of independence which prioritizes the farmer and his family's wellbeing over the social pressure of traditional masculinity based on self-reliance and stigma of weakness related to help-seeking. This study therefore extends existing literature by highlighting how rural masculine practices are fluid, rather than static, and demonstrates how this can provide an optimistic window of opportunity to engaging positively with male farmers.

References

- Alston, M. (2012). Rural male suicide in Australia. *Soc Sci Med*, 74(4), 515-522.
- Alston, M., & Kent, J. (2008). The Big Dry: The link between rural masculinities and poor health outcomes for farming men. *Journal of Sociology*, 44(2), 133-147.
- Anderson, E., & McGuire, R. (2010). Inclusive masculinity theory and the gendered politics of men's rugby. *Journal of Gender Studies*, 19(3), 249-261.
- Bottorff, J. L., Bissell, L. J., Balneaves, L. G., Oliffe, J. L., Kang, H. B., Capler, N. R., et al. (2011). Health effects of using cannabis for therapeutic purposes: a gender analysis of users' perspectives. *Subst Use Misuse*, 46(6), 769-780.

- Bourke, L., Humphreys, J. S., Wakerman, J., & Taylor, J. (2010). From 'problem-describing' to 'problem-solving': challenging the 'deficit' view of remote and rural health. [Research Support, Non-U.S. Gov't]. *Aust J Rural Health*, 18(5), 205-209.
- Bye, L. M. (2009). 'How to be a rural man': Young men's performances and negotiations of rural masculinities. *Journal of Rural Studies*, 25(3), 278-288.
- Cambell, H., Mayerfeld Bell, M., & Finney, M. (2006). *Country Boys: Masculinity and Rural Life*. University Park, PA: The Pennsylvania State University Press.
- Connell, R. W. (1995). *Masculinities*. Berkeley and Los Angeles: University of California Press.
- Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic Masculinity: Rethinking the Concept. *Gender & Society*(19), 829-859.
- Courtenay, W. H. (2006). Rural men's health: situating risk in the negotiation of masculinity. Dans H. Cambell, M. Mayerfeld Bell & M. Finney (Eds.), *Country Boys: Masculinity and Rural Life*. University Park, PA: The Pennsylvania State University Press.
- de Visser, R. O., Smith, J. A., & McDonnell, E. J. (2009). 'That's not masculine' Masculine capital and health-related behaviors. *Journal of Health Psychology*, 14(7), 1047-1058.
- Droz, Y., Miéville-Ott, V., Jacques-Jouvenot, D., & Lafleur, G. (2014). *Agriculture familiale et santé publique; une anthropologie comparée des politiques agricoles francophones : France-Québec-Suisse [Family farming and public health; a compared anthropology of francophone farming policies: France-Quebec-Switzerland]*. Paris: Karthala.
- Dulac, G. (2001). *Aider les hommes... aussi [Helping men...also]*. Montréal: VLB éditeur.
- Fraser, C. E., Smith, K. B., Judd, F., Humphreys, J. S., Fragar, L. J., & Henderson, A. (2005). Farming and mental health problems and mental illness. *Int J Soc Psychiatry*, 51(4), 340-349.
- Galdas, P. M. (2009). Men, masculinity and help-seeking behavior. Dans A. Broom & P. Tovey (Eds.), *Men's health: body, identity and social context* (pp. 63-82). West Sussex, UK: Wiley-Blackwell.
- Gough, B., & Robertson, S. (2010). Introduction: What Is the Point of this Book? Dans B. Gough & S. Robertson (Eds.), *Men, Masculinities and Health: Critical Perspectives* (pp. 1-8). New York, NY: Palgrave Macmillan.
- Greenhill, J., King, D., Lane, A., & MacDougall, C. (2009). Understanding resilience in South Australian farm families. *Rural Society*, 19(4), 318-325.
- Hammer, J. H., & Good, G. E. (2010). Positive psychology: An empirical examination of beneficial aspects of endorsement of masculine norms. *Psychology of Men & Masculinity*, 11(4), 303-318.
- Hammer, J. H., Vogel, D. L., & Heimerdinger-Edwards, S. R. (2013). Men's Help Seeking :Examination of Differences Across Community Size, Education, and Income. *Psychology of Men & Masculinity*, 14(1), 65-75.
- Hawton, K., Simkin, S., & Malmberg, A. (1998). *Suicide and stress in farmers*. London: Stationery Office.
- Hirsch, J. K. (2006). A review of the literature on rural suicide: risk and protective factors, incidence, and prevention. *Crisis*, 27(4), 189-199.
- Hopkins, P., & Voaden, J. (2010). Marketing masculinities: a social marketing approach to promoting men's mental health. Dans D. Conrad & A. White (Eds.), *Promoting Men's Mental Health* (pp. 83-95). Oxon, UK: Radcliff.
- Judd, F., Jackson, H., Fraser, C., Murray, G., Robins, G., & Komiti, A. (2006). Understanding suicide in Australian farmers. *Soc Psychiatry Psychiatr Epidemiol*, 41(1), 1-10.
- Judd, F., Jackson, H., Komiti, A., Murray, G., Fraser, C., Grieve, A., et al. (2006). Help-seeking by rural residents for mental health problems: the importance of agrarian values. *Aust N Z J Psychiatry*, 40(9), 769-776.
- Kilmartin, C. T. (2007). *The masculine self* (3 ed.). New York: Sloan Publishing.
- Kiselica, M. S. (2010). Promoting positive masculinity while addressing gender role conflict: A balanced theoretical approach to clinical work with boys and men. Dans C. Blazina & D. S.

