Rural male suicide in Australia

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A B S T R A C T

The rate of suicide amongst Australia’s rural men is significantly higher than rural women, urban men or urban women. There are many explanations for this phenomenon including higher levels of social isolation, lower socio-economic circumstances and ready access to firearms. Another factor is the challenge of climate transformation for farmers. In recent times rural areas of Australia have been subject to intense climate change events including a significant drought that has lingered on for over a decade. Climate variability together with lower socio-economic conditions and reduced farm production has combined to produce insidious impacts on the health of rural men. This paper draws on research conducted over several years with rural men working on farms to argue that attention to the health and well-being of rural men requires an understanding not only of these factors but also of the cultural context, inequitable gender relations and a dominant form of masculine hegemony that lauds stoicism in the face of adversity. A failure to address these factors will limit the success of health and welfare programs for rural men.

Rural male suicide in Australia

Australia is arguably one of the countries most affected by climate change/variability. The country’s rural areas have been blanketed by drought for much of the last decade and significant catastrophic climate events have occurred including flooding in the North, dust storms in the South and bushfires in several states, events that have added to the sense that the climate has become overwhelmingly unpredictable. This climate variability has affected all Australians in some way — whether it is through ongoing water restrictions in the major cities of Melbourne, Perth and Adelaide, the blinding dust storms in Australia’s largest city, Sydney, in September 2009, the devastating bushfires in Victoria in February 2009 or the floods in North Queensland, also in February 2009. All Australians are much more intimately aware of the effects of the weather on personal comfort and health than they may have been even a decade ago. While this has been educative for the majority of the population, perhaps it has also led to a downplaying of the very real health and other social impacts experienced by farming families whose ability to maintain their livelihood is compromised by their long battle with drought and the declining levels of water available to produce food crops. More concerning is that it has also led to some blaming of farmers often falsely accused of environmental degradation and of somehow causing these extraordinary events. Yet the longevity of the drought and the decline in available water has led to unprecedented hardship for rural farm families in Australia and growing levels of debt and poverty that have seriously eroded farmers’ ability to farm productively (Alston & Kent, 2004, 2006; Alston & Witney-Soanes, 2008; Alston & Whittenbury, under review).

While this has had an impact on all members of farm families, it is evident that rural men are particularly affected by the distress caused by these hardships. Their ability to continue farming, or to retain their farm labouring/contracting jobs, has been seriously compromised, their sense of self-worth undermined (Alston & Kent, 2004) and their ability to remain the family breadwinner and custodian of the land destabilised (Ni Laoire, 2005). Rural men have long been recognised for their stoicism during tough times and this continues to be the hallmark of many Australian men who farm. However this very stoicism in the face of impossible odds is now the cause of a significant social crisis in Australia. Men are dying of suicide at almost four to five times the rate of women (ABS, 2005) — and rural men significantly more than urban men. In fact men in remote areas are almost three times more likely to suicide than their urban counterparts (Page, Morrell, Taylor, Dudley, & Carter, 2007). Whether this is a new phenomenon caused by
drought is debatable as there has been limited research on this factor and record keeping relating to suicides is at best not standardised across regions and times. However contemporary explanations suggest these rates are partly caused by the lack of employment options in these areas and the ongoing financial crisis in agriculture (Page & Fragar, 2002) and also by the ready availability of firearms (Page et al., 2007). Two thirds of male farmer suicides are farm managers/owners and they are predominantly in the older age brackets. Those in younger age brackets who suicide tend to be farm workers whose jobs are threatened or lost (Page & Fragar, 2002). Those places with the highest rates of male suicide are communities with less than 4000 members (Judd, Cooper, Fraser, and Davis, 2006), suggesting that lack of opportunity is one of the critical causes of rural male suicide. This health crisis has led to the development of a number of programs focusing on men's health in rural and remote areas. However, the continuation of this issue suggests that there is much more involved than a health problem and that we need to assess the cultural context in which many men take their own lives.

In this paper, and drawing on work previously written on rural men's health (Alston & Kent, 2008), I argue that the way rural masculinities are constructed in Australia restricts men's ability to ask for help. Further, inequitable gender relations in rural areas ensure that men continue to adopt stoicism as their first line of defence. They are also increasingly likely to limit their social interactions when under threat, fearing social opprobrium because of their sense of failure. Rural men personalise their experiences in a way that reduces their ability to see the full scale of climate variability and therefore as beyond the control of the individual. Drawing on research conducted over a number of years, this paper argues that rural male suicides will continue to grow whenever gender relations are inequitable, restrictive and limiting and whenever men are expected, and expect themselves, to be stoic in the face of adversity. Firstly, the paper outlines the rural condition as experienced by Australia's rural men and women; it then discusses rural men's health and presents a theoretical understanding of rural masculinities. Using findings from research conducted with farm families over a number of years, the paper argues that the current dominant construction of rural masculinities are damaging to Australian rural men caught up in circumstances beyond their control. While men's health programs are essential and supportive, addressing rural masculinity and gender relations in general is a significant first step in attending to men's mental health.

