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Australian men's help-seeking pathways for anxiety

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ABSTRACT

Globally, there has been a substantial increase in the number of men being diagnosed with anxiety disorders. Despite this, men's mental health research often focusses on uncovering why men *don't,* rather than why they *do*, seek help. Within this context, men's help-seeking pathways for anxiety are poorly understood. This study mapped the help-seeking pathways of 419 Australian-based men for anxiety. Respondents 16 to 77 years-old (M = 40.92 years, SD = 15.36) reported multiple instances of help-seeking (n = 321, 77%) elaborating on their drivers for help-seeking via an open-text qualitative survey. Thematic analysis of men's responses was used to generate three themes, first detailing common *tipping points* of men's anxiety (namely relationship issues and work stress), and second, the *reclusive causes and consequences* of men's anxiety (burdensome symptoms and unmet expectations). These two themes converged into a third theme of *help-seeking* where defeatist (i.e., resigned abandonment self-management strategies) or defiant (proactive motivation in reaction to new events) motivations propelled men into either assisted or solitary help-seeking pathways. The current study findings afford important insights about the drivers that lead men to seek help for anxiety across the life course. Interventions targeting men's help-seeking for anxiety should accentuate the potential benefits of community-based mental health treatment within the context of men's social connectedness. Such interventions would also benefit from leveraging positive masculine ideals including strength, emotional-control and competition which can be both a barrier to, and driver for, help-seeking in the context of men's anxiety.

1. Introduction

A significant rise in the incidence of anxiety disorders among men has been observed in recent decades. Global estimates of diagnosed anxiety disorders in males have increased from 12.92 million in 1990 (95% Uncertainty Interval [UI]: 10.49, 15.72), to 19.37 million in 2019. In Australia, 24,004 men (95% UI: 16,300.82, 35,274.78) were diagnosed with an anxiety disorder in 2019, a marked increase from the 19,239 men (95% UI: 14,379.45, 25,302.98) diagnosed with an anxiety 10 years prior in 2009 (Global Burden of Disease Collaborative Network, 2019). This is likely influenced by health promotion efforts to reduce mental health stigma amongst men and improve procedures for the detection and diagnosis of anxiety disorders (Bandelow and Michaelis, 2022). Since 2019, anxiety disorders are the most common mental health condition experienced by Australian men (with similar trends seen in other Western countries), constituting significant physical and

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psychosocial risks across the life-course, including fatigue and/or insomnia, poor nutrition, low levels of physical activity, substance misuse and suicide (De Beurs et al., 2019; Van Hout et al., 2004). Despite this, men's anxiety remains poorly understood and under-researched (Fisher et al., 2022).

Increasingly, researchers have pointed to distinct experiences and expressions of anxiety in men, diverging from Generalised Anxiety Disorder criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR; American Psychiatric Association, 2022). These include isolated psychosomatic symptoms (i.e., headaches, myalgia and/or body tremors, nausea and/or vomiting), low anxiety literacy and high levels of associated shame and guilt (Drioli-Phillips et al., 2020; Fisher et al., 2021). Gender socialisation is central to men's experiences and expressions of anxiety, whereby masculinities shape their understanding of, and responses to anxiety symptoms, particularly how (or if) they seek help (Clark et al., 2020; Gough et al., 2021).

Traditionally, men are socialized in Australian cultures towards embodying masculine ideals of decisiveness, rationality, and fearlessness (Connell, 2020). Whilst only one of many masculinities available to men (Connell, 2020), the traditional archetype is still considered the default standard of masculine expression in Australia (Elliott, 2019). Furthermore, mateship has been conceptualised as integral to Australian masculinities (Pease, 2001). Research substantiates the association between social isolation and mental ill-health among Australian men (Wilson and Cordier, 2013) which form the key rationale for mental health promotion interventions focused on shared activity and mateship (e.g., Men's Shed's; Waling and Fildes, 2017). Worry, inaction, uncertainty, nervousness, and fear — all synonymous with the experience of anxiety —stereotype anxiety as an emasculating debility state and marked departure from masculine norms (Norr et al., 2015). As a result, some men who strictly endorse traditional norms of masculinity perceive experiencing anxiety to be indicative of failure, weakness, or shame (Drioli-Phillips et al., 2021). This can have flow on effects to negatively influence men's mental health literacy, adaptive coping processes and willingness to seek help (Clark et al., 2020; Gallegos et al., 2019).

The resisting, reckoning, responding theory of anxiety (Triple-R model of anxiety; Fisher et al., 2023), provides a frame through which to understand Australian men's distinct experiences of anxiety. Herein, men may experience long term and tumultuous periods of avoidance (resisting), prior to acknowledging, understanding (reckoning) and responding to their anxiety symptoms. The resisting phase involves having to overcome stigma and stereotypes surrounding a collective over-normalisation of anxiety. Herein the colloquial norming of anxiety in modern Australian societies positions uncertainty as commonplace to building resilience (rather than help-seeking) for everyday vulnerabilities (Fisher et al., 2021, 2023). For men from culturally or linguistically diverse backgrounds, cultural norms (often stemming from their familial upbringings), intersect with masculinities to influence men's anxiety experiences and health behaviours (i.e., anxiety stigma, attitudes towards help-seeking). As men begin to acknowledge and understand the impact anxiety has on their life experiences, the need to respond and integrate anxiety as a core aspect of their lives emerges (Fisher et al., 2023; Gough et al., 2021). This responding phase encompasses developing a repertoire of coping strategies including an openness towards, or acceptance of informal (i.e., friends and family) and formal help-seeking (i.e., professional mental health services; Fisher et al., 2023).

Traditionally empirical exploration of men's help-seeking has been predicated on the nihilistic assumption that men "*do not, and will not seek help*" (Seidler et al., 2018, p. 98). This stems from the low rates of help-seeking amongst men, relative to women; a finding consistent across different countries, racial and social backgrounds (Gough and Novikova, 2020) and mental health conditions (i.e., depression and anxiety disorders; Oliver et al., 2005).

