MSc Occupational Therapy

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Research Project 4 – Journal Article

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Abstract

Title: “Masculinity: How men with depression navigate stigma to create meaningful relationships in their communities”.

Background: Depression is a leading cause of disability, and men with depression are particularly vulnerable to experiencing stigma on account of cultural expectations. This paper examines how men manage their illness, and its significance when rebuilding their identity.

Objectives: (a) Identify men’s feelings associated with depression, stigma and masculinity within an Irish context. (b) Describe how men make meaning from, and are influenced by, these experiences. (c) Articulate how men with depression navigate stigma in order to participate more fully in their communities.

Methods: In-depth, semi-structured interviews were completed with six male participants. Interpretive Phenomenological Analysis (IPA) was employed to analyse the results.

Results: IPA yielded three themes: “traditional masculinity” outlines the occupational disruption, vulnerability, alcohol use, alienation and stigma; “safe place” illustrates the environment, confidence, and peer-support; and “non-traditional expression of masculinity” represents navigation of stigma through education, insight and courage, demonstrating occupational justice and engagement in new non-traditional masculine occupations.

Conclusion: findings suggest there is stigma around depression for men, regardless of ethnicity, disability and personal loss. The findings establish that men struggle to verbally express themselves. Occupational therapists working with men, particularly in the area of mental health, should be mindful to give them time and space to express vulnerability. This may encourage alternative ways to navigate stigma, so that the men become resilient and gain the potential to belong.
Introduction

According to the World Health Organisation (2015), depression is a leading cause of disability. When depressed, men appear to conform to traditional, hegemonic masculine norms and tend to withdraw from others, use alcohol excessively and engage in aggressive behaviours (Mahalik and Rochlen 2006). Gender is in the remit of the personal context in the AOTA’s domain and process (2008). Depression can be a significant barrier to occupational performance, given society’s expectations of masculine roles. These obstructions can be challenged in occupational therapy practice to promote recovery for men experiencing depression.

Literature Review

Stigma is a broad term for a negatively-perceived attribute, such as physical disability, mental illness, or a failure to meet social norms (Goffman 1963; Fink and Tasman 1992; Byrne 1997). Shame becomes the main feeling associated with stigma, because the attributed label is negative and deviant, impacting on the individual’s personal and social life (Goffman, 1963). The person, who is viewed solely as the diagnosis, is thus disadvantaged in terms of life chances related to education, income, housing and health (Link and Phelan 2001; Kring et al 2007). Stereotyping occurs when a dominant cultural belief system assigns negative labels to individuals and minority groups, potentially leading to stigmatisation, discrimination and loss of status (Link and Phelan 2001). The National Disability Authority of Ireland (2011) found that people were more uncomfortable around individuals with mental health difficulties, compared to those with physical disability.

Honour for men in many cultures is associated with being strong, capable and able to defend one’s family and property. A failure to meet these gender-specific ideals may bring shame on oneself and one’s family, a situation which can be impossible to manage (Brown et al 2014). Men may fear accessing services and would be viewed as weak (O’Brien et al 2005; Evans et al 2011). Depression is linked to feelings of powerlessness, weakness and vulnerability, compared to prowess, competition and strength of masculinity (Addis 2008).
Engaging in a men’s group or sports club, may assist men in alleviating depression, as it can provide a sense of belonging after a period of isolation (Emslie et al 2006; Hajela 2013). Peer supports have benefits for on social cohesion, routine, meaning, purpose, productivity and skill enhancement of occupational engagement (Kelly et al 2010). The Men’s Shed approach, for example addresses men’s physical and mental health, focusing on spirituality to reduce social isolation and promote wellbeing (Moylan et al 2015). Peer support formulates acceptance, role modelling, and hope, promoting positive life changes (Davidson et al 2012). Peers offer a shared experience based on reciprocity, the opportunity of giving and receiving support (Mead et al 2001; Repper and Carter 2011). Ochocka et al (2006) evaluated the journey of peer support participants over time, finding they had more friends and greater social outlets, compared with those not engaging in supports. Men are likely to experience relief and gain self-respect when they recognise the universal struggle of others. Men’s groups can provide a forum to potentially disclose, allowing for therapeutic growth, and compassion (Brooks 2001). This suggests the environmental context is an important element in how men access and receive support (Addis and Mahalik 2003).

