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Man Enough:  
The Influence of Masculinity Scripts on  
Help-Seeking Behaviors among Men with Depression

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## **Abstract**

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**Key words:** Depression, Help-Seeking, Masculinity, Men, Mental Health

As men with depression have been found to be less likely than women to seek treatment for their illness, the aim of this research was to investigate the difficulties these men face in seeking help for their depression. In addition, this research looked at other potential sources of help, as most of the research in the field focuses on professional help. In the present study, the help-seeking behaviors of men were examined through societal gender scripts that are associated with hegemonic masculinity (Connell 2005). This research was conducted by using a qualitative method, through which six men with depression in their twenties were interviewed. By using thematic analysis, the men's responses were then divided into themes and sub-themes. Four masculinity scripts that were important to the respondents were formed: appearance, dominance, provider/responsibility, and emotional strength/rationality. These scripts were then used to analyze men's experiences with depression and help-seeking. Masculinity scripts were found to have a significant influence on all of the participants' self-perception and help-seeking behavior. The most recurrent themes were emotional strength and being reliant on oneself instead of others. In addition, the need to appear a certain way, in particular strong, dominant and responsible, was important to most of the participants, which contradicted their ideas about help-seeking. The masculinity scripts therefore negatively affected the participants' professional help-seeking behavior. Additional difficulties to seeking help were found, including doubts about the helpfulness of psychologists and symptoms of one's depression. Other sources of help were addressed, which included friends, family, the Internet, and religion. Hegemonic masculine ideals further affected help-seeking from one's social network, but the Internet and religion were found to be helpful. The implication of this research is that more awareness about the influence of hegemonic masculinity on men is needed, in particular among service providers. With this knowledge, they could better tailor to men's needs and improve access to services.

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# 1. Introduction and Background

Depression is one of the most common and debilitating mental illnesses. It affects people across the spectrum regardless of gender, age, race, ethnicity, sexual orientation, and class. The World Health Organization (WHO) estimates that about 350 million people worldwide are affected by it (WHO 2014). However, less than half seek and receive treatments for their depression, and in some regions this amount is much lower (WHO 2014).

The reasons for the lack of treatment for depression have been approached from multiple perspectives (Johnson et al. 2012). Differences in access are particularly apparent within genders. Men are less likely than women to seek professional help for depression (Addis and Mahalik 2003). One could therefore pose the question why men are less likely to seek help. The present research approaches this inquiry from the standpoint that the reasons for this are not biologically determined, but instead are influenced by dominant masculine ideals present in society.

## 1.1. Research Objectives

The purpose of this research is to explore why many men do not seek help for their depression. This research examines the difficulties and barriers that men face in seeking treatment, and what other forms of help they employ. This investigation is done in particular by taking societal gender scripts regarding masculinity into account.

The aim of the research is to find out the following:

- To establish whether and how masculinity scripts influence help-seeking behavior among young men with depression.
- To determine additional influences to men's help-seeking processes and what forms of help are used.
- To investigate how men form their identities in relation to available masculinity scripts, and how they accept or reject them.

This information will be gathered by interviewing men with depression, as in this way their perspectives can be illustrated in their own words.

## 1.2. Men and Masculinity

Men are privileged in patriarchal societies and cannot be oppressed in terms of their gender (Johnson 2005). This privilege refers to the benefits they enjoy from structures in society that give them certain opportunities and advantages that are denied to others. However, this does not take into account additional identities and the intersection of those with gender, for which they could be discriminated against and be at disadvantage for, such as race or ability. This system of patriarchy is harmful in a number of ways, which includes the violence against women by men.

Why does this research focus on men, when their voices are often present and represented in society? This question could be posed in particular to a research in the field of social work,

which often works towards the empowerment of oppressed groups. While men indisputably benefit from patriarchal societies, which exist nearly everywhere, including in Sweden, some argue that this system of patriarchy also harms men (Bates and Thompson 2002 ref Thompson). This is also the stance from which this research on men with depression is formed. One of these ways is how societal norms are prescribed to gender roles and tied to one's identity, which will be referred to as masculinity scripts. For instance, a notable feminist author, bell hooks (2004), has argued that the "crisis of patriarchal masculinity" is the problem, not men in general. This sentiment has also been expressed by Bates and Thompson (2002), who stress that men should not be generalized as problems. Although some men's behavior is indisputably problematic, not all men's is. Some feminists, men and women, therefore have advanced the idea for a movement of men's liberation in regard to these societal norms.

### **1.3. Relevance to Social Work**

Some may argue that depression comes at great cost of productivity and economics to society, costing an estimated 118 billion Euros in Europe in 2004 (Sobocki et al. 2006). In Sweden, mental illnesses have amounted to 8 billion Euros lost per year (Regeringskansliet 2013). This is primarily due to sick leave and inefficient work in the workplace, but also includes health care expenditures. The less calculated view, however, is the greatest cost of all: the cost to the person suffering himself. This emotional toll is reflected in the number of suicide attempts and completions every year. In Sweden, 97 people out of 100,000 tried to commit suicide in 2011, a total of 9,191 (Karolinska Institutet 2013). One should note that these are the documented cases, and that the actual number may be higher. In 2012, 1,523 died of suicide, of which 1,072 were men (Karolinska Institutet 2013). Men are three times more likely than women to commit and succeed at suicide attempts (Nauert 2013). While not everyone who is depressed attempts suicide, it is a significant risk factor for men with depression (Hawton et al. 2013).

The statistics in regard to suicide point towards the gravity of depression, and it is relevant to social work as a social problem. Depression is also a contributing factor to many additional social problems, such as drug addiction, domestic violence, unemployment, poverty and homelessness. Some hold the perspective that social circumstances greatly influence or even cause depression, but that individualistic societies, as are common in the Western hemisphere, seek for the root of it in the individual (Blazer 2005). In any case, the mental illness of depression comes at a great cost to both the individual and society as a whole.

While physical access to help-seeking from professional sources, and the knowledge how to obtain it, could be a barrier to seeking treatment, another hurdle could be outside forces inhibiting men to seek help even when such sources are available and known about. This could include the adherence to societal scripts in regard to being a man, which often inhibit men to become service users of social services (Bates and Thompson 2002). The research presented in this thesis serves not only to gain further knowledge about this area, but also to empower the participants to share their experiences and thoughts on the matter. To have the ability to access needed health care undoubtedly qualifies as a human right, and this should extend to mental health care as well. The results of this research could be used to gain greater knowledge in the field of men's depression and help-seeking, as well as serve to advocate for change, as a further aspect of social work is working towards a more equitable society.

## 1.4. Concept Depression

Depression can be approached from multiple perspectives, which differ according to setting. Medical models are applied by psychiatrists, while other practitioners such as psychologists focus on the psychosocial context (Jacob 2006). Depression can be conceptualized from varying combinations of medical, psychological or social origins.

### 1.4.1. Medical model

The medical model is the most common model employed for the understanding and treatment of depression (Furman and Bender 2003). From a medical point of view, depression is conceptualized as being rooted in biology. It can be seen as a disease, illness, or disorder, though the latter is now most common among psychiatric classifications (Jacob 2006). It is categorized as a mood and depressive disorder by two main bodies: the American Psychiatric Association (APA), in their *Diagnostic and Statistical Manual Fifth Edition (DSM-5)*, and the World Health Organization (WHO), in their *International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10)*. The generally accepted standard used for diagnoses of depression is the DSM-5. Both the APA and WHO distinguish among a number of depressive disorders. According to the APA, these disorders share the “presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual’s capacity to function. What differs among them are issues of duration, timing, or presumed etiology” (APA 2013a).

The advantage of the medical model is that it clearly defines what constitutes a problem. In many countries where a psychiatric diagnosis is necessary to receive insurance coverage for health care treatment, this is essential for getting affordable help. On the other hand, psychiatric classifications may have contributed to these practices. In addition, framing mental health issues solely as a biological problem might also lessen “victim-blaming” among those who seek help, as mental health may be less likely to be viewed as personal shortcomings such as weakness, but instead as something that cannot be helped. Yet the medical model has been criticized as being too focused on categories and lacks consideration of other factors that may contribute to depression, such as external conditions and internal experiences, such as “social factors” and “social location” (Blazer 2005, p.26). There are some signs that these factors are increasingly taken into regard. For instance, the DSM-5 no longer excludes bereavement, the mourning of the death of a loved one, as an exception to major depression, as the APA now recognizes it to be a “psychosocial stressor” to a major depressive episode (APA 2013b).

### 1.4.2. Psychosocial Approach

Psychosocial approaches often frame depression as an illness, which is a “sociocultural construction of sickness as perceived and experienced by a patient” (Jacob 2006, p.826). Psychologists usually apply the same medical model framework as psychiatrists but often place greater emphasis on examining psychological and social causes. These factors could be rooted in social and situational origins, such as reaction to life events, abuse, neglect, poverty, and the influence of peers (Jacob 2006). The focus of this approach is therefore on internal experiences and external conditions.



### 1.4.3. Social Model

An additional perspective less commonly applied by mental health practitioners is the social model of disability. This view holds that social, physical and institutional barriers in society primarily disable people and not individual impairments themselves (Beresford et al. 2010). For example, when a building is not accessible by someone who uses a wheelchair, this person with a physical impairment is disabled. In addition, rather than as a disorder or disability, people's differences in physical, intellectual and emotional abilities are considered to be a part of a spectrum of natural human experience (Beresford et al. 2010).

It is less apparent to what extent the social model of disability can be applied to mental health issues such as depression. No clear consensus seems to exist whether it is considered a disability. Depression greatly affects and arguably impairs a person in emotional, social and physical ways. Yet to what extent do external circumstances and societal influences play a role in framing it as an illness or disorder? At what point is a persistent low mood still considered normal, and when does it become a disorder or illness? According to the DSM-5, this breaking point is reached at more than two weeks, but less conclusive are the deciding factors that point toward one's mood being worse than what is generally considered normal (APA 2013a).

The diagnosis of depression is arguably socially constructed, as many mental illnesses overlap in their symptoms (Lobo and Agius 2012). The changes of diagnosis criteria by the APA in updated versions of its DSM also point towards the influence of contextual social factors in the framing of mental illnesses and its perhaps somewhat arbitrary categorization of them. In addition, the perception of depression among people is also shaped by social forces.

A benefit of applying the social model to depression could be the shift of focus from the problem lying with the individual to external factors, e.g. the exclusion and discrimination of those with depression and the potential difficulties in accessing mental health care. In this way, possible blame and stigma directed towards the individual facing depression may be lessened.

### 1.4.4. Treatment

The treatment of depression is quite varied and has experienced changes over the last decades. In Western countries, medical treatments such as lobotomies, which involve surgery on the brain, were popular during the 1940s and 1950s but have since fallen out of fashion, particularly as the effectiveness of them has been questioned and the side-effects were often severe (PsychCentral 2014). Electro-convulsive therapy, which involves electric shock treatment, was common during the 1970s but has become less so since the availability of anti-depressants in the 1990s (Carney and Geddes 2003). However, this type of treatment is still used in severe cases, despite its greatest side-effect being memory loss (Carney and Geddes 2003). The use of anti-depressant medication remains the most commonly prescribed psychiatric treatment today (Kirsch 2011).

Psychologists use psychotherapy to treat depressed patients, although it can be in concurrence with psychiatric medication. The most common therapies are *cognitive behavioral therapy (CBT)*, which focuses on changing patterns of behavior and thoughts, *short-term psychodynamic therapy*, which explores unresolved conflicts from childhood, *interpersonal*

*psychotherapy*, which examines problems in interpersonal relationships, and *non-directive supportive therapy*, which focuses on reviewing life issues in a caring context (Kirsch 2011).

For mild depression, psychotherapy by itself is a common approach, but for moderate and severe depression either the prescription of anti-depressants or a combination of both psychiatric drugs and counseling are recommended and are also the norm (WHO 2012).

Not everyone holds the view that psychiatric medication is beneficial. Some researchers such as Kirsch (2011) claim that there are little or no actual positive effects from the drugs themselves. They claim that the alleviation of symptoms experienced by some through these drugs are no more than placebo effects, with harmful side effects coming from them as they are active drugs (Kirsch 2011). These allegations are based on reviews of research that has largely been sponsored by pharmaceutical companies in the United States, and which is often suspected to be flawed and biased.

Those approaching depression in a psychosocial manner may hold the view of psychiatric medication as simply being a bandage, as it serves to treat the symptoms of depression but not the actual source of it, therefore not being helpful in taking steps towards full recovery. If this is the case, one must consider that in severe cases one may simply not have the time to uncover and treat the social or situational source of the illness. Alleviating symptoms through medication may then help a person be more receptive of therapeutic benefits. Overall, both psychotherapy and medications have been found useful and effective in treating depression (Brauser 2010).

## 2. Literature Review and Theoretical Framework

### 2.1. Literature Review

#### 2.1.1. Men's Help-Seeking

Most of the literature surrounding the concept of help-seeking refers to seeking help from formal sources in health care settings. It is useful for “exploring and understanding patient delay” (Cornally and McCarthy 2011, p.280). This is particularly relevant in regard to men, as they overall exhibit delayed help-seeking when they become sick (Galdas et al. 2005). The focus on help-seeking in most research appears to be on “‘why’ and ‘how’ men’s help seeking appears to be problematic” and under what conditions (Wenger 2011, p.488).

In the field of illness behavior, two main theoretical approaches exist (Wenger 2011). One of them is rational choice, in which help-seeking is thought to originate from an individual and isolated decision (Wenger 2011). It is arrived at on a person’s “single decision (did one seek medical help or not), and help seeking is accepted as a voluntary, logical decision made by informed individuals weighing benefits and costs” (Wenger 2011, p.491). The rational choice approach therefore regards help-seeking as a decision one either does or does not make.

The second and less common conceptualization is the dynamic approach. Help-seeking behavior is seen not as an isolated action but instead as a process. It is marked by “complex decision-making” and is brought about by a “problem that challenges personal abilities” (Cornally and McCarthy 2011, p.280). There are several main steps leading up to help-seeking behavior before it can occur: “problem recognition and definition, decision to act, and selection of source of help” (Cornally and McCarthy 2011, p.284). It therefore involves realizing and defining a problem, active decision making, and identifying who to seek help from. Help-seeking is therefore characterized by “problem focused, intentional action [planned behavior], and interpersonal interaction” aspects (Cornally and McCarthy 2011, p.282).

The dynamic approach therefore regards help-seeking as an interactive process, during which one is involved with one or more persons to gain support (Wenger 2011). There are six core concepts to consider: help-seeking is “initiated by a recognized need, is interactive, can take on a variety of appearances, is learned, can be directed by a variety of strategies, [and] does not always lead to the resolution of a problem” (Wenger 2011, p.491).

There are notable differences in help-seeking behavior between women and men. Women are more likely than men to seek professional help for both physical and psychological issues (Möller-Leimkühler 2002, Addis and Mahalaik 2003, Smith et al. 2006). Even when the root of their problem is psychological, they are “more likely than women to focus on physical problems and are less likely to disclose mental and emotional problems” (Smith et al. 2006, p.81). This could also be due to lack of awareness regarding their symptoms (Möller-Leimkühler 2002).

Men identifying more strongly with traditional masculine norms are less likely to see professional help (Gorski 2010; Berger et al. 2012). Conforming to these norms is also associated with being less inclined to refer themselves and others to help, but still with being more likely to refer other men than themselves (Gorski 2010). Gorski's (2010) research

suggests that specific norms of masculinity may be better predictors of help-seeking behavior, such as emotional control, self-reliance and violence. They further suggest that that “degree of social intimacy may be a better predictor of help-referring behaviors than conformity to traditional masculine norms” (Gorski 2010, p.5).

While these gender discrepancies in regard to help-seeking are usually explained by men’s behavior, one also needs to take other factors into consideration. Smith et al. (2006, p.81) suggest that the focus should be on external circumstances, particularly on systematic barriers that hinder men’s help-seeking from health services. These include a “lack of time, poor access opportunities, having to state the reason for a visit, and the lack of a male care provider” (Smith et al. 2006, p.81). Health service providers were also found not to be “equipped to deal with men’s health services appropriately” and that many health systems do not adequately address men’s health needs (Smith et al. 2006, p.81).

Mental health issues, such as depression, may bring forth additional challenges in help-seeking. The perceived perception in terms of stigma regarding the illness may play a role. In addition, men are “more likely to ask for help for a problem perceived as common or ‘normal’ and which is not central to his identity, particularly if his social group is supportive and he believes the benefits of asking for help exceed the costs” (Wenger 2011 ref Addis and Mahalik, p.493; Galdas et al. 2005). In addition, the illness itself may exert an influence on the process, as “depression, anxiety, suicidal thoughts and substance use for example are thought to act as ‘help-negators’ by encouraging or forcing social withdrawal” (Vaswani 2011 ref Rickwood et al., p.6).

There are additional limitations regarding the common conceptualization of help-seeking. Research addressing health-seeking generally does not acknowledge different sources of help that could be sought and received. In particular, it neglects to include “sources of informal help, the type of help sought or amount of help elicited” (Cornally and McCarthy 2011, p.285). Men often lack positive social support networks (Vaswani 2011). Among adolescents, boys have been found to have smaller social networks than girls, and be less likely to use those social support systems (Vaswani 2011 ref Deviron and Babb, Barker). Like men, boys often have unsupportive social networks, and Vaswani (2011) uses low emotional competence to explain why they are less likely to seek professional help. In addition, education and employment status have also been found to impact the size of social networks (Vaswani 2011 ref Deviron and Babb). Furthermore, Wenger (2011) argues that there is a lack of focus in research on how men manage their needs and support systems throughout their illness.

