

“Talk about it”: A stakeholder report on rural men’s mental health and changing masculinities in southern Manitoba, Canada



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I. Why focus on rural men?

Rural men’s mental health has been described as a “silent crisis.” Some research has linked this so-called crisis to certain practices, values, and meanings that can be associated with dominant forms of masculinity (i.e. understandings of what it means to be a man) in all places, and with particular social, cultural, and economic practices in rural places. However, these practices and values vary in relation to where people live. To improve rural men’s wellness, we need a better understanding of attitudes and beliefs within rural places (Judd et al., 2006). We need to understand the diverse ways in which men express and respond to mental wellness on a day to day basis and within different contexts.

I.1 What we know

Research on rural men’s mental health has relied heavily on Connell’s (1995; 2002; 2005) theory of masculinities, which explains that gender is reproduced through everyday practices, which change in different contexts. Much of the research on rural mental health and wellness has focused on farming contexts, because farmers have some of the highest rates of suicide in any industry (Garnham & Bryant, 2014; Roy et al., 2014; 2017). Researchers have linked dominant practices of masculinity to farm values, which emphasize strength, working hard, and solving problems independently (Roy et al., 2017). This concept has been particularly prevalent in studies exploring why men are less likely to ask for help or use service. Some of these studies show that men talk about mental health in private settings, at home, and with a spouse, but they avoid expressing “weakness” in public (Coen et al., 2013). These factors contribute to the invisibility of men’s mental health experiences in rural places.

As research on rural men’s mental health continues to evolve, there has been a growing recognition that men perform manliness in very different ways depending on where they are and who is around them (Laoire, 2001), even among rural populations that might appear to be culturally, politically, and economically quite similar (Creighton et al., 2017). Having said this, rural men do not always align their health and social practices with what has come to be known more publicly as “toxic” ideas about what it means to be a man (Roy et al., 2017). Knowing this raises questions about when, where, and around what groups of people rural men are silent with about their mental health.

I.2 Our research questions

This report is part of a larger study entitled *Changing rural masculinities: A Prairie case study*. In this report, we focus on two specific research questions: 1) how do rural men in Manitoba, Canada talk about mental health, with whom, and where; as well as, 2) what does it mean to them to be a healthy man. In doing so, we seek to contribute to research, programs, and policies in relation to rural men’s mental health. Instead of blaming how men think or behave, we need to focus on broader conditions that support men’s health. In this report, we explore the relationships and contexts in which participants in the study talk about their mental health. We focus on spaces outside formal support services since it has been documented that men are more reluctant to use

formal support services. We found that many rural men experiencing mental health problems want to “talk about it” but they are constrained by a lack of opportunities to do so in rural places. We suggest that more attention needs to be directed to creating resources and spaces for men in rural communities.

2. Research design

The findings in this report are based on the first-hand experiences of rural men collected through one-on-one interviews. The interviews followed a semi-structured guide that was developed in partnership with Manitoba, Farm, Rural, and Northern Support Services. The interview questions focused on rural men’s mental health experiences, challenges, and constraints over time and in different social and physical settings. Interviews lasted approximately 90 minutes and included a series of background questions, questions about social support, physical and mental health experiences. A total of 23 men aged 20-79 and working in various professions with different levels of education, participated in interviews.

Following the interviews, a research assistant typed the interview recordings creating a word-for-word transcript of each interview. All identifying information were removed from the transcripts to protect the confidentiality of participants. The interview transcripts were then analyzed by four co-researchers and three research assistants. This involved systematically reviewing and comparing interview transcripts independently and then as a team creating a list of themes. In this report, we focus on the themes “talking about it” and “healthy man.” The first of these themes emerged as a common phrase among the research participants in relation to how people support them and how they cope. The second theme reflects participants’ responses to questions about what it means to them to be a healthy man as well as where they feel healthy. In the findings below, we have used quotations from the interview transcripts to illustrate our research findings; however, each participant was given a fake name to protect their confidentiality.

