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SEPTEMBER 2008

reaching out

WHO NEW ZEALANDERS TURN TO FOR RELATIONSHIP SUPPORT

A REPORT FOR THE FAMILIES COMMISSION

The Families Commission was established under the Families Commission Act 2003 and commenced operations on 1 July 2004. Under the Crown Entities Act 2004, the Commission is designated as an autonomous Crown entity.

Our main role is to act as an advocate for the interests of families generally (rather than individual families).

Our specific functions under the Families Commission Act 2003 are to:

> encourage and facilitate informed debate about families

> increase public awareness and promote better understanding of matters affecting families

> encourage and facilitate the development and provision of government policies that promote and serve the interests of families

> consider any matter relating to the interests of families referred to us by any Minister of the Crown

> stimulate and promote research into families, for example by funding and undertaking research

> consult with, or refer matters to, other official bodies or statutory agencies.

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WHO NEW ZEALANDERS TURN TO FOR RELATIONSHIP SUPPORT

A REPORT FOR THE FAMILIES COMMISSION

DR MIKE ROGUSKI, SALLY DUCKWORTH
AND FLEUR CHAUVEL, LITMUS

CARLA GUY
FAMILIES COMMISSION

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PREFACE

There are compelling reasons for the Families Commission to take an interest in supporting couple relationships.

We know that when relationships go wrong they can seriously affect people's emotional, mental and physical health; their work productivity; and the wellbeing of their children. Building up our knowledge of what people do to support their couple relationships is a priority and a necessity.

The formation and breakdown of relationships between couples is often focused on in the media. There are many popular books on the subject. Yet before the Commission embarked on this research, we knew very little about how New Zealanders find information about managing couple relationships.

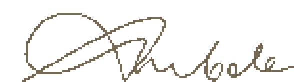
When the Commission consulted organisations working in relationship support (in service delivery, policy and research) many people affirmed the need for a project focusing specifically on support for intimate relationships. As one participant said, we need to focus on "couples as a couple and not only as parenting teams, economic units, mortgage partnerships" – this research does exactly that.

The research explored how people gained access to information and support to sustain their couple relationships. It examined the barriers to, and enablers of, seeking support from family, friends and professionals.

We found that family and friends were hugely important in providing support – whether by providing a sympathetic ear or by getting actively involved in addressing a relationship issue. We also uncovered an area of relationship support which is relatively unresearched – general practitioners, midwives, school teachers, church ministers and community elders going beyond their primary responsibilities to support couple relationships. Some of the people in this study had also sought support from professional counselling services.

This study provides insights into the barriers to seeking relationship support, the factors that promote support-seeking and people's experiences of being supported. It raises many issues for further investigation. We are confident it will be a valuable resource for organisations working to strengthen and support couple relationships, and will prompt new thinking and discussion about the provision of information and support.

We are grateful to the 50 people who shared their experiences of support for past and present relationships. They have provided us with the basis for a report which captures a wide range of experiences.



Sharron Cole
Deputy Chief Commissioner

1. EXECUTIVE SUMMARY

1.1 INTRODUCTION TO THE RESEARCH

For families to be strong and resilient it is important to support adult couple relationships. Strong, well-functioning relationships are associated with resilience to stressful events, better physical and mental health and greater productivity. Poor-quality relationships can affect children's development and wellbeing.

This qualitative study focuses on how people gain information and support to sustain their couple relationships. This is an under-researched topic, particularly in New Zealand.

The study explored how, why, when and from where people accessed information and support for their couple relationship. It also examined the barriers to and enablers of accessing information and support, and people's experiences of support.

In February and March 2008, 50 semi-structured interviews were conducted with participants of various ethnicities, genders, ages, sexual orientations, from various places.

1.2 RESEARCH FINDINGS

Participants discussed informal, semi-formal and formal support. Previous studies have distinguished informal and formal support types (Manthei, 2006; Pescosolido, Brooks Gardner, & Lubell, 1998; Sue & Sue, 1990), but have not defined them clearly.

1.2.1 Informal support

Informal support was provided in passive, individual and active forms. Passive support is defined as the non-personal receipt of advice and information – for example, from reading, television and radio. Reliance on prayer, meditation and faith was defined as individual informal support. Active support involved some form of interpersonal contact.

The majority of participants preferred informal support over formal support. This was true for all genders, ethnicities, sexual orientations and regions. Participants' descriptions of informal support reflected the dynamics of friendships and families, where the provision of support was expected, culturally embedded and natural.

Participants sought out specific people within and outside of families to provide a 'listening ear', practical advice or an intervention (such as a place to stay in times of relationship difficulty).

The informal support that participants received from their friends became more effective as their friends grew older.

Participants' age, personality, gender, sexual orientation and ethnicity influenced whether they sought informal support, and from whom. The impact of gender and personality on support-seeking behaviour was pronounced. Female participants were more likely to verbalise experiences, while male participants were more likely to work through issues privately.

1.2.2 Semi-formal support

Semi-formal support included assistance from non-counselling professionals in a community setting, such as general practitioners, nurses and teachers. Support was provided beyond the support person's primary role and responsibilities.

Semi-formal support was particularly important for participants and it reduced their sense of isolation. It was critical for participants:

- of low socio-economic status
- who were reluctant to seek support from within their social network
- with negative perceptions of formal services
- with a high degree of self-containment
- who were intensely private.

1.2.3 Formal support

Formal support was focused specifically on individual or relationship wellbeing. The professionals providing formal support were counsellors, psychotherapists, psychiatrists and psychologists working in communities.

Of the 22 participants who accessed formal support, 10 did so individually and 12 as a couple specifically for relationship issues. Formal support was accessed almost exclusively by Pākehā and Māori heterosexual participants.

Participants' engagement with formal support was generally facilitated in one or more of the following ways:

- Formal support was demystified through exposure to its possible benefits.
- A 'support facilitator' proactively advocated or referred them to formal support.
- A crisis occurred in their lives which forced them to seek formal support.

1.2.4 Barriers to informal, semi-formal and formal support

Numerous barriers to seeking support for a relationship difficulty were noted by participants, including failure to realise or acknowledge relationship issues, privacy or loyalty to partner and not wanting to burden others. Many of these barriers were common to both informal and formal support.

Negative attitudes towards formal support were relatively common, and included scepticism, or fear of being judged. Many participants also demonstrated a low awareness of options for formal support. In particular, female participants below the age of 25 years had little awareness of options for formal support and a perception that relationship issues were insignificant or normal.

The primary barriers to seeking semi-formal support were cost and transience, which reduced the possibility of establishing in-depth or long-term relationships with service providers.

1.2.5 Experiences of support

Participants generally felt that informal support met their needs sufficiently. In most cases, the process of providing and receiving support strengthened relationships. In the main, issues were resolved and did not escalate into a crisis which would require formal support. While some participants and their partners changed their behaviour after receiving informal support, more often the effect was a change in attitudes to the issue that the participant sought support for.

This study defines an area of relationship support which is not discussed in the research literature in any detail – semi-formal support. GPs, nurses, teachers and other semi-formal supporters all provided support to participants which went beyond their primary professional responsibilities. Participants found that such support benefited their relationships by reducing stress.

Participants had mixed experiences of formal support. The 12 participants who sought formal support specifically for their couple relationship attributed their satisfaction to the resolution of issues and the engagement of their partners. Dissatisfaction was attributed to:

- a partner's different perceptions and expectations
- a sense of being blamed as a result of the intervention
- the relationship being steered towards separation rather than resolution
- a perceived unsatisfactory outcome.

1.2.6 Impact of the research

This research has provided insights into an area in which knowledge was previously lacking in New Zealand. The findings highlight issues for further investigation, such as the impact of gender and personality on help-seeking; the experiences of people from different cultures, ethnicities and ages; and the role of semi-formal supporters such as general practitioners. This research also provides insights which should be valuable for the provision of information on supporting couple relationships.

2. INTRODUCTION

2.1 RESEARCH BACKGROUND AND OBJECTIVES

In May 2007, the Families Commission held three consultation workshops with government and non-governmental organisations with a role in supporting couple relationships. The workshops were held in Wellington, Auckland and Dunedin, and were attended by organisations involved in relationship education, counselling and social service delivery, funding, policy, research and advocacy. Workshop attendees stated that little is known about how and why people access support and information about relationships.

This research was designed specifically to address this knowledge gap. It explores the barriers to and enablers of access to information and support for couple relationships[1] experienced by people from diverse backgrounds and life experiences. The study specifically examines:

- how, why and when people access information and support (formal and informal) for their couple relationships
- where people seek information and support
- the barriers to and enablers of access to information and support
- people's experiences of being supported.

2.2 COUPLE RELATIONSHIPS IN NEW ZEALAND – A STATISTICAL SNAPSHOT

The nature of relationships in New Zealand has changed. There are increasing numbers of de facto relationships, a rise in re-marriage and the formation of step- and blended families.

The proportion of marriages in which one or both partners have previously been married has grown in recent years. Just over a third of marriages in 2006 were remarriages (34 percent), whereas in 1971, just 16 percent of marriages involved the remarriage of one or both partners (Statistics New Zealand, May 2007).

There were 21,500 marriages registered to New Zealand residents in the year to December 2006 (Statistics New Zealand, 2007). Although the number of marriages is fairly constant, the marriage rate is falling. The general marriage rate[2] declined from 16.5 per 1,000 in 1996 to 13.5 per 1,000 in 2006. The current rate is less than a third of its peak in 1971 (Statistics New Zealand, 2007). Increasingly, legal marriages are being postponed and fewer New Zealanders are marrying in their teens or early twenties.

Many factors have contributed to the fall in the marriage rate, including the growth in de facto unions, a trend towards delayed marriage and increasing numbers of New Zealanders remaining single.

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1 Intimate partner relationships inclusive of same-sex and heterosexual relationships.
2 Number of marriages per 1,000 people aged 16 years and over.

A growing proportion of New Zealanders are living in de facto relationships.[3] This is consistent with trends in Australia, North America and Europe. In 1996, about three in every 20 men and women aged 15 years and over who were in partnerships were not legally married. By 2006, this figure had increased to around four in 20 (Statistics New Zealand, 2007). De facto relationships are the most prevalent amongst younger generations. Among partnered women aged 15 to 19 years, nine out of 10 were living in a de facto union at the time of the 2006 Census (Statistics New Zealand, 2007).

In 2006, there were 397 civil unions[4] registered to New Zealand residents. These comprised 319 same-sex unions (131 male and 188 female) and 78 opposite-sex unions (Statistics New Zealand, 2007). Same-sex couples registering civil unions are, on average, roughly eight years older than opposite-sex couples. The older age profile of same-sex civil unions probably reflects the fact that they have only recently been able to register their relationships (Statistics New Zealand, 2007). Opposite-sex civil unions tend to be concentrated in the younger age groups.

In 2006, there were 10,100 orders for dissolution of marriage (Statistics New Zealand, 2007). This is consistent with the national average for the last decade. The divorce rate was 12.5 divorces per 1,000 estimated existing marriages, very similar to the 2005 rate of 12.4 per 1,000. New Zealand's divorce rate is comparable with Australia (13.1 in 2001) and England and Wales (13.0 in 2005).

Annual divorce statistics do not give a complete picture of the number of marriages ending in divorce. If we look at divorce statistics by year of marriage it shows that about one-third of New Zealanders who married in 1981 had divorced before their silver wedding anniversary (25 years). (Statistics New Zealand, 2007).

As people's relationships are becoming increasingly complex, we need to know more about how people seek support for them at times of stress and change.

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[3] It is difficult to get up-to-date statistics on de facto relationships in New Zealand. The five-yearly Census of Population and Dwellings is the primary source of information on de facto unions.