**The Australian rural condition – farming under stress**

Australia is a vast continent with a limited population base. Twenty-two million people occupy a space similar in size to the United States and 84% of the population live within 50 km of the coast. Thus the vast inland areas of the country where much of our agricultural production takes place are occupied by about 16% of the population making the rural experience one of vast, uncompromising landscapes and limited social interactions. Agriculture has been a significant part of Australia's post-colonial history and a major export industry. Currently agriculture accounts for 22% of Australia's exports but only 3% of our GDP (ABS, 2008). However, agriculture occupies 55% of the nation's land mass and uses 65% of our stored water, making it a significant visible part of Australia's environment and landscape (ABS, 2008). There are approximately 140 000 farm businesses in Australia and over 90% of farms are run by families, making this the dominant form of production. Yet Lawrence (1987) claims there were as many as 250 000 farming families in the 1950s. The number of farming families working in agriculture has been in steady decline since this period and in the fifteen years to 2001 as many as 22% of farm families have left the industry (ABS, 2003). This flight of farm families is due to ongoing rural restructuring brought about by technological advances, the amalgamation of properties into larger farms, and the retirement of older farmers. It is also a result of farm families being driven out by the difficult financial conditions associated with agriculture in recent times. This loss of families — forced or otherwise — has a significant impact on the well-being and health of those families and communities left behind as networks and services decline.

Adding to the pressures on families, over 50% of farms run by families are now reliant on off-farm income to stay in farming and 80% of this work is done by women (RIRDC & DPIE, 1998), a situation similar to the Irish experience described by Ni Laoire (2005). The work of women both on and off the farm is critical to farm family economic survival. This off-farm work is being sought at the same time as small communities are experiencing a decline in community service infrastructure and inadequate or non-existent transport and telecommunications. Thus many women have to leave their farms and communities to seek work in larger centres, further reducing the social interactions within families and adding to the stress and overwork of family members (Alston, 2000; Alston & Kent, 2004). Communities are also affected by the lack of people available to volunteer for community activities and organisations.

Smaller rural communities are subject to stagnant or declining populations as a result of the downturn in agriculture and the significant out-migration of young people, fleeing to more populated areas for work and/or further education. Population decline in these small communities is also exacerbated by a loss of farm jobs as farm families are forced to reduce their hired labour and incorporate employment requirements within the family. Thus farm workers and contractors are moving out of these areas in large numbers (Alston & Kent, 2004, 2006) and the loss of these families has placed pressure on institutions such as schools, where student numbers are declining and the numbers of teachers is reduced, further defraying social capital (Alston & Kent, 2006).

In areas where irrigated farming has traditionally taken place, such as in those communities along the Murray River, a large river bordering the states of New South Wales and Victoria, the lack of water available in the river system has caused governments at state and Commonwealth level to ‘cap’ irrigation water entitlements. Driving through these areas is like driving through a barren wasteland of abandoned, dead and dying vineyards and orchards, dry paddocks and empty farm houses (Alston & Whittenbury, under review).

Because of the long running drought and the lack of water available to preserve the health of the river system, the Commonwealth government has been buying up water entitlements from farmers. At first the government’s entry was met with enormous resistance and anger by farmers. Now, however, many farm families, worn down by years of ongoing drought, have opted to sell their water to the government — so many, in fact, that the individual states of New South Wales and Victoria have placed temporary moratoriums on sales fearing the total destruction of irrigated agriculture in their states. Many farm families are prepared to move on, taking the government package and giving up on their tradition in irrigated agriculture (Alston & Whittenbury, under review). Meanwhile, those remaining are just as committed to preserving their heritage in the industry and are hanging on to their farming traditions. There is no doubt that the next decade will see major changes in agriculture as these groups — those who are giving up, and those who are choosing to remain whatever the cost — divide and/or coalesce. Either way, the past two decades have destabilised farm families and communities and created significant and recognisable health impacts for rural men.
Rural men’s health

Regardless of current circumstances, Australian rural men have traditionally had poorer health than their urban counterparts and are also less healthy than rural women. Rural men have higher rates of cardiovascular disease and are more likely to die early than women, not only from disease but also from injury and accidents. Australian rural men adopt more risky behaviours, including higher levels of smoking and alcohol use, and have higher levels of mortality from work or motor vehicle accidents (Carrington & Scott, 2008). Courtenay (2006) also notes that men are more likely to die earlier from the ten leading causes of death. These statistics suggest that despite their outdoors work, many rural men have an unhealthy lifestyle and engage more readily in risk-taking behaviours. Yet, they are also less likely to seek help for health problems (Courtenay, 2006). If we add to these factors the structural elements noted above and the erosion of certainties associated with farming, we begin to understand that rural men are ill-prepared for the significant changes with which they must now deal.