This research starts with an introduction to concepts of stigma, depression, masculinity and peer support. Interpretive Phenomenological Analysis (IPA) was chosen for this study, revealing three themes, with the discussion focusing on the navigation of stigma.

Limitations in Knowledge

There is evidence to suggest peer support can enhance mental health recovery (Schon et al 2009; Schon 2010). There is limited research into how depression affects men’s self-worth, vulnerability and masculine identity. This is a worthy study, because men are suffering from depression and the findings will contribute to increased evidence for men’s journey from depression towards recovery.

Methodology

Method of Inquiry

This study, which seeks to produce a new understanding of men’s experiences of depression, employed a qualitative approach (Willig 2013). Critical theory (a social theory aimed at
critiquing and changing societal norms) is the central paradigm of this study (Horkheimer 1982). This is part of a larger project “Building Real Communities” and its primary objective is to investigate how people with disabilities navigate stigma to make meaningful relationships at home, at work, and in communities.

*Interpretive Phenomenological Analysis*

This research employed IPA, exploring the participants’ personal experience through attributed meaning (Smith 2010). IPA not only describes phenomenon, but examines the emotions and cognition that underlay subjective experience (Smith *et al* 1999). It can be argued that IPA compliments occupational therapy, allowing the participant to voice his/her subjective experience, thus facilitating the researcher to understand and interpret the individual’s world view (Cronin-Davis *et al* 2009).

*Participants*

The participants for this research were recruited and interviewed as part of a larger study led by an experienced researcher. IPA was useful because interviews completed with this cohort of participants were small-scaled, in-depth and extensive, thus detailed transcripts could be analysed (Smith 2010). Purposeful sampling of individuals specific to this study’s cohort comprised six men who had experience of depression (Patton, 1990). The men were based in one geographical area in Ireland, with varied backgrounds, which provided rich narratives.
Ethics

The University of Limerick granted ethical approval for the “Building Real Communities” study (EHSREC11-35). The use of ethics when conducting research is to ensure the safety and protection of a participant’s right to privacy and respect. It sets parameters, preventing unethical use of information (Wiles 2012). The anonymity and confidentiality of the participants are respected and real names substituted for a number (Flick 2011; Kaiser 2009). The researcher offers anonymity by omitting any identifiable details of participants’ narratives (King and Horrocks 2010).

Data Collection

The semi-structured interviews had already been completed by an experienced researcher and transcribed by fellow MSc students. Semi-structured interviews tend to be flexible, in order for ideas and issues to develop and expand throughout the interview (Denscombe, 2003). The interviews took place in a quiet location, where the interviewees were comfortable (Smith and Osborn 2008), as evidenced by field notes.

Data Analysis
Though similar to thematic analysis, IPA best encapsulated the richness in understanding masculinity in Irish culture (Brocki and Weardon 2006). Analysis of the interviews was conducted with IPA guidelines (Smith et al 2009). The transcripts were read numerous times before critical readings were undertaken. Analytical memos were kept to seek for similarities and contradictions. Analysis continued to layer similarities and also acknowledged differences which related to the research question. Clustered themes formed connections, while further analysis amassed into three master themes. This continued with the application of relevant theories to develop the trustworthiness of what was being interpreted. The final stage was writing up the document with the themes from the detailed analysis (Smith and Osborn 2008).

**Reflexivity**

IPA can be evaluated by reflexivity, which critically addresses the researcher’s biases and limitations surrounding the study (Finlay 2011). This was achieved through rigour of how the research was managed by evidence, and how claims were validated and argued with colleagues and supervisor (Finlay 2011). Masculinity is a noted interest of the first researcher, who is gay and from a rural background – a factor that helped him identify with sexuality and gender roles when analysing the data. The researcher kept a reflective diary to address these experiences and used supervision feedback to keep focused and explore alternative viewpoints.