[4] The Civil Union Act 2004 came into force on 26 April 2005 and the first ceremonies were celebrated on 29 April 2005.

2.3 OVERVIEW OF LITERATURE ON RELATIONSHIP SUPPORT

The following review of selected literature pertinent to the research objectives focuses on satisfaction with and the stability of relationships; life events; the demographic characteristics of population groups that are more likely to seek formal counselling support; barriers to accessing counselling services; and various types of support.

2.3.1 Relationship satisfaction and stability

What is meant by relationship satisfaction?

According to Halford (2000) a strong partner relationship is one that is stable because both partners are satisfied and want the relationship to continue. It is important to note that there is no absolute definition of strong or successful couple relationships, and the standards by which people judge relationships and evaluate their satisfaction vary by culture and individual.

In an attempt to understand what is meant by satisfaction, Robinson and Parker (2008) reviewed studies of married couples and found that the following elements were typical of a healthy relationship:

> **Commitment** – a long-term view of the relationship; perseverance in the face of difficulties; balancing couple and individual needs; a sense of 'we-ness' and connection through friendship, shared values and history.

> **Communication** – positive and respectful; with elements of humour and compromise.

> **Conflict resolution** – an understanding that some conflict is inevitable; 'fighting fair' and learning to 'pick their battles'; agreement that violence is unacceptable.

> **Interaction and time together** – sufficient quality and quantity; a good balance of 'couple time' and time spent on individual pursuits; and the enjoyment of each other's company and of the time together.

> **Intimacy and emotional support** – physical and, in particular, psychological intimacy, developed and strengthened over time, particularly by overcoming difficulties.

> **Deep friendship** – friendship incorporating mutual respect and enjoyment of each other's company, and deep knowledge of each other's likes and dislikes, and hopes and dreams.

Although most of the research on committed couple relationships focuses on married couples, it is likely that many of the factors associated with strong relationships apply to both married and cohabiting couples (Halford, 2000).

What causes relationship satisfaction to decline?

Most couples report high satisfaction with their relationships at the beginning. However, studies have shown that the mean level of relationship satisfaction erodes over the first 10 years of marriage (Halford, 2000). In the USA, Clark (1995, cited in Halford, 2000) reported that separations in the first four years of marriage account for approximately a third of all divorces.

Halford (2000) has attributed declines in relationship satisfaction to one or more of the following:

- unrealistic expectations upon moving in together
- challenges associated with cohabitation
- moderation of the initial overwhelming attraction to one's partner
- failure to develop routines and shared responsibilities.

Steps towards separation and divorce usually, though not always, follow periods of deteriorating satisfaction.

2.3.2 Life events

Halford defines life events as "the developmental transitions and acute or chronic circumstances that impact on the couple or individual partners" (Halford, 2000, p 18) (see also Bradbury, 1995). It is argued that relationship problems are more likely to develop during periods of change or stressful events. Conversely, some changes are also generated by relationship problems such as separation and divorce.

Halford (2000) has determined that the following are common significant life events for individuals and couples:

- marriage or cohabitation
- transition to parenthood[5]
- parenthood
- severe illness
- separating and re-partnering
- step- and blended families.

Life events can increase or decrease relationship satisfaction. Couples who effectively support each other through stressful events such as the severe illness of one partner often report that the experience brings them closer together.

One explanation as to why life events can tip couples into greater or lesser relationship satisfaction is that some couples are already more vulnerable to the effects of life events, perhaps because of a lack of communication skills, or inflexible or unrealistic expectations of relationships.

[5] The transition to parenthood can be associated with declines in marital satisfaction and increases in marital conflict (Halford, 2000; Mitchell & Chapman, 2006). This must be interpreted within context, however. A number of studies indicate that relationship satisfaction is highest before marriage (see, for example, Halford, 2000 – commentary).

2.3.3 Protective and risk factors for relationship satisfaction and stability

Halford (2000) has listed several groups of factors which can affect relationship satisfaction and stability:

> **Adaptive couple processes** – the cognitive, behavioural and emotional processes that occur during a couple's relationship problems.

> **Individual characteristics** – the stable historical, personal and experiential factors that each partner brings to the relationship.

> **Relationship history variables** – the experiences from prior relationships that couples bring to new relationships. This history includes family-of-origin experiences and previous relationship experiences.

> **Psychological disorder** – present or past history of mental illness.

> **Social networks** – including friends' or family's approval or disapproval of the relationship.

TABLE 1: SUMMARY OF PROTECTIVE AND RISK FACTORS FOR EACH CATEGORY

	PROTECTIVE FACTORS	RISK FACTORS
Adaptive couple processes	Open communication and effective ways of managing conflict.	Poor communication and conflict management. Unrealistic or incompatible expectations and beliefs about gender roles, the importance of good communication, conflict resolution and family and friends.
Individual characteristics	High levels of education, income and high-status occupations are associated with satisfaction and stability.	Those of lower socio-economic status appear to be at a greater risk for relationship dissatisfaction and instability[6] because of higher levels of stress in their lives.
Relationship history variables	Previously satisfactory relationships, positive experiences in the family of origin (such as parents who acted as positive relationship role models).	Negative experiences within the family of origin increase the likelihood of relationship problems; for example, people have more negative expectations of marriage if their parents divorced. Violence in family of origin. Men, in particular, have a higher risk of being violent towards their partner if they witnessed violence between their parents.
Psychological disorder	No history of severe psychiatric diagnoses, depression or chemical addiction.	Higher rates of relationship problems and divorce amongst those with a history of one or more of the following: – severe psychiatric disorders – depression – chemical addiction.
Social support networks	Friends and family approve of the relationship.	Friends and family disapprove of the relationship.

[6] While this is not clearly understood, Halford (2000) has surmised that this may be associated with the larger number of stressors (such as ill health and financial concerns) experienced by those of low socio-economic status.

2.3.4 Types of support

The research literature distinguishes between informal and formal forms of support, but does not provide clear definitions of either concept (Manthei, 2006; Robinson & Parker, 2008). At best, formal support is defined by an individual's use of a community-based 'mental health professional' (for example, Deane & Chamberlain, 1994).[7] Informal support is generally defined in terms of what it is not. For example, the following description typifies a definition of informal support that works by contrasting it against formal types: "psychological help from sources other than mental health professionals" (Deane & Chamberlain, 1994, p. 207). Other attempts have only provided loose definitions of informal support, including "social support and social contacts" (Sherbourne, 1988); "family, friends, community and occupational networks" (Pescosolido et al, 1998; Sue & Sue, 1990); and "indigenous systems of therapy" (Draguns, 1981).

Previous research into formal support has tended to regard informal support as just a first step in a help-seeking pathway towards engagement with formal services (Manthei, 2006; Pescosolido et al, 1998; Saunders, 1993). Informal support is commonly described as 'needing to fail' before the individual can move to access formal support.

Relationship research has generally focused on communication within the couple relationship, and there is little comment about the use of informal support from external sources (Berscheid, 1999, cited in Felmlee, 2001; Felmlee, Sprecher, & Bassin, 1990; Milardo, 1982).

All of these examples suggest a weakness in existing research into help-seeking, as they undervalue the role of informal support from people's family and social networks, and prioritise formal support.

2.3.5 Use of formal support services

Both in New Zealand and overseas, profiles of those who use community-based formal support services have consistently reported the following demographic patterns:

> Women are more likely than men to use community-based formal support services, and have a more positive attitude towards seeking counselling than men (Bridgman, 1994; Deane, 1991; Deane & Chamberlain, 1994; Manthei & Duthie, 2003; Surgenor, 1985).

> People aged 25 years and older and those with more education are more likely to seek counselling than younger people or those with little formal education (Deane & Chamberlain, 1994; Manthei & Duthie, 2003).

> People who have separated or divorced are more likely to access services than people who are in a relationship (Manthei & Duthie, 2003; Parslow & Jorm, 2000; Vessey & Howard, 1993).

In addition, those of European descent are more likely to access services than others (Manthei & Duthie, 2003; Padgett, Patrick, Burns, & Schlesinger, 1994; Sue & Sue, 1990). To some degree, this is thought to be due to the cost of counselling (Halford, 1999, cited in Robinson & Parker, 2008; Manthei & Duthie, 2003; Padgett et al, 1994; Sue & Sue, 1990; Vessey & Howard, 1993). Padgett et al's view (1994) is that this disparity was also noticeable amongst wealthier minority participants.

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[7] The research literature has been careful to separate formal support into community-based and inpatient psychiatric care. The current study focuses on community-based formal support services only, as inpatient care is generally more concerned with acute or chronic psychiatric conditions.

For Māori and Australian Aboriginal peoples, under-utilisation has been attributed to a distrust of Western psychological models, the cultural inappropriateness of these models and the perception that the services are 'white' (Colmar Brunton Social Research, 2004, cited in Robinson & Parker, 2008; Love, 2000; Milne, 2005). Māori and indigenous Australian families have reported that access to mental health services constitutes 'external interference' in family matters (Colmar Brunton Social Research, 2004, cited in Robinson & Parker, 2008; Love, 1999).

Ethnicity and culture need to be explored when examining access to formal support services.

2.3.6 Barriers to accessing community-based formal support services

A number of barriers to accessing formal support services have been noted. These barriers are not specific to relationship support services, and have been taken to account for engagement with many forms of community-based formal support services (eg Robinson & Parker, 2008).

Barriers include financial costs (Halford, 2000; Padgett et al., 1994), the belief that relationships are private, the time required to access support, the need for childcare and the presence of family violence (Robinson & Parker, 2008). A number of practical concerns are also considered in the research literature, including low awareness of services, waiting lists, access to transport, distance and the lack of disability access (Colmar Brunton Social Research, 2004, cited in Robinson & Parker, 2008).

Fears are commonly cited as barriers to seeking and accessing formal support. Kusher and Sher (1991) provide the most detailed discussion of this issue, and have distinguished different sources of fear:

> fear of embarrassment

> fear of change

> fears associated with past unsatisfactory experiences of formal support

> fears of negative judgement.

3. METHODOLOGY

This study employed an adapted Life History Calendar (LHC) methodology. Yoshihama, Gillespie, Hammock, Belli, and Tolman's (2005) LHC model was adapted to create a relationship calendar. Each participant was invited to discuss the events and challenges affecting up to three significant relationships (including their current one), and the support they sought for these couple relationships.

3.1 SAMPLE

A total of 50 face-to-face semi-structured interviews were carried out with people in couple relationships. This sample size was chosen to include a breadth of backgrounds and life experiences. The decision not to interview both members of any couple and not to interview couples together was based on the need to avoid the risk that participants' disclosure of information might damage their relationships; and the recognition that the power dynamics of couple relationships could preclude full and frank discussion.

Inclusion criteria

Inclusion criteria included:

> a balance of women and men

> to have been in a couple relationship (married, de facto or civil union) for a minimum of 18 months[8]

> aged between 20 and 65 years

> self-identified as Pākehā, Māori, Pacific[9] or Asian

> heterosexual, same-sex male and same-sex female relationships

> a mixture of people residing in urban and provincial areas (including rural).

Exclusion criteria

People with a history of violence in their current relationship were excluded from the study as participation in the research could risk further violence. History and risk of family violence were determined through the recruitment process.

[8] Initially, we proposed including participants who had been in a relationship for more than three years, to align with the legal definition of a couple relationship. However, this relationship length favoured older people and those in heterosexual relationships. We therefore included people in the research who had been in a relationship for at least 18 months.

[9] Pacific included Cook Islands, Niue, Tonga and Western Samoa.