Whilst research focused on men's help-seeking for anxiety is lacking, early evidence suggests masculinities shape men's pathways to formal and informal help-seeking in a myriad of ways. Gough et al. (2021) interviewed men in the United Kingdom with anxiety indicating they can, and do, talk about anxiety with others, particularly with women in their lives (i.e., partner, mother, sister, friend). However, discussions with male peers appeared more challenging, governed by the bounds of traditional masculinity, which can limit the depth or vulnerability of these help-seeking and help-giving conversations (Gough et al., 2021). Seeking help for anxiety, especially through male peers, therefore requires some men to navigate complex challenges including concerns about being a burden to others or feelings of embarrassment. Fisher et al. (2023) reported that a professional (or self) diagnosis of anxiety can in some ways validate and legitimise men's reported distress. This may allow them to transcend self-blame or sentiments of failure, positioning men as culpable, and somewhat responsible, for the anxiety symptoms they were experiencing. Albeit, uncertainty persists regarding the underlying drivers and processes which lead Australian men with anxiety symptoms to engage formal mental health services. The current study aims to illuminate Australian men's pathways to help-seeking for anxiety by uncovering the facilitating factors which propel and precipitate men's treatment trajectories for anxiety.

2. Method

2.1. Study design

This study involved qualitative analysis of responses to an open-ended online survey documenting men's reasons for help-seeking for anxiety, as part of a larger study examining Australian men's experiences of counselling and therapy (see: Seidler et al., 2021; Seidler et al., 2021). Seidler et al. (2021) emphasised the opportunities and value of using open-ended qualitative survey data to explore men's experiences of help-seeking for suicidality, garnering in-depth insights from a large and diverse sample. In the present study this approach was used to distil important insights about anxiety from an under-researched sub-group. Open-ended survey data collection may be particularly advantageous in the context of men's anxiety, given men who experience anxiety can be reticent to talk directly about potentially distressing and sensitive anxiety symptoms, or related events such as help-seeking.

2.2. Procedure

Participants were recruited via social media advertisements from Movember, the world's leading men's health charity. Between March and May in 2020, an open-ended survey (which took approximately 15 min to complete) was completed by $N = 2009$ Australian men aged 16 years and over. Participants were directed to a plain language consent form and survey via the following prompt on Movember's Facebook page: "*Have you ever had counselling or therapy? If you can spare* 15 min*, we'd love to hear from you so we can improve therapy for men.*" Consent and sampling procedures are outlined in Seidler et al. (2021), alongside the qualitative and quantitative items utilised within the survey. A subset of survey participants (n = 419) were included in this study if they selected 'anxiety' from a range of options as their reported reason for help-seeking, via the prompt: "Thinking about your most recent

experience of therapy, what was the main reason you sought help?". Qualitative data was harvested from participant responses to the following open-ended question: "More broadly, in your own words, what led you to seek help from a therapist?" Participants described their experiences of help-seeking in their own words whilst prioritising the most salient components of their most recent pathway to help-seeking (Seidler et al., 2021; Woodgate et al., 2020). Other common primary reasons for seeking help included relationship and/or family issues (n = 301), suicidal thoughts/behaviour (n = 262), low mood/depression (n = 191), and work-related issues (n = 142). A full list of the primary reasons for participants seeking help has been published elsewhere (see Seidler et al., 2021).

2.3. Data analysis

Qualitative data were analysed using principles of reflexive thematic analysis (Braun and Clarke, 2006), recommended for use in analysis of qualitative survey data by Braun et al. (2021). Thematic analysis allows for an open and flexible approach to data coding, which is beneficial when working with large qualitative datasets (Braun et al., 2021). The coding process was inductive, in that codes and themes were generated from the data by constant comparison (Braun and Clarke, 2006). In line with similar studies using reflexive thematic analysis for qualitative data from online surveys (Seidler et al., 2021; Terry and Braun, 2016), the first author familiarised themselves with the data by reading and re-reading all survey responses to determine a preliminary coding schedule. Following familiarisation, the first author then coded the data, consulting with the study team (MW and ZS) to continually refine and recursively improve the codes. As an example, responses coded to themes of 'interpersonal relationship conflicts', 'comorbid mental health issues', and 'vocational and occupational stresses' were subsumed under the higher-level theme of 'reclusive causes and consequences'. Any disagreement in the coding process was resolved by discussion amongst the study team. Thirdly, themes were identified by comparing and contrasting the codes wherein some codes were subsumed and weighted themes were more fully defined and differentiated.

3. Results

Participants were aged between 16 and 77 years (See Table 1; M = 40.92; SD = 15.36), and most identified as a cisgender man (99%), resided in a metropolitan area (67%; n = 280) and were heterosexual (72%; n = 302). Most participants were not currently receiving psychological treatment (66%; n = 278), and of those men, 27% stated that they were in counselling less than a year ago (n=112).

Thematic analysis generated three discrete, yet interconnected, themes which centred on the tipping points, reclusive causes and consequences, and help-seeking pathways of men's help-seeking experiences (Fig. 1). Diverse situational events (i.e., interpersonal relationship issues and/or breakdown and work stress) in Australian men's lives represented shared tilts towards the need for help-seeking and further mental health support, represented as the first theme of '*tipping points*'. Most respondents also described responding to these tipping points with significant physical (i.e., psychosomatic sensations, insomnia) and psychosocial (i.e., feeling out of control, hopeless, angry, and uncertain) reactions, exacerbated by unmet pressures and expectations. This encompassed the second theme of '*reclusive causes and consequences*'. For most respondents, what occurred next was defeatist or defiant motivations to engage in help-seeking behaviour. This was fuelled for some men by an intrinsic desire for self-betterment and agency, whereas for other men, positive help-seeking behaviours directly resulted from the encouragement or direction of external supports (e.g., friends and family members, doctors or teachers). Both of these help-seeking motivations and pathways were classified under the final theme of '*help-seeking*'.