**Trustworthiness**

Qualitative researchers must incorporate measures to ensure that the research addresses biases and maintains trustworthiness (Shenton 2004). Confirmability was met by means of an IPA audit which held the findings accountable to the data. Dependability lays in the close supervision from supervisor and peers to keep the researcher focused. These concepts highlight transferability by eliciting new information which creates more knowledge in this area (Krefting 1991). The researcher did not conduct or transcribe the interviews, though, audio access and field notes were provided to strengthen the overall trustworthiness (Rodham et al 2013).

**Findings**
IPA generated three significant themes. “Traditional masculinity” explores the experience of occupational disruption which impacted on occupational performance, causing alienation from roles and routines. “Safe place” describes the navigation of stigma by engaging in peer-support groups, using their vulnerability to flourish. “Non-traditional expressions of masculinity” illustrates engagement in meaningful activities, facilitating courage through occupational justice of new, non-traditional, masculine caring roles.

**Traditional Masculinity**

The participants aligned themselves with different subcultures within Irish culture, but experienced similar feelings around what it means to be a man. P11 disclosed about the sexual abuse he experienced as a child:

>I never spoke about the nitty gritty, dirty stuff... with the sisters ... I think, they didn’t want to know ... it was so close to home ... I’m protecting them as well. And that’s ok. ... They [men] don’t talk about it, because it’s not a manly thing to say that you suffer depression.

P11 talks of his abuse experience without going into detail with his sisters, assuming they did not want to know, and later in the interview acknowledges that men do not talk. The quotes highlight internal conflict around masculinity to protect others, and being vulnerable appears to be evident, which creates stigma, and depression. P68 further expands on this, stating that men are viewed as providers, and denying their emotional experiences. A man’s physical strength outweighs emotional weakness:

>... the man is meant to be the provider and [is] supposed to be strong ... There’s a perception ... men don’t have emotions.

As described by P67, this analogy leads to excessive use of alcohol as a means of expressing feelings by engaging in a physical act socially-accepted:

>Any emotion outside of being drunk is suspect ... it’s just kind of a pervasive culture ... Men are only allowed a certain amount of emotion ... Irishmen can only express themselves emotionally when they’re drunk.

The men shared losses, compounding a complicated grief from the death of loved one and loss of a limb, which led to despair and hopelessness. Sexual orientation may have a negative effect when it is not dealt with by the individual. Identity loss appears to have contributed to alienation from their feelings, leading to suicide attempts for some. For example, P69 talks
about the multiple life losses which had impacted on his roles, identity and routines. He became isolated and depressed:

Jumped right in and I went under the water ... I just remember getting pulled out ... I was fighting, just to let me go.

P12 appears to share similar feelings with P69 around shame in showing vulnerability, than for attempting to take his own life.

Am I embarrassed to say I commit suicide? ... No, am I embarrassed to say I didn’t cope...?

The physical act of doing something issues a sense of control. The interpretation is that actions can be dealt with, while emotions appear to undermine masculine identity, making one vulnerable.

“Safe Place”

Masculinity flows from feelings of managing, being decisive and in control, until a life event causes occupational disruption. The men receive or seek help, becoming engaged in peer support groups or activities after their mental illness. Once they integrate their loss and create something positive from it, they move forward, leaving shame and vulnerability behind. An accepting environment, which is a “safe space”, facilitates growth in personal attitudes and changes in roles and traditional norms about what it means to be a man. This allows them to have a better relationship with themselves and others. The “safe place” offered a space to break down fear, as described by P93:

The mindfulness course ... was a secure environment so you weren’t being ridiculed you weren’t thinking oh that’s stupid ... You were allowed to say what you wanted ... The insight I got into our community ... was so many people ... afraid to talk.

The environment can have a powerful influence when navigating stigma. P93 disclosed that after years of running away from himself, he found himself back in his home town, amongst a supportive group which gave him a new understanding of community. However, the environment can also be oppressive, feeding stigma, as stated by P67:
I chose the city because of the anonymity ... It allows you to be a certain way. You can be a gay man with depression ... but you can’t be that person in rural Ireland.

There is echoed disappointment in fulfilling one’s true identity, which includes sexuality, which many people living in rural communities find unfamiliar. A supportive environment allowed these men options for change, enabling them to feel safe and confident when facing challenges. P12 talks about an incident with his amputee football comrades at the airport, going through security screening, where having non-normative bodies was met with humour.