As outlined above, Australia’s rural men are more likely to take their own lives (Page et al., 2007), perhaps seeing this as the only way out of their extreme circumstances. Further, our current research suggests that male suicides are increasing as conditions deteriorate and as major decisions about leaving agriculture, and/or selling water entitlements, are being made. Community members talk about ‘an epidemic of suicide’ (Alston & Whittenbury, under review). Rural male suicide evidences both a high level of mental distress and an inability to cope with changed circumstances. A national Australian organisation dealing with depression, Beyondblue, set up by a former Premier of Victoria, Jeff Kennett, who had his own experience with depression, noted his concern for rural men when he stated that they are suiciding at ‘a rate of one every four days’ (AAP, 2006; Judd et al., 2006). This statistic has been queried by the Australian Division of General Practitioners as a significant underestimate (AAP, 2006).

Concern about rural men’s health is also evidenced by the response of farmer bodies in setting up mental health working parties and working with health services to develop programs for men. The New South Wales Farmers’ Association, for example, formed a mental health working group in 2005 and this group continues to meet regularly. The group was responsible for establishing mental health ‘first aid’ programs in rural communities – programs aimed at community members to assist them to recognise signs of mental distress in their neighbours and fellow community members. The program has been successful in bringing information to communities and to ‘normalising’ mental distress as an acceptable reaction to change processes.

There are many explanations for rural male suicide, including higher levels of social isolation and an ongoing commitment to stoicism – the keeping on through hardship, illness and despair. This stoicism frames a perspective that tempers rural men to value self-reliance and independence and to distrust outside agencies or even to ask for help (Hanson, 1996). However, as Gessert (2003) notes, social isolation is an inadequate explanation for rural male suicide as those in urban areas may be more socially isolated than rural dwellers who are usually more enmeshed in their local community than those in large cities. A good analysis of rural male suicide in Ireland emerges from work by Ni Laioire (2001, 2005) who suggests that the phenomenon results from a sense of entrapment and an inability to see a positive future. She argues that rural men’s inability to control government policy or the weather or the rural restructuring they see around them leads them to a strong sense of hopelessness. She further argues that rural male suicide is also a product of the out-migration of women and a lack of support services to deal with mental health issues. Yet many men are unable to name mental ill-health as a problem because of their tradition of keeping on through hardship. Their ready access to firearms adds a critical dimension to the way rural men resolve their mental ill-health problems (Page & Fragar, 2002).

The link between mental ill-health, substance abuse, antisocial behaviours, coping styles, adverse interpersonal and family factors and suicide is well established (Judd et al., 2006: 209). Judd et al. (2006) go further and argue that there is a link between suicide and experience of place. Thus the high number of suicides in small communities can be explained by rapid changes outlined above such as a decline in production and land values, loss of population, reduced employment opportunities, loss of services and a growing sense of entrapment and inability to cope for those unable or unwilling to leave. There is also a link between an area’s socio-economic disadvantage and suicide rates (Judd et al., 2006). Thus rural communities that are over-represented on indicators of disadvantage (Vinson, 1999, 2004), and rural people who are on average of lower socio-economic status, older, sicker and have fewer job opportunities (Judd et al., 2006) are much more at risk.

Judd et al. (2006) further note that those left behind or ‘staying behind’, as Ni Laioire (2001) describes them, are experiencing less community cohesion and lower levels of social capital affecting their quality of life.

Despite this growing knowledge on the health of rural people, there is also evidence that the level of mental health services into these communities is lower and that there are fewer GPs per head of population than in urban areas. Disturbingly there is also evidence that GPs in rural and remote areas see fewer people with psychological distress per 1000 head of population and prescribe far less mental health medications suggesting lower rates of presentation or lower rates of recognition of symptoms (Judd et al., 2006).