Participants' characteristics

TABLE 2: CHARACTERISTICS OF PARTICIPANTS INTERVIEWED

GENDER	AGE	ETHNICITY	RELATIONSHIP TYPE	LOCATION
Women (25) Men (25)	20–35 years (12) 36–50 years (26) 51–65 years (12)	Pākehā (22) Māori (12) Pacific (11) Asian (5)	Heterosexual (37) Same-sex male (10) Same-sex female (3)	Urban (32) Provincial including rural (18)

Notes on the sample

- Participants included 22 women and 15 men in heterosexual relationships. During recruitment it was observed that some heterosexual men tended to defer to their partners on more 'emotional' or personal topics.
- Five Asian people (three Chinese men and two Indian women) were included in this study to begin to explore whether Asians have different experiences of supporting couple relationships from non-Asians. Given the small sample size and the wide range of Asian cultures, this study is not intended to provide a comprehensive analysis of Asian people's experiences of supporting couple relationships in New Zealand.

3.2 RECRUITMENT

The recruitment and fieldwork were conducted by Litmus Ltd.[10]

A snowballing approach was employed to recruit most participants because of the sensitivity of the subject matter and the need to engage hard-to-reach audiences. Litmus engaged 'community connectors' (such as people working in community organisations, or people with strong networks with Māori, Pacific and same-sex communities) to select and recruit participants according to agreed demographic criteria. Litmus briefed the connectors on the research purpose and process and sample requirements, and provided support and guidance throughout recruitment. Connectors were also asked to ensure that participants had not experienced physical, sexual or psychological abuse in their current relationship.

Connectors received a small gift for their services. Participants recruited by this method generally engaged in the research and showed a genuine desire to contribute to it. Data from these interviews were therefore rich and contextual. This approach required a relatively long lead-in time, and researchers needed to be flexible and to fit in with participants' schedules at the last minute.

A recruitment company was also engaged to recruit participants in areas where there were no community connectors, or where connectors could not source enough participants. Most participants engaged through this process had been involved in qualitative research before, and required less settling into the discussion.

[10] Litmus is a private research company specialising in social research, evaluation and public and stakeholder engagement.

3.3 INSTRUMENTS

Three instruments were used in the research. The primary instrument was an adapted Life History Calendar (which served as a visual cue). A semi-structured interview schedule was also used, and then two visual prompts – domain areas and a continuum of informal and formal support types. Each instrument is discussed below.

3.3.1 Life History Calendar (LHC)

Yoshihama et al (2005) found that the LHC method elicits more accurate recall than semi-structured interviews alone. LHC combines a visual calendar with semi-structured interviews to gain better access to long-term memory. The calendar format encourages the use of memory cues to recall patterns of past events. Using the LHC, participants were asked to report the first memorable or easily recalled events of their relationships to aid retrieval of less easily recalled information (Appendix 1). They were invited to discuss one to three significant couple relationships, including their current one. This reflected the reality that people form many significant relationships throughout their lives. It also recognised that people's perspectives on relationships and the supports used can be influenced by their relationship history and experiences. The LHC was combined with a semi-structured interview schedule to elicit information on support used to deal with relationship challenges, issues and events.

3.3.2 Domain areas

A list of 'domains' was used to recall the life events (such as marriage) and challenges (such as financial stress) canvassed in the research literature (see Halford, 2000). This list of domains was used as a visual prompt when participants were asked to think about various challenges in their relationships:

- finances
- children
- education
- work
- parents
- relations
- marriage
- deaths
- friends
- health
- retirement
- care of elderly people
- immigration or migration.

3.3.3 Informal and formal support continuum

A diagram showing a continuum from informal to formal support was presented to participants. The continuum was used: to ensure that the participant thought about support in the widest sense; and as a reference point during the interview so the researcher could determine which type of support participants accessed to deal with challenges (Appendix 2).

3.4 FIELDWORK

Interviews were conducted by Litmus qualitative researchers. A Families Commission research analyst accompanied Litmus researchers to some interviews and conducted two interviews. Where possible if they preferred, Māori and Pacific participants were interviewed by a researcher of the same ethnicity, and men and women were interviewed by a researcher of the same gender.

Participants were provided with an information sheet that explained the purpose of the research. They were asked to read and sign a consent form which informed them of their rights and how their information would be used in the report, and assured them that they would not be identifiable. With participants' permission, interviews were digitally recorded. Participants were also offered the opportunity to review and edit interview transcripts before they were reported.

Interviews lasted up to two hours and were conducted in a venue preferred by the participant (such as their own home, a hotel or a community meeting room).

Each participant received a koha of $50 as an acknowledgement of their time and contribution to the research.

The interviews were carried out in February and March 2008.

3.5 ANALYSIS

The qualitative data were analysed to find patterns and themes relating to the research objectives and wider contextual issues. This involved:

- reviewing a selection of LHCs and transcripts to identify common patterns in vocabulary, conversational topics, meanings, feelings, sayings, cultural codes and nuances
- reviewing transcripts, notes and all LHCs to find any data that related to the classified patterns
- combining related patterns into themes
- building an argument for selecting the themes and their relative weighting
- choosing supporting evidence to be included in the report.

3.6 ETHICS

The research was approved by the Families Commission's Ethics Committee.

4. LIFE EVENTS AND CHALLENGES

The LHC and semi-structured interview guide encouraged participants to discuss life events and challenges which affected their couple relationship. This section provides an overview of these events and challenges and places them in the context of individual, couple or family wellbeing.

4.1 PLACING COUPLE RELATIONSHIP SUPPORT IN THE CONTEXT OF FAMILY WELLBEING

Participants discussed life events and challenges they had faced as couples, individuals and families. These events and challenges all affected their couple relationships in some way.

The research literature on relationship support refers to life events as major transition points in relationships (Halford, 2000). Participants spoke about a wide variety of life events which had affected their relationships. Some of these events are widely recognised (such as the transition to parenthood), while others were more unusual (such as deciding to have an open relationship).

It was difficult for most participants to restrict their comments to only those events and challenges faced as a couple. In this study, participants consistently noted the impact of stressors on their family as a primary concern, and the impact on their couple relationship was generally seen as secondary. The extent to which this happened was not expected at the outset of the research process.

Many participants discussed issues from a collective viewpoint, where the family unit experienced challenges together. This was especially common for Māori and Pacific participants.[11]

It is important to note that 'family' was not restricted by a biological definition. Gay and lesbian participants frequently spoke of family as including non-biological members such as friends.

4.2 LIFE EVENTS

Participants reflected on life events that resulted in a level of stress that affected either themselves or their couple relationships. The following life events were mentioned by participants:[12]

> leaving secondary school and entering the workforce or tertiary study
> cohabitation or marriage
> severe illness (affecting oneself or partner)
> separation and re-partnering
> becoming a blended family or step-family
> transition to parenthood and parenthood
> retirement
> caring for elderly parents

[11] This complements Māori and Pacific constructions of self which rely strongly on whanaungatanga (Māori), aiga (Samoan), anau (Cook Island), magafoa (Niuean), kaiga (Tokelauan) and kainga (Tongan). See Love (2000) for an in-depth discussion of Māori constructions of self.

[12] Only 'marriage and/or cohabitation', 'severe illness' and 'separation and re-partnering' were mentioned by Halford (2000).

- discovering a partner's infidelity
- deciding to have an open (non-monogamous) relationship
- infertility
- termination of pregnancy
- miscarriage
- adoption (whāngai, adopting a child and adopting out a child)
- redundancy and loss of one's job
- assault
- moving within New Zealand
- moving overseas.

I spent a week in a coma after the robbery. When I came out from hospital I had a changed personality, but I didn't notice the change myself. Only my wife noticed the change and she left me four times. (Ron, Pākehā, 51–65 years, heterosexual, urban)

The following life events were raised by Asian and Pacific participants as having specific cultural meaning:

> Marriage and cohabitation:

  – Asian participants spoke about the challenges of getting accustomed to living with a new partner (such as differences in upbringing, diet and religious practices) and dealing with their parents' disapproval of their partner (where participants chose a 'love' marriage over an arranged one).

My parents opposed my relationship. They wanted me to get settled with people of their choice. His family eats meat and drinks alcohol and my family are strict vegetarians. (Karen, Asian, 36–50 years, heterosexual, urban)

  – Pacific participants noted that the decision to cohabit with a partner outside of marriage can create stress.

> Geographic distance between partners:

  – Both Asian and Pacific participants highlighted difficulties with separation from their partners when one partner was living outside of New Zealand.

> Migration:

  – Both Asian and Pacific participants reported isolation from their families in their countries of origin and difficulties adjusting to living in New Zealand.

> Family deaths:

  – Pacific participants reported financial stress associated with attending funerals and financial pressures to contribute to funeral costs.

When my father passed away in the islands it was hard to cope with. The cost of travelling to the islands for the funeral added to money problems with my wife and her family. (Tu, Pacific, 20–35 years, heterosexual, urban)

Gay and lesbian participants reflected on stresses associated with 'coming out' and facing the possibility of familial rejection and homophobia. Gay men in particular discussed receiving an HIV/AIDS diagnosis, and lesbian participants discussed the stressful impact of single motherhood and stepfamily arrangements.[13]

The age gap was a challenge. She had done a lot and I had just 'stepped out'. She wanted me at home and I wanted to go out. Her kids were a challenge. Their friends knew their mum was having a relationship with a woman and they got teased at school. It was difficult being a step-mum and a student at the same time. (Keely, 20–35 years, same-sex, urban)

[13] Cf. Goldberg and Sayer (2006).

4.3 LIFE CHALLENGES

Aside from life events, a number of **life challenges** were reported. Challenges differ from life events in that they occur over a prolonged period of time. Life events, on the other hand, are often spontaneous and unanticipated. Life challenges and life events are similar in that they both place substantial strain on the individual, couple or the family unit. Life challenges included:

> financial hardship – this was a commonly reported life event that placed stress on couple and family relationships, particularly for Māori and Pacific participants

Living on a benefit is a struggle. My husband and I went to Budgeting Service. When they saw our outgoings, they knew why we were struggling. They said we were getting all that we were entitled to. (Marianne, Pākehā, 30–50 years, heterosexual, provincial)

> partners who failed to adopt a parental role

> partner's alcohol or drug dependency

> family violence (prolonged)

In my 20s I was not in a good relationship. He was very violent, but we still had some good times and he was a good provider financially. (Lisa, Pākehā, 36–50 years, heterosexual, provincial)

> cross-cultural misunderstandings (especially in mixed Pākehā and Asian relationships)

> maintaining long-distance relationships

> inequitable distribution of responsibilities within the household – this was especially discussed by women whose male partners attributed household responsibilities to the woman

> lack of work-life balance[14]

> sexual expectations and needs.

[14] This complements findings in Robertson (2006).

Table 3 shows examples of life events and life challenges and their effect on individual or family wellbeing, and in turn the couple relationship.

TABLE 3: IMPACT OF LIFE EVENTS AND CHALLENGES

LIFE EVENT	EFFECT ON THE INDIVIDUAL	EFFECT ON FAMILY	EFFECT ON COUPLE RELATIONSHIP
Example 1: Leaving secondary school and entering the workforce or tertiary study	Leaving the family home, town or city Separation from family, partners and friends Different goals and aspirations from partner Need to establish adult identity away from partner	Dislocation created by family members living apart	Less time together Separation Power imbalance brought on by one partner's increased social networks, exposure to new ideas or income
Example 2: Parenthood	Celebration Postnatal depression Challenges with breastfeeding Sleep deprivation Establishing new routines	Celebration New roles	Less time together Irritability towards partner Partner feeling peripheral to the intense bond between mother and baby Reduced libido Arguments over the mother-in-law encroaching on male partner's role
Example 3: Retirement	Sense of worthlessness Reduced networks (loss of work colleagues) Reduced income	More time to spend with wider family networks	More time together as a couple Need to establish common interests and hobbies Unsettling of previously non-working partner's set routines
Example 4: Financial hardship	Depression or low self-esteem Guilt over not being able to provide for family Fatigue	Lack of necessities Poor nutrition Restrictions on family activities	Day-to-day struggles taking time and effort away from couple relationship
Example 5: Severe illness	Depression or low self-esteem Loss of income Guilt over not being able to provide for family	Breakdown in communication Anxiety and tensions arising from concern or fear Focus on the illness	Lack of intimacy Partner's role subsumed under sick partner's biological family providing care

4.4 SUMMARY

Life events and challenges provided a framework for participants to delve into their relationship experiences and the support they sought. Participants shared a wide variety of experiences and challenges, some of which are already highlighted in the research literature, and others which were new and unique.