*We were going through customs ... We all started to get a fit of laughter, then we were all say like village of the damned, kept taking off all these bits and pieces [prosthetics] beep, beep, beep [sound of security scanner] ... The lads learned to laugh at themselves and see the funny side, whereas before they’d have been embarrassed [on their own], because they did it as a group.*

Peer support provides an unconscious collective “safe space” for navigating stigma, and creating a new normal, using humour at airport security, illustrates how stigma can be challenged in everyday interactions. As a football team, they talk about football, not their disability.

*“Non-traditional Expressions of Masculinity”*

Peer support offered the men a space to accept their vulnerability. The men began to trust, which assists in establishing courage, and a more integrated sense of self. This enhances a “non-traditional expression of masculinity”, allowing them to participate, empathise and relate to others, challenging masculinity, disability and mental illness stereotypes.

P69, a member of the travelling community, explored new, alternative perspectives, contrary to the traditional attitudes towards gender roles in his community, by engaging with therapy. His therapist encouraged him to try new interests and possibilities.

*I would love to know how to read and write ... I love art ... I like drama ... I would never have done or never went to a play ... I would have been classed as a sissy ... My kind of people would have been classed as only women go to them things.*

He now engages in new activities, by attending classes to make new habits and routines to enrich his life as a man. This illustrates his journey of challenging cultural beliefs and gender stereotypes. This directs him toward “non-traditional expression of masculinity” by engaging
with services, educating himself and becoming an advocate, for others particularly in his community.

*It takes power ... confidence ... the ability to stand out ... even the things you don’t like doing ... educate my own people ... what I am doing and ... saying is helping other people ... I am getting good feedback ... it is helping me in my recovery.*

Education provides structure and meaning, essential for mental and physical wellbeing. He sees his experience as being valuable to others suffering mental illness. Being a facilitator and educator has helped P93 to flourish, and to become more self-assured. Being strong in oneself again illustrates the “non-traditional expression of masculinity” of expanding knowledge and insight. It takes courage to stand out, and doing so can offer hope to others in similar situations:

*I have become more aware of myself ... What I do ... gives me the greatest joy ... it also gives me enlightenment ... I’m learning the whole time ... You have to know yourself and ... be confident ... be strong in yourself ... then you can build relationships ... The classes that I give.... made me much more aware of the community.*

Education had a role in the way P93 and P67 managed their depression, providing meaning in life, and having positive impacts on their identity and personal growth:

*I started just talking [to friend] about how my academic life was so important to my overall mental health ... I was afraid that if I took a year, or two years out, what kind of person I would become ... For a person with depression, it’s [education] not just practically necessary, it’s physically and sensually enjoying – it stimulates the mind ... that’s the kind of thing that gets you up in the morning.*

(P67)

The world of academia offers P67 a constant structure in his life and helps him to structure his life, providing a “safe place” where in which he excels. Talking to his friend offered insight into the meaningfulness education has for his routine and overall wellbeing.

This final quote by P12 captures a sense of achievement through reflecting on life’s journey, demonstrating self-actualisation in occupational performance:

*We’re always told don’t look back, just look forward ... Sometimes you gotta look back because ... I’ve covered some distance, I’ve come a long way.*
Stigma is navigated by engaging with the difficulties associated with depression. Participants reflect on their past experiences (the struggles and achievements) with hope. These purposeful goals established a need for change, through “non-traditional expression of masculinity”.

**Revisiting the Aims**

The research outlined three aims in exploring the journey of masculinity pre- and post-depression: (a) identify feelings associated with stigma, masculinity and depression, as experienced within an Irish context; (b) describe how Irish men make meaning, and are influenced by these experiences; and (c) articulate how Irish men with depression navigate stigma to participate in their communities. These aims were addressed, but only provide a snapshot of the true potential of this study. However, these aims do provide insight for clinicians when working with men.

**Discussion**

The essence of masculinity in the findings echoes the varied notion of what it means to be a man in Irish culture. The themes (“traditional masculinity”, “safe place” and “non-traditional expressions of masculinity”) are related back to previous research. This section also addresses the limitations and the implications for practice.