Table 1
Demographic variables for participants.

Variable	Participants n (%) or mean (sd) (n = 419)
Therapy experience	
Single experience	98 (23)
Multiple experiences	321 (77)
Age first engaged with therapy	
0–10 years old	20 (5)
11–20 years old	110 (26)
21–30 years old	115 (27)
31–40 years old	90 (22)
41–50 years old	56 (13)
51+ years	28 (7)
When most recent therapy experience occurred	
Currently in treatment	141 (34)
<1 year ago	112 (27)
1–2 years ago	75 (18)
2–5 years ago	53 (13)
5–10 years ago	22 (5)
10+ years ago	16 (4)
Gender	
Cisgender man	416 (99)
Transgender man	1 (<1)
Non-binary	2 (<1)
Age in years, mean (sd)	40.92 (15.36)
Age	
16–25 years	84 (20)
26–40 years	138 (33)
41–60 years	146 (35)
61+ years	51 (12)
Sexuality	
Heterosexual	302 (72)
Gay	81 (19)
Bisexual	32 (8)
Pansexual	1 (<1)
Queer	3 (<1)
Employment	
Employed full time	193 (46)
Employed part time	31 (7)
Employed casually	49 (12)
Unemployed	61 (14)
Retired	34 (8)
Student	51 (12)
Education level	
Some high school	12 (3)
Completed high school	91 (22)
Trade/certificate/diploma	102 (24)
High school	91 (22)
Undergraduate degree	136 (33)
Postgraduate degree	78 (19)
Individual income range	
$0 - $49,999	197 (47)
$50,000 - $99,999	127 (30)
$100,000 - $149,999	70 (17)
$150,000 - $199,999	17 (4)
$200,000 +	8 (2)
Relationship status	
Single/never married	140 (33)
Partnered	65 (16)
Married/de facto	177 (42)
Separated/divorced	32 (8)
Widowed	4 (1)
Indigenous identification	
Nonindigenous	411 (98)
Aboriginal or Torres Strait Islander	7 (2)
Other	1 (<1)
Location of residence	
Metropolitan	280 (67)
Regional	120 (29)
Rural or remote	19 (5)

3.1. Tipping points

Participants commonly described mounting tipping points – diverse but shared tilts towards the need for help-seeking and further mental health support. Interpersonal relationship issues and/or break-ups were the most frequently recounted tipping points. Romantic relationships

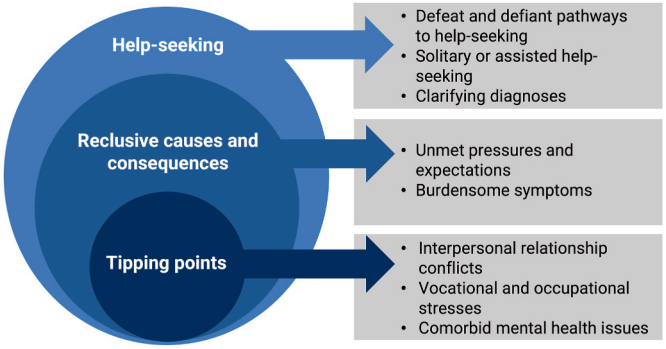


Fig. 1. Thematic for men's pathways to help-seeking for anxiety.

featured (i.e., long term partnerships or marriages) alongside friendships, familial relationships (i.e., parents, children and siblings) and workplace relationships. As interpersonal conflict became more frequent, men recalled increasing anxiety attributed to worries about the future and what may happen if relationships were to break down.

> *"Issues with my partner at the time. A lot of built-up anxiety and uncertainty about why I was struggling with it."* (26-year-old)

Workplace stress and career uncertainty was another shared tipping point. Herein, participants detailed overwhelming and all-consuming work demands, tight deadlines and substantial job responsibilities. A 43-year-old respondent discussed his diagnosis of generalised anxiety disorder following his return to work after a Christmas break, where he felt increasingly nauseous and sick in the mornings with no physiological reasoning behind his illness. For many, the perceived pressure and high levels of stress started to infiltrate numerous aspects of their lives including their position as a financial provider in the family unit. These respondents grew increasingly concerned that they could not satisfy the responsibilities required of them, both at work and more broadly in their idealized masculine roles.

> *"Couldn't sleep at night due to worrying about work. Long term, about would I be able to provide for my family well enough."* (37-year-old)

For respondents with comorbid mental health issues, anxiety interacted with other disorders (i.e., depression and substance use disorder) to colour and contort men's experiences and expressions of psychological distress. More specifically, the presence of anxiety heightened the severity, burden and frequency of other symptoms (e.g., suicide ideation) linked to adjacent comorbid mental health disorders.

> *"I go in and out of depression constantly. I always have crippling anxiety, it never leaves. I manage to keep it at bay somewhat but have regular suicidal ideation and worsens considerably during periods of high anxiety. I suppose I feel what's the point in living with unbearable anxiety and depression especially if I can't manage it."* (30-year-old)

3.2. Reclusive causes and consequences

3.2.1. Burdensome symptoms

Men reported increasing psychosomatic symptoms which included body aches and pains, difficulties breathing, chest tightness or panic attacks with fluctuating intensity and frequency. Given the intrusiveness and unpredictability of psychosomatic symptoms (particularly panic attacks), some men resorted to avoiding or completely disengaging with the amplifiers of their anxiety (e.g., social interactions with others and vocation and occupational duties).