5. INFORMAL AND SEMI-FORMAL SUPPORT

Three types of support were discussed by participants: informal, semi-formal and formal. Previous studies have distinguished between informal and formal support types (Manthei, 2006; Pescosolido et al, 1998; Sue & Sue, 1990), but have not defined them clearly.

It was difficult to separate support for participants' couple relationships from support for individual and family wellbeing. In fact, many participants received support for their couple relationship as an unintended consequence of seeking support for an individual issue (such as coping with a family member's suicide or a serious health issue).

Some participants experienced support over a number of years (either intermittently or continuously), others over a relatively short period.

5.1 INFORMAL SUPPORT

Informal support occurred in **passive**, **individual** and **active** forms.

Passive support was the receipt of advice and information outside personal interaction. Examples of passive support included:

> self-help books (for working through issues such as blended families, first-time parenting and acute illnesses) which were used by mainly Pākehā and Māori participants

> television talk shows (such as *Oprah* and *Dr Phil*) which were viewed by mainly Pākehā and Māori participants

> the internet, which was used by mainly Pākehā and Asian participants to seek information (on topics such as budgeting[15] and first-time parenting) and to participate in chat rooms and forums.

Participants generally accessed passive support individually, and would either use the information to deal with an issue (such as budgeting), to help make decisions (such as whether to have children) or to prepare in advance for possible events (such as discovering one's partner is having an affair, or caring for one's elderly parents).

Individual informal support included reliance on prayer, meditation and faith. This form of support occurred across ethnicities.

Active support involved some form of interpersonal contact. The following examples emerged in interviews:

> friends (close friends and extended networks)

> family or whānau (parents, siblings, children and extended family)

> partners (particularly Asian and Pacific participants)

> work colleagues (particularly Pākehā)

> kaumātua

> tohunga.

[15] Financial problems were commonly described as placing strain on the couple relationship. Budgeting information was sought to alleviate this strain. The most commonly cited intervention was the joint development of a budgeting and savings plan, which often arose from information found on the internet.

Kaumātua and tohunga were included as informal support because they are part of family networks.

5.1.1 Experiences of informal support

The majority of participants preferred informal support to formal support. This was true for all ages, genders, ethnicities and sexual orientations, and is probably a reflection of the dynamics of friendship and family, whereby the provision of support is expected, culturally embedded and natural. This support can be used by individuals to:

- test whether or not an attitude or perception is justifiable
- gain a sense of camaraderie
- increase knowledge
- share a negative experience
- gain direction on a particular topic
- seek interventions
- gain resources to remove themselves from a situation (for example, a friend may offer a bedroom to someone who is thinking of leaving their partner).

Depending on their need, participants sought out specific people within and outside of families to give a 'listening ear', practical advice or an intervention.

Karen and her husband have a 'love marriage' (that is, not an arranged marriage). When Karen was dating her fiancé she had difficulties with her parents who disapproved of the relationship. She was living with her parents at the time and found the situation very hard to handle. Karen sought advice and support from her aunty, whose daughter had had a 'love marriage' a number of years earlier and who had since grown to respect her daughter's marriage. She chose her aunty for support, as her aunty could see both Karen's and her parents' perspectives, and could broker the relationship. Karen could have gone to other family members whom she was closer to but didn't think they could understand or help the situation. (Karen, Asian, 20–35 years, heterosexual, urban)

Marianne had a teenage daughter to her previous partner when she moved in with Dave. Within days of moving in, her daughter's behaviour deteriorated. Most noticeably, she was verbally abusive towards Dave. Consequently, the couple's relationship became strained as Marianne's natural inclination was to side with her daughter. Marianne and Dave sought advice from a friend who was part of a blended family. The friend provided Marianne and Dave with practical advice (such as mother-and-daughter time and step-father and step-daughter dates) and the situation improved. (Marianne, Pākehā, 20–35 years, heterosexual, provincial)

Participants' preferences for informal support can also be explained by the existence of barriers to accessing formal support, including negative attitudes and beliefs about formal support services or low awareness of them, and socio-economic barriers. These issues are discussed in detail in the following section.

Upon reflection, participants generally felt that informal support met their needs sufficiently and provided a sense of trust, confidentiality and insight. The process of providing and receiving support strengthened relationships between the person being supported and their families and friends.

In most situations issues were resolved and did not escalate. While some participants or their partners changed their behaviour after receiving informal support, the most noticeable effect was a change in attitudes or acceptance of the issue.[16]

My boss, who was also a friend, was always on hand to give helpful advice. He also made me look at things differently. When I complained to him that my husband watched TV all the time and never did any of the cleaning, my boss made me understand that my husband worked on his feet all day, and he needed this time to relax. (Karen, Asian, 20–35 years, heterosexual, urban)

5.1.2 Factors which affected the way informal support was accessed

The type of informal support accessed was influenced by a person's age, personality, gender, sexual orientation, ethnicity and personal politics.

Age

Participants noted change in the type of informal support they accessed for a family or couple issue as they matured. In late adolescence and early adulthood (up to 25 years of age) the support received from friends mostly involved **passive listening** by friends. On some occasions, friends also provided some advice; but it was more common for friends to offer resources, such as a place to stay. This is reflected in Gloria's account of her first relationship.

I was in a relationship that was going nowhere. I was 17 and my friends were around the same age. I would go to their houses and they were great. They would sit and listen – give me a listening ear and shoulder to cry on. In hindsight I think we were all working from some sort of psycho-babble empowerment model – that it wasn't right for anyone to actually speak into someone's life as we're all on a journey and the answers have to come from within the individual. Maybe this is the reason that no one actually intervened and told me what to do. Instead, my friends offered me a place to stay; a place to recuperate. But that was all. (Gloria, Pākehā, 36–50 years, same-sex, urban)

In general, participants reported that the informal support they received from friends was more effective as their friendship networks grew older. In these situations, a combination of **passive listening**, **advice** and **active intervention** was provided; the particular combination and emphasis was particular to the situation. This increase in active intervention may be a result of the confidence that comes with age, more experience upon which the individual can draw and more physical and financial resources.

[16] Sherbourne (1988) found that the more social resources were available to a person, the less likely they were to use formal support services..

Personality, gender and sexual orientation

Reasons for seeking support were particular to the individual. For example, where one participant went to her friends to discuss whether or not she should terminate her pregnancy, another participant decided that termination was better discussed with professionals, and so used formal support services. The following factors are inter-related and affected the form of support that was accessed:

- individual perception of the significance of an issue
- gender and sexual orientation
- individual views of the importance of support in the situation.

Two distinct views emerged of the importance of seeking support. Some participants were extremely willing to share concerns about a family or couple relationship within their social support network. These were generally female participants who perceived significant worth in verbalising issues.[17] Sharing appears to reflect their personal preferences and personalities.

I have a great social network. I guess it's my way of coping. If Jeremy [husband] has pissed me off I just ring one of my friends and we talk about it. Somehow by talking about it, even for a few minutes, the issue just goes away. It evaporates. (Cathy, Pākehā, 36–50 years, heterosexual, urban)

Other participants were more self-contained and preferred to work through family or couple issues privately. Self-contained individuals were more likely to be male. Self-containment also appeared to be more apparent in participants aged over 50 years, and was especially common amongst gay men. Gay men also tended to have fewer issues of self-reported significance to discuss than heterosexuals. This may be attributed to a high degree of resilience developed in response to their marginalised status, or it may reflect a learned response where the risk of exposure and possible ostracism has resulted in the individual learning to cope and work through issues in isolation (Bandura, 1977, 1986, 1997).

The self-contained individual's preference to work through issues in isolation was usually explained by one or more of the following:

- a shy personality
- discomfort with verbalising their feelings
- a desire not to burden their partner
- a belief that 'keeping your own counsel' is a reflection of maturity.

[17] Robertson (2006) found that women were more likely to call on family and friends for support to help resolve relationship difficulties.

Robert had been in his same-sex relationship for 15 years and observed that he tended to keep his own counsel. In practice, this meant he only discussed family and couple-related concerns (such as concern over his ageing mother-in-law, or any communication breakdown in the couple relationship) with his partner, and worked through issues that he felt were outside of the couple relationship, in isolation. Robert provided an example from the early 1980s, when he had been 'outed' at work. As a result of this, Robert's employer made it extremely difficult for him to continue in his role, and in the words of his colleagues, 'destroyed his career'. When asked how he handled the situation, Robert related that he 'kept his own counsel'.

'I believe that the main support is yourself.' (Robert, Pākehā, 51–65 years, same-sex, urban)

Robert and other participants who fell into the self-contained category reported being extremely happy in their relationships. Each related that in the early stages of their relationships, their partners had been frustrated with the lack of verbal sharing, but this had been quickly resolved as their partners realised that self-containment did not reflect a lack of caring on their part. It is important to note, however, that self-contained individuals were the least likely to be willing to seek any form of support, and in particular formal support.

Male participants often said that they did not have a need to verbalise their concerns or stresses in their family or couple relationship, but instead received informal support through camaraderie. In these situations, friends would group together in response to a known need and support was offered through socialising only.

My girlfriend used to come to town and visit my flat once a month. My flatmates would see her leave and come into my room with some beers and we played music. We didn't talk about it, we didn't need to. They were just trying to take my mind off her leaving. (Tommy, Pākehā, 20–35 years, heterosexual, urban)

A small number of participants specifically sought informal support from people who they saw as being in a similar position to them. For example, Keely and Irihapeti only accessed support from other lesbians.

Janet only sought support from women because of a belief that only women would understand her situation and could offer help.

It is other women who always support me. They let me shed it; that is what I do these days. It is not that you actually want them to do anything for you, or even to say anything, you just want to go somewhere where you can blah. (Janet, Pākehā, 51–60 years, heterosexual, provincial)

Ethnicity

Māori, Pacific and Asian participants spoke of their partner and family as a vital source of informal family or couple support.[18] Partners were the primary source of support, and the family provided a secondary source. This support was generally enlisted if issues became repetitive or prolonged, or did not appear to be reconcilable. This differed for Asian and Pacific participants, who had moved to New Zealand and whose family remained in their country of origin, and for those who had been shunned by their family for cohabiting outside of marriage.

[18] See Robertson (2006).

We would nut things out together, resolve things just the two of us. I rely on the church a lot. I used to talk to the priests often to have a chat after mass. (Travis, Asian, 36–50 years, heterosexual, urban)

In the Islands you don't have counsellors, you have the love of your family. Family and the belief in marriage are the institutions. (Lupi, Pacific, 36–50 years, heterosexual, urban)

The majority of Māori participants spoke about relationships which had endured prolonged challenges involving poverty, their partner's alcohol or drug dependency or family violence. As a consequence, female participants described how their whānau had become a central support form – for example, by providing intervention and safety at times of relationship abuse. This need for support lessened when their partners had adopted sobriety or made a commitment to refrain from family violence.

The importance of family was underscored by trust. Distrust in seeking support outside one's close family network was expressed by several participants, and often resulted from experience of a betrayal of confidence. There was also a widespread belief that immediate family would not breach trust. For example, Lupi, whose trust had been breached by a church minister, rarely trusted other support sources outside of her family.