### *2.1.2. Men's Help-Seeking for Depression*

A small body of research exists that looks at the relationship between hegemonic masculinity and depression. A review on help-seeking among men with attention to depression by Möller-Leimkühler (2002) concluded that emotional expressiveness due to norms of traditional masculinity made it more challenging for men with depression to become aware of their symptoms and to seek help. Möller-Leimkühler (2002) suggests that more research is needed in examining expressiveness, the frequency and the presentation of symptoms of depression among men.

Since then, Galasinski (2008) found that when men with depression talk about their illness, they spoke of it by disconnecting their masculinity from it. Another research by Brownhill et al. (2005, p.921) concluded that men experience depression similarly to women, but that they

show it in a different way, especially in “avoidant, numbing and escape behaviours which can lead to aggression, violence and suicide”. They concluded that different expressions of depression are confined due to traditional masculine norms and therefore may lead to lower rates of help-seeking. In addition to this, a further study found that how men manage their depression by themselves is influenced by traditional masculinity and that their expressions of their depression can be seen as masculine ideals (Oliffe et al. 2010). These include isolation, independence, anger, and drug abuse.

Emslie et al. (2006) looked at whether men with depression reinterpret their masculinity in recovery narratives and found that that most did by seeing themselves as “one of the boys” among men, re-establishing control, and responsibility. A minority of men embraced being different and unique, either in terms of heightened masculinity or by resisting it. They further found support for that the pressure of having to abide by hegemonic masculinity contributed to depression and suicidal behavior.

Finally, Johnson et al. (2012) examined the discourse around men with depression’s help-seeking from a Foucauldian perspective. They stress that different social discourses may exist that “position, explain and justify men’s help-seeking practices” (Johnson et al. 2012, p.346).

The present study aims to add to the body of research on the influence of hegemonic masculinity on men with depression and their help-seeking behavior. It further looks at other help-seeking practices men engage in, as the majority of research is focused on professional help-seeking.

## **2.2. Theoretical Framework**

To be masculine is often regarded as a fixed characteristic that men either are or are not. Connell’s (2005) theory on masculinities presents a different approach. She views gender as a social practice and sees masculinity only occurring in a “system of gender relations”, both between and within sexes (Connell 2005, p.71). In particular, she does not see it as one specific kind of practice, but as “configurations of practice generated in particular situations in a changing structure of relationships” (Connell 2005, p.81). This means that there are variety of practices associated with different masculinities, and that they are always done in relation to others.

Connell (2005) expresses that one not only needs to acknowledge more than one kind of masculinity, but that one needs to look at the relations among them. The certain gender relations existing in society are informed by “dominance and subordination between groups of men” (Connell 2005, p.78). Connell (2005, p.76) distinguishes among four different masculinities, but stresses that they are not permanent, but rather existing in a “position always contestable”. They are therefore subject to change and may differ according to context. She refers to the most culturally dominant form of masculinity as *hegemonic masculinity*, which embodies a “leading position in social life”, an “expression of privilege men collectively have over women”, and the portrayal of dominance over other men (Connell 2005, p.76, p.209). She further explains that it is a “configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women” (Connell 2005, p.77). It is therefore a practice of masculinity influenced and given privilege by patriarchal structures in society. However, very few actually hold this ideal of *hegemonic masculinity* and may claim to belong to it, which is what is understood with

*complicit masculinity*. This is the second type of masculinity addressed by Connell (2005), and someone conforming to it would accept *hegemonic masculinity* even though he is not able to entirely fulfill all of the practices associated with it. Connell (2005) speaks of two further masculinities: *marginalized* and *subordinated masculinities*. Engaging in practices that are part of these masculinities usually means that one is subordinate to other *hegemonic masculine* men in the hierarchy of gender relations. An example of a *marginalized masculinity* could be being a man of color who still practices gender in a way that is considered as dominant, e.g. through physical strength. A *subordinated masculinity* could be practicing gender in a way that is considered inferior by others. This could be by being a gay man or by displaying physical or emotional weakness in comparison to others.

To summarize, Connell (2005, p.71) writes:

‘Masculinity’, to the extent the term can be briefly defined at all, is simultaneously a place in gender relations, the practices through which men and women engage that place in gender, and the effects of these practices in bodily experience, personality and culture.

While Connell’s (2005) approach to masculinities has been greatly influential to the field of men and masculinity, some have criticized Connell for reducing gender relations to power while neglecting to take possible intersections of other influences into account. Seidler, for example, has criticized Connell for failing to address differences in masculinities that arise from aspects such as culture and religion (Hanlon 2012 ref Seidler). While he agrees with Connell (2005) that power exists in relations with others, Seidler further believes an “emotional dynamic of superiority and inferiority” exists between genders (Hanlon 2012 ref Seidler, p.86). He therefore believes that Connell (2005) neglects to examine men’s emotional states and sufferings, especially those arising from the “violence men do to themselves in their denial of their vulnerability, fear, and intimacy” (Hanlon 2012 ref Seidler, p.87). Seidler suggests that “to engage with how masculinities are constructed (and deconstructed) emotionally [is] a way also to grasp the complexity of power” (Hanlon 2012 ref Seidler, p.87). In his view, Connell’s (2005) conception of power therefore does not adequately address how gender relations impact the emotional states of men. In addition, Seidler (1997) stresses that not all relations exist to assert power over others, but that some forms instead are coping mechanisms, e.g. by assuming strength simply to survive in competitive environments.

This theoretical framework is informed by a social constructionist perspective. While Connell (2005) refers to the currently culturally dominant form of masculinity as *hegemonic masculinity*, other research in the area of men and masculinity have referred to a similar concept as traditional masculinity or dominant masculinity. Connell’s (2005) theories of masculinities will be used to guide the present research.



## **3. Methods**

### **3.1. Research Strategy**

For this study, a qualitative research approach was utilized. While Bryman (2012) believes that such research is often difficult to replicate, it is uniquely positioned to allow for the addressed population's voices to emerge and allow for the development of topics not previously anticipated.

The participants were gathered through self-selected sampling. This means that the sample was not assembled through random selection (Bryman 2012). Advertisements were put out for willing participants with the inclusion criteria of being man between 18 and 35 with current or former depression, which may be self-identified or diagnosed. The respondents to these announcements were then accepted to the study. As they volunteered to take part in the research based on the advertisements, the sample was self-selected.

A sampling bias exists in the study as men with a university educational background were most likely to respond. This is the case as the advertisements were put out on Internet message boards frequented by students and expatriates in Gothenburg, Sweden. Expatriates, or expats, are commonly understood as skilled workers who moved to and work in a country other than their origin, and usually possess advanced formal education as well (Castree, Kitchen, et al. 2013). In addition, the boards were dominated by international students. Due to these factors, one cannot generalize the resulting sample to the population of young men residing in Sweden, and therefore it is not a representative sample. Also, a potential volunteer bias could have arisen in the sense that participants would be biased toward those willing to share their depression with others, or biased only toward those who had sought help before, but not include people not matching these characteristics.

The interview guide consists of two parts: an introductory exercise and the interview questions. The introductory exercise was a simple form with three keywords: masculinity, femininity and mental health. At the beginning of the interview, the participants were asked to take a moment to write down their thoughts in regard to these topics. This was done in order to make it easier for the participants to share their thoughts in regard to these areas of interest during the interview. Finally, the interview questions were designed by keeping the research objectives in mind. It was semi-structured with open-ended questions, in order to allow participants to speak freely about what was important to them. The questions were drafted to address how and where men decide to seek or not to seek help, as well as how they describe the process. In addition, further areas of investigation were how masculinity scripts may have influenced their help-seeking behavior, how men view themselves in terms of their masculinity, and how their illness may have changed this view or how they reinterpret their identity. At the conclusion of the interview, the researcher debriefed the participants by asking whether there was anything else they would like to share, as well as how they felt about the interview.

### **3.2. Recruitment Method**

The participants were sought through Facebook, as this website is popular with young adults and used by 93% of people in Sweden (Internet World Stats 2014). Facebook is a social networking website through which people can create virtual profiles of themselves and use

these to connect to other people's profiles (Facebook 2014a). By connecting with others, one can share messages, pictures, videos, and links to other websites. One feature of Facebook is the ability to create “groups”, which act as message boards where people can post messages. Each group has one message board on which any member can post something. This can include questions, information about events, as well as requests for the exchange of goods or services. One needs to request permission to join such groups, but depending on the group settings, most of the time any member within the groups can accept a request to join, therefore it is easy to gain access to them.

For this study, advertisements were posted in Facebook groups. The advertisement consisted of the following headline in Swedish and in English, “Män Sökes för Studie om Depression / Male Participants needed for Depression Study”. The reason for the Swedish title was to catch the attention of Swedes who most likely know English but perhaps would take greater notice of a text in their native language. It was then followed by a very brief introduction of what the study is about, as well as which participants were desired, namely men between 18 and 35 years of age with current or former depression. In addition, it was clarified that one’s depression may be self-identified or formally diagnosed, that the interview will be in English and take about 45 minutes. Anonymity was assured, and it was stated that the interview was not intended as a form of therapy. In addition, 50 Swedish crowns (about 5.60 Euros) was offered as compensation, as the researcher thought that some may feel hesitant to contact her and therefore wanted to provide additional incentive (Appendix 1).

The advertisements were posted in five different Facebook groups, four of which were known to the researcher as places where university students congregate. These students usually study at the University of Gothenburg (Göteborgs universitet) or at Chalmers University of Technology (Chalmers tekniska högskola), the two major universities in the Gothenburg, Sweden, region. While students were not specifically the target group, but instead men between 18 and 35 of any kind of educational background, the investigator did not have the knowledge or access to many alternative groups with men in the requested age group.

The first group in which an advertisement was posted was “Study in Göteborg – Göteborg Student group” with 2,850 members (Facebook 2014b). As the group name suggests, this group is for all students studying in Gothenburg, Sweden. Two participants responded to this notice. After no additional responses, advertisements were posted one week later in three additional student groups. These groups were GISA Buddies Spring 2014 (540 members), Göteborg Erasmus 2013/14 (3,234 members), and Göteborg Erasmus 2014/15 (1,821 members) (Facebook 2014c,d,e). The GISA Buddies group is managed by the Gothenburg International Students Association, a student group for students from the University of Gothenburg and Chalmers University of Technology (Facebook 2014c). Its mission is to promote and organize events and activities for international and Swedish students. One respondent answered the advertisement from this group. The Göteborg Erasmus groups are intended for students studying abroad in Gothenburg through the Erasmus Mundus program, but are enrolled in an university program in a different European country (Facebook 2014d,e). However, many students who are not studying abroad through Erasmus are also members of these groups. Two people responded to the advertisement in the 2013/14 group, and none from the 2014/15 group. One of those respondents was not a student.

In order to further diversify the potential participant pool, an additional advertisement was posted in the “Expats in Gothenburg” group, a message board for expatriates from different countries living and working in Gothenburg, as well as for Swedes who wish to interact with



them. This group had 1,891 members (Facebook 2014f). One person responded to this advertisement, however, he turned out to be a university student.

Another advertisement was put out on The Local - Sweden edition, a website which posts English articles on news in Sweden (The Local 2014). As part of the website it has a forum that acts as a message board for six different areas of interest, including *Life in Sweden* and *Classified adverts*. Anyone can access the forum, but one needs to be a member to post comments and new topics, which one can easily become by registering with an email address through the website. The *Classified adverts* board is described to be “open to all for posting of private, non-commercial adverts”, and is further divided into several categories according to region, one of which is Gothenburg. In this section the advertisement for the study was posted by creating a new topic with the title “Male Participants Needed for Depression Study”. To see the advertisement, one would have needed to click on this topic. By the end of the data collection, the post had been viewed 309 times, yet no one had responded to the advertisement (The Local 2014). At that time, the forum had 117,043 registered members, but it is not possible to know how many of those are still active and also live in the Gothenburg region.

Additional Internet message boards were investigated for the potential recruitment of participants. One of those was Flashback Forum, which purports to be “Sweden's largest forum for freedom of expression and opinion, and independent thinking”, and has a section for posting topics on mental health (Flashback 2014). However, it prohibits the recruitment of participants for research purposes. Similar forums also disallowed advertisements or were not focused on a Swedish context.

### **3.3. Participants**

In total, six people responded to the advertisements on Facebook groups and ended up participating in the study. The sample therefore consisted of six men in their 20s, ranging from 20 to 29 years of age, the mean age being 25. Five out of six participants were university students. Three were studying at Chalmers University of Technology and were enrolled in various master's degree engineering programs. Two others were studying humanities and social sciences at the University of Gothenburg; one was studying for his bachelor's and the other for his master's degree. The sixth respondent was employed and had a master's degree in a technical field.

The participants were all originally from countries outside of Sweden. Two respondents were from South Asia, two from Eastern Europe, one from Western Europe, and one from East Africa. One person had overcome depression a few years back, and another said that it was a recurring issue. The other four participants were currently facing depression.

The interviews varied in length and were originally estimated to last 45 minutes. Two of the interviews were approximately 30 minutes, another two around 45 minutes, and the last two about 90 minutes in length. They also varied in the amount of relevant data gathered.

In order to minimize the inconvenience to participants, the researcher was flexible with the time and place where the interviews could be held. The time was always chosen by the participants. Three participants were interviewed at group rooms of two University of Gothenburg libraries, which were suggested and booked by the interviewer. The other three

participants were interviewed at group rooms and offices of Chalmers University of Technology, which were reserved by the participants.

The participants were offered 50 Swedish crowns in exchange for their participation in the study. The three European participants accepted the offer, but the other three declined. One participant suggested various of ways it could be donated instead.

### **3.4. Ethical Considerations**

Ethics are important not only in human subjects research, but also for the social work profession as a whole. The International Federation of Social Workers (IFSW) describes ethical awareness as an integral component for social work practice (IFSW 2012). This commitment to ethics naturally extends to research in the field as well. The social work profession has a number of ethical guidelines, which can vary to some extent among countries. In addition, there are further ethical considerations to follow when performing research with human subjects. As this research project is conducted in Sweden, the ethical specifications will follow Swedish law and practices as far as they are available, in addition to following general ethics considered with good research practice.

#### *3.4.1. Ethics in Social Work*

Sweden is a member country of the IFSW, an organization which describes itself as “providing a global voice for the [social work] profession” (IFSW 2014). This means that Swedish social workers follow main shared ethical principles as outlined by the IFSW, in addition to Sweden's national codes of ethics of social work, which overlap to a great extent (IFSW 2012, Akademiker förbundet SSR 2006).

There are a number of IFSW ethical guidelines that are significant to acknowledge. They address professional conduct and certain ethical principles concerning the commitment to human rights, human dignity, and social justice (IFSW 2012). In the social work profession, one needs to be aware of ethical issues and act in an ethical manner when providing services. This includes being accountable for one's actions, maintaining confidentiality, being empathetic, compassionate and caring, as well as acting with integrity (IFSW 2012). Additionally, it includes the commitment to social justice, which encompasses challenging negative discrimination, unjust policies and practices, and distributing resources fairly (IFSW 2012). Furthermore, the commitment to human rights and dignity is reflected in the ethical guidelines when social workers are asked to challenge inadequate social conditions and work towards an inclusive society. In addition to following national law and international conventions on human rights, each person should be treated in consideration of all aspects of their life. Social workers should also work towards the empowerment of individuals, groups and communities (IFSW 2012).

Swedish ethical guidelines in social work stress similar principles. While different emphasis in social work may exist, which include empowerment, advocacy, community work, and social integration, all fields of social work need to take potential ethical dilemmas into account. One of these is the balance between “care, support and assistance versus control and demands” when dealing with clients (Akademiker förbundet SSR 2006, p.6). In addition, one needs to take care to maintain respect for people in all aspects, including in terms of self-determination. Another ethical facet to consider is that of conflicting loyalties that may arise

between acting in a client's best interest and strictly following one's organization's or national policies (Akademiker förbundet SSR 2006).

The aforementioned ethical guidelines in regard to social work can be applied to this research as well. Respect, empathy, and compassion are important aspects to consider and to follow when interviewing men with current or former depression. This is particularly the case as mental health is often a quite personal and sensitive subject central to one's self-perception and identity. When done in a sensitive and considerate way, letting individuals explain in their own words what they have experienced arguably adds to their empowerment. The results of the research could contribute to greater knowledge in the field of masculinity, depression and help-seeking, and could be used to advocate for change in those areas, thus ideally contributing to a more equal and just society.

### *3.4.2. Ethics in Research*

When conducting studies with people, it is important to follow ethical guidelines outlined for research. One of the most significant components is informed consent. Participants must be given enough information about the study in order "to make an informed decision about whether or not they wish to participate" (Bryman 2012, p.138). They further need to be informed of the purpose of the research in a language that they can understand, and voluntarily agree to participate knowing the aspects involved.

This informed consent is achieved by providing information about the aim and purpose of the study verbally and in writing, as well as the participant's other rights. The informed consent form ensures that the participant is knowledgeable about the research and their involvement in it, which greatly lowers the possibility of deception, an important ethical issue to consider (Bryman 2012). The participant will then sign to acknowledge their consent, either with their name or their initials. A signed record of consent is also useful for the researcher in case proof of consent needs to be presented (Bryman 2012). The rights outlined include the refusal to answer questions, the possibility to withdraw one's consent and to halt the interview at any time. Although some degree of privacy has been given up by participating in the study, the ability to decline to answer questions and to cease to partake ensures that the participant still has the right to set boundaries to what degree this privacy is encroached upon (Bryman 2012). These steps in creating informed consent are in accordance with the Ethical Review of Research Involving Humans Act, which stresses that "consent is to be voluntary, explicit, and specific to a certain research project, as well as documented. Consent may be rescinded at any time" (CODEX 2013 ref SFS).