> *"A series of panic attacks that led up to a large panic attack that required me to step down from my regular position at work."* (49-year-old)

Additional to troublesome psychosomatic symptoms, some men described frequently experiencing sleep issues or insomnia as a result of their anxiety. Sleep issues were cyclically intertwined with anxiety symptoms in that pervasive worrying, overthinking and ruminations diminished men's sleep quality, and poor sleep ultimately exacerbated patterns of overthinking and ruminating. Some men felt that numerous aspects of their daily functioning (i.e., vocational and occupational performance, social relationships) and in extreme cases their physical health, had deteriorated as a result of poor sleep or insomnia.

> *"When my worries prevented me to sleep at night. I couldn't relax at all. Not sleeping caused my health to deteriorate."* (55-year-old)

Men who experienced long-term or chronic anxiety described the ways in which daily or seemingly frequent consequences of anxiety (i.e., insomnia) accumulated overtime to significantly reduce their overall quality of life and physical and/or mental health outcomes. A 29-year-old respondent described how his *"struggles with daily tasks"* worsened to the extent that they started to impact other areas of his physical and psychological health. These reflections tended to arise with hindsight as men gained increased literacy, awareness and understanding following long-term recurrent or extended periods of anxiety.

> *"Advice from my doctor after several health concerns that he identified as stemming from anxiety and 'mild' depression."* (32-year-old)

3.2.2. Unmet pressures and expectations

For many respondents, tipping points (relationship, work and comorbid mental health issues) and burdensome anxiety symptoms inflected a disjunction between their external realities and the internal expectations they held themselves to, surrounding who they should be, what milestones they should achieve, and how they should behave. Many men linked these internal expectations to overwhelming external pressures contextualised in Australian societies as markers of success, including high positions at work, long-term financial stability and being the provider for their family. These external pressures were hedged on core aspects of their Australian masculine identity such as being a good father, husband, or romantic partner. As men's internal expectations intensified (and seemed unfulfilled), many described overwhelming sentiments of failure, which left them feeling fatigued, hopeless, and low in self-confidence. A 39-year-old man labelled these expectations as exhausting and felt his burn-was causing an intensification of his anxieties which he defined as an "*anxiety spiral*".

> *"Overwhelming non-stop high expectations that are unattainable and tire me out."* (27-year-old)

These external pressures and internal expectations intertwined with, and were influenced by idealized masculine roles, identities and relations reified in Australian cultures. Respondents indicated internalising the need to embody traditional masculine norms, whereby they compared their physical body, identity and personality to idealized social standards of masculinity. Some men described difficulty delineating their self-worth and self-esteem from the overarching tenets of masculinity but reflected in hindsight on the significant pressure they had shouldered.

> *"I hated everything about myself. My weight, my dick size, my 'lack' of masculinity, my sexuality, my habits, my personality. Everything."* (29-year-old)

Rigid alignments to ideals of traditional Australian masculinities led to some respondents viewing themselves as not meeting the masculine

standard (relating to weight, sexuality, and "dick size" for example), which subsequently led them to feel lost and confused regarding their own identity. Many men found it difficult to forge their own sense of self, disentangled from the norms they had been socialized to embody from boyhood. This was particularly evident for men who transgressed traditional masculine norms surrounding sexuality (i.e., gay and bisexual men), gender diversity (i.e., transmen) and family roles (i.e., men responsible for caring duties within a family unit).

> *"A lot of identity confusion - aimlessness & fear of others' perceptions of myself. Inability to somewhat accept myself as a person overall, especially as a gay man who maybe isn't stereotypically flamboyant."* (19-year-old)

A tangling of psychosomatic symptoms and life losses flowing to and from anxiety symptoms ultimately summons men's attention to isolating the driver of those misgivings. Herein, formal help-seeking then became a viable and necessary alternative.

3.3. Help-seeking

3.3.1. Defeat or defiant pathways to help-seeking

Typically, men stated that they reached a juncture with their anxiety experiences, which precipitated their decision to seek help. In some instances, men described resigning to the reality that they were unable to self-manage or cope with their anxiety independently (defeat). Other men described recognising an opportunity for change, which motivated a search for adaptive remedies to combat unending anxiety symptoms and psychological distress (defiant). These defeat and defiant pathways were not mutually exclusive or discrete: Defeat pathways in some instances intertwined with, and leveraged defiance. For example, for some men exhaustive and long-term self-management efforts translated into frustration and a reticence towards help-seeking.

Defeat narratives were often nihilistic, and men commonly stated they had lost motivation, direction and optimism in their life. Anxiety was positioned as something beyond their control, and men expressed feeling overwhelmed or consumed by the symptoms they were experiencing and longevity of their anxiety trajectories. A 54-year-old respondent described questioning daily whether *"[he] would ever feel normal again."* He expressed feelings of hopelessness and worthlessness, and sought professional help as a last resort, given anxiety symptoms and his mental health more broadly had continued to deteriorate. A 25-year-old man recalled finally "*surrendering to his anxiety,"* whereby he started to acknowledge the severity of an almost decade-long battle with anxiety symptoms:

> "I had issues since high school but was just brushed off as "mood swings" or "puberty" all the way until university. I dropped out due to mental health issues and looked for counselling because [of] a friend who put me in touch with a few different [counsellors] to see who I preferred."