Pacific participants, in particular, commonly referred to the importance of faith and prayer as a key support. This was important in dealing with an issue privately as an individual, and in keeping relationships strong. This did not necessarily equate to attending church, however, although being part of a church community strengthened Pacific participants' faith. No Pacific participants indicated that they accessed support for specific issues from members of the church.

Pākehā participants commonly named their workplaces, neighbours, church communities, clubs and non-biological networks as sources of family and couple support. Through their membership or involvement with each of these communities, participants could develop supportive social networks. Much of the support received was in the form of information sharing. For example, Judith was first exposed to the idea of relationship counselling by her work colleague.

5.1.3 Barriers to access of information support

There are numerous barriers to seeking support for a relationship difficulty, ranging from failure to realise or acknowledge that there is a problem, privacy issues (including loyalty to one's partner), wanting to work problems out alone and not wanting to burden others. These are discussed in more detail below.

1. *Not realising there is a problem for which support would be appropriate*

A combination of low awareness and a perception that issues were insignificant or normal could lead to participants not realising that they had a relationship problem for which it could be appropriate to seek support. This was most commonly reported by females falling into a late adolescence and early adulthood age bracket (up to approximately 25 years of age). This position may be explained by:

> **Minimisation of relationship issues** – A number of participants explained that in young adulthood they had not challenged negative aspects of their couple relationship because of a belief that they had made a choice to be in the relationship and needed to make the most of the situation. This was reinforced where participants had children and financial dependency. As participants grew older and gained life experience they could increasingly judge appropriate and inappropriate behaviour, and establish thresholds above which they would challenge inappropriate behaviour or remove themselves from the situation.

> **Submission to male viewpoints** – Some female participants attributed a greater sense of authority and knowledge to their male partners. Submissiveness within relationships tended to reduce with age, correlating with gains in confidence, a greater sense of self and more equitable relationships.

> **Belief that one's difficulties are normal** – This occurred if the participant's group of friends experienced similar issues to them. Common experiences amongst peers often meant that people felt their relationship issues were normal and did not require attention.

The above processes placed young adult participants in a vulnerable and isolated position.

I constantly felt trapped and dispossessed. I was home with the baby and Daniel would be gone all weekend. Sometimes there was no food in the house. I did not realise that what I was going through was wrong; I did not realise that I was terribly depressed. I thought my problems were insignificant to other people's. Also I thought it would be a sign of weakness to tell people that I wasn't coping. (Mihi, Māori, 36–50 years, heterosexual, provincial)

2. *Not acknowledging or facing up to a relationship difficulty*

A tendency to ignore issues was referred to by some of the participants in this research, often using language such as:

> '*Pig-headed*' – used in reference to an individual's stubbornness in not wanting to admit that they have a problem, or continual refusal to seek assistance.

> '*She'll be right*' – used to demonstrate the tendency to ignore the issue because it will right itself over time.

3. *Preference for working out one's own problems*

This preference was common among participants, and was sometimes expressed through the idiom 'a number-eight-wire mentality'.

4. *Breaches of couple and family privacy*

Participants sometimes described themselves as 'old school', having a preference for 'keeping your own counsel', or not wanting others 'knowing about their business' to represent the need for keeping issues to themselves or within the family, or perhaps to privately work through issues. Sometimes this was accompanied by a distrust of others, in relation to their ability to keep confidences or to help.

A number of participants provided examples of instances where they would not share a family-related issue with their informal support network. In these situations the concept of 'family loyalty' affected from whom they sought informal support.

Ant related that anything within the family or concerning the family is dealt with within the family or as a couple, and offered the following example of family loyalty. At the time of the couple's wedding, Ant's future father-in-law threatened that he would not attend because he did not feel as though his wishes were being represented in the planning of the wedding. When asked if any support had been accessed, Ant responded:

> No, we didn't use anyone. It was an important time and we didn't talk to anyone. With family-related stuff we just sort it out as a family or as a couple. It is only after things settled down that we disclosed what had happened, to our friends. (Ant, Pākehā, 20–35 years, heterosexual, urban)

Sometimes this sense of privacy could lead participants to deal with significant issues placing stress on their relationships without seeking outside support. In these circumstances the couples supported one another through the relationship stress, and attempted to address the underlying cause. For example, Sione had developed a gambling addiction which resulted in him spending thousands on gambling and funding his addiction by stealing money from his partner. When his partner discovered Sione's theft and the source of his spending, they experienced a high degree of tension in their relationship. This was interspersed with bouts of arguing and shouting. However, because of Sione's shame and embarrassment they decided to keep Sione's addiction private and work through their issues as a couple.

5. *Disloyalty to the partner*

A small number of participants held strong beliefs that couple-related issues should not be discussed outside of the couple relationship, even with other family members. Such sharing was believed to indicate disloyalty to their partner.

> When we had a serious challenge in my relationship and I turned to my family and other people for support, he viewed it as interference and it spelt the end of the relationship between my husband and my family. It all turned to custard. (Janet, Pākehā, 51–60 years, heterosexual, provincial)

6. *When sharing a concern places a burden on family or friends*

Participants with retired parents usually did not share issues with their parents out of concern that this would cause their parents distress. Māori and Pacific participants generalised this to elders and were extremely selective about the extent of information that they would reveal. In these situations, rather than disclosing relationship issues to a kaumātua or tohunga, they enlisted them for assistance with wairua-related issues only (such as prayer).

When I talk to my mum she gets quite emotional and doesn't make good judgement calls, instead she makes emotional calls. So I try and avoid talking to her. I try instead to talk to friends who provide more general feedback. They never talked down to me, or told me I should split up with her. They told me how I could recover the situation, offered contingencies. (James, Asian, 20–35 years, heterosexual, urban)

Some participants said that they had stopped sharing issues about their family or couple relationship within their informal network because these issues had become protracted and had failed to find resolution. At these times, formal support was sometimes sought because family and friends had appeared frustrated or exhausted over this lack of resolution.

5.2 SEMI-FORMAL SUPPORT

In this study, semi-formal support is described as assistance from non-counselling professionals within a community setting. This type of support was provided outside of the professional's primary role or responsibilities. The most commonly cited semi-formal support professionals included:

- GPs
- nurses (including Plunket and visiting nurses)
- church elders and ministers
- school teachers
- budgeting services.

Semi-formal support is a new category to capture the important and distinct roles played by professionals who do not have primary responsibility for relationship wellbeing.

5.2.1 Experiences of semi-formal support

Semi-formal support networks were accessed by couples seeking support for general family-related issues (such as budgeting advice) and individuals for what may commonly be regarded as individually focused issues (such as acute illness). In both situations, support was not accessed for the couple relationship *per se*, but it benefited the couple relationship because the presenting issues had resulted in stress, confusion or worry in the partnership.

Semi-formal support was generally reported as vital by participants:

- of low socio-economic status
- who were highly reluctant to seek support from within their social network (especially when issues were regarded as private or risked creating concern amongst friends and family)
- who held negative perceptions of formal services
- who displayed a high degree of self-containment and a need for privacy.

As a result, when a stressful life event occurred, these factors often placed the individual in a highly isolated and vulnerable position. In situations where semi-formal support was the only support, the community-based professional provided emotional support, a confidential listening ear or advice. As a result, the couple or individual was better placed to deal with the presenting issue, and they also received an emotional outlet that benefited their couple relationship by addressing concerns that had led to tension or worry in the partnership.

Semi-formal support was especially important for Asian and Pacific people who had smaller social networks as a result of migration. Of those with below-median household incomes, Māori and Pacific peoples were especially at risk if they lived in low socio-economic decile areas, as there appeared to be a strong connection between self-containment, underdeveloped social support networks and a higher need for personal privacy.

The following table provides a context for semi-formal support and how it was reported to have affected couple relationships.

TABLE 4: SEMI-FORMAL SUPPORT PROVISION – PRESENTING ISSUES AND THEIR SECONDARY IMPACT				
SEMI-FORMAL SUPPORT PROFESSIONAL	PRESENTING ISSUE	COUPLE OR INDIVIDUAL ACCESS	SUPPORT RECEIVED	SECONDARY IMPACT ON COUPLE RELATIONSHIP
General practitioners	Adult's diagnosis with cancer. Participants feeling exhausted and anxious about their inability to care for their families. Significant tensions developed.	Individual	Emotional support, non-medical counsel pertaining to the individual's and family's emotional wellbeing	Tensions in the couple relationship decreased
Nurses (including Plunket and visiting nurses)	New mothers experienced anxiety and a sense of isolation after giving birth	Individual	Practical advice, referrals to necessary agencies, a listening ear and counsel. Participants related the support was 'grounding'; they no longer felt isolated and were less emotionally distraught.	Tensions in the couple relationship decreased, better communication developed and the male partner became more proactive in providing support
	Adult's diagnosis with cancer	Individual	Emotional support, non-medical counsel pertaining to the individual's emotional wellbeing	Tensions in the couple relationship decreased
Church elders and ministers	Loneliness resulting from migration	Couple	Church members and officials provided a sense of place for the lonely couple and broadened their social network	Arguments between the couple greatly reduced
	Temptation to engage in adultery	Individual	The minister provided counselling and prayer	Decision not to engage in adultery and the couple entered Christian couples therapy
School teachers	Couple had recently moved to New Zealand and their child was adjusting poorly to the new school environment	Couple	Emotional support, a context to explain the child's behaviour, referral options and advice. As a result, the couple did not feel isolated and realised that their child's behaviour was not a negative reflection on them but rather a consequence of change.	The sense of distress within the family was reduced and the couple stopped blaming one another for their child's behaviour. As a result, arguments between the couple ceased.
Budgeting services	Low income or high levels of debt	Individual and couple	Emotional support, advice on how to develop a budgeting plan that is agreed on by both partners, counsel on improved communication	Tensions in the couple relationship decreased

The GP was the most common provider of semi-formal support. This is attributed to participants developing a relationship with their GP over a number of years.

Semi-formal support networks played a pivotal role for couples, individuals and families. For example, aside from her partner, Pania's GP and her visiting nurse were her primary forms of support following her surgery. It is understandable that her GP became an important source of support as Pania:

> had an established relationship with her GP

> was in a vulnerable emotional and physical position

> had retreated from her social network because she viewed her surgery as a highly private issue.

It was somewhat surprising that Pania viewed the visiting nurse as a key form of support. The following account of Pania's experience describes her appreciation of semi-formal support at a time when she was unable to access formal support. Through semi-formal support (which was outside of the visiting nurse's primary role), Pania was in a better position to cope emotionally. Semi-formal support enabled Pania to function to a degree that benefited her family unit, including her couple relationship.

The thing is, when you are sick there are all these suggestions. Suggestions like going to support groups. I was sick, I didn't have the money to get to a group and I certainly didn't want to talk about my stuff. I needed to focus on being positive. Why would I want to talk about my stuff or hear other people's stuff when all I wanted to do was live? My only two forms of support were my GP and the visiting nurse. All these things [formal support services] are out there. You have to travel to them but you can't get out of bed. It takes all your energy to get the kids off to school. The visiting nurse was great. She would come and we'd have a cuppa. There was no pressure to talk. Sometimes we just sat. One time she just looked at me and I started crying. She held me and didn't say a word. That's what I needed. It was support because it was human interaction. It was also support because she would look at the state of my house. In fact, one time the house was so messy she arranged for someone to come in and clean. Yes, my visiting nurse. She gave me real support. More support than going off to a shrink. (Pania, Māori, 36–50 years, heterosexual, urban)

5.2.2 Facilitators to access of semi-formal support

An established relationship between the service provider and the participant appeared to be the primary facilitator for accessing semi-formal support. Participants said that trust in the service provider helped them to disclose concerns or stresses.