Masculine hegemony – understanding men’s reluctance to seek help

While the factors outlined above such as social isolation, poverty, out-migration, ageing populations and declining employment opportunities, are obviously associated with rural male suicide, there is also a critical need to understand the way men view themselves as a more significant factor in the way they deal with current changes and hardship. An in-depth analysis outlining the dominant form of rural masculinity as the key factor in rural male suicide is outlined by the writer in a previous paper (Alston & Kent, 2008). This paper outlines the need to understand the way the dominant form of rural masculinity is constructed if we are to deal effectively with this significant health crisis. It is therefore critical to extrapolate the causes of rural male suicide to encompass the way men perceive and construct themselves — their construction of their rural masculinity. This explanation draws on Gessert’s (2003) notion that rural cultural values are implicated in this issue and Ni Laioire’s (2001, 2005) analysis of rural change as being a significant challenge to rural masculine hegemony. Thus the dominance of men in rural culture, heritage, folklore and positions of power has traditionally created a dominant form of masculine hegemony shaped around certain perceived virtues inherent in hegemonic masculinity. This masculine hegemonic position in rural life has been well documented in the Australian context. Theorists such as Connell, Dempsey, Campbell and others have articulated a theory of masculine domination that explains how rural men dominate both women and their rural spaces (Campbell, 2006; Campbell, Bell, & Finney, 2006; Connell & Messerschmidt, 2006; Dempsey, 1992; Poiner, 1990). Yet it is important to note that Connell and Messerschmidt address the complexity of hegemonic
masculinity noting it is more a relational rather than a dichotomous oppositional perspective separating men and women. Family farming is a key socio-cultural site where this hegemonic relational position is constructed and the male farmer is viewed, and views himself, as tough and uncompromising, as the main family breadwinner and custodian of the family land (Ni Laioire, 2005). When this position is threatened, the view rural men hold of themselves is destabilised.

This previously normalised view posits a superior position for men, prioritises their concerns, allows them to control and own most of the resources including land through processes of patrilineal inheritance, and privileges their claims to power and influence. However this hegemonic rural masculinity has a downside — and that is that men in rural communities are portrayed as strong and tough (Leipins, 2000), that they can face down challenges and be stoic in the face of adversity. This dominant masculinity is so normalised in rural areas that it is largely unchallenged (Campbell, Bell, & Finney, 2006). Further, its relational corollary is that women are subordinate and unimportant, that they lack influence and that they are there to facilitate transfer of property through male lines.

However, women’s position in agriculture has now changed significantly in Australia and they are no longer as readily prepared to accept a subordinate position. They are performing much of the work on farm and their work off-farm provides the crucial income that allows their men to remain in farming (Alston, 2000; Shortall, 2002). Despite this they continue to be almost solely responsible for household and child care tasks and are largely responsible for farm financial management (Alston, 2000). Their image of themselves is changing under the pressure of work and many challenge the view that they are subordinate players in traditionally patriarchal societies (Alston & Whittenbury, under review). Ni Laioire (2005) notes that while this hegemonic form of masculinity has adapted and persisted, it is now not supported by circumstances. Thus gender roles and expectations of women and men are diverging.

As a result, the hegemonic position, while still supported in theory, in practice creates significant tension at household level. Yet men have a strong investment in maintaining the dominant position and any threat to this is extremely challenging for men’s self-worth (Campbell, 2006). Ni Laioire (2005:102) argues that.

Current processes of change in the social landscape of farming ... are threatening the hegemony of a traditional masculinity built on traditional gender roles, breadwinning status and a normative sexuality.

This suggests that the change in gender roles and relative economic contributions of women and men has destabilised men’s sense of their own self-worth and undermined their stoicism and rugged individualism. The dominant form of masculinity has benefited men through good times, allowing them to preserve their power and influence and pass it on to their male heirs. What is evident in current times is that this dominant, and rigid, form of masculinity, and men’s reduced ability to identify as the ‘breadwinner’, has damaged men’s sense of self when circumstances are beyond their control and their stoic response prevents help-seeking behaviour and reduces their ability to attend to their health needs (Alston and Kent, 2008).

Therefore any response to high rates of rural male suicide must incorporate an understanding of the changing cultural context, destabilised gender roles and, in particular, of the way men seek to preserve and protect the dominant form of rural masculinity through inadequate adaptations, and of the constraints these impose on rural men and women. Without this, suicide rates will continue to rise in rural areas experiencing rapid change.

Research on Australian rural areas

The writer has undertaken several studies in rural areas of Australia over the last decade. These have been motivated by the experience of living and working in a rural community for several decades and seeing the ongoing restructuring and decline in small communities. It is driven by the writer's experience as a farm partner, working with the land and seeing neighbours and friends reduced in their ability to cope. It has also been motivated by having to watch and experience the drought lingering over the rural landscape, changing the countryside into an unforgiving dustbowl and reducing the aesthetic amenity of the rural spaces. But perhaps the greatest motivator has been the experience of having two different neighbours’ sons die by their own hand, young rural men in the prime of their lives unable to see a future for themselves in the spaces I have occupied so intimately. These experiences are real and personal and they bring clarity to a topic that may seem distant and impersonal to some. But experiencing the grief of parents and the loss of a future for much loved young men is something that most people in small Australian rural communities now know. It is for this reason and for the many men in rural communities who face hopelessness and despair that this paper is written.