Conversely, defiant pathways centred help-seeking as an opportunity for change and self-betterment. For one 60-year-old respondent, the breakdown of his relationship validated his need for mental health treatment and represented the avenue through which he finally sought help for long standing anxiety issues, therefore framing his help-seeking as a consequence of his significant life changes, namely cumulative injuries and diminished capacity for self-management:

> *"I have spent time with this counsellor over the last couple of years ('peeling back the layers' of my experience - healing and expanding), initially dealing with issues related to a relationship breakdown, then personal issues that experience evoked in me, then at a deeper level working on core underlying issues including anxiety"* (60-year-old)

Other men described a disjuncture between their desire for deeper connection and intimacy, and the burdensome nature of anxiety symptoms (i.e., unpredictable and intrusive physical and psychological symptoms). A 23-year-old respondent described how formal help-seeking became a viable and necessary alternative to somewhat remedy the loneliness and despair that he was currently experiencing as he struggled to form new relationships:

> *"I was in a position where I had really low self-esteem and was struggling to talk to others and form new relationships. I was tired of having this barrier … "* (23-year-old)

Anxiety was frequently described as a barrier, obstructing men from their desires and goals in life, including, but not limited to, combatting stress, idleness or under-performance at work and school. A 43-year-old man recalled how he started *"shutting down at work"* and *"knew [he] … had to go back to a counsellor to debrief"* as the panic attacks he was experiencing during work became more debilitating and restrictive. Unemployed men highlighted the importance of overcoming their anxiety as they tried to navigate the difficulties finding employment. Many stated that the demands placed on them were unsustainable if they couldn't overcome or at least manage their anxiety.

> *"Anxiety was affecting all aspects of my life and preventing me from being able to do my job. I needed help"* (37-year-old)

3.3.2. Solitary or assisted help-seeking

For some men, the decision to seek help was a solitary and independent process. They reflected on intrinsic motivations or desires to regain self-control and described wanting to find reassurance and clinical explanations from health professionals in the midst of heightened uncertainty. A 17-year-old participant described heading "*straight to the school counsellor*" one morning after a big panic attack which was more severe than any he had experienced in the past. A 25-year-old participant indicated that for him, self-harm was *"an objective measure that something was wrong"* so he sought professional help to find more adaptive coping mechanisms.

Men's proactive approaches to help-seeking were commonly described as an attempt "*to get on the front foo*t" of their anxiety, finding positive strategies to prevent their symptoms from getting worse. As such, men saw counselling as a tool to better equip themselves to effectively respond to the stressful or overwhelming events in their life:

> *"I was heading into uncharted territories, and felt out of my depth. I always suggest counselling to others so [I] … thought to follow my own advice as I didn't feel I could do it on my own."* (27-year-old)

Other men described more specific goals or expectations driving their psychological treatment, which was often to mitigate the consequences of their anxiety and improve their social connectedness. These desired outcomes included targeting what men described as *"social avoidance or withdrawal issues,"* and strengthening their networks of social support which were a source of advice and comfort in times of distress.

Alternatively, others sanctioned their help-seeking behaviour as a by-product of extrinsic factors abetted by support (and sometimes pressure) from men's partners, friends, work colleagues and family members. In these instances, men's social supports had detected changes in their mood or behaviour and encouraged them to seek help. Some men described these conversations with romantic partners, friends and family members as a "*crisis*" or "*boiling*" point, in which they finally confronted or vocalised the distress they had been trying to avoid:

> *"I was drunk and started telling my friends and brother that I had body image issues, so my brother said he was going to tell my parents. I told him I would instead, so I told my parents I was feeling really anxious. This led to me seeking help from a counsellor."* (22-year-old)

A 37-year-old respondent described how the encouragement and support of those closest to him helped him recognise that *"something wasn't right"* and acknowledge the drastic change in his overall affect. This respondent described a stark realisation that he wasn't the father he wanted to be and had lost optimism, *"I stopped playing with my children*

and enjoying family life … it all became too much." He stated that whilst he could not see the steps in front of him, he wanted to change, *"if not for myself then for those I love."*

3.3.3. Clarifying diagnoses

Men's uncertainty surrounding their psychosomatic anxiety symptoms frequently underscored their first instance of help-seeking. A 28-year-old participant noted that he initially saw a health professional to "*rule out any underlying physical health conditions*". Some men described disbelief in response to their general practitioners' prognoses that these psychosomatic symptoms could be wholly attributed to an anxiety disorder, particularly when they were experiencing cardiac and respiratory related symptomatology (i.e., increasing heart rate, difficulty breathing):

> *"I was experiencing what I mistook for heart trouble but it was actually anxiety attacks."* (26-year-old)

However, in many instances a diagnostic label of anxiety (particularly when given following extensive diagnostic screening) validated men's experiences, imparting a frame of reference and clinical nomenclature to corroborate the distressing symptoms they were experiencing. Some men also recalled feeling hopeful and optimistic when receiving a diagnosis of anxiety as it precipitated the mental health support and treatment options. Men appeared to be particularly motivated to seek specialised mental health support when the treatment options available to them were clearly explained and encouraged or normalised by medical professionals.

> *"I was experiencing quite extreme somatisation as part of my anxiety ie. chest pains, dizziness, arrhythmic heart beats. I had physical disease completely ruled out by my GP, who told me he felt I instead had anxiety. We decided together that it would be best to try combined pharmaceutical and psychological therapy to beat the anxiety."* (28-year-old)

4. Discussion

Data from this national survey exploring men's pathways to help-seeking affords valuable insight into the facilitating factors which propel and precipitate Australian men's treatment trajectories for anxiety. The first theme, *tipping points* represented mounting situational stressors (i.e., interpersonal relationship conflicts, work stress) tilting men towards the need for further mental health support. In the second theme *reclusive causes and consequences*, psychosomatic symptoms were intertwined with men's perceived inability to meet internal expectations and external pressures, ultimately summoning attention towards identifying the driver of these consequences (i.e., anxiety). The third theme *help-seeking* depicted how men's reclusive causes and consequences of anxiety then converged to propel respondents towards defeat (i.e., resigning to the realities of the severity of anxiety symptoms and limitations of self-management) and/or defiant help-seeking pathways (i.e., embracing opportunity for adaptive change and self-betterment). Men described various pathways of, oftentimes framing their help-seeking for anxiety as either a solitary or supported process, and one where diagnoses could be clarified.