5.2.3 Barriers to access of semi-formal support

There appeared to be strong connections between self-containment, poverty and under-developed social support networks. This placed some couples and individuals in an isolated situation as they did not have an informal support network that they could easily access. The primary barriers to seeking semi-formal support were cost and transience, which reduced the possibility of establishing in-depth or long-term relationships with service providers.

5.3 SUMMARY

Informal support was preferred by participants, and it usually met their needs. In most cases, the issues for which support was sought were resolved.

Participants' age, personality, gender, sexual orientation and ethnicity influenced whether they sought informal support and from whom. The impact of gender and personality on support seeking behaviour is worthy of note. Female participants were more likely to verbalise experiences. By contrast, self-contained participants, who were mostly male, were more likely to work through issues privately.

Participants mentioned a number of barriers to seeking support from family and friends.

6. FORMAL SUPPORT

6.1 FORMAL SUPPORT

Formal support was focused specifically on individual or relationship wellbeing. The professionals providing formal support were counsellors, psychotherapists, psychiatrists and psychologists. This section discusses the experiences of participants accessing formal support, along with enablers of and barriers to the access of support. Finally, it discusses changing perceptions of formal support in recent years.

6.2 EXPERIENCES OF FORMAL SUPPORT

Of the 50 participants, 22 had accessed formal support – 10 as individuals and 12 as couples. Formal support was almost exclusively used by Pākehā and Māori heterosexual participants. Two Pacific people (who identified as Cook Island) accessed formal support, and no Asians had accessed formal support. Women were more likely than men to have done so.

Again, participants viewed formal support as a last resort. This view could be attributed to attitudinal barriers to seeking support from professional services. In addition, a number of high-level or structural barriers to accessing formal support were described. Despite the general tendency not to engage with formal support, participants discussed a number of facilitators that led to initial access of this support. It is important to note that although an individual may have initially been referred to formal support services for an individual-focused issue (such as mental health), their successful encounter broke negative conceptions of formal support and resulted in a willingness to seek formal support for their couple relationship later in life. The majority of participants who had accessed support as a couple had previously accessed some type of formal support. For instance, of the 12 participants who had accessed formal couple support, eight had previously accessed counselling for a personal (non-couple) issue.[19]

Those who had accessed formal support mainly received services from counsellors or psychotherapists rather than psychiatrists and psychologists. Most participants referred themselves through workplace Employee Assistance Programmes, or directly to a community-based provider or social service agency. A few were referred through the justice system (the Criminal Court or the Family Court).

Most participants received six counselling sessions. In many cases the service was free. Participants believed that they probably would not have accessed formal support if they had had to pay for the service (this is discussed further below).

Service providers were mainly Pākehā, and both female and male. The majority of participants reported having sought out providers to match their ethnicity, gender and sexual orientation. For example, initially Māori participants reported seeking out Māori counsellors on the assumption that a provider of the same ethnicity and cultural background would decrease their anxiety about entering a foreign situation. With greater exposure to formal support services, participants reported a decreased preference for enlisting the support of providers of the same ethnicity, gender or sexual orientation, and instead focused on the type of therapeutic models with which the provider was aligned.

[19] Of the 10 participants who had received individual formal support, eight (all women) were extremely satisfied with the process and outcome. After counselling most felt listened to, supported and more confident to make decisions that were affecting their lives. Two participants (both men) who had attended this form of support were extremely dissatisfied with the process and outcome. One participant, who identified as Pacific, found the therapeutic encounter 'uncomfortable' and traced this to:

- onus being placed on him to talk
- lack of directive counsel
- perception of a 'one-size-fits-all' approach to counselling
- the provider's lack of knowledge of Pacific culture and Pacific families.

6.3 IMPACT OF FORMAL SUPPORT

Of the 12 participants who had received relationship support, five reported a high degree of satisfaction with the process and the outcome, five were extremely dissatisfied with the process and outcome and two were satisfied with the process, but not satisfied with the outcome. Their stories follow.

For these 12 participants, satisfaction was defined as the successful resolution of issues, the engagement of both partners in the counselling process and both partners feeling equipped to deal with relationship roles and issues.

Dissatisfaction was attributed to:

- a partner's different perceptions and expectations of formal support
- a sense of being blamed as an outcome of the intervention
- the relationship being steered towards separation rather than resolution
- a perceived unsatisfactory outcome.

SATISFIED WITH PROCESS AND OUTCOME

Judith had wanted to leave the relationship for some time but her partner was reluctant to end the relationship. As a result of relationship support her partner realised that ending the relationship was the best for the couple and their children.

Mere had one child when she married Paul. After one year of marriage she fell pregnant. With the baby came a need to revisit parenting arrangements and, especially for Paul, his role as a step-father to Mere's first child. As a result, the two decided to access relationship support services and explore blended family issues. After a few weeks of therapy, Paul and Mere felt affirmed and clear about parental roles and responsibilities.

Kathryn's husband had been exposed to psychotherapy during his previous divorce and suggested that the two access relationship support as a preventative measure to maintain relationship satisfaction and stability. As a consequence, Kathryn reported a high degree of satisfaction with the process as she felt equipped with various communication tools to deal with any future issues.

Steven and his wife's families and friends were frequently relying on them for financial and other support. Steven and his wife had different views on the level of support which should be offered, which was having an impact on their relationship. Steven and his wife considered that relationship counselling helped them to work through these differences and that their relationship is stronger as a result.

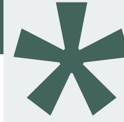
Leanne's ex-partner was ordered to undergo relationship counselling by the justice system as he was violent towards Leanne. Both Leanne and her ex-partner attended sessions. Leanne felt counselling had been effective as her ex-partner stopped beating her for at least one month after the counselling finished. Leanne is now in a stable and satisfying relationship with a new partner.

SATISFIED WITH PROCESS AND DISSATISFIED WITH OUTCOME

Gloria had reported having experienced many satisfactory years of individual psychotherapy. When she and her partner began to experience difficulties they accessed relationship support. Despite being impressed with their therapist, Gloria's partner failed to follow through with the commitments she had made in the therapeutic session. When asked if she would access relationship support in the future, Gloria said that she would not because she feared that they would be advised to end their relationship.

Janet and her husband went to relationship counselling, as she felt that there was extremely poor communication in their relationship, and was accused by her husband of being 'mental', and he blamed all problems on her. As a result of counselling, Janet felt affirmed as "a normal, healthy and mentally stable woman" and found counselling "personally uplifting and it gave me more self-esteem". However, Janet's husband was extremely dissatisfied as the counsellor did not validate his view that their relationship problems rested with his wife. While Janet and her husband have remained together, Janet reported that their relationship is extremely unsatisfactory.

DISSATISFIED WITH PROCESS AND OUTCOME



Tama had gone to relationship counselling in response to his partner's request. Tama was highly dissatisfied with the process because he believed that the provider steered the relationship towards ending. As a consequence, Tama made a decision never to access formal support services in the future.

Aroha had managed to convince her partner to access relationship support after 10 years of emotional and physical abuse within their relationship. At the first (and only) therapy session the therapist asked Aroha's partner to act out how she behaves in the relationship. As a result, Aroha felt humiliated and blamed for the abuse in their relationship. Her husband interpreted the session as endorsing his behaviour and nothing changed in their relationship. After a few years, Aroha accessed individual counselling only.

Bill and his wife accessed relationship support services to learn how to best deal with their teenage son's previously diagnosed conduct disorder. They left the session extremely dissatisfied, swearing never to return, because the session had focused on how their negative behaviours could have contributed to their son's actions. The couple felt blamed and wholly responsible for their son's behaviour.

Ron had encouraged his wife to undergo relationship counselling after she had had an affair and was contemplating leaving him. Ron was desperate for counselling to help them stay together, but felt the counsellor was facilitating the separation process. Ron would be reluctant to undergo relationship counselling in future.

Tu and his wife went to three relationship counselling sessions to explore ways to improve couple communication and to maintain a healthy relationship. Tu and his wife found this form of support very uncomfortable (the onus was placed on them to talk and there was a lack of directive counsel) and felt the provider lacked knowledge of Pacific culture. While Tu and his wife remain together, they consider support through other avenues (such as their families) helped to strengthen their relationship.

6.4 FACILITATORS TO ACCESS OF FORMAL SUPPORT

Participants' engagement with formal support was generally facilitated in one or more of the following ways:

> formal support was demystified through exposure to its possible benefits

> a 'support facilitator' proactively advocated or referred them to formal support

> a crisis occurred in their lives which forced them to seek support.

6.4.1 Demystification

Before accessing formal support, many participants had an experience or experiences which demystified formal support services and decreased their scepticism towards them. Some participants cited the impact of television talk shows, such as *Oprah* and *Dr Phil*, which highlighted the benefits of formal support. Others discussed their exposure to alternative viewpoints through their work (particularly those working in the social service area). However, the most commonly cited influence was associated with tertiary-level studies. During their time engaged in tertiary study, participants' attention was drawn to the ease of access to and affordability of campus-based counselling services; they had freedom to discuss issues and concerns with their peers; and were exposed to psychology and personal exploration through social science-focused studies. Notably, those who did not attend tertiary institutions missed a primary point of exposure to alternative viewpoints, consciousness-raising about socio-cultural and gender-related inequities, personal development and on-site counselling available to the individual and their whānau.

Some participants also said that the provision of employer-funded counselling helped to normalise formal support, including support for couple relationships.

6.4.2 Support facilitator

The majority of participants who had accessed formal support, either individually or as a couple, mentioned a support facilitator as a primary transition mechanism. Support facilitators are defined here as 'key individuals who work proactively to influence an individual's decision to seek assistance'.

Defining features of a support facilitator include:

> credibility in the eyes of the individual in need of support

> adoption of an active role in either referring the individual to formal support or directly advocating for formal support

> the ability to perceive the need of the individual for support

> belief in the benefits or need for formal support.

Support facilitators were found at each level of informal and semi-formal support. For example, at an informal level, Mere and Kathryn's strong resistance to formal support services was challenged by their new partners' previous positive experiences with psychotherapy; Judith and Mandy had siblings who were trained in psychotherapy; and Sione's partner worked as a counsellor. At a semi-formal level, participants highlighted the importance of their GP as a primary referral point to formal support.

Visiting nurses and Plunket nurses were also cited as pivotal support facilitators. This role is discussed in more detail in the following sections.

While demystification and the impact of the support facilitator occur discretely, there is a strong link between the two. The demystification process opens the individual's mind to the possibility of formal support. The support facilitator then advocates for support access. The combination of these two processes can result in an ease of transition to formal support (Figure 1). It is worth noting that on some occasions a crisis was reported as being a 'tipping point' to accessing formal support.

FIGURE 1: DEMYSTIFICATION PLUS SUPPORT FACILITATOR INCREASES LIKELIHOOD OF ACCESSING FORMAL SUPPORT

6.4.3 Crisis

Some participants discussed how their first exposure to formal support had resulted solely from a crisis. These crises were not usually about relationships but are an important consideration as they introduced participants to formal support. As a result of a positive encounter, participants felt a willingness to engage in support for their couple relationships later in life. For example, Kere accessed formal support following a diagnosis of severe depression and Terina accessed support because she was failing to cope after her sister's suicide.

It is incorrect to assume that it was the crisis alone that propelled participants into accessing support. Instead it was the experience of crisis and the actions of the support facilitator which enabled access to formal support (Figure 2).