Confidentiality is another important ethical aspect (Bryman 2012). The informed consent form also outlines that the data collected will not be used to identify participants in any way, as it is anonymized and any identifying information is changed. The participants are also informed of how the data will be used and stored. The audio recordings as well as the transcribed interview transcripts are kept in a secure location, are only accessible to the researcher and her research advisor, and will be destroyed after the finalization of the research project. However, parts of the interview will be published in the final research report. The aforementioned procedures are in accordance with ethical guidelines in regard to privacy and confidentiality (Brinkman and Kvale 2008). An additional benefit of ensuring anonymity may be that participants will be more encouraged to take part in the study and may be more forthcoming about information they share, therefore increasing the quality and relevance of the data.

### **3.5. Assessment of Risk and Benefits**

When conducting a study, the value of the research needs to be assessed, as well as who would profit or lose from the research (Brinkmann and Kvale 2008). Potential risks that may arise during the course of the research therefore need to be evaluated (Bryman 2012). The benefits of what might be gained from the research should outweigh the risk to participants.

There are some risks to consider in this study. Depression as a mental health issue is often a very personal and sensitive topic. This could be due to several factors, such as stigma surrounding the illness and masculinity scripts potentially influencing the willingness to share one's experiences. As the researcher, one therefore needs to find a balance between the possible invasion of privacy and emotional uneasiness and the potential benefits to be gathered from the study.

#### *3.5.1. Minimizing Risk*

Several steps were taken to minimize the risk to the participants. The first precaution was taken in the advertisement for the study. In order to reduce the possibility that participants would respond in order to receive therapeutic help, the announcement specified that the study was not intended as a form of therapy. From an ethical perspective, one also needs to reduce the potential triggering of negative feelings surrounding the illness. In consideration of this, the interview questions did not directly address the possible causes of depression, but rather how the illness has influenced the participants' self-perception in terms of their masculine identity and how it affects or has affected their help-seeking behavior. In addition, the interview guide was designed to maximize self-reflection with the hoped benefit of the participant coming away positive from the interview, instead of aggravating their current or former condition.

Furthermore, at the beginning of the interview, the participants were informed of their right to refuse to answer the questions and to withdraw from the interview at any time. This was done to ensure their ability to set the boundaries in inquiry to preserve a level privacy that felt comfortable to them. The participants were also asked throughout the interview whether the questions felt alright to them. When it would have seemed that a participant was becoming upset by the questioning, the interview would have been discontinued. In addition, material about access to mental health care was gathered and prepared in case a participant would need it. This information was given to two participants. One of them later informed the researcher that he made his first appointment for counseling based on this information.

#### *3.5.2. Benefits*

The potential benefits to be gained from the study will outweigh the risks. The reasons for this are that they would serve to gain a greater understanding about help-seeking practices among men with depression and how perceptions about masculinity may impact them. This knowledge would contribute to other research in the area, and together might lead to societal change in practice, policy and education in regard to masculinity, depression and help-seeking. As mentioned, the interview questions will serve for self-reflection, which would not only be beneficial to the participant, but also to the researcher and others to learn more about views and experiences from the people facing or having faced depression themselves.

There would have been other potential ways of conducting this study, for example by interviewing health care providers or suicide hotline agencies. The focus was on personal experiences and how men with depression talk about these experiences, which could not have been gained by talking to service providers. While one could also have conducted surveys and have participants fill out questionnaires, this would not have given participants the opportunity to elaborate on areas that the researcher may not have known to be particularly of importance to them. In addition, the data would not have been as rich and informative with close-ended survey questions.

### **3.6. Reflection on Methodology**

#### *3.6.1. Researcher*

When conducting research with human subjects, it is important to consider a number of aspects that might impact the results of the study. One of these factors may be the researcher herself influencing the responses of the participants. It is difficult to determine to which extent this has occurred, and whether its influence was positive or negative. Yet some indications have come to light during the course of the interviews.

One might assume that it would be difficult to open up to a stranger and share something as personal as depression. This perceived difficulty and presumed indifference on part of the therapist were one of the reasons several participants listed in their decision not to go to a psychotherapist to help treat their depression. However, two participants who said this also mentioned that it was easier to share their struggles with strangers, such as the researcher, than with people they knew. Even though this is an apparent contradiction, the barriers in sharing mental health issues with others one does not know well may be overstated. However, if participants did have difficulties in that regard, they may not have admitted to them.

Additionally, the researcher is a woman in the same age group as the male participants, which could also have influenced their responses. When asking one participant about men and masculinity, and possible differences in experiences and perceptions compared to women, he responded that he does not discriminate based on gender. This response may have been different if the researcher were a man. Another participant said that it was easier to share things with people of his own sex, a stance which may or may not have affected his responses in the research. For some, however, it might have been easier to share thoughts with the opposite sex, as the participants would not have to “prove” themselves as a man adhering to hegemonic masculinity. A study that investigated depression had both male and female investigators available to interview participants, an option which was not available for this research (Johnson et al. 2012). While that study paired up researchers and participants of the same gender, it did not list a reason or a source of whether it was more effective than opposite-sex pairings.

Another aspect to consider is how the interview was conducted, in particular, how the responses to questions were elicited. The investigator followed general interviewing guidelines as outlined by Kvale (1996) to encourage more elaborate responses. This included asking non-leading questions, by asking questions beginning with ‘what’, ‘where’, ‘who’, ‘when’, ‘how’, and ‘why’. Furthermore, in response to answers, the researcher applied techniques such as pausing, summarizing responses, and asking whether there was more they wanted to add (Kvale 1996).



The investigator also took care to be considerate of how the participant might have been feeling during the interview, which may have negatively affected the amount and quality of responses. Sometimes she did not ask follow-up questions when it seemed like the participant seemed uncomfortable. An example of this was when she asked a participant of how depression has impacted his identity, and as a response he answered how depression itself made him feel. However, it was not the aim of the study to investigate depression itself, therefore further follow-up questions would likely not have been relevant to the objective of the study. The gender of the researcher and the relationship to the participant therefore may have influenced the responses of the participants.

### *3.6.2. Limitations in the Recruitment of Participants*

There may be some limitations as to how the participants were recruited to the final sample. A drawback of posting an advertisement in a Facebook group is that once a message is written, it can easily get overshadowed by succeeding messages. The more messages are posted and the more time passes, the less likely it is that people will take note of one's message. Therefore the advertisements for this study were posted during the weekend to ensure more people would see it, which was done with the assumption that most people would have more free time then to browse through posts on Facebook groups. In addition, the advertisements were posted only once, as the groups have the policy that repeated posting of the same advertisement could result in the removal of one's group membership. The majority of posts will also appear in a Facebook user's homepage ("News Feed"), although the likelihood of someone noticing a particular post depends on how many other groups he subscribes to, the number of other pages he is a member of, and how many connections to other users ("Friends") he has, as most of their activity on and contributions to the website would appear there as well. Therefore a participant must have been a member of the groups the advertisement was posted in, must have happen to see the post in time, match the criteria of the target group, and have the interest and motivation of participating.

In addition, as mentioned above, participants were offered to be compensated with 50 Swedish crowns in appreciation of their time and willingness to participate. While this was done to provide additional incentive to participants, it would have been possible that some may pretend to fit into the target group in order to receive the compensation. However, the amount was deliberately kept relatively low to discourage such behavior. There did not seem to be any attempts at deception, as all of the participants' accounts seemed genuine. This conclusion is additionally supported by the fact that half of the participants refused to accept the money. It is also possible that due to the offer, participants may feel pressure to continue and finish the interview even when they did not want to. To decrease this possibility, the participants were continuously asked how they felt about the questioning throughout the interview. The compensation was also given at the conclusion of the interview, so that participants would not feel obligated to continue once having received it.

Another potential limitation is that no Swedish men responded to the advertisements. This could be due to a number of reasons. The most apparent reason is that most of the groups were dominated by international students. Another factor could be that the interviews were conducted in English. Even though most Swedes speak English fluently, especially younger people in the desired target group, a topic such as depression may not be as easily expressed in a second language. Yet other international participants, none of whom had English as a native language, participated in this study with no apparent expressive difficulties. An additional reason could be that Swedes might be less willing to share their thoughts on such a

personal matter, or perhaps stronger masculine ideals exist among Swedish men that they may feel the need to uphold. This may be a further area of investigation for a future study. However, regardless of their background, the participants all shared the current Swedish context and the experiences of being or having been a man with depression.

### **3.7. Analytical Framework**

#### *3.7.1. Analysis Approach*

The findings were analyzed through thematic content analysis. Bryman (2012) writes that despite its prevalence, thematic analysis does not have a clearly outlined approach and its use differs among researchers. There are, however, some agreed upon tactics applied by those who use thematic analysis. Among other methods, Ryan and Bernard (2003) suggest that one should look for recurring topics as well as differences and similarities among different data and within one set of data itself. Braun and Clarke (2006, p.77) further recommend a process that will follow the steps of “familiarization with the data, coding, searching for themes, reviewing themes, defining and naming themes, and writing up”. The recommendations of these authors were followed in this research.

The data was coded by first thoroughly reading through the interview transcripts a number of times. As the interviewer conducted and transcribed the interviews herself, she was already closely familiar with them. They were then coded by colorfully marking the quotes into three main sections: masculinity scripts, depression and help-seeking. When they overlapped with each other, multiple colors were used. After doing so, these sections were further split into different sections based on similarities and differences of viewpoints and experiences expressed by participants, both within and between others. These were created in part through Kvale’s (1996) six steps of analysis approach, in particular by using his methods of meaning condensation and meaning interpretation. Meaning condensation involves shortening longer expressions into shorter statements, often in a few words. Meaning interpretation “recontextualizes [...] statements within broader frames of reference”, e.g. the interview or theory, as done in this case (Kvale 1996, p.193). In addition, this development of codes and themes was done both in an inductive and deductive way. An inductive way means that “development are directed by the content of the data”, while a deductive way is “directed by existing concepts or ideas” (Braun and Clarke 2006). The process was inductive in the sense that the themes were created through patterns of similarities and differences detected by the interviewer in the transcripts. The themes were developed from what participants said, however, they were also shaped by the kinds of questions they were asked. As the questions were largely open-ended, the participants’ responses also allowed for themes not anticipated prior to the research. Some themes were also created deductively in terms of being influenced by Connell’s (2005) theory on masculinities as well as through the creation of four main masculinity scripts that emerged from the data. Both of these were used to analyze the subsequent themes.

#### *3.7.2. Introduction to Findings and Analysis*

In total, six participants participated in the study. As mentioned previously, the participants were all male, in their 20s, and unmarried. Five out of six respondents were university students, and the sixth was employed and had a university degree. They were assigned pseudonyms in order to ensure anonymity and to facilitate the reading of the report. These are their profiles:

Leon, age 20, from Western Europe  
 David, age 23, from Eastern Europe  
 Stefan, age 25, from Eastern Europe  
 Malik, age 25, from South Asia  
 Jabari, age 28, from East Africa  
 Vikram, age 29, from South Asia

The Findings and Analysis section is broken into three parts: Masculinity Scripts, Depression, and Help-Seeking. These are further split into a number of sub-themes.

<b>4. Masculinity Scripts</b>	<b>5. Depression</b>	<b>6. Help-Seeking</b>
4.1. Appearance	5.1. Appearance and Emotional Strength	6.1. Perceptions of Help-Seeking
4.2. Dominance	5.2. Dominance and Emotional Strength	6.2. Professional Help-Seeking
4.3. Provider / Responsibility	5.3. Responsibility and Emotional Strength	6.3. Other Help-Seeking
4.4. Emotional Strength / Rationality		

The first section on Masculinity Scripts will focus on four main scripts that were deemed important to the respondents. They are: Appearance, Dominance, Provider / Responsibility, and Emotional Strength / Rationality. They are further reviewed in consideration of Connell's (2005) theory on masculinities. These four scripts will be used in the second and third section to further analyze the participants' perceptions, attitudes and behaviors in terms of the scripts.

<b>4. Masculinity Scripts</b>			
<b>4.1. Appearance</b>	<b>4.2. Dominance</b>	<b>4.3. Provider / Responsibility</b>	<b>4.4. Emotional Strength / Rationality</b>
4.1.1. Physical Appearance and Behavior	4.2.1. Intellectual Dominance	4.3.1. Financial Provider	
4.1.2. Status and Success	4.2.2. Physical Dominance	4.3.2. Emotional Provider	
	4.2.3. Positioning and Comparing	4.3.3. Responsibility Towards Oneself	
	4.2.4. Control		

The second section on Depression will be used to look at participants' experiences and views on their illness, and will be examined primarily in regard to the created masculinity scripts, as well as the theoretical framework. It is split into three main sub-sections, each of which



devote a particular focus to the masculinity script of emotional strength as well as another script.

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## 5. Depression

5.1. Appearance and Emotional Strength

5.2. Dominance and Emotional Strength

5.3. Responsibility and Emotional Strength

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The last section on Help-Seeking is made up of three themes: Perceptions of Help-Seeking, Professional Help-Seeking, and Other-Help-Seeking. The latter two are further broken into various sub-sections. These sections will also be examined in terms of the aforementioned masculinity scripts and the theoretical framework. However, certain parts serve to demonstrate the variety of help-seeking practices and are therefore only looked at through the lens of masculinity where it is applicable.

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## 6. Help-Seeking

6.1. Perceptions of Help-Seeking	6.2. Professional Help-Seeking	6.3. Other Help-Seeking
	6.2.1. Receiving Help	6.3.1. Perceptions of Sharing
	6.2.2. Perceptions of Strength as Barrier	6.3.2. Depression as Barrier
	6.2.3. Perceptions tied to Culture and Media as Barrier	6.3.3. Additional Barriers to Other Help-Seeking
	6.2.4. Perceptions of Helpfulness	6.3.4. Help-Seeking from Friends
	6.2.5. Perceptions of one's Depression as Barrier	6.3.5. Help-Seeking from Family
	6.2.6. Self-Reliance	6.3.6. Online Help-Seeking
	6.2.7. Awareness of Symptoms as Barrier	6.3.7. Religious Help-Seeking
	6.2.8. Perceptions of the Prevalence of Depression	6.3.8. Other Help Recommending Professional Help
	6.2.9. Awareness of Access as Barrier	

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In the sections of Depression and Help-Seeking, the references to masculinity scripts will be marked in **bold**, while any mention of the theoretical framework will be in *italics*. In the excerpts of the interviews, [...] signifies the omission of some words, and [text here] will be words added by the interviewer either to clarify the subject at hand or to omit identifying information.

## 4. Masculinity Scripts

While there are a number of masculinity scripts thought to be pervasive in all patriarchal societies, some may be rooted in traditional masculine stereotypes and gender roles. Masculinity scripts may change over time, and what may once have been deemed as important may no longer be as relevant to young men today. These scripts may also vary according to context. In order to establish which masculinity scripts are of importance to the participants, they were asked what they thought were some of the expectations facing men today. In addition, the participants chose to speak about specific situations and expressed thoughts which further highlighted the significance of certain masculinity scripts to them. Four themes emerged: Appearance, Dominance, Provider/Responsibility, and Emotional Strength/Rationality. They will serve to understand which masculinity scripts are relevant today and their influence on the participants. Furthermore, they will assist in the investigation of the connection and influence of these scripts on perceptions and manifestations of depression and help-seeking.

### 4.1. Appearance

The masculinity script of appearance will be divided into two sections: Physical Appearance and Behavior, and Status and Success.

#### 4.1.1. *Physical Appearance and Behavior*

The importance of physical appearance in what it means to be masculine was highlighted by one participant in particular:

Being a man you're supposed to typically be [...] tall, you're supposed to be strong, you're supposed to be, [not] necessarily but to an extent muscular, or at least like, oh I can flex some kind of a guy. Umm, voice is often associated to masculinity, a deep based voice is, is associated to masculinity. [...] To being more, um, cut and dry or being more gruff, or rough, or rugged. Or, I'd say, uncouth. (Vikram, p.2)

Vikram touches upon a number of things pertaining to appearance, especially qualities that are associated with an ideal male body: physical strength, height, deep voice, and the presentation of oneself. In terms of physical strength, he further elaborates by saying:

A man is supposed to be strong, right? Physically strong. Mentally, that's another question altogether. But physically strong is a statement made, right? Uh, 'Do you have washboard abs? No? Ohh I'm sorry for you.' (Vikram, p.6)

The aspect of physical strength is also brought up by Malik, another participant:

You have to prove, like during the sports when you, when you play some sports and uhh. I mean I used to play football or any other sports, cricket, and uh. It, it matters uh, how strong you are. And how fast you can run, and how, these things matter actually. (Malik, p.3)

In both of these instances, the participants mention the expectations of physical strength and ability not only in general but in relation to others, presumably to other men. They are also

qualities that need to be displayed and proven to others. They therefore strive for *hegemonic masculinity*.

Another aspect of masculinity mentioned by Vikram is height. He talks about being shorter than what is usually expected of a man and questions whether it means that he is still masculine in this respect.

I've mentally accepted [my height], but I'm still judged for it. Everyday, more or less. Wherever I go. It doesn't matter in which country, it doesn't matter which group of people. [...] You're always judged according to that. So that is quite an issue. In the sense that, okay, there is a question, am I really masculine as far as height is concerned? And while I would like to say yes, I'm. I'm being questioned every day about it. So I don't know. (Vikram, p.5-6)

This shows that he is no longer striving for the most dominant and ideal form of masculinity, hegemonic masculinity, as it is not physically possible to grow any taller, unless he breaks his legs and “put[s] in some stents”, as he jokingly suggests (Vikram, p.5). Yet he still prescribes to *complicit masculinity*, as he is influenced by other people’s judgments regarding his height and therefore questions his masculinity in this regard, but otherwise regards himself as “pretty masculine” (Vikram, p.5).