The findings from “tradition masculinity” highlight occupational disruption where “one’s pattern of occupational engagement is disrupted due to significant life events” (Whiteford, p.201 2000) associated with complicated grief from the traumatic death of loved ones, the loss of childhood, or an amputation. The disruption evolves into alienation where the men begin to avoid contact with others, through isolation, working excessively, and alcohol abuse (Mahalik and Rochlen 2006). Occupational alienation leads to stigma, avoidance, and being unable to express oneself, causing depression (Townsend and Wilcock 2004a). The men indirectly talk about stigma and shame, being unable to cope with their depression, unsure how to receive help, with some attempting to end their lives. Latham and Prigerson (2004) found that complex grief is a contributing factor to suicidal risk.
Vulnerability and shame experienced by the men create courage and connection by an engagement with meaningful occupations in the “safe place”. Vulnerabilities are often hidden by men, who feel they should be able to manage their emotions and engage in masculinity ideals to maintain self-esteem (Seidler 2007). Brown (2010) states vulnerability is at shame’s core, creating fear and a struggle for worthiness, but also appears to be the foundation for joy, creativity and belonging. The finding illustrate that engaging in social and physical activities is recognised as important for developing and sustaining positive mental health (Roy et al 2014). Feeling affirmed in their safe environment had an impact on the participants’ courage and confidence to try new occupations (Rebeiro 2001).

Sexuality has an impact on occupational performance. Whether homosexual or heterosexual, men can be affected by socio-cultural constraints in their choice of engaging in meaningful activities (Jackson 1995). This was evident in the findings, where rural Ireland appears to be traditional in heterosexual assumptions, endorsing fear of discrimination, prejudice and personal attacks for being gay (Bergan-Gander and Von Kürty 2006). This is highlighted when one man explored non-traditional masculine occupations, perceived as “sissy” and “only for women”. His therapist supported this attitude change through occupational justice – a concept that emphasises rights and responsibilities, and enables an individual to experience health and quality of life through engagement in occupations (Townsend and Wilcock 2004b). Stigma is navigated through the “form” of education which “functions” to educate and facilitate change, offering “meaning” for accepting alterative norms in a socio-cultural environment where gender divides are evident (Clark et al 1991).

Brown (2010) describes belonging as not having to change or conform, but becoming who we are. The environmental context is an important element in how men access and receive support, and for some it becomes the reciprocity aspect that enhances recovery (Addis and Mahalik 2003). Those who joined peer groups or sport felt empowered, managing their depression by feeling a sense of belonging after a period of feeling alone (Emslie et al 2006; Hajela 2013). This allows the freedom to convey “non-traditional expressions of masculinity”, and demonstrates how occupational justice is established in the participants’ lives. The peer support environment facilitates the men’s need to participate in occupations in order to develop and thrive (Townsend and Wilcock 2004a).
The “safe place” has created a catalyst for the men to become advocates for change. They are taking on the role of challenging traditional masculinity, by providing a space that is free from outside prejudice. The use of a “Men’s Shed” space addresses spirituality to reduce isolation and promote wellbeing (Moylan et al 2015. Occupations mentioned in this study included art, theatre, education, football and mindfulness to promote recovery. This philosophy highlights the individual journey to establish community relationships. Through occupations, people organise their time, and find purpose in occupations that are fulfilling, pleasurable, leading to a sense of mastery over one’s environment (Townsend 1997). The findings illustrate how peer support and meaningful occupation have created new modes for the development and expression of identity (Christiansen 2000, 2004; Wiseman and Whiteford 2007). This transition created changes in roles and routines for the participants (Blair 2000). Belonging to a “safe place” and being valued as individuals, creates a sense of becoming confident and courageous, essential for survival and health (Wilcock 2007).

The men’s previous traditional masculine values and beliefs have evolved through the use of the “safe space” environment, allowing for therapeutic growth in self-understanding and compassion (Brooks 2001). This “safe space” provided an environment to change and challenge previous values and beliefs in the form of “non-traditional expressions of masculinity”. Peer support can provide a dual purpose: one for recovery, and one becoming an important resource for others, establishing a social niche of being an active participant, and leaving behind the passive service user role (Schon 2010). A sense of belonging reduces feelings of social and occupational alienation (Bryant et al 2004). The findings reverberate how participants navigate stigma to re-establish self-concepts, which resulted in mental health promotion.