FIGURE 2: ACCESSING FORMAL SUPPORT – STRONG INFLUENCE OF A CRISIS EVENT

A number of participants experienced crises and did not access formal support. On some occasions this occurred despite engagement with semi-formal support (for instance, their GP). Participants who experienced a crisis and did share concerns with their GP provide an interesting case study on the role and impact of the support facilitator. Whether participants who did speak with their GP later accessed formal support appears to be related to the way in which the GP responded to their issues. Those who failed to access support were provided with choices or possible options (non-directive communication), whereas those who accessed support received directive instructions and the GP's active participation in the individual's wellbeing. To explore this issue further, two accounts follow – those of Kere, who received directive communication, and Pania, who received non-directive communication.

Going into therapy wasn't negotiable. Once I admitted that there was a problem my GP set up the appointments. She rang me in the morning to make sure that I was up and going to the appointment and she rang me that night to see how it went. And she rang me each night for two weeks to see how I was. The thing is when you are depressed or having mental problems you need to be directed. You need someone to intervene and do things for you. If you are depressed you need someone to do the pushing. (Kere, Māori, 20–35 years, heterosexual, urban)

Pania related that during her cancer treatment and recovery process she was diagnosed with depression and had extreme difficulties functioning at a basic level (finding the energy to bathe and eat). When asked if she had sought out formal support, Pania related: 'My GP was great. He did ask me if I needed counselling. I declined because I was in shock and we needed to get ourselves together again. I knew what the problems were and knew that I had to deal with things and not be told what the problems are.' (Pania, Māori, 36–50 years, heterosexual, urban)

The role of the support facilitator can be understood as someone who demonstrates a high degree of proactive behaviour. In the case of a professional this can mean going beyond common conceptions of professional responsibility, such as in the case of Kere's GP, who frequently contacted her at home during a particularly vulnerable two-week period. Directive communication and proactive behaviour emerged as vital characteristics of effective support facilitators.

6.4.4 Dual use of traditional and Western approaches

Māori who had accessed formal support discussed their incorporation of Western psychological forms of healing with wairua (spiritual) dimensions. The majority of Māori participants reported using both forms of support as each was viewed as equally necessary. Amohia provided an example focused on the support she needed following her sister's suicide, and then broadened her comments to encompass her approach to relationship support. Amohia initially relied heavily on her partner and whānau for support but after eight months, when her depression and anxiety had failed to subside, she went to an organisation specialising in suicide-related grief counselling. "I had a really good experience and attended a support group and then I went into one-on-one counselling." However, after a few weeks she realised that the wairua dimension of her healing was not being addressed and asked her kaumātua and tohunga for assistance. In discussing her incorporation of Western counselling with tohunga and kaumātua, Amohia clearly demarcated 'private' (those topics that she felt uncomfortable discussing with her elders) from 'personal' issues (those which required spiritual intervention). Consequently, Amohia negotiated the concern that sharing issues would cause distress amongst her elders and only asked for wairua-related help. In this context, she did not have to tell them the nature of the issue and restricted this 'private' side to Western psychological interventions.

You see, for private I go to the Pākehās. For personal issues I go to my kaumātua and tohunga. For whānau P addictions [methamphetamine], relationship issues, sex-related issues and finances I go to Pākehās. They are private. They would embarrass the old people and me [laugh]. To keep a balance though, for each issue I go to my kaumātua or tohunga and get wairua help. I don't need to tell them what the issue is. I just ask for karakia. (Amohia, Māori, 36-50 years, heterosexual, urban)

6.5 BARRIERS TO ACCESS OF FORMAL SUPPORT

This report has discussed barriers to informal support. Most of those barriers are also relevant to semi-formal and formal support – the issues of privacy and loyalty to one's partner would apply equally here. This section addresses those barriers that were not discussed earlier because they are more specifically related to formal support. These barriers are grouped according to:

> attitudes and beliefs relating to formal support

> low awareness of formal support

> socio-economic barriers

> cost.

6.5.1 Attitudes and beliefs relating to formal support services

Negative attitudes were relatively common among the research participants, reinforcing the view expressed in Lakoff and Johnson (1980) that there is a nationwide cultural predisposition in New Zealand against formal support. The negative attitudes of participants included:

> scepticism towards formal support

> fear of negative reflections on the person accessing support

> negative beliefs about counselling and other formal support.

Scepticism towards formal support

Most participants mentioned that they had been, or currently were, very sceptical of formal support for relationships, such as counselling. This scepticism was often related to:

> a lack of understanding of the purpose, process and benefit of counselling

> scepticism about the quality of counsellors.

Counselling has become an industry, there are so many of them out there. Many people can be counsellors without labelling themselves a counsellor, can't they? A good counsellor is someone who is a good listener. Some people have the gift and others don't. Some counsellors have the tag and the name and passed the exams but they may not be that good at it. (Ron, Pākehā, 51–60 years, heterosexual, provincial)

Many participants said that they could not, previously or currently, see the benefit of formal support, and commonly reported "I just don't believe in it."

A primary mechanism that reinforces scepticism is the 'support dissuader' – someone in an individual's social network who advises against the use of formal support.

Following the death of my partner, my friend said, 'Whatever you do, don't go to therapy.' When my friend's husband died she went to therapy. She was in therapy for bloody ages and eventually realised that it was a waste of time. (Liam, Pākehā, 51–65 years, same-sex, urban)

Fear of negative reflections on the person seeking support, and their whānau

Participants commonly explained that they avoided formal support because of a fear that they or their family might be judged.[20] This fear has two aspects; most commonly, there is the fear of being stigmatised by the community as a failure for having sought formal support.

You don't want people to know that you can't cope. To admit that is to admit that you are not a very good person or not good at what you are doing. (Kere, Māori, 20–35 years, heterosexual, urban)

This was closely linked to a sense of shame and failure that the whānau could not help. Participants were reluctant to seek formal support in case they or their whānau were negatively perceived.

[20] This supports Kusher and Sher's (1991) commentary that fear of negative judgement is a primary reason for avoiding treatment. Kusher and Sher were writing about therapeutic interventions in general.

What would they think of me or my whānau! (Pania, Māori, 36–50 years, heterosexual, urban)

Secondly, there is the fear that a counsellor will judge an individual as a failure.

I thought it would be scary to go. That there would be all sorts of judgements and assessments of me. I could not see how it could be helpful – a talking session with some prompts! (Kere, Māori, 20–35 years, heterosexual, urban)

Other negative beliefs associated with counselling and other interventions

Participants' avoidance of formal support was traced to negative beliefs about counselling, of which there are a number of different nuances.

> **Counselling is a last resort only** – Participants commonly viewed relationship counselling as a last resort, and generally believed that if counselling was required then it was only a matter of time until the relationship ended.

It's [relationship counselling] not preventative. It is about picking up the pieces when something is broken. (Zac, Pākehā, 20–35 years, same-sex, provincial)

> **Cultural barriers**
The majority of Asian and Pacific participants who had not used formal support regarded formal relationship counselling as culturally foreign. The notion of seeking support outside of the couple or family was particularly foreign. Seeking support outside of these relationships was viewed as being disloyal to family.

A lot of people would feel embarrassed to go to someone else. A lot of mother-in-laws like to keep it within four walls and don't want anyone else knowing their business and that is how it is and has always been. (Rani, Asian, 36–50 years, heterosexual, urban)

Problems for us have always tended to remain within the family, and it's not appropriate to take them outside. (Karen, Asian, 25–35 years, heterosexual, urban)

Pacific people were focused on the demands of providing for their families – for example, finding money for food, rent and clothing – and anything other than their family's immediate physical needs was regarded as a secondary priority. In these circumstances, participants said they would only seek formal support for serious issues, such as extramarital affairs, sexual dysfunction or family violence.

A number of participants were worried about counsellors making negative judgements, but some Asian participants related this particularly to their arranged marriages.

Both Asian and Pacific participants believed that formal support providers would not understand their culture, and would impose Western frameworks on them, and consequently not provide practical advice.

> **Age, class, and life experience issues**
Sometimes the lack of confidence in the efficacy of formal support was related to perceptions of differences in the backgrounds of the research participants and counsellors, because of life experiences, class or age.

Tony related that although he and his wife had adopted a professional white collar career path, they had come from lower working class families with a high incidence of intergenerational alcoholism. Tony stressed that he would not seek formal support because of a strong belief that 'no one can help or understand where we've come from'. (Tony, Pākehā, 36–50 years, heterosexual, urban)

Participants also commonly cited an aversion to taking advice from a professional significantly younger than them. This was especially common to Pacific participants. For example:

I'm not going to a 24-year-old. There is no way that a little girl is going to tell me what to do! (Sione, Pacific, 51–65 years, same-sex, urban)

> **A reflection of Americanisation**
> There was a belief that the rise of counselling parallels an American trend, and consequently an avoidance of formal support because of a resistance to a perceived process of Americanisation.

6.5.2 Low awareness of formal support

In general, participants demonstrated very little awareness of formal support and had little knowledge of how to access a service for themselves or for someone in need.[21] This was qualified by participants either saying that they did not know where to begin, or at best that they would rely on either a GP or Citizen's Advice Bureau. Understandably, awareness of formal support and knowledge of how to access services was highest among those who had accessed formal support in the past.

If there was more information about what counsellors do and what happens at counselling, then even Islanders would go. (Joyce, Pacific, 20–35 years, heterosexual, urban)

The following quote illustrates an assumption by James that a psychiatrist would be the usual source of support for relationship problems, and a professional who he would not want to talk to.

I would go to a psychiatrist if I am crazy. I would not go to a shrink if I was having an affair. There is no point. I am having an affair and my wife is going to be mad with me. A shrink can't help me with that. (James, Asian, 20–35 years, heterosexual, urban)

6.5.3 Socio-economic barriers

Those with below median household income were least likely to access formal support. For example, Pania reflected on the destructive relationship she was in between the ages of 20 and 33. At the time she was a mother of four, the sole income earner and held two jobs to cover the family's basic needs. In hindsight, she reported that she did not realise that she had a right to protest, as much of what she was experiencing was reflected in her cohort and the area in which she lived. Pania's situation was compounded by her lack of exposure to alternative options. While these circumstances would have influenced Pania's ability to access any form of support, her financial circumstances in particular restricted her formal support options. She stressed that even if she had had more awareness of formal support, she would not have been able to do things differently if she had been in the same financial predicament. Anything other than her family's immediate physical needs was always a secondary priority.

I didn't know how to access that type of help. I didn't have the confidence or knowledge. There were so many other things to deal with. Maybe if someone had guided me that way I would have. I just wasn't exposed to other types of help or support agencies. (Pania, Māori, 36–50 years, heterosexual, urban)

6.5.4 Cost

A common barrier to access of formal support was the perceived cost of the service.[22] Only four participants who had not accessed formal support were aware that the Family Court (Ministry of Justice) funds six free counselling sessions for couples experiencing relationship problems or separating.

Participants were asked what they thought they would have to pay for formal support. Estimates ranged between zero to $200 per session. Finally, services that were free or perceived to be cheap were generally believed to be of poorer quality.

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[21] A similar finding has been reported by Colmar Brunton Social Research (2004), Halford (1999) and Simons, Harris and Willis (1994).
[22] Cf. Colmar Brunton Social Research (2004), Halford (1999) and Simons et al (1994).

I have no idea of what it would cost. I thought it would be free. If I had to pay I probably wouldn't go, especially if the cost was going to add to the problem I had. (Steven, Māori, 36–50 years, heterosexual, provincial)

If things got worse, I would go to someone more professional, but wouldn't know where to go, would probably try the doctor first. It would probably cost about $100–$200 a session, which we couldn't afford. (Marianne, Pākehā, 20–35 years, heterosexual, provincial)

6.6 CHANGING PERCEPTIONS OF FORMAL SUPPORT

While participants had a strong preference for informal support over formal support for their couple relationship, in recent years there has been more awareness and acceptance of formal support services.