A further point brought up in regard to masculinity is the presentation of self. While Vikram first says that a typical masculine appearance would be rough and unrefined, he later acknowledges that perhaps that is more of a traditional expectation. He then indicates that he actually associates a more polished appearance with masculinity.

As far as I'm concerned, personally, I associate ties. I associate uh, suits, shoes, I associate cars. [...] I think of [...] dressed. Like a shirt, pants, shoes, right. Uh, that kind of a, you know, well-mannered. That would be masculine for me. (Vikram, p.2-3)

Vikram mentions not only the significance of clothes, but a particular kind that connotes a high socio-economic status, and perhaps also the notion of success. He also brings up behavior in terms of good manners. Yet for him, there are conflicting views present in society, and he expresses confusion about which role he is expected to fulfill.

It gets complicated doesn't it, because when you start thinking about it you say, okay, people want you to be refined, but then the women want to go for the bad guy. So it kind of gets confusing because you don't know whether you want to be the bad guy or you're supposed to be the good guy. It starts getting confusing there. The gray zone kind of gets really gray. You have no clue which side to stand or where you're standing, in fact. (Vikram, p.2)

He perceives people to have contradictory expectations on what a man should be, and therefore is not sure which one he should strive for. This means that the presentation of oneself is often a conscious act which is questioned by this participant. One should note that as he mentions the expectations of women, that he is speaking of men by thinking of them as straight, or heterosexual, a component of *hegemonic masculinity*.

Perceived expectations on behalf of women are also addressed by Leon, another participant:

Those are maybe the qualities that most women want. But uh, I mean, if you find a woman who likes other qualities, it's also possible to be happy without having these qualities. But yeah, it's still good if you have them, probably, for your own life. (Leon, p.1)

Leon believes that while certain masculinity scripts are expected by most women, one can also have a female partner if she happens to like qualities that are not usually expected of men. If one does not fulfill the hegemonic masculinity ideal, one could therefore find a partner who is satisfied by men who perhaps subscribe to complicit or marginalized masculinities. However, Leon further says that for other aspects of one's life, it is still important to have specific qualities associated with masculinity.

Vikram further reflects on masculinity in terms of behavior by saying:

I'm seeing all this Fifty Shades of Grey thing kind of resurging in the sense that you're wearing a tie but you're a man in the inside. That kind of, that kind of an attitude or, or an outlook on people. That men are supposed to inflict pain, so to speak, or pain is man, masculine, something like that. (Vikram, p.2)

Here he references popular culture by mentioning a best-selling romance novel that is marked by explicit scenes in which a business man practices erotic role-playing, which includes the dominance over his partner and infliction of pain for sexual pleasure (James 2011). His thoughts on that a man should cause pain run somewhat contradictory to his thoughts regarding ideal men as "well-mannered". In terms of outward appearance one may present oneself in one way, but "man in the inside" suggests that traditional masculine expectations still hold true of what it means to be a real man. Another aspect mentioned is that "pain is man, masculine". This suggests that men should not only cause pain but be able to handle pain, whether that would be physically or emotionally. This expectation of strength in regard to emotions will be addressed later on.

Dichotomies therefore exist in terms of appearance and behavior. In regard to appearance, one should be either be polished or be unrefined, or appear as the former on the outside and have the opposite as one's true nature. In terms of behavior, one should either be "the good guy" and well-mannered, or be "the bad guy" and perhaps dominant and inflict pain (Vikram, p.2).

One could therefore conclude that parallel and contradictory masculinity scripts exist in society. Additionally, if one grows up in a culture and society different to the one one currently lives in, one needs to navigate multiple expectations and reconcile them within oneself. Popular culture, including the media, both reflect and inform society's and in turn people's ideas regarding masculinity and gender roles.

#### *4.1.2. Status and Success*

The masculinity script of appearance is not only limited to the physical male body and certain mannerisms, but also includes the appearance of success and the status that is thought to accompany it. This is touched upon by a number of participants. Leon, for example, says:

The expectation of being strong, of course, and the expectation of being successful, in terms of studying and work. Maybe that's a bit more expectations than for women, in

this part, yeah. And also the expectation to be strong, good looking. These expectations. (Leon, p.1)

Success is addressed here in terms of education and employment. In post-industrial societies such as in Sweden, this idea of achievement typically includes the pursuit and completion of higher education, and doing well while doing so.

It keeps worrying me. [...] I don't need to do it, but I need to pass with good grades as well. Yes. So I, I don't, you don't expect to move, like seven million kilometers and then, you don't really perform really well. Doesn't really look well. Yes. You need some, not high, maybe average. You don't need to be at the lower level. [...] some good perform[ance], but not extremely very good. [...] For myself, you know. For myself. Just normal performance. (Jabari, p.19-20)

Jabari addresses the pressure of succeeding with his academic work. In this example he primarily mentions his internal expectations of performing at a certain threshold, but in other parts of the interview he also talks about outside pressures such as a scholarship, which required him to perform at a certain level during his first semester. In the above excerpt, he also mentions having moved such a far distance to attend his current studies and that it would not look well if his performance were lacking. This hints at that he is considering what other people might think of him and his achievements, or lack thereof. While he says that he does not need to perform at a high level, but only averagely and normally, his idea of average still means doing well.

The pursuit of education is usually done with the assumption that it will eventually lead to a job with a certain status.

I was very bad in school, and so that really bothered me and I was afraid of my future, that I would never get a good job. (Leon, p.6)

I was really stressed about if I can ever get a job or something. (David, p.4)

Finding a job is also a stressful thing for men. That I think. [...] of course, with certain status, and yeah. Uh. It should not be like uh, mm, in our society at least, that, that people see like, oh he's doing his work but it's not considered a very noble work. (Malik, p.4)

These excerpts illustrate the pressures and importance of not only finding employment, but one that is considered “good” and highly regarded by others, and most likely involve financial security. Making money and providing financially was mentioned by David, Stefan, Malik, and Jabari and will be further be elaborated on in the third section on Provider/Responsibility. While clearly a pressure in regard to finding a job exists, it may not only be limited to expectations for men but instead apply to emerging adults in general. Success in education and employment is seen as a reflection of hard work, something which Jabari thinks “men are always associated with” (Jabari, p.3)

The significance of eventually having a traditional nuclear family was also mentioned:

I think maybe for umm [an] adult, a man, with a wife and a family it matters less [to be perceived as strong]. Because he already achieved that. But I think that's actually

the main pressure that society puts on you. To have a family, a job, and yeah. All that stuff. (Leon, p.7)

Here the success of having female partner and family is equated with strength, and Leon mentions that a societal pressure exists to achieve this ideal of *hegemonic masculinity*.

## 4.2. Dominance

The masculinity script of dominance encompasses a number of characteristics in the context of this research. It addresses how many men strive to dominate over each other, often in regard to intellect and physical strength, both of which will be addressed in this section. This script further consists of the notions of comparison and competition with others. Finally, it addresses the concept of control, which can include being dominant over a situation, over other people, or even others' perceptions. Encompassing the script of dominance therefore allows men to exert power or influence in some way.

Many of the participants spoke of comparison and competition being important issues among men. One participant, Vikram, addresses these as commonplace matters:

So there's always a sense of comparing yourself to somebody else, there's always this discussion of, who's better, whether that'd be at academics, whether that'd be at looks, whether that'd be at behavior for anything else. [...] But competition is really, really high amongst men. Well put it in any, any context. You can throw it into any context and you would still find competition there. (Vikram, p.4-5)

There is always the sense of proving one's masculinity to others and striving for *hegemonic masculinity*. This competition and push for dominance over other men can happen both intellectually and physically.

### 4.2.1. Intellectual Dominance

In terms of intellectual dominance, David, for example, speaks of putting through his ideas to his classmates:

For example, now I'm having a project course? And we are six guys, like, almost everyone is a guy in my project, so. It's usual. And, you have to be, uh, very determined to get your ideas through the other people, because there's no like, we're all on the same level. And if you really want your idea to uh, put in, in the concept, you're going to make them, you have to be, I don't know. Express yourself in a very strong way that others will respect and, and think you're right. [...] it's like, who's more dominant. (David, p.3)

David highlights a number of things in this excerpt. If he wants his ideas to be included in the project, he needs to be dominant and push them through over other men, while being inconsiderate of others. This dominance is perceived to result in respect of others for him and his ideas. He further says that if there were women in the group, he said all of them would be considerate and "listen to everyone's ideas and decide if they are okay" (David, p.3).

This dominance is also tied to David's expectations of being a man. He later says that he feels that he mostly fulfills those demands as he is generally able to convince other people of his

ideas, yet acknowledges that there are other men “who are more confident, and [he] think[s] they live up better” (David, p.3). His view of achieving what is expected of him is therefore tied to dominance. He consents to masculinity scripts regarding dominance but others still beat him in that sense, and in that way abides to *complicit masculinity*. David also mentions confidence as a component of being dominant.

The importance of intellectual strength is also addressed by Vikram.

I remember telling my father once when he asked me, uh, when he told me I'm not going to be tall, I told him, “Well, I'm going to be taller in my head. I'm going to be taller than everybody else in my head. I'm going to be smarter than everybody else.” Right? So, that's a statement that I made when I was I think 12, 10 years old. And uh, I think I managed, to a certain extent. So that is a good ego boost. (Vikram, p.6)

When he realized that he would not fulfill one masculinity script of being tall, he strove to excel in another area, mental ability. This further demonstrates that he acts in accordance with *complicit masculinity*.

#### 4.2.2. *Physical Dominance*

Apart from intellectual dominance, the strive for physical dominance is also pervasive among men. As mentioned previously, physical strength is a masculinity script important to many men. The competition with other men to prove oneself as both strong and the strongest, as well as the best in terms of physical ability, is exemplified in the following excerpt:

A man is supposed to be strong, right? Physically strong. [...] So, from that perspective, that is something that I by ego beat people. So when, when, when guys strong, well, visibly stronger than I am, uh, go to the gym and work out, I don't do that but yet I might actually beat them at push-ups or pull-ups. Right? And that is something I taught myself. So that is simply out of the fact, again, drawing from the height issue, knowing that I'm capable of that, to, to beat them at their own game by doing something else. [...] And, so, but then the time being like, learning technique, has been a way for me to beat them at their own game, so to speak. So when, when guys say, ‘Aww, you're tiny, you can't do anything.’ ‘Okay, let's, uh, get on the floor now! And you do push-ups, I'll do push-ups, and we'll see who gives up first.’ Right? Learning the technique to be able to do that, I'll feel better. (Vikram, p.6)

This comparison among men also involves the fight to prove oneself as the best at performing a certain thing associated with masculinity, in this case, physical strength and ability. Vikram speaks of learning a technique of being able to do dominate over others in this respect. This technique may refer to physical ability, yet it also suggests that it is something that he has achieved mentally as well, therefore incorporating both physical and intellectual strength.

#### 4.2.3. *Positioning and Comparing*

Vikram further speaks of positioning oneself among the masculinities and realizing where one is located.

It is a, really a, a position where you really find out where you're standing, and [...] you always try to find a reason to be better than the other one. Whether that'd be



physically, whether that mentally, whatever that is. So what is a guy supposed to be amongst guys? It's probably the guy who can beat another guy up. Or it's probably the guy who, who uh- in, in, in school perhaps is the smarter guy. (Vikram, p.4)

Those who cannot “win” the competition, whether in a specific situation or because it is impossible to achieve it, may feel inferior to other men and to the ideal masculinity. Vikram reflects on the men who do not live up to *hegemonic masculinity*:

Uhh, amongst guys it's a *big* issue. The thing is that no-, see, the problem is that, like I said, society keeps telling you you gotta be strong, you gotta be tall, you gotta be this this this, sports, and all of that stuff, right? So what happens to the guy who's not tall? What happens to the guy who's not, sporty. What happens to the guy who probably doesn't have access to shirts and pants. Right? Amongst guys it's a huge ego battle. All of the time. (Vikram, p.4)

Here Vikram speaks of society informing men's ideas of masculinity. According to him, a constant “ego battle” exists, by which he likely means competing with others and determining one's respect, image, and self-worth. Not only does this occur with other men, but also within oneself. Men belonging to *complicit*, *marginalized* and *subordinated masculinities*, which are most men, are always striving to dominate over the other, if not in all areas, but at least one area that is associated with *hegemonic masculinity*.

Aside from not living up to certain expectations of masculinities, feelings of inferiority can also stem from additional factors. One of these factors may be from social location due to class and geographic area, as was the case for Jabari:

Ah I grew up in the village? I moved to the city about ten years ago. But all of my life I have spent in the city. So now I, when you grow up in the village and then you come to the city? [...] You meet city people. You, you, you, can I mention something like inferiority complex? Here you tend to fight with that being inferior? And you need to prove that really you're not inferior as well. So, that, that thing brings a little bit of fear in you. But of course with time, those things disappear. [...] My background as, I can, is it, inferior in society? (Jabari, p.9)

Jabari talks about his feeling subordinate compared to others when he moved from his village to a city. While he says that his feelings of inferiority retreated over time, he later on references these feelings as playing a part in his current depression. Though they may have elapsed from his point of view, their influence may still continue. They also may have contributed to his constant strive for achievement.

#### 4.2.4. Control

One aspect of dominance is the control over situations or people. For instance, competing with others and succeeding means having controlled a situation in one's own favor, particularly in terms of how others will regard one because of it. It could also mean controlling the narrative of one's ability to abide to certain masculinity scripts.

The main way of controlling others' perception is misleading them into thinking a certain way. One way of doing so is hiding one's emotions to appear in a certain way, as will be shown later in section 5. Depression. This would also overlap with the masculinity script of



appearance. However, control can also occur in a different context. For instance, Vikram recalls a moment when he was acting as someone he was not:

I don't have a problem with uh, how people perceive me either. They might perceive me not being masculine or I actually grew about uh making jokes about my sexuality. I convinced a guy in [a local bar] that I'm gay. And he just doesn't want to shake my hand anymore (laughs). It's fun, it's super fun. So, I've done a lot of these things, so, I'm fairly comfortable within my skin and my gender and my sexuality. So I have absolutely no issue with that. (Vikram, p.6)

Vikram reveals an instance when he acted out mannerisms which he believes gay men to possess. He says that he does not care how other people perceive him and does not feel the need to fulfill certain masculinity scripts. However, by pretending to belong to *subordinated masculinity* for a moment, it would still prove to himself and to his friends that he is a part of *hegemonic or complicit masculinity*.

Some of the participants speak of leadership, which is one way of exerting power and control. Malik mentions this in the following excerpt:

Yeah men are basically the main uh, playing force, you know? They have to lead in every perspective. I think. And, mm. Yeah from the, from the financial point of view? Concerned. And to start a family, to make decisions. (Malik, p.2)

He says therefore speaks of men being leaders in all aspects of life. This is mentioned in connection to making decisions.

Jabari also talks about leadership, and not only equates leading with taking responsibility but with the fulfillment of societal expectations in regards to being a man:

I believe uh. I am fulfilling the expectation that society looks upon me, for example, if I have to lead, lead, if I take responsibilities. (Jabari, p.3).

He believes that he would meet the requirements of hegemonic masculinity if he guides others and takes charge of issues. This also overlaps with the masculinity script of responsibility, which will be addressed in the next part. In addition, he sees it as his obligation to give counsel to his family, but he expresses frustration when others do not realize the importance of his advice:

But still when I was back there, when sometimes when I'm helping them, I looked to see, I, I tend to see that I'm the only person who has the vision. And now, always, tell these go do these things, if they don't follow what I'm doing I tend to get annoyed. (Jabari, p.7)

Jabari therefore expects others to follow his suggestions, but not always with success. This makes him realize that he is not always in control of others, much to his chagrin.

### **4.3. Provider / Responsibility**

The third theme that emerged from the participants is that of being a provider or care-taker, and taking responsibility for others. This masculinity script is important to five out of six

participants. It is addressed in the following ways: giving support financially and emotionally, as well as being responsible for oneself.

#### *4.3.1. Financial Provider*

In terms of taking responsibility financially, this is what some participants had to say:

If you think socially, [men] have to make money and take care of themselves. [...] and their family. (David, p.2)

Well, society yeah, gives in a way, where I come from, [Eastern Europe], when I think of my grandparents, it's a completely patriarchal society, so I guess that was what I was raised with and that the man is the one who is supposed provide for the family. So that's how I see it. And I know that in a lot of societies they see, they still see this. (Stefan, p.2)

In this context, the participants are most likely talking about the family they expect to have after marriage. They see themselves as the financial provider to this future family. Stefan in particular mentions the influence of culture in his upbringing, which has shaped his perspective of the husband being the breadwinner. He approves of this standpoint that is set by society. During the interview, David also says that he agrees with this view and expectation.