The research outlined here draws from several studies assessing the social impacts of drought and declining water availability (Alston & Kent, 2004, 2006; Alston & Witney-Soanes, 2008; Alston & Whittenbury, under review). All of these studies carried out in 2004, 2006, 2008 and 2009 used qualitative, in-depth interviews with key informants at policy levels, and in local communities and includes hundreds of interviews with men and women in farming families. Ethics approval was received from the Ethics committees at Charles Sturt University (2004, 2006, 2008) and from Monash University (2009). Service providers interviewed for the studies included social workers, doctors, nurses, health service managers, rural financial counsellors and local government service providers. Without meaning to, the regularity of the research has created something of an historical record of economic decline, people's emotional and health responses and their resilience. This article draws on all these studies, focusing particularly on how men describe the way they view themselves and their health and the way they address their health issues. What is clear from this research is that men continue to adopt a stoic response to their circumstances, that, nevertheless, there are marked changes in men’s ability to discuss health issues, that they are aware of mental health issues as a result of the many campaigns conducted in Australian rural areas, that they are more able to discuss the health of men around them than they are their own and that they continue to distrust helping services, preferring to try to ride through their emotional roller-coaster. It also reveals that men are more likely to use alcohol to ‘self-medicate’.

By contrast and because men continue to largely ignore their own health and to be stoic, and because of the gendered relations this signifies, women hold themselves responsible for the health of their men, are frustrated by their lack of ability to assist them and are becoming increasingly concerned about their men’s health. Of equal concern is that women ignore their own health needs, placing themselves last in decisions about resource allocations, delaying health check ups and generally focusing far more on family health matters than their own. These issues are equally significant to rural health service provision and understanding. However, as this special collection focuses on men and suicide, the remainder of this paper focuses on men and their understanding of their health and circumstances.
Rural men's health

In our studies conducted over the last decade, men reveal their own increasing levels of stress and depression and that of men around them. They note their loneliness and increasing social isolation, the increase in their working hours because of the need to feed and water livestock, the constant mundane nature of these tasks and their concerns for their ability to remain farming. Men note that their day to day thinking has changed from attention to production and farm improvement to a focus on sheer survival tasks. Yet their words reveal their stoicism and sense of entrapment – their inability to change or even maintain their farms through hard work alone. For example, this quote from an older man reveals the day to day drudgery associated with keeping sheep and cattle alive.

A typical day is you get up. It's filled with a lot more worry. Normal times if you're on the land you get up and your whole day's thinking about how you can improve your property, improve your sheep. That's changed. It's become more of a drudge. You get up. There's always animals to feed. You'll be cutting a bit of mulga or feeding stock. It's much more regimented. ... I don't think I'm as happy a person as I used to be. You tend to be less tolerant, get crankier easier. (Rural man 2004 study).

As the years of hardship continued, this day to day grind has taken its toll. Men, their partners and service providers note that the health of particularly older men has deteriorated, that men are more isolated and that their views of themselves do not match their understanding of the traditional and hegemonic notion of rural masculinity. It is the older men who have the most trouble reshaping their views of themselves or of questioning long understood views of themselves and where they fit in their small rural world.

We cannot generalise – in some cases the drought has brought out shining stars. At the other end of the spectrum, those that are middle aged to older people, have restricted their movements and are just trying to get through it all. Their world is closing in around them. Many have isolated themselves. ... the drought has brought relentless financial indignities. (Service provider (rural financial counsellor) 2008 study).

For other older male farm workers, the loss of their jobs and reliance on their wife's income adds to the erosion of their sense of their role as breadwinner and hence is deeply challenging to their sense of their masculine self.

The older, or the 50 years and onwards, there are a lot of those people who are now no longer employed and a lot of them have depression and a lot of them are living on their wife's income and it's had a very big effect on that group particularly. (Service provider (health services worker) 2009 study).

This challenge to their masculinity and an aversion to seeking help leads many to try to solve their problems through self-harming means. Many informants note that men are far more likely now to use alcohol to self-medicate rather than to seek help and that this short-term measure has become a long-term problem.

People continue to spend money on alcohol. The publican is the only business unscathed in the drought ... Perhaps people are consoling each other or using it as a welcome relief to forget about the drought. (Key informant 2008 study).

Noting the association between men, their sense of their masculine self and their land, this service provider, himself an ex-farmer, reports that farmers have moved from self-blame to a more dangerous tendency to blame their wives and intimations of domestic violence are now more likely to surface in interviews than they did even five years ago.