Some participants who had undergone formal support felt that it is becoming more acceptable to share personal and relationship issues with a formal support provider.

I think there is a new generation of people who would utilise other people's services. We are less macho than we were a few years ago. (Steven, Māori, 36–50 years, heterosexual, provincial)

It is more acceptable to tell someone your troubles than in the past. In the past the perception was that it was a psychology thing and you had to be nuts to go and see someone. Now it is more ordinary people. Times are changing. There is a proliferation of counsellors and social workers and they are more trained than they used to be. (Janet, Pākehā, 51–60 years, heterosexual, provincial)

Non-users under the age of 35 felt that it was becoming more acceptable to access formal support, although informal support would still be their strong preference for future individual or relationship issues.

Asian people felt that younger Asian people (under 35 years) are becoming more open to the idea of formal support, as they are less entrenched in their parents' and grandparents' views that relationship issues should be resolved within the family.

The younger generation may go, the older generation definitely wouldn't. Older people treat everything as being really private, and wouldn't want outsiders being involved in personal affairs. It's the way they were brought up. Family issues always stay within families and families would resolve it. My wife and I would never go to counselling. We would deal with it internally. My kids, however, have been more exposed to Western culture; they are more open to new ideas and have the freedom to choose. (Travis, Asian, 36–50 years, heterosexual, urban)

6.7 SUMMARY

Of the 22 participants who accessed formal support, 10 did so as individuals and 12 as couples. Formal support was accessed almost exclusively by Pākehā and Māori heterosexual participants. Participants viewed formal support as a last resort and a number of attitudinal and structural barriers to accessing support were discussed.

Experiences of formal support were mixed – if issues were resolved successfully and both partners felt engaged in the counselling process, participants were satisfied with their experience.

7. CONCLUSION

This study explored access to information and support for sustaining couple relationships. This is an under-researched topic, particularly in New Zealand.

The study examined three kinds of support: informal, semi-formal and formal. Previous research on formal support has tended to regard informal support as just a first step in a help-seeking pathway towards engagement with formal services (Manthei, 2006; Pescosolido et al, 1998; Saunders, 1993). This research challenges that view by highlighting people's preference for informal support and the positive effects of this support. It moves away from approaching informal support with a deficit focus, and acknowledges its centrality in people's lives.

The majority of participants preferred informal support over formal support. This was true for all ages, genders, ethnicities and sexual orientation. It was family members and friends who played a major role in providing people with a 'listening ear', practical advice or an intervention. Often, this was all people felt that they needed.

Most participants in this study turned to those they know for support. This raises the issue of how family members and friends can be equipped with knowledge and confidence to respond effectively when they are placed in relationship-support roles. It highlights the importance of not just educating and encouraging people who may face relationship problems to be aware of options for support and information, but also those in their family and social networks.

Participants' age, personality, gender, sexual orientation and ethnicity influenced whether they sought informal support and whom they reached out to for it. Gender and personality had a particular impact on support-seeking behaviour. Female participants were more likely to verbalise experiences. By contrast, self-contained participants, who were mostly male, were more likely to work through issues privately.

This research examines an area of relationship support not previously discussed in the literature to any real extent – semi-formal support. General practitioners, nurses, school teachers, church ministers and community elders all supported couple relationships, and went beyond their primary responsibilities to do so. This highlights the need for people in these roles to be equipped with knowledge about how to support couple relationships – information about relationship issues and their impact, services and web-and-print resources to which people can be referred. This is an area requiring urgent attention, as this study showed that the people most reliant on semi-formal support often have a degree of vulnerability – either because of low socio-economic status, self-containment, social isolation, their reluctance to seek support from family and friends or their negative views of formal support.

Just under half of the participants (22) accessed formal support – 10 people did this as individuals and 12 as a couple specifically for relationship issues. If issues were resolved successfully and both partners felt engaged in the counselling process, participants were satisfied with their experience. However, this was the case for less than half of these participants.

There is more that could be learnt about people's experiences of formal support for their couple relationships. In this study, formal support was accessed almost exclusively by Pākehā and Māori participants. Why Pacific and Asian people did not access formal support could be worthy of exploration and discussion with service providers working in this field. Participants in this study accessed formal support as a last resort – this may also have had an impact on their counselling experience because relationship problems could have become severe and entrenched.

This study examined numerous attitudinal and structural barriers which make people reluctant to seek support from professionals. Many participants had little or no awareness of the options available for formal support. Low awareness and a tendency to normalise relationship problems was a particular feature of the stories of female participants during their late adolescence and early adulthood (up to the age of 25 years). This indicates a need to explore further the relationship skills and knowledge of young people and how this influences their choices.

The research also explores factors which promoted access to formal support. The role of the support facilitator who proactively advocated or referred someone to formal support was pivotal. This study's detailed documentation of the processes through which people access formal support could benefit service providers by helping them target public information and education about their services.

This study is a first step in building greater understanding of how couple relationships are supported in New Zealand. It has provided insights into an area of knowledge which was previously lacking in New Zealand. We hope that these findings will be a valuable tool for stimulating discussion about new research and the provision of information and support for couple relationships.

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APPENDIX 1

INTERVIEW SCHEDULE

Thank you for agreeing to participate in this study.

We are interested in looking at whether or not you have accessed support in your relationships, the type of support you have accessed and your satisfaction with this support.

To do this we would like to look back over your significant relationships, including your current relationship, and the major issues that you have encountered. We're interested in knowing the types of support you've received and what issues are often points of transition where your lifestyle, satisfaction and stress levels have changed. These points of transition can be positive or negative. An example of a transition is buying a new house or starting a family. They may impact on you individually or they might impact on you and your partner.

If in a relationship for 10 years or more, focus on that relationship. At the end of the discussion, ask how accessing support is different from previous relationships.

See Life Calendar instrument

Summary of relationships (column 1)

Complete each row of column 1. This will provide the necessary timelines and begin the process of participant recall.

Times of change

After completing the first cell, move to the next column (same row).

Later on I will be asking about the types of support you might have accessed. We have found it helps people to first think about the major things that were happening in their life at this time. For example, you might have been leaving school, starting a new job or there might have been a death in the family.

Draw a mind map (as a visual clue) to triggering memories and ask:

Can you tell me what were the major things that were happening in your life at this time?

Challenges within the relationship (column 2)

After completing the first cell, move to the next column (same row). Complete that cell and move to the next column and so forth.

What were the major challenges in your relationship?

- Were there any other challenges?

Participant responds to the question. When finished, provide participant with prompts from Card A and ask if there were any challenges to the relationship related to any of the issues outlined on the card.

With each relationship, ask which of the challenges have been resolved and which remain (what was a challenge and what is still a challenge). This will be reflected upon in column 4.

Support sought and received (column 3)

After completing the first cell, move to the next column (same row). Complete that cell and move to the next column and so forth.

We are interested in knowing about whether or not you accessed some form of support during these times. Support can be informal or formal. For instance [draw continuum], support can range from relationship guidance professionals (eg counsellors and psychologists) [point 10 on continuum of 10] to written information or chat rooms [point 1 on continuum of 10]. Between these two points support can include friends and family [point 3 on continuum of 10] and support from GPs, midwifes, kaumātua or someone with some degree of standing in their community [point 5 on continuum of 10].

Access support

For each challenge, can you tell me if you accessed support?

If yes, what type of support was accessed?

> What motivated you to choose this type of support?

- Friends

  - Family
  - Referral from GP or some other professional

If not, why?

- Cost
- Shame
- Culturally inappropriate
- Not comfortable sharing with a stranger
- Disloyalty
- Problem was perceived as insignificant
- Fearfulness (avoidance tendency)
  - Fear of embarrassment
  - Fear of change
  - Fears involving treatment stereotypes
  - Fears associated with past experience with the mental health system
  - Fear of treatment associated with specific problem types
  - Fears of negative judgement (stigma)
  - Fear of action resulting from therapy
- Distress (approach tendency)
- Lack of awareness of the types of support available
- Did not want to escalate the issue.

If not, what did you do to work through the issues?

- Prayer
- Worked the issue out with partner
- Sought information through internet or other information sources (eg books).

Order of support sought

Of the types of support you accessed, which came first (ie did informal support come before formal)?

How did you move from informal to formal forms of support or vice versa?

- Friends
- Family
- Referral from GP or some other professional
- Referred by someone
- Other.

In association with partner

If yes, did you get this with your partner?

If not:

- Why?
- Was your partner aware that you were seeking support?
- If not, was your partner aware there was a problem?

Impact of support (column 4)

After completing this cell, go to the next row and column 2.

Earlier you said that you accessed [paraphrase support stated in column 3]. How satisfied/happy were you with each?

Explore reasons for satisfaction and/or dissatisfaction.

In column 2, resolved and unresolved challenges were labelled. Each of the following questions will need to assess whether or not types of support assisted with resolution or whether there was some other factor at play.

Did this support help or not help?

- For resolved challenges
- For unresolved challenges

What would have happened if this support had been unavailable?

OR

How do you think things would have been if you had accessed formal and informal types of support?

LIFE CALENDAR INSTRUMENT

AGE GENDER CITY	TIMES OF CHANGE THINGS THAT WERE HAPPENING AROUND YOU THAT WERE IMPACTING ON YOU	CHALLENGES WITHIN THE RELATIONSHIP	WHAT TYPE OF SUPPORT WAS SOUGHT AND/OR ACCESSED	WHAT WAS YOUR EXPERIENCE OF THE SUPPORT AND DID IT HELP – HOW DID IT HELP YOU?
First significant relationship Age at time of relationship Year began Duration of relationship				
Second significant relationship Age at time of relationship Year began Duration of relationship				
Current relationship Age at time of relationship Year began Duration of relationship		Resolved or still a problem?		

CONCLUDING QUESTIONS

Would you access professional support again?

If yes, why?

- Individually
- With partner.

If not, why?

- Cost
- Awareness
- Shame
- Culturally inappropriate
- Not comfortable sharing with a stranger.

Can you tell me which ones you are aware of?
Participant lists which ones they are aware of.

- Do you know of any others?

Can you tell me how much you think it would cost to go to these services for relationship support?

APPENDIX 2

SUPPORT CONTINUUM

INFORMAL SUPPORT		FORMAL SUPPORT	
Internet	Friends	GPs	Relationship services
Talk shows	Family	Midwives	Counsellors
Self-help books	Kaumātua	Church ministers	
	Tohunga		

Families Commission research reports

1/05	*Review of New Zealand Longitudinal Studies*, May 2005.
2/05	*Review of Parenting Programmes*, June 2005.
3/05	*Beyond Zero Tolerance: Key issues and future directions for family violence work in New Zealand*, August 2005.
4/05	*Focus on Families: Reinforcing the importance of family*, October 2005.
5/05	*Methodologies for Analysing the Impact of Public Policy on Families: A conceptual review*, October 2005.
1/06	*What Makes Your Family Tick?*, March 2006.
2/06	*Review of the Empirical Literature Assessing the Impacts of Government Policies on Family Form*, April 2006.
1/07	*When School's Out: Conversations with parents, carers and children about out of school services*, February 2007.
2/07	*Moving On: Changes in a year in family living arrangements*, February 2007.
3/07	*It's About Time: Towards a parental leave policy that gives New Zealand families real choice*, August 2007.
1/08	*Elder Abuse and Neglect: Exploration of risk and protective factors*, January 2008.
2/08	*Putting the Kids First: Caring for children after separation*, April 2008.
3/08	*The Kiwi Nest: 60 years of change in New Zealand families*, June 2008.
4/08	*Give and Take: Families' perceptions and experiences of flexible work in New Zealand*, September 2008.

Reports are available on the Commission's website or contact the Commission to request copies:

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