However, other participants talk about responsibilities that they have to their current family:

Like, my background very well, I'm the first born. And then uh, I mean I'll start with that. And. I also really pushed to struggle and fare for my family. And then, that was for me I looked at that as, that was my responsibility, I have to struggle to make my brothers uh, come up. And uh, I believe it was my responsibility, that. (Jabari, p.4)

So if you mix up all those kinds of things, the respons[ibility] what I would used to do at home, I need to think about, I need to think about my parents, I need to think about the whole of family, I have to bring them up, I have already managed to bring them up to some level, why don't I finish, ah then but now I'm here for studies. Maybe I'm not doing well, but yes. (Jabari, p.15)

Jabari addresses the sense of obligation that he needs to fulfill as the first born child in his family. He speaks of having had improved his family's financial situation but believes he should continue to do so. This appears to place a great burden on him, as he speaks of the struggle and pressure of providing for his family. His birth order is spoken of as being a significant factor, but this does not necessarily rule out gender as an additional critical component. For Malik on the other hand, birth order does not matter, but instead it is the expectation of men that counts:

But of course after the marriage you have to take care of uh, you have to take care of like money, and [...] when your parents will get old, like when you father will get retired, so. It will be on your shoulder to uh, to run the house. (Malik, p.3)

I have two sisters and a twin brother. But they're also working but uh, they're married, but in our like culture, in our society it is uh, men's duty to take care of their parents when they get old, so. [...] I'm the youngest. (Malik, p.4)

As the youngest man in the family, he believes that he is expected to provide for his parents when they have reached an advanced age. It is unclear whether being unmarried places a greater responsibility on him, as he may have fewer other financial obligations. Yet as a student he also has a lower or non-existing source of income.

It should be noted that Jabari and Malik, originating from East Africa and South Asia respectively, may come from cultures where greater stress is placed on taking care of one's parents, and in Jabari's case, siblings as well. This sense of duty seems to be greater for men. While the masculinity script regarding responsibility exists, it seems as if the male gender role is of greater importance. These two excerpts also show that this obligation is not only placed on the eldest son, like Jabari, but also on younger siblings like Malik.

#### *4.3.2. Emotional Provider*

In addition to having a financial responsibility towards others, two participants also felt that they had to provide emotionally.

As mentioned earlier, some participants felt they had to fulfill a familial obligation in terms of responsibility. This is also the case for Stefan, who sees himself as an emotional support for his mother:

Also another thing is with my mother because um, uh my mother, she's also having some emotional problems sometimes. Because I uh, we lost my father recently and uh, I know that it's been a hard time for her. And then I feel that I as her son should be stronger for her. [...] I have two more brothers but still I, I feel like I, I have to be, I don't care what, what my brothers think, I know what I know and uh, and what I think of that, I know what I should do. [...] I'm the youngest. (Stefan, p.3)

Stefan speaks of having lost his father and having to support his mother emotionally. He sees it as his duty as a son to support her, regardless of what his other older male siblings do. He emphasizes that he needs to be emotionally strong for her, which is an expectation for hegemonic masculinity. Also, that he lost his father is significant, as he could see himself as filling the gap that his father as a man has left. Jabari also mentions having lost his father, but he only addresses responsibility in a financial sense. In addition to providing emotional support to his mother, Stefan also does so to others. Here he recalls a frequent situation with his former girlfriend:

Many times when I, I have, I have problems with my girlfriend. Mostly emotional problems. And um, when she seems down, I feel like I have to, that I have to be a man and support her. But then I know that I'm even more down than she is. It's hard for me but sometimes I feel like I have to be strong and I have to show strong emotional health. To be a support for her. But it doesn't always uh, work out. (Stefan, p.3)

Here again he underlines being a man and being emotionally strong for others, even though he realizes that he actually was worse off than his girlfriend at the time. He feels the need to

prove to her and to himself that he is strong, therefore trying to fulfill the expectation that masculinity scripts provide, or at least appear to be doing so.

Vikram also sees himself as a provider when giving emotional support or even gifts:

Umm, probably because I've *always* seen myself as, so to speak the provider? The giver? And not the taker. I like to be generous, but [...] I'm not comfortable being on the receiving end. (Vikram, p.17)

He expresses discomfort of being on the receiving end of support or gifts. While his ideas in regard to being a provider may be influenced by expectations for men, from his point of view they stem from his background growing up with little financial security. Vikram says that he had to grow up too fast when his parents worked hard and late every night. He took care of his slightly younger sister while being a child himself, and sometimes even accompanied his mother when she was selling goods door to door. He stopped asking for gifts when he realized that his parents could not afford them, and recalled an instance when his father forced him to ask for a birthday gift. This is where his discomfort from receiving things mainly comes from, and he therefore prefers to give to others instead.

#### *4.3.3. Responsibility Towards Oneself*

Taking responsibility is not only limited towards others. It also include being responsible for one's circumstances and one's future.

David, for example, sees taking responsibility for oneself a part of growing up and becoming a man:

I was, we had a very good time with high school, and then we went to university and I think, at least I felt like, and he felt like too, that now we have to, it's uh, the good years are over, and now we have to uh transfer from being a kid having fun to, uh, a man who can take care of themselves and move out from home and stuff like that. (David, p.4)

He explains that after graduating from high school, he felt like he needed to move away from home and be responsible for himself. As he later explains, he did so even though it impacted his emotional health, and did not return home largely due to this feeling of responsibility.

These notions in regard to responsibility can also be seen in the struggle for achievement and success, for example in terms of education. This was addressed earlier in 4.1. Appearance.

This masculinity script of taking responsibility and being a provider was therefore important to nearly all of the participants. The only participant who did not mention it in terms of being a provider, Leon, likely did not because he was a teenager at the time he had depression, which was a large part of the interview focus. He is also the youngest of the participants at 20 years of age and may not have had or have thought about certain responsibilities yet.

## **4.4. Emotional Strength / Rationality**

Emotional Strength is the most frequently mentioned masculinity script among the participants. It was often raised in connection to depression and help-seeking, which will be

examined more in depth in sections 5. and 6. To give an overview of what participants thought of emotional strength in general, the following excerpts are used to highlight this expectation of strength:

Being strong? In like all aspects. Like physically, mentally, and emotionally. (David, p.2)

Men are supposed to be um, just need to be the foundation of their, of something? And always strong, all the way around, I guess? [...] but not in the sense of strength of, of stamina? But more of a emotional category. (Stefan, p.2)

Well, rationality I think, as opposed to being emotional. (Vikram, p.2)

These quotes show that emotional strength is one of the expectations for men. This was often the first thing they mentioned when asked about masculinity scripts, which hints at the importance of it to the participants.

For one participant, this script is not always so clear. Vikram raises the issue that there are conflicting views regarding the expectations for men in regard to rationality.

The majority of the guys are very rational and unemotional. And the expectation is that they should be the other way around. [...] That they are supposed to be both rational and emotional. [...] They are expected to be sensitive. (Vikram, p.3)

He believes that while most men are unemotional, they are expected to be the opposite of what they actually are. At times they are expected to be emotional, and sometimes both emotional and rational.

His confusion about these conflicting views is further elaborated on by explaining the thought processes of women. By speaking from their point of view, he says:

Women expect men to be emotional, whereas, they, they believe men are rational. And not emotional. [...] So, uh, when I meet the guy, I'm not expecting him at that point in time to be emotional, but I hope, that in time, he will be, when I get to know him. He will be an emotional person. [...] But besides that, but this guy is probably not going to be [...] emotional. He's not an emotional being, he's a rational being. And then the expectation is that I hope he is emotional. (Vikram, p.3-4)

He explains that while women know that men are rational but not emotional, they still hope that men will become emotional over time. He further reiterates that a man is actually a “rational being”. This perceived contradiction gives conflicting messages to men as to how they should behave or present themselves.

To further expound on his thoughts regarding rationality, it seems that he uses the word rational as the opposite as emotional. However, being one does not necessarily preclude the other. Rationality is also associated with reason, for example in terms of the ability to solve problems logically. This could also exist in a person while being someone who shows emotions. However, in this context, rationality is seen as a trait that one uses to handle situations and feelings, as opposed to being emotional and resolving issues based one one's emotions. Emotionality also implies the lack of control over one's feelings.

## 5. Depression

Depression as a mental illness greatly influences one's mental well-being and self-perception. Expectations set by masculinity scripts may collide with societal views of people with depression, and could further result in furthering the negative self-image for men. This could challenge a man's identity as a man who thinks of himself as abiding to and fulfilling certain masculinity scripts. One may believe that one belongs to *hegemonic masculinity*, while one actually complies to *complicit* or *marginalized masculinities* instead. As many participants' sense of worth is tied to their gender role of a man as well as with the corresponding masculinity scripts, this realization of not living up to the standards of an ideal man could further affect them negatively. This examination of the connection between masculinity scripts and depression will give support as to why many men are reluctant to seek help, which will be addressed more in depth in section 6. Help-Seeking.

### 5.1. Appearance and Emotional Strength

The most pervasive masculinity script among all of the participants was **emotional strength**. Considering that the interview was focused on depression and help-seeking behavior, and depression impacts one's mood and emotions, the recurrence of strength as a theme is not unanticipated.

As mentioned in the overview of masculinity scripts that were important to the participants, many find keeping up a certain **appearance** as necessary. When trying to appear in a specific way, the way men perceive other people to think about expectations for men is crucial, as it influences the appearance they strive for. The importance of other people's perceptions was also emphasized by David, who said that "other people's opinions matter a lot. I think to everyone" (David, p.10). He further talks about portraying a certain appearance:

So that, this is just from the outerwards, so that when someone looks at them they look like they are okay, with themselves and confident. It's the biggest issue, I think. [...] this is kind of hard, but. If you can, if you can look like you're okay with yourself, I think that's good. (David, p.2)

Here he talks about displaying oneself as a confident person who is "okay with yourself". This suggests that one should not show to others that one has depression, and pretend that one is perfectly fine emotionally. It implies that people with depression are insecure and dissatisfied with who they are, and that one should strive to present oneself as the opposite.

This is also addressed by Vikram, when he reflects on how he used to be:

Something I picked up from, from adults that, you suppress, uh, you maintain a sense of a neutrality, emotionally. Uh, outwardly speaking. Right? Inside you might be completely screwed up but outside you don't show it so much. (Vikram, p.13)

He also speaks of appearance and how one needs to present oneself as normal, despite how one may really feel. In contrast to David, Vikram suggests that adults in general appear like that, and does not limit it to men specifically.



The presentation of oneself includes conveying the embodiment of certain attributes. Many participants believe that other people think that depression defines their character. Leon, for example, said, “society thinks about depression that it’s only for weak people” (Leon, p.2). The use of the adjective “weak” shows that it is describing an attribute of a person, and placing it in front reflects on the representation of the person as a whole. It is implied that it is something negative, and that one is supposed to be strong as opposed to weak. This corresponds to the masculinity script of being **emotionally strong**. Furthermore, the quote insinuates that strong people would not be affected by depression, and that it is something that can be mentally overcome if one has enough will and is strong enough.

Therefore the belief exists that other people associate weakness with depression. In addition to Leon, this connection is also addressed by Vikram:

There is also a large part of society which just doesn't give a shit, they, they go around acting like they're all tough, and that we're all weaklings. [...] Thinks, they could deal with depression, or that they don't have depression at all? They're never, they're never affected by it. Is their opinion, is what I feel. Uh, as opposed to people, uh, who have it? Who show it? And who are in it. (Vikram, p.22-23)

The section of society that Vikram mentioned, which acts “all tough”, is probably referring to some men who exhibit these attitudes. He further goes on to say in the interview that these same people might have depression themselves but do not realize it.

This perception of depression as a weakness greatly impacts one’s self-worth and self-perception as a man who strives to live up to certain masculinity scripts, especially being **emotionally strong**. It is possible that those who particularly identify and agree with this standard believe that other people equate depression with emotional shortcomings.

Another participant, Stefan, further reflected on the expectation of **emotional strength** among men, and how depression runs contrary to this. He particularly highlighted how this makes him feel as a man with depression:

I think that men are taught to, everyone thinks that a man should be really strong? They don't expect a man to, to break down or to have a um, so kind of an emotional crisis. So that's what a man is expected to look like. So when you see a man that is not in a good mental health, uh, that's unusual. And that's what makes me and I guess some other men uh, having any emotional problems, that makes them feel weak and embarrassed. (Stefan, p.2)

Stefan addresses a number of things in this excerpt. He first says that men are both taught and expected to be very strong, in particular in terms of emotional strength. He also thinks that it is unusual and not expected for men to have or at least appear to have depression, hereby referring to the masculinity script of **appearance**. As someone who does have depression, he feels “weak and embarrassed”, therefore feeling ashamed for not living up to masculinity script of **emotional strength** as well as *hegemonic masculinity*’s expectations regarding strength.

Like Stefan, Vikram also talks about other people’s perceptions of depression influencing how he feels about it:

I would say, the general idea of, of depression is, oh! Yeah. Umm, emo, black black black, umm, yeah, cutter. I'd say um, emotionally unstable, or things like, oh, you can't handle your shit. You know? Tha-, that is where it is really bad, because you've got society telling you that you're not good enough either. You're already feeling bad, and then you've got society walking in and telling you, ohh you're not good enough. And that makes it worse. (Vikram, p.21-22)

Or he's just calling for attention. Right? Those are, those are probably typical uh, stereotypes associated to, to depression. (Vikram, p.21)

While listing a number of things that he thinks are generally associated with depression, Vikram particularly highlights “emotionally unstable” and not being good enough. The latter implies that there is a standard one needs to live up to, including one determined by masculinity scripts regarding **appearance**. These perceptions decrease his feelings of self-worth, which he believes applies to other people with depression as well. Other things he thinks that people affiliate depression with are “emo, black black black [and ...] cutter” (Vikram, p.21). An “emo” person is often understood as someone who is melodramatic. This again implies that people with depression are seen as overly emotional when they do not need to be. He further lists people who wear black, by which he is referring to goths, a subculture of people which prefers dark clothing, make-up and hair, and often goth music. They are generally thought of as withdrawn, troubled and emotional. Finally, he refers to people who self-harm with objects, who may or may not be suicidal as well.

## 5.2. Dominance and Emotional Strength

In addition to **emotional strength**, depression can influence men's view of their ability to fulfill another masculinity script: **dominance**. This connection can be made clearer when looking at how the participants experience loss of control, which could result in feeling inferior to others.

David, for instance, talks about how he expects men to be able to handle depression:

Sometimes I thought that uh, maybe this shouldn't be a problem for men. Like, they should be tougher and get through these situations without even thinking about it, that it's a problem. (David, p.12)

David often thinks that men should not even be affected by something like depression. He highlights **emotional strength** as being something men should have, which would then enable them to ward off depression. The excerpt further suggests that if men do have depression, they should be able to get through it by themselves. This could mean that he thinks that men generally should be in control of their emotions, control being a component of the masculinity script **dominance**.

Another participant, Stefan, also believed that depression was something one could solve oneself through strength. Only when faced with depression himself did he realize how severe it could be:

I knew about it, I heard about it, but I, I could never understand it before, I could never understand why would you feel like that and, because I've always thought of myself as a really strong person? And I always thought that, any problem you have,



you can fix it in your, in your mind. If you're strong enough person, then you can work with your mind and get out of that uh, state. And I really didn't understand why people would uh, would place to something like this, uh, but now I do. Now I do. It's really, uh, it's stronger than I thought. (Stefan, p.5)

Stefan addresses a number of things in this excerpt. He speaks of recalling his previous thoughts that he did not understand how people could have depression. Further he believed that any issues that one has one should be able to solve mentally if one is “strong enough”, therefore being able to control such a situation. Hereby he refers to the masculinity scripts of **dominance**, **rationality** and **emotional strength**. One should note however that his thoughts regarding strength have not changed. While in other parts of the interview he mentioned feeling weak in relation to being depressed, in this particular instance he describes depression as being “stronger than [he] thought”. It suggests that he believes that one could still be a strong person but be faced with a tenacious force that one needs to grapple with. This would mean that it would not affect one’s identity as a man with strength. Indeed, strength could mean enduring one’s depression and persisting through it. This thought process of being unaffected can be seen with David, who says, “but I wouldn't say I feel stronger because of [depression], or weaker”, therefore believing it did not perturb his identification with strength (David, p.12). Even Vikram who frequently raised the connection to emotional strength did not feel it influenced his identity as a man, as he said he was affected “not in any way. No. I just thought, ‘Uhm! Now there's one more thing to me.’” (Vikram, p.31). This kind of mindset will be further explored in the next section 4.3. Responsibility and Emotional Strength.

The loss of control experienced through depression is further exemplified by Stefan:

It will have changed I guess how I see myself. Uh, now I see myself more vulnerable. Hmm to, to outer influences, I think. Like, another person can, can influence my worldview so much. Before I had never any, any problems. Even when my father died, it was a really struggle for me for three, four months. I mean he was very ill, sick. But still cannot even get close to what I feel now. And um, I also feel strange about it, because uh, and sometimes I feel ashamed that uh, my father is dead and, well, something I took much more well, than what I feel now. So yeah, I, I guess it did change my, how I perceive myself. I thought I'm stronger than that. Now I feel that I'm more, vulnerable, to influences from the outside. (Stefan, p.10)

Depression contributed not only to a loss of control of one’s own perception as a particular man adhering to the masculinity script of **emotional strength**, but also to that of **dominance** due to the realization that one is powerless to external forces and one’s subsequent feelings. This is addressed by Stefan in the above excerpt, who sees himself now as “more vulnerable [...] to outer influences”. The influence he refers to in this instance is his girlfriend having left him, which triggered his current depression. He also mentions shame at feeling worse due to this occurrence than at his father’s death. It suggests that he believes that his father’s passing should have affected him more than the dissolution of his relationship. This demonstrates a further lack of control over one’s emotions in response to certain circumstances, as well as over those which are exacerbated by depression itself. Stefan also mentions thinking that he thought of himself as “stronger than that”, hereby referring to his identification as a strong man that is now disturbed.