They feel a failure. The first thing they do is blame themselves, and then they blame their wife. I'm on a committee with a woman who is a wonderful person and so is her husband. Well he was a delightful man but he's lost the plot and they just co-exist now because he's gone past blaming himself and he's now blaming her. (Service provider (rural financial counsellor) 2009 study).

Mental health issues

One of the consequences of men's declining health status and inability to seek help in a timely fashion is that the levels of mental ill-health amongst rural men are rising. While many informants note men's declining health in general, comments on men's health are increasingly more likely to reflect deteriorating mental health. This report from a young man about his father is typical:

The old man was always pretty easy-going, but it was getting him down ... Like they had been feeding 130 days straight and it was costing them $1000 a day. Every morning he got up was another $1000 gone on fodder and at the end it was getting him down. (Farm man whose father was hospitalised with 'stress' 2004 study).

Men's inability to understand their mental ill-health as anything more than an individual failing means they are unable to see the wider circumstances, such as drought, as responsible for a more generalised impact on community well-being. Thus, men describe their attempts to deal with stress as individualised methods, reflecting the notion that they feel they must be stoic and unyielding, but also that they blame themselves rather than with global and national climate events and policy responses for their circumstances. The following quotes typified the earlier studies undertaken on the drought experience and indicate men seeing stress as a weakness to be overcome in an individualised manner.

Stress is a hard thing to accept. And you've got to get used to it. If you can't handle it it'll get you down. You've got to switch off. But it's hard to handle. (Farm man 2004 study).

It has a dampening effect on spirits and attitude ... you feel less motivated. (Farm man 2004 study).

It's pretty hard at the moment when you walk around to be optimistic but occasionally you get a couple of hours in bursts when you can be optimistic. Then you go back to depression for the rest of the day. (Farm man 2004 study).

Several men note the depths of their despair and the way this often renders them immobile, unable to make decisions. Rather than seeking help, this despair causes them to isolate themselves, seeing themselves as failures.

I'm desperate and hanging on by the skin of my teeth (Farm man 2004 study).

You're never away from work on the farm. You are living on the thing so all your time is spent here ... You get very down and tend to sit and look at things. (Farm man 2004 study).

Even in the earlier studies, a few men had sought medical help – several noting their inability to sleep was the catalyst to them seeking medical attention.

I'm taking about seven tablets – and that is a stress ... to help us sleep and keep us thinking properly. (Farm man 2004 study).

However, as the years of drought and harsh conditions have continued, service providers note that depression is not limited to
rural men, but rather than there is now general community malaise because of an inability to predict the future.

*People come in with depression in the following order — husbands first, then wives and now it is starting to present in the kids. They don't know what the next three years will bring...* (Service provider (local doctor) 2008 study).

**Suicidal ideation**

The result for many men is they become trapped in their growing feelings of despair brought on by their inability to change their circumstances through constant hard work. Their inability to seek help leads them to see themselves and to see themselves as failures because they are not living up to traditional notions of successful rural masculinity. Thus many see no option but to end their lives because it is, for them, the end of their traditional lives as they know and understand them. The sense of entrapment and hopelessness because they have failed to meet the imposed standards associated with traditional masculinity reverberates in these quotes.

*I've had two women that have come in and said 'help me with my husband. I don't know what to do. He's going to...he's crying all the time.'* (Service provider (health services worker) 2004 study).

*I was suicidal in January and February. Emotionally the worst period of my life... I feel very isolated... I'm running out of resilience to keep taking the blows and keep moving on... I carry the hurt inside.* (Farm man 2004 study).

**Lack of services**

Despite the growing awareness of deteriorating mental health amongst all farm family members and the wider community, the lack of services exacerbates the crisis as there is limited early intervention.

*There's a rise in mental health issues and we've had to deal with a number of cases and part of the problem has been that the personnel on the ground aren't here. Like it's really not easy to get help sometimes for someone in an isolated situation.* (Service provider (health services worker) 2004 study).

**Stoicism**

Throughout our studies, men's comments reveal their ongoing commitment to stoicism in the face of impossible odds. Most male interviewees report on their attempts to keep going through hard times — the hallmark of the rugged individual facing down the land and its hardships.

*My wife and I are fortunate in being tough as old leather boots... we've got each other to cry on each other's shoulder. But I have noticed the single men are... physically sick.* (Older farm man 2004 study).

Women also note their men's stoicism — that they will keep going but become more withdrawn. Women also reveal their own bias towards overseeing their men's health.