The occupations that enhanced transformations (the doing, the being and becoming) are working conjunctively to promote belonging, but also to reach self-actualisation (Wilcock 1999), through reflection and appreciation of one’s journey. The “safe place” emphasises the shift in direction of “traditional masculinity” towards “non-traditional expressions of masculinity” fostering new relationships to develop, within the participant’s community.

Limitations

The researcher recognises limitations in the study, firstly that the interviews and data gathered were conducted by another researcher. IPA focuses on the lived subjective
experience and is critiqued to be susceptible to researcher bias. However, the methodology addresses this critique through reflexivity. The men interviewed represent a small number of participants, and may not reflect a true representation who actively navigated stigma from their experience of depression. Due to time constraints and the size of this study, only a fraction of research could be thoroughly explored.

*Implications for Occupational Therapy Practice*

Recommendations arising from this study’s findings are to create awareness, and highlight two considerations for clinical practice in acute or community setting.

**Practice Knowledge to be Gender-sensitive and Challenge Gender Norms**

In light of this research, therapists may need to evaluate their understanding of what is meant by “belonging” in terms of masculinity, when navigating stigma in relation to mental health difficulties. In order for occupational therapy to work suitability, meaningful occupational goals require attention to focus on belonging, connection and contributing to others (Whalley Hammell 2014). The Irish framework policy to guide mental health services and workers practice (*A Vision for Change*’ 2006) is gender neutral and makes no recommendation for how services are appropriate for meeting the needs of gender, though it is known that men and women present different risks and mental illness experiences (Mental Health Reform 2012). Hattie and Beagan (2013) found that LGBTQ women navigated spirituality and gender/sexuality over time, by reflecting on their past and, exploring new options to best suit their individual growth. This resonates with the findings that reflecting on the past may offer a sense of achievement, and self-appreciation.

As 90% of therapists are female, clinicians need to be gender sensitive when working with men in terms of masculinity in health and illness (Harvison 2012). Depression is not socially accepted for males, and men seeking supports are stereotyped as being weak (Chuick *et al* 2009). Therapists need to consider the complexity and separateness of male gender and sexuality. This is core to client-centred practice when exploring barriers to occupational performance (Whalley Hammell 2001). The aim of this research is to create awareness for healthcare workers to be mindful of gender in client-centred practice.
The Environment in How we Treat Men

Occupational therapy considers the person, the occupation and environment as being interrelated. The “just right” environment, and the provision of occupational opportunity, is based on client strengths and needs, to increase the individual’s confidence and future desire to maintain this activity (Rebeiro 2001). Occupational therapists can provide a safe and supportive environment that is vital for exploring potential new occupations (Merryman 2011). Through therapeutic use of self, the therapist facilitates change in a safe supportive environment. A Vision for Change (2006) does not identify the importance of a safe place. In research conducted by the GLEN (2013) found that 76.9% of lesbian, gay, bisexual and transgender people felt healthcare providers require more knowledge and sensitivity regarding LGBTI issues. This safe place must amalgamate attitudes of openness, sensitivity and language that are inclusive of struggles, and courage which optimise occupational performance.

Further Research

The aims of this paper sought to answer the research question, and are felt to have only scratched the surface. The area of gender and sexuality is diverse and worthy of future research. There is more potential to further this study, by using a larger sample size and including a greater geographical area. Further research, could explore younger men’s experience under the age of 35, and focus on rural versus urban experiences of men with depression.

Conclusion

This research provides a snippet of how men with depression navigate stigma to make relationships in their community. The feelings associated with stigma were acknowledged initially with “traditional masculinity” attitudes and behaviour. The men make meaning in a “safe place” engaging in peer-support groups and activities to aid their recovery. They navigate stigma through participating in peer support, feeling safe, developing confidence to grow, and gain courage, thus illustrating occupational justice in the form of “non-traditional
expressions of masculinity”. It is hoped the research will provide clinicians with awareness of masculinity, with evidence to provide best client-centred practice.
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