3. Findings: Talking About It and Avoiding Talking About It

Although most men in the study talked about times and places where they avoided talking about their mental health because of feelings of shame and guilt and the need to protect themselves, they also described relationships and places where they could talk. The extent to which men talked about their mental health with others varied across study participants. Over half of the men started talking about their mental health with a spouse. However, five participants were single. Henry explained that there is an assumption that most men have a spouse to talk to:

If they do [talk], it's only to their significant other. Well, lucky me if I don't have that person there with me every night.

A smaller number of participants disclosed having talked to other family members such as siblings or parents about their mental health. Many of the men indicated that talking or not

talking about their mental health with others was often a function of how much they felt the other person would “get it.” Notably, several younger men spoke about their mental health with their mothers but not their fathers as they indicated their fathers would not “get it”, some other men disclosed not being able to discuss their mental health with their parents at all, particularly in farm families.

Several participants spoke about having supportive friends who they talked with about their mental health. Talking with friends was not necessarily easy for the men who participated in the study. Several men talked about having to build friendships to support their mental health. Ben explained:

You kind of have two choices. It's to build a really healthy friendship with other men or go for therapy.

Numerous men talked to female friends rather than male friends about their mental health. In addition, some men spoke about the difficulty of getting together with friends to talk in a small town because many of their friends worked and or lived outside of town.

Men in the study explained how the physical and social environment of rural places influenced talk about mental health. Ben explained that the culture of farming, specifically competition, growth and imbalance prevented him from talking about mental health with his neighbours and surrounding community. He said:

.... because it is so competitive, it's partially isolated because when it comes to land and money, you have no family or friends. That's the motto. Because when that piece of land comes up for sale, you're bidding against your neighbor, right?

He suggested that his community had become more competitive and was not supportive of showing vulnerability. Other participants identified gossip in the community as a barrier to talking about mental health.

Men in the study spoke about the increasing community awareness around mental health problems, specifically suicide. They identified people in the community who completed suicide and discussed how the community talked about suicide and the impact that this talk had. Men expressed not only an awareness of suicide, but also the close impact it had on them and their community. One of the men who participated in the study talked about how he experienced support after his father completed suicide, Blake explained:

This is actually one good thing about a small town. Actually, a lot of people just volunteered mental health information to me. One of my old bosses in particular, he was a friend of my dad's. He asked me to come help him on a job and he just gave me a lot of information about some of the mental health struggles he had ... How super depressed he was, and I was just very impressed with some of the people who came forward and just offered that information.

Although Blake experienced support, other participants observing and hearing about these crises experienced feelings of fear and shame. This raises questions about the unintended implications of community talk, particularly if it focuses on suicide rather than a broader discussion of mental health. Such attention to suicide as silent crises in rural communities can make some men experiencing depression feel their experiences are less worthy of discussion. Certainly, some participants like Alex felt they were “not bad enough; not dying yet.”

3.1 Healthy man

Participants in the study were asked to describe a healthy man, real or imagined. Men’s responses revealed the diversity of perceptions as well as responses to masculinities in rural places. Only a few men described a healthy man using characteristics such as, “physically strong.” A handful of men in the study immediately questioned the existence of a “healthy man” while some rejected the image of the physically strong man in favour of a resilient man. For example, Adam said:

Gosh, I don't know. (laughs) I don't know if I've known any healthy man...

Several men in the study like Joe identified “balance” as defining characteristics of a healthy man. Owen, suggested:

It's about striking a balance. So, looking for support to me is striking a balance. That is part of a healthy man is when they have situations where they need support, they are willing to look for support. If that makes sense... a healthy man would be someone who would be comfortable and would feel that they are contributing to society in a positive way.

Importantly, some men spoke about the challenges of working toward healthy masculinities in their families, places of work, and communities. They linked these challenges to the culture and the need for culture change.