However, at one point one could see that he justifies his feelings by referring to something he has read:

And another thing I read, um according to some scientists, uh, men love stronger than women. [...] In a relationship, the man is always more attached to the woman than the woman is attached to the man. Yeah. The man feels stronger love than the woman. And it's, it's something about nature and how things work. So. Apparently some scientists proved that. I don't if it's, true? Yeah! Maybe, maybe it's how the way I think it is. (Stefan, p.12)

In this illustration, one can see that he is explaining his feelings of depression according to research he has apparently read about men, that they feel greater emotional attachments in terms of love than women. This is in the context of his ex-girlfriend having left him, which greatly contributed to his depression. In a way, he is rewriting the narrative so that it still fits with his ideas of *hegemonic masculinity*.

As was shown through these examples, depression is therefore experienced as a loss of control over external circumstances, one's feelings in response to these influences, and one's identity as a strong man adhering to *hegemonic masculinity*.

### 5.3. Responsibility and Emotional Strength

Not all of the participants see depression as a complete loss of control. Some believe if you're emotionally or intellectually strong enough, one could take control of the situation. In the last quote in the previous section, Stefan talks about having felt that way previously, but some participants still hold this belief. This is raised by a number of participants, who see depression as caused by external circumstances that one can fix through logic or **rationality** as well as **emotional strength**.

David, for example, sees depression as largely situational and something caused by oneself. He suggests that if one has depression, one should "think a lot about what the problem could be, and take steps immediately to avoid it", therefore implying should take responsibility in fixing it oneself (David, p.12). This kind of thinking in regard to **responsibility**, which was also expressed by other participants, will be looked at more in depth in 6. Help-Seeking under the sub-section 6.2.6. Self-Reliance.

Depression as an illness is expressed as challenging for most of the participants. However, for some, this struggle is tied with the masculinity script of **responsibility**. This is particularly a recurring subject during Jabari's interview, as he raises this endeavor many times. A previously mentioned example was that he "really pushed to struggle and fare for [his] family" and that he saw it as his responsibility to do so (Jabari, p.4). This struggle refers to not only working hard for his family, but also pushing through his depression to be able to achieve this. At later parts of the interview his struggles continue to refer to his depression, as well as working hard academically despite his illness, or even because of it, as he suggests at one point.

In fact, Jabari believes that depression may even have helped him achieve more.

And yet, I got the scholarship and I think, it caused my performance as well when I was back, but when I came I, it really, added a lot to my depression I think. Yeah. I

think, I think, it's the depression that might have given me the scholarship as well, because really I wanted to prove to other people, maybe who, in, in wanted to other people that really, I'm a strong person. (Jabari, p.8)

In this excerpt he reflects on how his depression, when he was still in his country of origin, helped him get an academic scholarship, but when he came to Sweden, it contributed to his depression. He explains that achieving academically despite depression would show to others that he is strong. In this way, he would prove strength to himself as well. In other parts of the interview he elaborates that his studies are really important to him. It could therefore be concluded that he sees it as a responsibility to struggle through his depression in order to achieve, for himself and his family. In addition to the masculinity script of **responsibility**, this also is tied to **appearance** and **emotional strength**, as he wanted to display to others that he is a “strong person” who succeeds academically.

Stefan also expressed his depression as struggle:

I see that I'm pushing myself. I'm struggling myself to be something else. I mean, to start working on my master's thesis, to complete my uh, previous course. Or to, to go somewhere. It's, it's a struggle, I have to fight for it in my, my mind. I'm saying that, 'You should do that because it would be good for you.' (Stefan, p.4)

He speaks of having pushing through his depression, and striving “to be something else”. This could imply that he wants to become more **emotionally strong**. He also speaks to himself to encourage himself to go on, particularly academically, therefore taking **responsibility** for himself.

## 6. Help-Seeking

One of the main purposes of this research was to investigate to what extent depression and help-seeking behaviors among men with depression are influenced by masculinity scripts in society. Of particular interest is in what ways these scripts potentially prevented men to seek help. The barriers to help-seeking as perceived and experienced by the participants will be examined in this section. In addition, it will be looked at what kind of help they sought, if they did seek help, and their reasons for doing so. Furthermore, other strategies they used to manage their depression will be presented.

This theme is therefore split into the following sub-themes: Perceptions of Help-Seeking, Professional Help-Seeking, and Other Help-Seeking.

### 6.1. Perceptions of Help-Seeking

In order to examine the influence of masculinity scripts on men in regard to help-seeking, the participants were asked about their thoughts on the subject of seeking help. Like in the section on depression, a recurring theme here was **emotional strength**. David, for example, thought that men have it harder than women to reach out to others for help:

I don't think that for women it's a bad thing or considered like weakness or something to go and ask for help. And maybe for men it is. It's how they are viewed, differently. (David, p.13)

David thinks that due to how men are perceived and expected to be, it is more difficult for them to ask for help than for women. He particularly underscores weakness, meaning that for men to seek help would result in other people regarding them as weak as opposed to strong. In addition to the masculinity script of **emotional strength**, this refers to **appearance** as well. Perception plays an important role in guiding men's behavior.

Vikram also believes that a man with depression has it more difficult to seek help than a woman. Like David, Vikram explains that it would show lack of strength. His thoughts are illustrated in the following excerpt:

I think being a man and being depressed, is way more difficult, than, than being a woman? I don't know whether that's a fact? That's just an opinion. But I have a feeling that it's way more different-, uh, difficult being a man, simply because the world expects you to be able to deal with your shit. Right? So, for me to seek help would be difficult for me. And I'm talking as a general man, right? Uh, for me to seek help would be different- uh, difficult, for me to say that I have depression would be difficult just to say I'm weak. Right? That would just be me basically accepting that I am weak and that I cannot deal with my problems. That would be difficult. The way people would feel would make it difficult for me. So there's a whole, there's a whole society pressure there. That makes it difficult just *being* a man. Irrespective of whether you're masculine, or not. (Vikram, p.33)

He explains that telling others that one has depression, as well as seeking help for it, would be admitting weakness. In particular he stresses that this is due to other people's expectations that a man should be able to handle any situation and problems he may face. Additionally, he

mentions that these expectations exert a pressure on all men, regardless of whether they live up to *hegemonic masculinity* and certain masculinity scripts. Vikram therefore highlights the masculinity scripts of both **appearance** and **emotional strength**.

For some men, reaching out to others could therefore mean admitting that one is not as strong as it is expected for men. In fact, seeking help may result in backlash from certain people, therefore some may be hesitant risk this possibility and confide in someone.

Vikram talks about that certain people who would react in such a negative way if one did try to reach out:

So, let's say I'm, uh, though, the bad part of society so to speak, and you're the one in depression. And then I would act all high and mighty and tell you, shut up and get your shit together. Right? But as you are the one who is actually in pain and need help, and I should be the one giving you that help. Now this also, like I was pointing out was, uh, that I might myself be in depression I just don't know it. Or, I just am that insensitive. (Vikram, p.23)

He explains that some people would have a negative reaction at learning that a man has depression. It further suggests that some would not give help if one would ask for it, which would most likely make one feel even worse. He continues to say in the interview that men are much more likely to be a part of this group of people. Therefore a man would feel pressure to keep up the **appearance** of **emotional strength**.

## 6.2. Professional Help-Seeking

### 6.2.1. Receiving Help

Of the all of the participants interviewed, only Leon has received professional help from a psychologist. He visited the therapist regularly when he was an adolescent and was forced by his parents to go. Therefore did not seek professional help by himself, and did not seek help from his parents either, who themselves took note of his symptoms and made the decision and compelled him to go by threatening to withhold his pocket money. While at first he was reluctant to go and to engage with the psychologist, after a while he realized that it actually was helpful. In the following excerpt, he describes this realization:

and then I was like, ohhkaay, I'll go, it can't be that bad, and then it wasn't bad, it, it was actually a good thing. So I continued going there without them forcing me. [...] It took like four or five sessions to realize that it's actually, uh, might be good for my future. (Leon, p.5)

He frames the help he received as being good for his future, and not that it was good for him at the time. This suggests that he regards it as taking **responsibility** for his future and consequently himself, therefore addressing one of the masculinity scripts he sees himself as fulfilling.

However, Leon still believes that hurdles exist for men in seeking help from psychologists. He reflects back on how he felt when he first went to the psychologist:

Actually the, the very, the very moment I felt the saddest was the moment when I had to go there for the first time. [...] That was really the moment when it makes your self-concept, self-confidence go down a lot. (Leon, p.9)

Mmm, the barrier is that you don't, I wouldn't have gone by myself. I think most people would not go by themselves because it's, it's like the step of going to a psychologist that makes you feel sick. And uh, yeah. I mean everyone has problems, nobody is completely happy, but um, actually that one time when you walk into the psychologist's uh, office, that's the time when you feel like, 'Oh my God, my life is so, shit.' Maybe. But actually that's a mental barrier. (Leon, p.5)

He thinks that the act of seeking help from a psychologist makes you feel less confident about yourself and also feel ill. This implies that doing so would be admitting to oneself that one has a mental illness. In addition, he mentions that once in the psychologist's office, he put his life in perspective and felt he did not live up to expectations of how one's life should be. Those implied in this context are not living up to the notions of success, therefore referring to the masculinity scripts of **appearance**.

Leon further connects this experience to impacting him as to how he felt a man:

Because in the moment when you go there you feel like shit. Because you feel, you feel weak. And you feel, especially as a man maybe, you're supposed to be um, somebody who is strong and who has success in his life, that's what everybody tells you, and then you go there as a very weak coward and a person who needs help from others. (Leon, p.7)

Here Leon elaborates on how he felt when he first went to a psychologist. He believes that seeking professional help would mean that one is weak and unsuccessful in life. It is therefore implied that receiving help from and depending on others are negative things that contradict the notions of strength and success. The masculinity scripts of **appearance** and **emotional strength** are thus underlined in this excerpt, as well as not living up to expectations of *hegemonic masculinity*.

When asked about the connection between masculinity scripts on men's help-seeking, he says:

Yeah, with me it has a huge impact. [...] I mean um, of course not the physical gender but more what people think, male is or female is, will always have an impact on uh decisions in their lives. And especially at such time when you have to be... being the opposite of what you have to be. It's just like men don't cry, I mean, and then, and then maybe, maybe a very insecure person would go to a psychologist and first be like crying 'wuuuh, my girlfriend left me'. Like, this. Although deep inside I knew it doesn't actually matter, but, yeah. The pressure of society is too high. (Leon, p.8)

Leon explains that other people's perceptions about gender always matter, in particular at the time one is the opposite of one should be. By this he means when one has depression one is not a part of *hegemonic masculinity*. He speaks of society exerting the stress that one needs to present oneself as **emotionally strong** and keep up the **appearance** of an image of being a certain kind of man. However, this image is not possible when going to the psychologist.



## 6.2.2. Perceptions of Strength as Barrier

The participants were surveyed on the possible reasons they did not seek professional help for their depression, for example, from a psychologist or psychiatrist. They mentioned a variety of reasons for not going. As the previous section on perception of help-seeking in general suggests, the masculinity script of keeping up certain **appearance**, as well as that of **emotional strength**, were significant and often present in their narratives. This particularly can be seen in the following excerpts:

I also think that I would, look weak. [...] So I think that seeing a, I started thinking that seeing a psychologist, like a, a bad thing. A thing that I should be embarrassed about. Shouldn't do it. (Stefan, p.7)

But uh, other people's is also very important. I, I know it's, it's like uh, how other people perceive me in a very high level, it's important, it's important to me. How other people see and view me, especially my ex-girlfriend. I don't-, because I do want to be with her. I still love her. And uh, I feel that uh, this maybe can only happen if she sees me as a, as a strong, reliable person, not as a person who goes to a psychiatrist. (Stefan, p.8)

In the first quote Stefan places importance on the fact that he would not look strong to others if he went to see a psychologist, even though he said he was “determined to do it” at one point. In the interview he outlines the process of how he changed his mind. Not only does he think that he would appear weak, but he is also questioning his true motives for going. He thinks that perhaps it would just be “a desperate move of crying for attention”, especially from his ex-girlfriend (Stefan, p.7). In the second excerpt, he particularly highlights that other people’s perceptions, especially his former girlfriend’s, are especially of importance to them. He specifically refers to needing to embody the characteristics of strength and reliability, which he feels he would not if he were to go to seek professional help. These are in connection to the masculinity scripts of **responsibility**, **emotional strength**, and **appearance**.

The significance of the masculinity scripts of **appearance** and **emotional strength** is also addressed by David, who shares his thoughts on what would happen if he would seek professional help:

If I go up to a psychologist, and I would, I feel I would lose my, mm, my view as, or my outlook, as a man, if I, I went there and ask for help. A, a mental issue. (David, p.13)

Here he stresses the significance of the appearance to oneself. His identity as a man who perhaps subscribes to *hegemonic masculinity* would change. As long as he does not go to the psychologist, he can still cling on to the idea of adhering to the masculinity scripts expected of him. Even though he has depression, which is perceived by many to be lack of emotional strength, he would still be able to appear strong as long as it is not shown to others. It could be inferred that by not going, one proves to oneself that one is still **emotionally strong**, as opposed to going and accepting that one is weak. Therefore not only the **appearance** to others is important, but also to oneself. In a way, this enables him to control the narrative regarding strength in his favor, therefore addressing the masculinity script of **dominance**.

On the other hand, Jabari believes that it would be possible to maintain the appearance of emotional strength, even if one would go to a psychologist:

Some people are strong you can't notice what's happening in uh, inside them? Some people are weak. And (.) someday the doctor tells me I'm, I am depression, don't think I can reveal to anyone with this, trying to cope up with life. (Jabari, p.22)

Here he equates strength with keeping up a certain **appearance**. From his point of view, if one manages to hide one's depression, one could still be **emotionally strong**. In a way, he is reframing the situation so he can still fit the narrative in regard to *hegemonic masculinity*.

### 6.2.3. Perceptions tied to Culture and Media as Barrier

Many participants therefore felt the need to present themselves as **emotionally strong** and felt the need to maintain a certain **appearance** associated with *hegemonic masculinity*, which is why a lot of them did not seek professional help. Apart from these factors, there may be additional reasons that inhibit men to seek help. One of these is other people's perceptions in connection to cultural expectations:

And that is also tied to uh, cultural background? Because if I were, if I was to go to a, if I was to go to a psychologist here somewhere, my parents would be devastated. Ba-, basically. They would just, like, 'Oh my God, I'm flying to Sweden to take you back home now.' Right? That kind of an attitude would, would be what I would have to encounter. (Vikram, p.34)

Vikram believes that if he would seek professional help, his parents would have a negative reaction to this. It implies that his family have a specific expectation of how he should appear and act. While he thinks this is due to culture, these expectations also overlap with notions of success that many men aspire to, and are therefore tied to the masculinity script of **appearance**.

Another participant, Malik, also highlighted this script as important in connection to culture:

Anywhere. I'm not sure how it's like here, but uh, there in my country? [...] it's yeah, it's hard. Like it's. Because then people will say, well there, there are a lot people are, like, they'll, they see uh, everything like, okay, he's mad? Or he's not mentally fit? Because uh. They just see things in black and white. They cannot really understand what, yeah, situations or. [...] so in society actually, uh, people, they won't see you with who you are, with less respect, or. And like they point and okay, he's, he's not fit, or. Yes. (Malik, p.18)

He says that to others in his home country, seeking help would be perceived as if one has mental problems, which is implied as a negative thing. He further expresses that "they cannot really understand" and see situations in absolutes, therefore suggesting that they are uneducated about and unaware of depression as a mental illness. In addition, he mentions that he would be seen with less respect. This references the masculinity scripts of **appearance** and **dominance**, as he would be seen by others as both with lower status and inferior. Also, he says seen as "mentally fit", which refers to lack of **emotional strength**.

One participant, Vikram, also mentioned the possible influence of the media and popular culture on his perception of psychologists.

I don't know, you probably watch “Big Bang Theory”. [...] the thing of uh, then tying it back to, ‘Oh you're not going to get matted now, because you're, you're a person that went to a psychologist.’ You know? That kind of a, an attitude, that is just insane. That's just stupid. So. So that happens, and maybe, maybe, maybe somewhere in the corner of my mind it was there [...]. And that I picked up on it and said, no? I'm not one of those feeble guys. That number on the board, or whatever it was. That's also a reason. (Vikram, p.34)

In an earlier part of the interview he speaks of having seen a flyer advertising a mental health office and taking down the phone number, which is what he is referring to in this excerpt. He therefore considered going to a psychologist at one point, but never did. In this quote he reflects on why he never went, and speaks of a television show possibly influencing his perception of psychologists, even though he knows it is not sensible. This TV show gives the impression that one would not “get matted” as a result of seeking help from a professional. “Matted” is an informal word with two meanings, either referring to sexual relations or to having someone ask for one’s phone number to signal interest in a relationship. In both cases it implies that one would look less eligible to a potential partner because one does not live up to the expectation of *hegemonic masculinity*, including the lack of strength, which is implied by Vikram saying “feeble guys”. One therefore would not conform to the masculinity scripts of **appearance** and **emotional strength**. This excerpt illustrates the influence of popular culture in people’s ideas regarding help-seeking.

Many participants were therefore influenced by thoughts of how others would perceive them if they went to seek professional help. In addition to expectations and perceptions conceived through culture and the media, the masculinity script of **appearance** was one of the contributing factors of not seeking help.

#### 6.2.4. Perceptions of Helpfulness

Several participants were not convinced that professional help would or could alleviate their depression. This is illustrated by Vikram’s thought process:

I mean, you, whether you like it or not, you, whether you accept it or not, in your head, in the deepest part of your mind, you're still wondering, how is this guy going to help me? (Vikram, p.25)

By referring to a psychologist or psychiatrist, Vikram demonstrates his doubt about psychologists or psychiatrists having the ability to help him.