*He's busier, there's more to do and...sleep is a bit of an issue...He tends to keep things to himself so I've got to do a bit more digging to actually get him to talk about it.* (Farm woman 2004 study).

It is clear from these comments that men fear they are failures if they can't farm productively and hence fulfil dominant ideas of successful masculinity, but also that they have failed their male ancestors and family traditions. This failure to live up to the images of their forebears is one of the extraordinary pressures on rural men now living in changing times. Thus they are far more likely to personalise the experience than to see this in the context of larger global and national changes.

*They feel if their grandfathers endured wars and the depression...now I am the grandson and I've failed. I cannot make it...* (Service provider (social worker) 2008 study).

Meanwhile it is also clear that many women unwittingly foster the view of traditional masculinity through their support for their husbands, their protection and monitoring of their men's health and their failure to address their own health needs. Women also reveal a certain stoicism forced on them by their need to keep working. The following quote is typical. This woman has been forced to move away from the farm to work full-time in another community. She lives away from home most of the time, suggesting her own stress levels must also be quite high. However her uppermost concern is for her husband, working in an isolated situation following significant health problems.

*My husband's just had a heart operation. He has been out there on his own [while I work in town]. He has had a bit of a wakeup call.* (Farm woman 2004 study).

Many women breakdown and cry when they report the levels of their husband's distress, revealing their sense of helplessness, but also their sense of responsibility for their men. The following quote from a woman working full-time off the farm reveals not only the burden of her responsibility for her husband, but also the way she is almost dismissive of her own workload which is allowing her to keep things going.

*My husband had a nervous breakdown last year... unless I give him a big push every morning he just seems to sit stay inside and wait for me to come home.* (Farm woman 2004 study).

Many also note despairingly that their men are more likely to self-medicate through alcohol abuse and that this can lead to relationship problems. What comes out in these quotes is that women unwittingly support the notion of the male as primary — thus they tend to monitor their men not only out of a sense of concern, but also because their own life experiences are shaped by the way men are reacting. Unless prompted, women rarely discuss how this impacts on their own sense of self.

*He's aged dramatically in the last twelve months. He's drinking more. He's quite depressed at times. I tend to find that I have to arrive home and see what sort of day he's had or how things are going before I react.* (Farm woman 2004 study).

He's depressed, he's cranky with the kids all the time. He's cranky with me all the time. He drinks more. He smokes more... he feels that if he doesn't get out he'll go mad.* (Woman on remote farm).

More insidiously, and to protect their men from the full horror of their economic circumstances, and, no doubt, to protect themselves from unpleasant responses, women hide key factors about their dire circumstances from their men.

*I've actually delivered food parcels and the woman...meets me at the front gate so the husband doesn't know I'm taking out a food parcel... wives... won't admit to their husbands that there isn't any income to support them.* (Service provider (rural financial counsellor) 2009 study).

What these comments also reveal are the significant pressures on women to assist men to maintain the charade of self-reliance and to deal with the emotional health of their families.
More insidiously they reveal women under pressure to maintain this pretence to protect themselves from violent or unhealthy responses on the part of their men. The hiding of food parcels is a common practice, no doubt to protect men’s views of themselves and could potentially lead to violent responses. At the same time women continue to work and keep the family/farm together, a practice that has significant ramifications for their own health, but a practice nonetheless that they undersell in interviews, possibly because they still frame their work as subsidiary to the ‘farm’ even though it supports the family to remain farming. Thus it is clear from our research that women collude in maintaining the view of masculine hegemony not only to protect their men, but also to protect themselves. That this is done sometimes grudgingly is more evident in recent interviews because women are now feeling increasingly overburdened with the expectations of the charade.

Threatened masculinity

Returning to men as the subjects of this paper, it is arguable that what leads men from being highly stressed (as are many farm women), to suicide (which occurs more frequently amongst men), is the threat to their view of themselves as farmers in a patriarchal system which values a dominant form of (successful) masculinity. Their failure to meet the supposed standards explains the depths of their depression. Many men report on the futility of their efforts to remain financially viable.

_Bash your head against a brick wall and lose money and see all my superannuation go dry – my superannuation is my farm. We did hope we could retire … but it’s looking less and less likely._ (Farm man 2004 study).

_A lot of people probably quieten down because they haven’t got the energy. They’ve got these big things that they’re worrying about. … the future just can’t go on like this._ (Farm man 2004 study).

As the years have rolled on and distressing conditions continue, service providers and men themselves note the future is unclear and that this lack of certainty is extremely distressing and destabilising to their sense of self. The slowly dawning significance of climate change is very destabilising as it may mean the final end to their lives as farmers.

_Many farmers are wallowing in disbelief – they cannot believe that their days on the farm may be actually coming to an end. They have not planned for it._ (Service provider (health service worker) 2008 study).