4. Conclusion and Recommendations

The findings of our study indicate that many rural men want to talk about mental health; however, they often lack people to talk to and places to go and talk within rural communities. Furthermore, internalized or social pressures regarding (not) talking about mental health may be an additional barrier. These findings have implications for how we understand and respond to rural men's mental health problems in the context of social service and health provision. First, programs and service providers should not assume that men do not want to talk. These findings suggest that service providers might focus more on creating environments in their practice and their workspaces in which men might be invited more often and welcomed to talk about mental health more explicitly. Our findings suggest that it is important that interventions also focus on developing community capacity to support mental health and wellness, including providing a broad range of information for rural families, friends and rural businesses about mental health problems. Participant's response in our study indicate that family support is not always there when it is needed. This is particularly the case for the growing number of single men in rural communities, as well as some farmers. Farmers find themselves in a difficult situation when talking about mental health with their families as many of them are ultimately disclosing their mental health problems to their business partners when they have discussions with family members. Specific programs and supports may be required for these groups and creating new messaging and raising awareness in rural communities can also be beneficial in shifting the overall environment regarding mental health. Finally, men in the study identified challenges in talking with their own neighbours and thereby, developing a more inclusive community culture around rural men's mental health. Community culture is key in what these findings have indicated as a very real potential of future change. The men identified isolation, competition, gossip, shame and fear as key barriers to talking about their mental health. On a hopeful note, many men in our study expressed wanting to see change in their own community culture, around manliness and regarding mental health. Service providers and policy makers serving men in rural spaces are asked to consider how they might better mobilize the experiential knowledge of these and other men, in order to better support change at the community level.

References

- Coen, S.E., Oliffe, J.L., Johnson, J.L., & Kelly, M.T. (2013). Looking for Mr. PG: Masculinities and men's depression in a northern resource-based Canadian community. *Health & Place*, 21, 94-101.
- Connell, R.W. (1995) *Masculinities*. Berkley, CA: University of California Press.
- Connell, R.W. (2002). *Gender: short introduction*. Cambridge: Polity Press.
- Connell, R.W. (2005). *Masculinities* (2nd ed.). Cambridge, UK: Polity Press.
- Creighton, G. M., Oliffe, J. L., Lohan, M., Ogrodniczuk, J. S., & Palm, E. (2017). "Things I did not know": Retrospectives on a Canadian rural male youth suicide using an instrumental photovoice case study. *Health*, 21(6), 616–632. <https://doi.org/10.1177/1363459316638542>
- Creighton, G., Oliffe, J., Ogrodniczuk, J., & Frank, B. (2017). "You've gotta be that tough crust exterior man": Depression and suicide in rural-based men. *Qualitative Health Research*, 27(12), 1882-1891. doi:10.1177/1049732317718148
- Garnham, B., & Bryant, L. (2014). Problematizing the suicides of older male farmers: subjective, social and cultural considerations. *Sociologia Ruralis*, 54(2), 227-240.
- Judd, F., Jackson, H., Komiti, A., Murray, G., Fraser, C., Grieve, A., Gomez, R., (2006). Help-seeking by rural residents for mental health problems: the importance of agrarian values. *Aust. N. Z. J. Psychiatry* 40, 769e776.
- Laoire, C. N. (2001). A matter of life and death? Men, masculinities and staying 'behind' in rural Ireland. *Sociologia Ruralis*, 41(2), 220-236.
- Roy, P., Tremblay, G. & Robertson, S. (2014). Help-seeking among male farmers: connecting masculinities and mental health. *Sociologica Ruralis*, 54(4), 460-476.
- Roy, P., Tremblay, G., Robertson, S., & Houle, J. (2017). 'Do it all by myself': A salutogenic approach of masculine health practice among farming men coping with stress. *American Journal of Men's Health*, 11(5), 1536-1546. doi:10.1177/1557988315619677