Jabari is also not sure if they would help. He draws a comparison between movies and therapy, by saying that both are fake:

I take watching movies as lies. So now you can start picking my perception from there. About counselors. [...] Like, when you’re watching a movie, because it’s, it’s just being acted. So you really don’t, you don’t see as if it’s something real. So now I started bringing my perception there, to really taking it to the counselor. (Jabari, p.23)

This suggests that he does not believe that psychologists would genuinely try to help and that it would not help him. However, immediately after that, he says that he deeply dislikes himself for that, because he knows that they are “trained people. And. They spend years

studying this, they spend years studying human beings. And I should listen to them. Should really [go to a] professional and I should really maybe get there and see a counselor” (Jabari, p.14).

While in the beginning of the interview he claims to never have considered going to a therapist, throughout the interview he raises it as a possibility that he should perhaps seek professional help. At a later part during the interview, he says to the interviewer:

You just need to tell me that they work. [...] I think I have a bad belief. You just need to tell me that those things are real! You need to try them. [...] I'm [not] saying you need to! I, I. I need someone to tell me that, those things, psychologists, work. You need to probably try them. [...] I don't take it as a priority really to go to the counselor because I really don't, uh, believe, I honestly I don't, I've never, maybe because I haven't experienced but, I don't know if it works, I don't know if it really will. (Jabari, p.26)

Jabari expresses here that he needs somebody to tell him to seek help from a psychologist. It seems that he needs external validation and motivation to go and seek help, but would not do it on his own. This might be tied to an idea that it is not socially acceptable for men to go, and having someone tell him that it is a good idea and that it might be helpful would prompt him to take that step towards professional help. In fact, the interviewer did suggest at the conclusion of the interview where he could go for counseling, and he later wrote to say that he made his first appointment with a psychologist. It can be inferred that he needs someone to contradict the masculinity scripts of **appearance** and make it acceptable for him to subscribe to *complicit masculinity*.

Like Jabari, Vikram earlier expressed his doubts regarding whether psychologists would help one's depression. He also believes that psychologists would simply pretend to care:

Maybe it's just also prejudice, you know? You have this prejudice about, about people, that just sit there and *pretend* to be, so to speak. Uhh, concerned about your-, your uh, feelings. When they actually have absolutely no clue who you are, or what you've been through, and all they're basing their conclusions on is what you've told them. (Vikram, p.19)

Similar to Jabari, he believes that therapists are simply acting and do not have all of the facts. He implies that they would not be able to really help as they do not know the whole context of a person's depression.

At a later point of the interview, he says that he is convinced that it actually would not help some people.

And then of course you've got people like me. I know, uh, I know other people who are just like me, we are really good at diagnosing ourselves. We're really good at reading ourselves, and really masking things. So the psychologist can delve as deep as he wants, but he won't get to the, the point he wants to, until and unless we ourselves decide in our minds that we've got to let the guy in. [...] And the thing is that, *that* is simply a matter of comfort, right? And comfort can happen when you have people around you that you trust. (Vikram, p.25)

Vikram says that certain people, including himself, are good at hiding their emotions, even from a psychologist. He further goes on to say that one needs to trust another person in order to be comfortable enough to show these emotions. It is implied that this trust is difficult to build with a therapist. In fact, he later suggests that perhaps a person with depression's friends and family should go to a psychologist in order to help him, but not the person himself, as these are the people the person trusts.

Unlike most of the other participants, David thought that psychologists might help. Like Vikram earlier, his main exposure to professional help comes from popular culture and the media:

I only have uh, experience with it from like TV shows or movies, so. I don't really know what happens, what goes on there but probably, it's good. I can't really tell.  
(David, p.10)

He thinks that psychologists may be helpful, but is not sure. However, in other parts of the interview he says he would still not go himself, as he believes it is something that one should fix oneself. This will be further addressed in the next section of self-reliance.

Two participants also mentioned that they have preconceptions regarding psychiatric medication. Jabari, for instance, says:

I don't really think too much in tablets because I don't know what it does. I don't know whether it helps really, what does it, bring it. They say it makes you to forget some things, and meaning you forget even classwork. (laughs) [...] That's what I think. (laughs) That's what I think. It makes you, it makes your brain relaxed, it means I'm not be performing well in class because my brain will be relaxing, that's what I think.  
(Jabari, p.33)

Jabari speaks of his ideas regarding medication. He says that he is not sure what they will do, and believes that they will relax him too much to the state of being forgetful. This unawareness about medication shows that he does not know how or if they would help with depression.

This concern regarding medication was also expressed by Malik. When asked whether psychologists could be helpful, he says:

Uhh yeah, but I'm also worried about uh, like, taking the medicines and yeah, because I heard that they have side effects. So, so yeah. They will create another problem along with this. (Malik, p.9)

Like Jabari, Malik was uneasy about the potential effects medication could have. He also thought that receiving professional help would mean taking drugs, which is a different issue altogether, and this misconception also affects help-seeking.

Vikram also speaks of being against medication, but for different reasons:

In my opinion, it would just be another reason for pharmaceutical companies to come up with more drugs to shove into people's mouths and to make more money. Simple as that. I would rather see more therapeutic solutions to the problem? I would rather

see more support-based solutions to the problem, than medication-based. (Vikram, p.24)

Vikram's stance shows that he is aware of the different kinds of professional helping methods available, and would prefer therapy as opposed to drugs. In addition, he believes that medications primarily help pharmaceutical companies to gain more profits. He further says that he is against drugs in general:

I just am not, happy, about pills. I would rather use traditional methods. Like for instance if I have a cold I would rather drink a cup of warm milk with some [turmeric] in it. (Vikram, p.32)

He says that he dislikes taking medication and prefers methods perhaps tied to his cultural background in helping him deal with issues.

The participants therefore mentioned a number of reasons why they had not gone to seek professional help. The barriers listed included not wanting to look weak to others and admit lack of strength to themselves, not knowing whether psychologists would be helpful and many assuming they would not be. Some also were against taking psychiatric medication as they doubted its effectiveness.

### **6.2.5. Perception of one's Depression as Barrier**

Apart from thoughts about other people's beliefs, some also believed that their depression did not call for professional help because it is not serious enough or that it might improve soon.

Vikram thought the former by comparing his situation to that of other people. He speaks of an instance when he was taking a Swedish class with other people:

So I was sitting there, and then I got to meet all of these other people coming from such diverse backgrounds and such. I mean, worse situations than I have been in. And then be grateful to the fact that I've had it as hard as they have had. I had to see that *they* are happier than I am. And say, come on. If they can be happy, you can be happy. Be thankful for what you have. (Vikram, p.32)

Here he recalls a moment when he realized that he should not be feeling the way he does because he believes that his classmates have had more difficult times. By comparing his situation with others, he puts it into a context of comparison, therefore referring to the masculinity script of **dominance** (see 4.2.3 Positioning and Comparing for the discussion on comparison).

He also compares himself with other people with depression:

I would still not think about going for professional help, simply because of the fact that I don't believe in my, my symptoms or my condition are, are *that* serious. (.) I know people who, who have conditions whom I would recommend. For, for, for professional help. So when I compare myself with *them*, I say, 'Oh come on. You've got to be kidding me. If you want to spend an hour sitting on a couch telling somebody that, oh you just did not get a visa and you're depressed? That's just bullshit.' [...] I often do that to myself. I often say, 'Oh come on. You couldn't, I



mean, this isn't, this is nothing, you don't have to *mope* about this stuff. Pick yourself up.' Right? 'Pick yourself up, don't, don't act like a sissy about this stuff. This is nothing. You've seen worse. Or you *will* see worse.' (laughs) 'One of the two. So it's okay! Move on.' (Vikram, p.20)

By comparing his depression to that of other people, he feels that his is not bad enough to seek professional help, particularly due to the circumstances that contributed to his illness. His recalled thoughts in this instance are more self-depreciating than in the previous example. He tells himself to "pick himself up" and "not be a sissy", therefore essentially saying that he should be more of a man abiding to the masculinity script of **emotional strength**. In this way, he subscribes to *complicit masculinity* as he believes he should be more masculine. His perception of his depression not being severe enough compared to others also addresses the masculinity script of **dominance**, as it includes comparison. This self-talk is also a coping method that will be addressed in 6.2.6. Self-Reliance.

Another participant believes that his depression might improve on its own. One of the reasons David did not seek professional help is due to thinking that his situation might change soon. When asked whether he had considered going to seek professional help, he says:

Yeah! I considered. But, I, I dunno, I don't think-, yeah! I'm kinda waiting? For, to see what happens when I graduate and so, I will see what happens, if my life gets uh, in the direction I want it to, then I at least hope so that I'm gonna be perfectly okay. [...] I don't feel like, I could get any help with this now. (David, p.7)

His reasons for not going to a psychologist include the belief that it might get better, and that he should just be patient and wait, and that it might go away due to external circumstances changing. Vikram also says that "letting it run its course" is usually how he deals with depression (Vikram, p.14).

Not all had this attitude, however. Stefan also believed that his depression was tied to external circumstances, but unlike David, he did not believe these would change soon. He believed that his illness would only improve if his ex-girlfriend would get back in a relationship with him. This can be seen when Stefan says:

But after a while, I say to myself, 'But nothing has changed. You shouldn't smile about it. You're still in the same condition as you were before.' (Stefan, p.3)

He speaks of sometimes feeling better when is with people, but then reminding himself that he should not feel better. It seems that in this way, he is rebuking himself and not allowing himself to feel better even for a moment. One could gather that this is a negative coping method. As previously mentioned, ways of coping utilized by participants will be further addressed in 6.2.6. Self-Reliance.

Another participant, Jabari also views his own depression as something permanent:

Uh to me I think the level can be not very cruel, okay! It's, but, but not really fully, because really you need to think about your, if, if this is triggered by something in your past, you really, you will still keep thinking about your past, but you need to look for ways coping up with it. But I believe it won't really go completely. Yeah at least when you keep thinking of something, as long as this depression is being triggered by

something, when you've reached a point and think about that thing [...]. At least you can pause a little bit and think. You can pause a little bit and get this organized, in some way. [...] Like if you're a bit depressed, at least you find that, you, you, I'm, I'm very very sure I still uh, you won't cope up fully. I, that's what I believe. (Jabari, p.21)

Jabari thinks that the severity of depression can differ, but people with depression should look for possible causes from their past and find ways to deal with them. He suggests that one should pause and reflect on these things, as they may still continue to influence one in a negative way. By doing so, he believes one's depression could improve somewhat, but complete recovery would not be possible.

In addition to the perception of depression as a potential barrier to professional help-seeking, perceptions regarding the diagnosis of depression may be a further hurdle to overcome. Stefan thinks that a diagnosis may only be helpful in certain situations and sometimes even worse:

It could be helpful um, if you have a, if you have reached a state of peace with, with yourself. Whether you understand it, you, you might have that problem, you need to treat it as a disease, you need to see a psychologist, you need to talk. But on the other hand, it could even make you feel worse. If you have not been really sure if it's depression or if it's more like a temporary thing, that will go away and that all of your friends, they tell you don't worry, in a couple of months you'll feel better, but then you're diagnosed depression, you, you knew this is a disease, and then they prescribe you medicine and they tell you that twice a week, you should go and see someone. That may make you feel worse, I think. I don't have any experience with that, but that's what I think. (Stefan, p.9)

Stefan believes that a diagnosis of depression is only helpful when one has accepted that one has depression and has come to terms with it. He implies that if one thinks it could go away on its own, one should not go to a psychologist or psychiatrist and get a diagnosis, which would make one regard it as a permanent condition in one's mind and perhaps to one's friends. This sense of permanence may go against his ideas of what it means to be successful, therefore the masculinity script of **appearance** is of importance here.

Thoughts regarding the diagnosis making one feel even worse were mentioned by both Leon and David as well. David thinks that it could be beneficial, but perhaps make it even worse:

Yeah, it, I think it is [helpful] if, it makes the people who's diagnosed uh, to, to take the steps to get rid of it. But maybe, at the same time, it can make it even worse. They have a lot of problems and 'now I have depression as well, oh okay, then it's worse.' (David, p.10)

These beliefs regarding one's depression therefore may be additional barriers to seeking professional help. If one thinks that depression can improve on its own or will never improve, one might not seek help. Yet if the belief exists that it is something one can fix by oneself, one might not seek help either. The latter view will be addressed in the next section on self-reliance. Beliefs regarding the diagnosis of depression could be a further barrier to help-seeking.

## 6.2.6. Self-Reliance

### 6.2.6.1. Reasons

In addition to trying to appear strong to others and themselves, another characteristic inhibiting participants in seeking help are thoughts of self-reliance and independence. The stance that they should manage to deal with depression by themselves was a frequently recurring theme among the participants. This attitude of self-reliance is intertwined with a number of masculinity scripts. The most apparent is that of **emotional strength**, as it may be a demonstration of strength to cope with one's problems. It also touches upon **dominance**, as it addresses taking control over one's situation. Finally, it addresses **responsibility**, as they see depression as something they need to take care of by themselves.

The perception participants have about depression itself influence how they think they should handle it. For instance, David talks about depression as situational that should be resolved on one's own.

Yeah, I think that's uh, something that people should maybe, they could be able to solve themselves. For a self-generated problem. (David, p.10)

He believes that depression is "self-generated" and that it is something one can resolve themselves. It implies that one is responsible for the illness or at least the circumstances that led to it. This addresses the masculinity script of **dominance**, which includes the concept of control. It also refers to **responsibility**, as he believes one should fix the issue due to being created by oneself.

He further elaborates on this train of thought when asked about the possibility of seeking professional help:

But yeah, for me it's like, it would be, I failed to take care of this problem myself, which I think I, I should be able to. And yeah. Admitting it to myself and maybe to other people later. It would be hard. (David, p.11)

In addition to the previously mentioned masculinity scripts, this excerpt also addresses that of **appearance**. He explains that acknowledging that he did not manage depression by himself, both to others and to himself, would be difficult and acknowledging failure, as this would mean accepting that he does not encompass *hegemonic masculinity*, but instead *complicit masculinity*. It could be surmised that he also means admitting that he has depression would be burdensome as well.

Vikram frames his attitude of self-reliance as something frequently done:

I love um, solving my own problems, so to speak. Like when I'm sick I like, I, yeah. I don't go to a doctor until it hurts like crazy. And I have a really low tol-, uh, pain threshold. So it hurts pretty soon for me. But still I uh, try to stay away from a doctor. That's also because I hate needles. (Vikram, p.35)

Here he says he is used to solving his own problems, and does not seek medical help for other illnesses until it is unbearable. His use of "love" in this context does not necessarily mean that

he enjoys it, but rather that it is something he does often. Men have been found to also be less likely to seek help in other areas apart from depression, such as for physical illnesses.

The attitude of relying on oneself is also mentioned by Stefan:

I also think that I would, look weak. Mm. I still believe that. I, I typically should be able to cope with any emotional problems I have myself. Why wouldn't I be able to do that I mean, I'm 25 years old. This is not the end of the world. I have a lot of things to experience. I think I should be able to do it myself. (Stefan, p.7)

Stefan believes, as previously mentioned, that going to a psychologist would make him appear weak, which is in connection to the script of appearance. He further thinks that he should be able to do that as he is old enough to handle it by himself and life is not over yet. This also suggests that he believes that age plays a role in relying less on others.

He also raises this in connection between masculinity scripts and help-seeking:

Yah for me personally the effect is that uh, it's restrictive, help-seeking, help. Because the way I'm raised, the way I'm taught it's just uh, I'm a self-sufficient person, I'm, I'm strong, I'm independent. And, I don't need other people to tell me how to cope with my own personal emotional problems. Yah. I don't. That's, that's what I think. But yeah. This is like one of the things that is stopping me from doing it, because, I would feel *weak*, I would feel embarrassed. I would feel less [like a] man. (Stefan, p.11)

As this excerpt illustrates, he believes that seeking help would mean that he does not live up to *hegemonic masculinity*. He particularly refers to his upbringing as to shaping his beliefs of being independent and not reliant on others. Additionally it can be inferred that other people would not know better than him how to deal with his own issues. Seeking help would make him feel weak and lose face, both of which are a part of the scripts of **emotional strength** and **appearance**.

Malik and Jabari also said that it's something they try to deal with themselves, but speak of how difficult it is.

But at least I know that uhh, I have this problem? So. I, I try to recover it by myself, by doing some stuff. And, so. But uh, going through this is of course hard. (Malik, p.17)

But having had experience of difficult times I had before, I would always tend to say, life is like one, it's always better try dealing with issues yourself alone. So I would not really tend to show to people, I would not show to anyone. I would feel pain, but don't show to anyone, but *really* struggle, to make sure that I go out of all these, uh, situations. So I would conceal it to myself, but it would *really* pain me, and sometimes, sometimes I would find real-, sometimes I would find life difficult. Life, it's a little bit painful. (Jabari, p.6)

They speak of having to manage depression by themselves, but that it is very challenging to do so. Jabari speaks of it being better to deal with it oneself because one is responsible for oneself. This refers to the masculinity script of **responsibility**.

Some also expressed that they wanted to struggle through their depression to prove to others not only that they're strong, but also a decent person.

Jabari, for instance, spoke of going through his depression alone due to the script of **appearance**:

I would tend to struggle to overcome this problem, to show this person that maybe, she really left a good person? So I would work hard, try to do well, better, but still I would be having pain. I would, I'd, I'd fake always then, they call the word, but then but still, you find you have really that small pain, sometimes when you're alone, sometimes when you're sleeping. (Jabari, p.7)

The person Jabari is referring to is his ex-girlfriend, who cheated on him with another person and got pregnant. He left her as a result of this, but he still wants to show to her that she made a big mistake, therefore feeling the need to continue struggling through his depression by himself.