- Shen-Miller (Eds.), *An international psychology of men: Theoretical advances, case studies, and clinical innovations*. (pp. 127-156). New York, NY, US: Routledge/Taylor & Francis Group.
- Kutek, S., Turnbull, D., & Fairweather-Schmidt, A. K. (2011). Rural men's subjective well-being and the role of social support and sense of community: evidence for the potential benefit of enhancing informal networks. *Australian Journal of Rural Health, 19*(1), 20-26.
- Labrecque-Duchesneau, M., Gagné, J., & Picard, F. (2011). *Le travailleur de rang: une plus-value pour une qualité de vie en milieu rural* [Rural outreach worker: an added-value for life quality in rural settings]. *Intervention, 135*(2), 106-114.
- Lafleur, G., & Allard, M.-A. (2006). *Enquête sur la santé psychologique des producteurs agricoles du Québec* [Survey on psychological health of farmers in Quebec]. Montréal, QC: COOP Fédérée.
- Lindström, B., & Eriksson, M. (2012). *La salutogenèse. Petit guide pour promouvoir la santé* [The Hitchhiker's Guide to Salutogenesis]. Québec: Les Presses de l'Université Laval.
- Little, J. (2006). Embodiment and Rural Masculinity. Dans H. Cambell, M. Mayerfeld Bell & M. Finney (Eds.), *Country Boys: Masculinity and Rural Life* (pp. 183-202). University Park, Pennsylvania: Penn State Press.
- Lohan, M. (2010). Developing a Critical Men's Health Debate in Academic Scholarship. Dans B. Gough & S. Robertson (Eds.), *Men, Masculinities and Health: Critical Perspective* (pp. 11-29). New York, NY: Palgrave Macmillan.
- Macdonald, J. (2011). *The Need to Change Our Way of Looking at Men's Health: Australian Perspectives*. Paper presented at the Future perspectives for intervention, policy and research on men and masculinities: an international forum, Quebec City.
- Maxwell, J. A. (1998). Designing a qualitative study *Handbook of applied social research methods*. (pp. 69-100): Thousand Oaks, CA, US: Sage Publications, Inc.
- McLaren, S., & Challis, C. (2009). Resilience among men farmers: the protective roles of social support and sense of belonging in the depression-suicidal ideation relation. *Death Stud, 33*(3), 262-276.
- NHS Health Scotland. (2013). National guide on suicide prevention in rural areas. Part 2: Reference document Evidence-based approach and case study examples. Edinburgh.
- Ní Laoire, C. (2001). A Matter of Life and Death? Men, Masculinities ans Staying 'Behind' in Rural Ireland. *Sociologia Ruralis, 41*(2), 220-236.
- Noone, J. H., & Stephens, C. (2008). Men, masculine identities, and health care utilisation. *Sociology of Health & Illness, 30*(5), 711-725.
- Oliffe, J. (2010). Bugging the cone of silence with men's health interviews. Dans B. Gough & S. Robertson (Eds.), *Men, Masculinities and Health: Critical perspectives* (pp. 67-90). New York, NY: Palgrave MacMillan.
- Oliffe, J. (2011). *Tripartite considerations in masculinities and men's health research*. Paper presented at the Future perspectives for intervention, policy and research on men and masculinities: an international forum, Quebec City.
- Oliffe, J., Han, C., Ogrodniczuk, J., Craig Philips, J., & Roy, P. (2011). Suicide from the perspectives of older men who experience depression: a gender analysis. *American Journal of Men's Health*.
- Oliffe, J., & Mroz, L. (2005). Men interviewing men about health and illness: ten lessons learned. *Journal of Men's Health and Gender, 2*(2), 257-260.
- Oliffe, J., Ogrodniczuk, J. S., Bottorff, J. L., Johnson, J. L., & Hoyak, K. (2012). "You feel like you can't live anymore": Suicide from the perspectives of men who experience depression. *Social Science & Medecine, 74*, 505-514.
- Paillé, P., & Mucchielli, A. (2010). *L'analyse qualitative en sciences humaines et sociales [Qualitative analysis in human and social sciences]*. Paris, France: Armand Collin.
- Peate, I. (2004). Men's attitudes towards health and the implications for nursing care. [Review]. *Br J Nurs, 13*(9), 540-545.