The link between the farm family and their idea of themselves as successful men has been noted over several years by astute service providers.

_Their block is their security. Their block is everything to them and that’s what they live for. They don’t live for their family or their wife. They live for the block and when something’s wrong with the block it’s the end, it’s the living end._ (Service provider (rural financial counsellor) 2004 study).

However, the loss of a secure future based on old certainties and the potential loss of their heritage and ability to pass it on to a new generation leaves many men with no understanding of where they now fit in the world. Their view of themselves as successful farmers has not been replaced by any new view of themselves as successful elsewhere. If they are not successful farmers – then they are unsuccessful men.

He’s in denial. What he wants out of life comes from a pride that he was going to achieve something in life and on the farm and it’s slipping away … (Woman in 2004 study).

As a result, service providers note there is now intense grief amongst farm men, their families and communities as the terrible circumstances are revealed as long-term conditions. They note the need to uncouple the links between men’s sense of self and their land and heritage as essential for men’s ongoing health.

_There is this whole aspect of grieving going on … there is this humungus grieving for the loss of land, heritage, what is familiar, financial security — losses at all levels. From a social recovery perspective there is a humungus reframing that has to happen in the minds of your own self-identity. You are so linked to the land [and men think] I’m not valuable if I don’t have my land_. That has to be unconnected. They have to start feeling that they are still okay even if they don’t have their land … getting them to the point where they have a level of acceptance without the despair. (Service provider (social worker) 2009 study).

Conclusion

This article focuses on rural men in Australia, noting the deteriorating economic and environmental conditions and the increasing levels of ill-health amongst rural men. Drawing on qualitative research conducted over several years in small rural communities and amongst farming families, this article develops an explanation for the high levels of suicide amongst rural men. Key constructs in this explanation are rurality and masculinity. The rural context is determinant because of the dominance of men in rural life and positions of influence and power in these areas, and because it is men who own the majority of rural resources including land. Men are more likely to live and work in their rural communities all their lives while women are more likely to marry in, reinforcing a masculine hegemony in these areas. Masculinity is also determinant because the dominant form of masculine hegemony is based on a view that men have traditionally adopted a stoic attitude to adversity. While this position has served men well in the past, now, in times of crisis, it causes significant hardship and pain as men are unwilling or unable to seek assistance and blame themselves for the failure of agricultural production. Despite global economic and climatic conditions being the cause of this failure, men personalise their experience and feel their situation is of their own making. The dominant form of successful masculinity that held great value for them in good times is the very cause of their inability to seek help in bad times.

This dominant form of rural masculinity lauds stoicism, rugged individualism and an ability to work through hard times. It prevents more positive adaptations and thus restricts men’s ability to seek help. Many men feel they have failed themselves, their families, their ancestors and their communities because the normative position does not assist them to deal with years of drought, low production and little income. This capacity for men to blame themselves has led to growing numbers of rural men taking their own lives.

Our research also reveals that women collude somewhat in reinforcing this dominant form of masculinity because to do otherwise destabilises their men and may provoke an unwelcome response. Nonetheless, by cooperating in the perpetuation of this form of masculinity, women are colluding in their own subordination. This is evident in the lack of acknowledgement even by women of the importance of their work, their limited attention to their own health and circumstances and their continuing to financially and emotionally support a system that disempowers them.
Addressing men’s suicide rates in rural areas requires policies at a number of levels and short to long-term strategies to deal with the issue. At local levels there is an immediate need for services and for places and spaces where women and men can get together separately or together to discuss the widespread nature of the difficult rural circumstances. In the long-term there is a need for programs and services to be sustained and developed so that there is always a culturally appropriate place for people to seek help, which is well known, accepted and resourced.

There is also a need for national policies that allow farm family members to receive adequate information and advice that will allow them to see a future either on the farm or in different circumstances. This may be through the provision of the means for a dignified financial exit from farming, and it may require people to be retrained and/or supported into new businesses and locations. It will require farm exit grants and health and welfare service support through the process of decision-making about the future.

To address the crisis of rural male suicide it is important that the dominant form of rural masculinity be exposed and interrogated and its shortcomings revealed. This cannot be done in isolation from an interrogation of inequitable gender relations as causative. These relations are now also affecting rural women’s health and their ability to hold things together. These gender relations are unhealthy for both men and women and unless there is more attention to these then both men’s and women’s health and well-being will continue to deteriorate. Thus there is a need to challenge stereotyped behaviour, to critique the way men view themselves and the inequitable gender relations and processes that exist in rural areas. Without this, men will continue to see their future as hopeless and women will lose their strength to keep the family unit together.

References


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