Men's accounts of *tipping points* frequently related to changes in their social worlds including a loss of social connection (loneliness) or social isolation related to interpersonal relationship strain and/or breakdowns. Additionally, Fisher et al. (2023) reported that undiagnosed and untreated anxiety symptoms in men can intensify social disconnection, whereby men may withdraw or isolate from their social networks to conceal uncomfortable and distressing anxiety symptoms and sentiments of shame or perceived failure. This may be particularly characteristic of social anxiety disorder, defined in the DSM-5-TR as a marked, or intense, fear of social situations where an individual may be scrutinized by others (American Psychiatric Association, 2022). The link between social anxiety, social isolation and loneliness is well established (e.g., Eres et al., 2023; Lim et al., 2016; Owczarek et al., 2022), albeit not in the context of Australian men's anxiety specifically. Yet loneliness and social isolation are increasingly common amongst young adults, and greater in Australian males, relative to Australian females (Lim & Australian Psychological Society, 2018). Indeed, Australian men are also significantly less likely to engage with help-seeking services to manage their loneliness (Franklin et al., 2019), potentially fuelling these increased rates of loneliness for men (Bonell et al., 2023). In a longitudinal evaluation of loneliness and social anxiety, Lim et al. (2016) reported that loneliness is predictive of future social anxiety, but conversely, early social anxiety is also an independent predictor of future loneliness (which was not seen for depression or paranoia). Given loneliness and anxiety both constitute concerning risks for poor health outcomes (i.e., cardiovascular disease, dementia, cognitive decline; National Academies of Sciences Engineering and Medicine, 2020) and suicide (Kealy et al., 2021; Moller et al., 2023), it is critical that future research adequately considers, and further disentangles, the discrete yet interconnected nature of loneliness and anxiety in men.

Internal expectations and external pressures surrounding masculinities intertwined with men's burdensome anxiety symptoms in theme two, *reclusive causes and consequences.* Herein, men's anxiety arose from a perceived disjuncture between the realities of their lives and the traditional masculine roles and norms they felt they ought to be embodying as a man in Australian society (i.e., financial provider for the family, good husband). These findings echo the pervasiveness of traditional masculinities as the default and demanded archetype among Australian men (Elliott, 2019). This archetype within the Australian context specifically often revolves around ideals of mateship and strength (Butera, 2008; Connell, 2003; Elliott, 2019; Pease, 2001), often in relation to work and family (Bonell et al., 2023), with failure to uphold this masculine image resulting in crushing internal pressure, and consequently, burdensome anxiety symptoms. Not only did situational stressors ostensibly cause men's anxiety, but in some instances burdensome symptoms further entrenched men's risk of transgressing norms of masculinities, given worry, anxiety and fear are stereotyped as feminised traits (May, 1996; Robichaud et al., 2003). Participants commonly referred to difficulty living up to familial protector/provider traditions as a cause of their anxiety, and the impact on their educational or occupational outcomes as a consequence. Whilst we did not collect data on participants' cultural backgrounds (beyond their current Australian residence), cultural factors may, at least in part, explain this finding. Indeed, prior qualitative research with Australian men has documented how masculinities and culture can be intertwined in their impact on mental health (Sharp et al., 2023). The mental health of Australian men living in regional communities can also be uniquely impacted by the cultural contexts that permeates regional communities (Bonell et al., 2023). In other cultural contexts outside of Australia, greater endorsement of the traditionally masculine norm of primacy of work has been found to be higher among Asian American relative to Caucasian men (Owen, 2011). These cultural differences in masculine norm adherence could potentially translate into differences in help-seeking behaviour, resulting in different help-seeking pathways for men of diverse cultural backgrounds. Socioeconomic resources may also have played a role here. Just under half of participants (47%) specified their income in the lowest band ($0-$49,999), and as such this may have been a subgroup of men with pronounced anxieties around living up to their role of familial provider, with limited finances available to embody this standard relative to their peers.

Men's pathways to *help-seeking* were forged by the mounting entanglement of burdensome anxiety symptoms and men's perceptions of unmet internal expectations and external pressures. Indeed, men identified anxiety as the driver of these consequences and saw further mental health support as a viable, and in some instances necessary, solution. These consequences of anxiety rendered men in the current study, defeated and/or defiant. In some instances, respondents resigned to the realities of their anxiety (and limits of self-management; i.e.,

defeated). Conversely, defiant pathways to help-seeking involved a proactive outlook on help-seeking as an opportunity for self-betterment, afforded by the potential outcomes of psychotherapy, medication, and ongoing mental health support. It was not entirely clear from participants responses what determined and differentiated men's defeat or defiant positioning of help-seeking. Though deeply implicated were the culmination of causal factors underlying men's symptoms (i.e., hopelessness attached to certain stressors), anxiety literacy, attitudes towards help-seeking and their intrinsic and extrinsic motivations for recovery. Seidler et al. (2021) depicted similar help-seeking pathways for Australian men experiencing suicidality, highlighting "epiphanies" in which men realised the limits of self-reliance and came to terms with the impacts of their suicidality on those around them. Past research suggests the medicalisation of anxiety may play an important role in counteracting pervasive stigma, which downplays men's anxiety symptoms as normal, or something that everyone experiences (Clark et al., 2020; Fisher et al., 2023). Theorists define the medicalisation of anxiety as the pathologizing of introversion and fear, whereby diagnosis, treatment and amelioration are possible and prioritised (de Courville Nicol, 2021; Rebughini, 2021). Whilst the medicalisation of mental illness has long been debated amongst sociologists (Conrad, 2007; Rogers and Pilgrim, 2021; Szasz, 1960) for some men in this study, receiving a diagnosis of an anxiety disorder afforded an optimistic cross-roads for change, whereby self-management and recovery from anxiety was possible. Yet the medicalisation of anxiety hinges on men's anxiety symptoms being *accurately* identified by health professionals, and *adequately* represented in anxiety disorder resources and health promotion materials. Concerningly, for men who exhibit a gendered expression of anxiety (characterised by high levels of shame and guilt, psychosomatic symptoms and chronic recurrent symptoms; Fisher et al., 2021), anxiety symptoms may remain undiagnosed and therefore untreated, unless health professionals move beyond strict diagnostic criteria guidelines (i.e., DSM-5-TR; American Psychiatric Association, 2022). Whilst defeat and defiant pathways to help-seeking for anxiety must be clarified in future research, it's likely that health promotion messages and anxiety disorder awareness resources portraying male-type anxiety as a debilitating yet highly treatable mental health condition may empower more Australian men towards defiant dispositions towards help-seeking.