- Platt, S. (2011). Inequalities and Suicidal Behaviour *International Handbook of Suicide Prevention* (pp. 211-234): John Wiley & Sons, Ltd.
- Price, L. (2012). The Emergence of Rural Support Organisations in the UK and Canada: Providing Support for Patrilineal Family Farming. *Sociologia Ruralis*, 52(3), 353-376.
- Pugh, R., & Cheers, B. (2010). *Rural Social Work: An international perspective*. Bristol: Policy Press.
- Ridge, D., Emslie, C., & White, A. (2011). Understanding how men experience, express and cope with mental distress: Where next? *Sociology of Health & Illness*, 33(1), 145-159.
- Robertson, S. (2007). *Understanding Men and Health: Masculinities, Identity and Well-being*. Breshire: Open University Press.
- Robertson, S., Elder, K., & Coombs, R. (2010). Rural men's mental health. Dans D. Conrad & A. White (Eds.), *Promoting men's mental health* (pp. 57-73). Oxon, UK: Radcliff.
- Robertson, S., & Gough, B. (2010). Afterword: What Next for Men's Health Research ? Dans B. Gough & S. Robertson (Eds.), *Men, Masculinities and Health: Critical perspective* (pp. 232-236). Hampshire, UK: Palgrave Macmillan.
- Robertson, S., & Williams, R. (2011). *The importance of retaining a focus on masculinities in future studies on men and health*. Paper presented at the Future perspectives for intervention, policy and research on men and masculinities: an international forum, Quebec City.
- Robertson, S., Zwolinsky, S., Pringle, A., McKenna, J., Daly-Smith, A., & White, A. (2013). "It's fun, fitness and football really": a process evaluation of a football based health intervention for men. *Qualitative Research in Sport, Exercise and Health*, (In Press).
- Roy, P., Tremblay, G., Oliffe, J., Jbilou, J., & Robertson, S. (2013). Male farmers with mental health disorders: A scoping review. *The Australian Journal of Rural Health*, 21(1), 3-7.
- Shek, D. T. L., Tang, V. M. Y., & Han, X. Y. (2005). Evaluation of Evaluation Studies Using Qualitative Research Methods in the Social Work Literature (1990-2003): Evidence That Constitutes a Wake-Up Call. *Research on Social Work Practice*, 15(3), 180-194.
- Skärsäter, I., Dencker, K., Häggström, L., & Fridlund, B. (2003). A salutogenetic perspective on how men cope with major depression in daily life, with the help of professional and lay support. *International Journal of Nursing Studies*, 40(2), 153-162.
- Staniford, A. K., Dollard, M. F., & Guerin, B. (2009). Stress and help-seeking for drought-stricken citrus growers in the Riverland of South Australia. *Aust J Rural Health*, 17(3), 147-154.
- Stark, C. R., Riordan, V., & O'Connor, R. (2011). A conceptual model of suicide in rural areas. *Rural Remote Health*, 11(2), 1622.
- Sturgeon, R., & Morrissette, P. J. (2010). A qualitative analysis of suicide ideation among Manitoban farmers. *Canadian Journal of Counselling and Psychotherapy*, 44(2), 191-207.
- Thomas, D. R. (2003). A general inductive approach for qualitative data analysis Retrieved 2013-09-24, from <http://www.fmhs.auckland.ac.nz/soph/centres/hrmas/docs/Inductive2003.pdf>
- Tremblay, G. (2005). *La santé des hommes au Québec [Men's health in Quebec]*. Sainte-Foy: Ministère de la santé et des services sociaux et Institut de la statistique du Québec.
- Tremblay, G. (2011). *Going Beyond Frontiers, Interculture-action to Better Advance Studies on Men and Masculinities*. Paper presented at the Future perspectives for intervention, policy and research on men and masculinities: an international forum, Québec City.
- Tremblay, G., & L'Heureux, P. (2010). Therapeutic work with more traditional men: The importance of having a structured process *An international psychology of men: Theoretical advances, case studies, and clinical innovations*. (pp. 341-360): New York, NY, US: Routledge/Taylor & Francis Group.
- Wenger, L. M. (2011). Beyond ballistics: expanding our conceptualization of men's health-related help seeking. [Review]. *Am J Mens Health*, 5(6), 488-499.
- White, A., & Conrad, D. (2010). Conclusion. Dans D. Conrad & A. White (Eds.), *Promoting Men's Mental Health* (pp. 256-262). Oxon: Radcliff.
- Whittemore, R., Chase, S. K., & Mandle, C. L. (2001). Validity in Qualitative Research. [Article]. *Qualitative Health Research*, 11(4), 522.