Future research should also seek to translate and sensitise this help-seeking messaging across different countries (i.e., Western and non-Western countries) and cultural contexts taking into account the vast differences in the availability and accessibility of mental health supports outside of an Australian context. For example, in some countries mental health care is heavily subsidised and readily accessible (e.g., Norway, Sweden; Gutiérrez-Colosía et al., 2019; Wahlbeck et al., 2011), whereas in others, numerous barriers to care exist and include financial, geographical and capacity issues where service consumers often face extensive wait-times. Differences also exist in the way certain services, such as general practitioners (GP), are perceived by the public. Australian public belief that individuals should seek mental health help from their GPs is not necessarily observed across other countries such as Japan (Jorm et al., 2005). For the men who live in these different social and cultural contexts, and who may be exposed to these significant barriers, messaging implying the treatment amenability of anxiety disorders may leave them feeling hopeless and nihilistic should anxiety disorder treatment not be accessible or supported within their health care services. In addition, health promotion messaging aiming to increase mental health literacy regarding help-seeking (and treatment options) for anxiety would require targeting and tailoring to men from migrant backgrounds. Prior evidence suggests lower mental health literacy and utilisation of mental health services among men from migrant and culturally-diverse background (Na et al., 2016). Therefore, it appears crucial that health professionals delivering an anxiety disorder diagnosis, and health promotion messaging targeting anxiety, emphasise the vast range of treatment options available for anxiety disorders (including adaptive coping strategies) and highlight the likelihood of recovery and effective self-management.

Some men described *help-seeking* as an extrinsically motivated event, positioning external drivers as pivotal in their decision to seek-help (i.e., help-seeking had occurred at the behest of men's social supports). In these instances, friends, family members, doctor or teachers may have detected changes in men's anxiety symptoms, aiding or empowering their help-seeking behaviour. Some men described these conversations with social supports as confrontational, whereby inter-personal conflicts than then triggered a deeper, emotionally vulnerable conversations around their mental health and wellbeing. The confrontational nature of these interactions reflects the dominance these traditional masculine ideals of stoicism and independence still hold over Australian men (Schlichthorst et al., 2019), with even the idea that they need help from others perceived as a deep challenge to their self-concept. These descriptions also align with past research which has identified the pivotal role of the "other" in men's decisions to seek help for their mental health (Vogel et al., 2007), be that challenging restrictive masculine norms of self-reliance (Seidler et al., 2021) or as "saving graces" directing men to support services in the context of a suicidal crisis (Oliffe et al., 2021, p. 420). However, many men described seeking help for anxiety as a solitary event, intrinsically motivated by a desire for change, self-empowerment, or self-betterment. Scholars emphasising positive masculinity stress the importance of focusing on masculine norms which serve to promote, rather than impede, positive health behaviours such as help-seeking (Kiselica et al., 2016; Kiselica and Englar-Carlson, 2010). In this study, men describing defiant pathways to help-seeking often did so under the guise of masculine virtues including courage, defiance and/or control, problem-solving and independence. This pivot towards norming help-seeking as courageous and strong was tied to the eventual end game of securing remedy for their anxiety symptoms and ensuring ongoing self-management. Positive masculinity advocates for the flexible and malleable adaption of masculine norms in place of pathologizing traditional masculine norms, affirming that deleterious health outcomes are largely associated with restrictive and rigid adherence to these norms, rather than consequential of norms themselves (Kiselica et al., 2016). Courage, emotion-control, and dominance can predict hardiness and/or resilience (Alfred et al., 2014), which for men with anxiety, may have important implications for interventions and resources attempting to promote men's help-seeking for anxiety and ongoing engagement in psychological services.

4.1. Limitations

It is important to recognise the limitations associated with this study. First, as themes were generated to reflect cross-sectional data of men's most recent instance of help-seeking, these themes should not be interpreted as discrete (i.e., the reclusive causes and consequences of anxiety can also be attributed to the theme of help-seeking), or linear (i.e., the causes if anxiety do not necessarily lead to the consequences of anxiety which catalyse help-seeking). Second, data collected were limited by the participants interpretation of the question and what they chose to disclose in the survey. As such the depth and length of individual responses varied. It was not possible to probe for additional information, or to clarify participants responses as in other qualitative data collection techniques including interviews or focus groups. Seidler et al. (2021) have however recognised the benefits of using open-text anonymised surveys for qualitative data collection with men, contending that allowing men full control over their responses (and how much is shared) alleviates discomfort around potentially sensitive topics such as mental illness. Third, participant responses were abstracted based on a pre-defined list of medicalised psychiatric terminology (i.e., depression, anxiety, suicidality, stress), whereby men self-selected the reason for help-seeking which resonated most strongly for them. As such, despite using medicalised anxiety nomenclature throughout this study (and in data collection procedures), participants likely had diverging experiences with and definitions of 'anxiety' ranging from context or situation

specific mental health support (i.e., bereavement, job loss, relationship breakdown) to diagnosed anxiety disorders requiring tailored psychiatric treatment. In addition, it was impossible to identify participants with comorbid anxiety issues (unless integrated to participants responses), making it difficult to discern whether anxiety was a single or nested issue for participants, or one facet of a multitude of mental health issues which may have differential impacts on men's pathways to help-seeking. Finally, the cultural and ethnic backgrounds of participants were not collected within this survey. Therefore, we are unable to determine whether the findings of this study can be generalised to culturally and linguistically diverse men. Notably, only 3% of respondents had not completed high school indicating that this sample may have a higher mental health literacy than the general population, and therefore greater knowledge access to psychological services. Variability in the sample regarding therapy experience (first experience compared to life-long therapy attendees for example) was also notable, complicating further the ability of this study to generalise across men of all help-seeking experiences. Further research should consider and explore how men's cultural and socio-economic backgrounds, as well as their previous help-seeking journeys, may impact the gendered dimensions of help-seeking and subsequent pathways to mental health services. This will have important implications for tailoring public health messaging and anxiety resources to culturally and linguistically diverse men.

4.2. Future directions

The ubiquitous experience of anxiety exists on a spectrum from adaptive emotional responses to maladaptive psychopathology (Stein et al., 2017). Men's approaches to help-seeking may therefore vary at differing severities of anxiety experiences. For example, meta-worry (worry about worry) may increase the rates of men presenting to healthcare services and has been shown to facilitate help-seeking behaviour in the context of health-anxiety via attempts to gain reassurance from doctors (Lee-Jones et al., 1997). Yet, shame about worry has been associated with men's concealment and avoidance of anxiety symptoms, engendering maladaptive coping strategies (i.e., substance misuse), social withdrawal and social isolation (Fisher et al., 2023). Future research should therefore explore how specific clinical characteristics and contexts along this spectrum of anxiety differentially influence men's help-seeking attitudes and behaviours. Improved understanding of men's illness trajectories for anxiety can then be used to guide tailored interventions and psychotherapeutic treatment.

Future research should also seek to explore how traditional norms of masculinity, (i.e., competitiveness, courage, defiance/determination and emotional control) can positively influence help-seeking in men, and whether this differs between men's anxiety and experiences of depression or suicidality. Uncovering the contemporary masculine virtues in an Australian context that underpin positive attitudes towards help-seeking for anxiety will garner important insights to sensitise mental health service messaging and public health promotion towards promoting and leveraging Australian men's strengths. Salgado et al. (2019) suggests that mental health interventions focusing on winning at all costs or being one's best (aligned with masculine norms of winning and success) could encourage men's engagement in mental health services. As such, anxiety disorder interventions developed upon gender transformative principles could position key situations or events (i.e., relationship breakdown, family issues, work stress; the causes of men's anxiety identified in this study), as opportunities for change, empowerment and self-betterment, emphasising men's self-efficacy and control in the midst of significant life uncertainty and change. As an example, *Doing it Tough* (https://doingittough.org) is an Australian state government imitative established to connect Australian men to local groups and community organisations for support on a range of situations and mental health stressors including mental health, alcohol and drugs, relationship problems, financial difficulties, gambling, and trauma. Establishing a similar gender-responsive anxiety disorder intervention could connect men with community support services whilst also depicting optimistic stories of men's recovery and self-management, leveraging men's desires for deepening, initiating and maintaining positive social relationships as a key outcome. Future research should also explore men's treatment pathways once they *do* engage mental health services or anxiety, more specifically, how men experience psychotherapeutic treatment for anxiety disorders and the effectiveness of treatment across the life course.

Social disconnection and isolation (i.e., relationship break down and/or strain) was a prominent cause of Australian men's anxiety. A desire for greater social connection motivated many men in this study to seek help. Given the well-founded association between social isolation, loneliness, and anxiety (Lim et al., 2016), it is crucial future research considers loneliness through the gendered lens of masculinities (Ratcliffe et al., 2023) to contextualize and effectively interrupt men's anxiety. Additionally, efforts to reduce men's anxiety need to nuance the role of these risk factors in tailoring potential remedies. Indeed, masculine norms influences men's experiences of loneliness and social connection; as Ratcliffe et al. (2023) suggests, masculine norms can both amplify loneliness through norming a reluctance to communicate vulnerably with others, and mitigate loneliness by providing masculine men with specific masculinised spaces for social connection such as sporting teams or pubs (Emslie et al., 2013). Therefore, interventions targeting men's anxiety should instead seek to challenge men's maladaptive cognitive distortions (about themselves and their place in the world) which impede and restrict men's ability to connect with others (Lim et al., 2021; Masi et al., 2011). This may have a two-fold effect, reducing both loneliness and men's anxiety, which have both been found to have deleterious physical and psychological implications for men across the life course (Fisher et al., 2022; Taylor et al., 2023).

4.3. Conclusion

Unprecedented global events and uncertainties have defined the last half decade, and the benefits and risks of this recent history continue to emerge. One benefit is men's discussions and self-disclosures about anxiety – normed within the context of events and challenges collectively experienced. However, the risk amid these destigmatizing effects is that anxiety gets positioned as being within men's resiliencies and self-control. Now, more than ever interventions targeting men's anxiety should accentuate the need for and benefits of mental health treatments. The pathways mapped in the current study go some way toward highlighting the potential for tapping positive masculine virtues to norm Australian men's help-seeking for anxiety as a strength-based, asset-building practice.

Data availability statement

The data are not publicly available due to privacy or ethical restrictions.

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CRediT authorship contribution statement

Krista Fisher: Writing – original draft, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Simon M. Rice:** Writing – review & editing, Supervision, Investigation, Formal analysis, Conceptualization. **Michael J. Wilson:** Writing – review & editing, Methodology, Formal analysis, Data curation, Conceptualization. **Ruben Benakovic:** Writing – review & editing. **John L. Oliffe:** Writing – review & editing,

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Declaration of competing interest

The authors declare that they have no competing interests.

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