This theme of self-reliance even arises from Leon's narrative, who was the only participant who had received help from a psychologist.

I handled it a bit better, but I don't know how big the part of the psycholog[ist] is in there. Maybe it's just because I became more clever and more aware what to do. (Leon, p.3)

Here Leon reflects on how he managed his depression. While he acknowledges that his psychologist may have played a part, he thinks that perhaps he became smarter about how to deal with his situation. This attitude is further elaborated on:

On the one hand I feel stronger, because I managed to um, yeah, because I actually managed the, the problems in the first hand [...] uh actually the, um, the direct problems I solved them quite good but I would say I am still a very insecure person, most times. (Leon, p.6)

In this excerpt, he looks back by referring to having solved the situations contributing to his depression by himself. However, he admits that he still does not live up to *hegemonic masculinity*. By viewing his experience with depression as something he dealt with himself, he can view it as having been **emotionally strong**.

How participants regard their own depression could also lead to them relying on themselves. This was touched upon in 6.2.5. Perceptions of one's Depression as Barrier. Jabari, for example, sees depression as something permanent:

I don't think really you'll really uh, recover fully, you can perform normally! At, at least, at, at least. But still I believe you reached some point in your life. Okay you will still fix some, some small spots as you keep moving on with life. If you keep thinking about it in I think, you will still be a little bit depressed. Maybe not up to the, maybe up to some ex, maybe, it might, it might not be so much extreme. But at least, at least you will, will be depressed. (Jabari p.23)

He thinks that one can mend a few problems in one's life on one's own, but only to a certain extent to which one is regarded as functioning normally. This addresses the masculinity script of **appearance**. He believes, however, that it will not fully go away.

#### 6.2.6.2. *Ways of Coping*

The participants speak of a variety of ways of how they manage depression by themselves. One of these things was an attitude one should have. Vikram, for example, speaks of being grateful and thankful:

And, if things have to, have to work out, they will work out. If they cannot, then they won't. You just have to accept what happens. Do what you can, and then move forward. And, that was I think, that was the point where it starts to getting better for me. I think everybody in depression should try and do that. Right? To dig inside or to just to look outside, and, and appreciate what is around them. And to feel grateful. (Vikram, p.32)

He expresses that feelings of gratitude and appreciation helped him with his depression. Furthermore, he speaks of acceptance of one's circumstances as a crucial part of managing one's depression. This stance is opposite to what was present in David's and Leon's narratives, who mentioned being fearful of and concerned about their future.

Maybe now I see it more clearly, that it's gonna be okay, but at that point I was really stressed about, if I can, ever get a job or something. (David, p.4)

At that time um, you um, have to deal with so much and uh, and you have to go through it and if you can't go through it by yourself you think, you start thinking about your future and start thinking about um that you never meant anything. (Leon, p.7)

I mean you can't change being worried about your future, but, it's just logical that you should be but, yeah. (Leon, p.9)

David may therefore agree with Vikram that one should try to accept one's circumstances and try to think positively, while Leon would not, as he thinks one should be concerned. Jabari on the other hand says that he would "console myself and say, maybe in the future I'll be a little bit okay", therefore using positive reinforcement (Jabari, p.5).

Vikram and Stefan sometimes reflect on their situation and talk to themselves in a self-depreciating way, as mentioned in 6.2.5. Perceptions of one's Depression as Barrier. For example, when Vikram tell himself to "pick [him]self up", not to "mope", and "act like a sissy", he is using negative reinforcement to cope with his depression (Vikram, p.20). When asked whether it helps or not, he said that sometimes it does, but sometimes it makes him feel worse. He further says that "evaluating who I am, where I am, and what I am doing" is something he does often, also in other situations, e.g. when he is drunk and tells himself to "sober up" (Vikram, p.14).

Stefan also uses negative self-reinforcement as mentioned earlier, for example in terms of telling himself not to "smile about it [as he is] still in the same condition" as he was in previously (Stefan, p.3). This is in reference of not allowing himself to feel better in response



to some circumstances because the main situation contributing to his depression still exists. He further elaborates here:

And I, I feel bad if I, sometimes I feel bad, when I start to feel better. So, it's strange for me, I know that I shouldn't feel better. Because things are not better. (Stefan, p.6)

Other more positive coping methods for one's depression are also expressed by the participants. Listening to music is listed by David and Malik. Also, Stefan plays with his cat. In addition, exercise is mentioned by most of them: Malik, who runs, rides his bike, and goes out for walks; Jabari, who swims twice a day; Vikram, who works out at a gym; Stefan, who plays football; and David, who plays basketball. However, the latter two are team sports, meaning they were also spending time with friends. This is not an entirely independent coping method, but as they often involve not seeking help, it is listed here.

About meeting other people, Stefan explains that his mood improves a bit:

I feel better when I'm with other people, when I go for a drink or play football, I play football every weekend with uh, friends. Yah. I feel better then. (Stefan, p.6)

Jabari also mentions that meeting people makes him feel better:

Just only talking to someone, can be important really to dealing, to, to really make a little bit, not so much depressed. Just, go and getting someone, and really laughing with someone it can tend to, a little bit, heal you. Sometimes. (Jabari, p.30)

He therefore expresses that meeting with people improves his mood somewhat. Meeting with others and sharing will be addressed in further detail in 6.3. Other Help-Seeking.

Stefan mentions earlier that he likes to drink alcohol with friends. Two other participants also speak of drinking as a coping method. David also talks about in regard to drinking socially:

Yeah, I (chuckles), like alcohol? Was a. Yeah. Not daily, but just once a week like at parties, but I felt better. But maybe it was because I was with my friends, so I never drank alone or something, but. Yeah. I had good times with them, and drinking with them, so that helped, but also doing anything with, with other people, like knowing beforehand, like very much helped. (David, p.8)

He speaks of alcohol making him feel better, but thinks that it was perhaps also because he was with friends.

Jabari also speaks of using and perhaps abusing alcohol:

Sometimes I would go and drink. I'm not a person who likes solving issues uh, by drinking, too much, but sometimes I would go and really drink, I would go and associate with people. (Jabari, p.7)

Generally, participants take time for themselves and do things they enjoy. Malik also mentions that he relaxes by "tak[ing] some rest" (Malik, p.10).

Jabari mentions nutrition being important for managing his depression, and he feels that it has helped a lot.

I take too much water? Have enough sleep. Eat well. Avoid coffee, caffeine. As far as avoid its substance. I used to, I used to take a lot sweet, so if I have sweet can of coca-cola every day. Now I don't have coca-cola. Take a lot of fresh fruits. (Jabari, p.18)

Here Jabari mentions drinking a lot of water, avoiding sugar and caffeine, and eating fruit as good coping methods for him. He later says that he buys so much fruit every week that the vendor probably suspects him of selling it. In this excerpt Jabari also mentions getting enough rest as being helpful for him. However, in another part of the interview he reveals that he now sleeps about six hours every night, which is more than he used to. He also says that it is hard for him to fall asleep due to recurrent thoughts that are bothering him. Insomnia is also a symptom of depression.

In another part of the interview, Jabari says that he started drinking a lot of water due to someone's suggestion (Jabari, p.31-32). He explains that water and food are necessary for thinking as well as for doing exercise. In particular, he expresses a newfound appreciation for water and says it is greatly beneficial for depression. Furthermore, he believes water and exercise are sufficient for managing depression, as he says, "by just taking water, by doing some athletic, I think it's, it can be, it can be handled" (Jabari, p.22). This belief somewhat changes throughout the interview, as at some points he believes that he needs more help.

Three participants mentioned coping methods that served for distraction. Leon mentions that only when he had depression did he play video games to draw his attention away from it:

Before I was never, never a big gamer, and afterwards also never, but at that particular one year that was all I did, just to get other things in my mind. And um, yeah, that's just not to think of your depression. (Leon, p.8)

Malik also speaks of distraction, but by being occupied with other things:

But uh, then I try to find some uh, ways to keep myself busy with uh. But actually it's a stress uh, that causes depression, you know? So. Uh it's. Sometimes when you get too much uh, heap of work to do and. Yeah. (Malik, p.18)

He speaks of being busy to keep his mind occupied, but then he reflects on the origins of depression being stress. Therefore too much work would add to depression, and one could conclude that one would need to find a balance.

Stefan also mentions distraction through travel:

I started traveling more. I just wanted to get out of the reality in Gothenburg. [...] I went to a lot of cities. Basically spent all my money but. Uh, mm. For a fraction of time I feel better there. (Stefan, p.6-7)

Some believed, however, that the coping methods they currently used were not sufficient. For example, Stefan believes that "in the end it's all the same. It's not, it's just short term. It hasn't managed over a long term. So I'm still trying to find out the thing that would hold me

long term” (Stefan, p.7). He is still searching for methods that would work for him, as the current ones only last for a short time. This apparently does not include seeking help.

Coping on one’s own is also still a struggle for many. Stefan says:

I struggle more to do my everyday things. I cook a lot. This is one of the, the things I most like, cooking. But uh, you don’t cook for yourself. I mean, it’s. Maybe some people would do it, I never do, I cannot cook just for, by myself. And now when I live almost alone [...]. And that’s one thing I love doing, but now that I don’t have, who to cook for. I, it’s not that I stopped doing it, but I reduced a lot. And another thing I do is that I struggle more to get a motivation for doing other things. (Stefan, p.8)

Stefan speaks of struggling doing things he once enjoyed, which is a symptom of depression. While he has some coping methods, it is hard for him to do them.

The participants therefore utilized a number of methods to cope with depression on their own.

### **6.2.7. Awareness of Symptoms as Barrier**

Seeking treatment for one’s depression nearly always requires that one is aware of one’s symptoms and that one is knowledgeable about whether it is a sign of depression.

Jabari, for example, used to not know what his symptoms signify.

I didn’t know it was depression, uh. Reason being, maybe I wasn’t exposed? [...] because I, I was knowing, not knowing those things. So I didn’t know this was depression. Maybe I was just, um uh, not a villager but, um, I just don’t have the knowledge that this is depression. (Jabari, p.8-9)

His reason given as to why he did not realize he was depressed is due to not being aware of depression as an illness, perhaps due to lack of education regarding mental illnesses.

On the other hand, David speaks of being aware of depression:

I was, I was a bit familiar with it. I, it, I had a friend uh, who was like almost the same, we had the same problem I think. Not the same, but very similar. (David, p.4)

I, I thought it’s, it was uh, it should be like everyone’s feeling? That I was, um, very jealous of the people who still seem to enjoy their lives very much, and didn’t care about the future. (David, p.5)

He speaks of knowing of depression, but thinking that his symptoms of being a common thing.

Sometimes, however, the person with depression himself does not have to realize the symptoms as being a part of depression, as Leon explains:

I think it’s actually not me who realized that I had some mental problems, but it was more like my parents realized that there was, that I didn’t feel so confident. My situation at school, and yeah. [...] No actually [my parents] were the ones who take

the initiative, so. Probably without my parents I wouldn't have come to a psycholog[ist] in the first place. (Leon, p.2)

Leon speaks of his parents taking note of his symptoms of depression and sending him to a psychologist. Yet he thinks perhaps he did not need it and that maybe his parents have overreacted:

I think I googled for some of those tests, if you a depressive, and actually the tests were the ones that said I'm not *that* depressive, but only a bit. Yeah. And it was more like my parents who were panicked and were like, you have to do this or you won't be a proper grown up. It's good for you, yeah. [...] But in the end it helped me, so, it was probably a good thing that my parents did. (Leon, p.2)

Leon says that he researched on the Internet whether his symptoms were consistent with depression. He took a test which told him that he only had a mild depression, and that his parents were too alarmed by symptoms that were actually not that severe. This may be a way of him looking back on his experience of depression as something minor, therefore still abiding in his mind somewhat by the masculinity scripts of **emotional strength** and being part of *complicit masculinity*.

He further believes that most people do not become aware of their symptoms being depression:

I think that most go through it by themselves, most, most, most. In most cases I think it's family or friends who realizes that the person has some problems. (Leon, p.9)

This did not seem to be the case in this research's sample, but it may not be representative of the whole male population. It seems that he uses his own experience to view it as universal.

The other participants all became aware of their depression on their own. An example of how one participant became aware of his symptoms is demonstrated with Stefan:

I came aware when uh, when I started falling asleep with the same clothes that I wake up in. And everything I think about is just, I, I couldn't fall asleep at the beginning at night, it was really hard. Because I was thinking of that one thing, then in the morning, the first time I, I did open my eyes, I'm thinking again about that one and I was so down. I don't, I don't meet my friends anymore, at least not as often as I used to. Because I don't want to. And that's how I recognized uh, depression. I mean I lowered my social contact, I am not in a good mood anymore, I don't want to do anything, and I, I see that I'm pushing myself. I'm struggling myself to be something else. I mean, to start working on my master's thesis, to complete my uh, previous course. Or to, to go somewhere. It's, it's a struggle, I have to fight for it in my, my mind. I'm saying that, 'You should do that because it would be good for you.' That's how I recognized depression. (Stefan, p.4)

Stefan speaks of how he realized that his symptoms were depression. Among other things, he lists problems with sleeping, isolating himself, his depressive mood, and his struggle to do things in his life. This realization would be in combination of previous knowledge regarding depression, require self-awareness and recognition that his behavior differs than before.

The participants for this study all were aware of their symptoms being a part of depression, since otherwise they would not have responded to this research's advertisements, which looked for men with depression. In fact, not being sure of one's symptoms as depression could have limited the participant pool. This could be seen in an email correspondence with Malik prior to the interview, who expressed uncertainty whether his depressive symptoms could be classified as clinical depression. He said that "I just know that I feel depressed a lot". In the interview he later says his depressive symptoms being "something which is consistent [...] like you get thoughts again and again and again, so it's called persistent", and that he read about it on the Internet, therefore recognizing his symptoms as depression (Malik, p.5).

As the participants were aware of their symptoms, the issue of awareness as a potential barrier to professional help-seeking cannot be looked at in greater depth, but it could be a further area of research in future studies.

### **6.2.8. Perceptions of the Prevalence of Depression**

The way one regards the prevalence of both depression and people seeking professional help for depression could also affect help-seeking.

In terms of the pervasiveness of depression, Malik says that he "think[s] it's a very common thing", at least in his home country (Malik, p.11). Stefan, on the other hand, used to think it was not so ubiquitous, but speaks of how he changed his mind:

I never thought before that it's very common. Uh, but, now I think more because uh, I found out that my friend was depressed, after I told him I was depressed, we started talking about it, and he said he knows that I, that I don't seem well here, the depression has been for a year now, and then I have a cousin, very, a cousin or something, and he's diagnosed depression. And I also know another guy, who left Sweden because he was depressed. And now when I start to think about it, well, it seems like a pretty common thing. I never, before I never thought of it as something that common, but looks like it is. (Stefan, p.9-10)

He talks about how he actually knows many people, in particular men, with depression. How common people think it is may affect how they view help-seeking. This kind of thinking can be seen with David:

Yeah, if it's considered more uh, more accepted, or more common. Maybe, that would help. But, I've seen some other people who I trust or look up to, go there and have a really good outcome of it. So, maybe, maybe that. (David, p.11)

David says that if it were more common or acceptable to seek professional help, it would be helpful for taking the step towards it. However, then he reflects on that he actually knows other people who he respects that have sought such help, therefore it is not clear whether it would actually be a decisive factor in one's decision to go. It is not known whether these people he is referring to are male or female.

He mentions his belief that help-seeking practices are tied to cultural acceptance:

Mm, because if you go uh, from the cultural differences, that for that in the States for example, it's, it's more common to, for people to go to, like uh, psychologists. And in

[Eastern Europe] it's not really, or maybe it is, they just don't uh, tell it to the world? (David, p.6)

David therefore thinks that in the United States it is more common and acceptable to seek professional help. He further speculates that it either is not common in his home country, or those who do seek help would hide it from others.

In the above excerpts, the masculinity script of **appearance** seemed to play a significant role in how they viewed depression and the acceptability of seeking professional help.

### **6.2.9. Awareness of Access as Barrier**

Another aspect to consider that could prevent a man from seeking professional help is not having the knowledge of where to seek it from. Two participants expressed that they did know where they could turn if they needed to.

As mentioned earlier, Vikram took down a number for a psychologist's office from a flyer he saw posted on a board and therefore was aware of where he could go. He therefore considered going at one point but never did. Stefan also expressed knowledge regarding a student health office that offers free counseling.

I know that as a student, I think I have the right to see some kind of a student clinic or something, there's a student clinic. And uh, you can ask for any help there, for free, like psychological or any other help you need. Um, so I, I did a little research in that, (sighs) for a while I was determined to do it, I thought, maybe I should see a, a psychologist, a professional, whom I could talk to. (Stefan, p.7)

He says that he was aware of where to seek professional help as he researched it. Malik and Jabari, on the other hand, were unaware of such counseling services. When Malik was asked about potential difficulties of seeking professional help, he says:

Not really, only I think the money is the problem. Yeah. You have money to, to seek the treatment. Then, it's okay. (Malik, p.15)

Malik therefore thinks that professional help would be expensive. When further asked whether if it were free, everyone would go, he replied, "yeah, probably" (Malik, p.15). This misconception is therefore another factor that prevents seeking help from psychologists or psychiatrists. He also disclosed that he did not know where to go to seek professional help:

Yeah, I have thought about it. Mm but, I, I'm not sure whom I should contact, uh. So. Maybe I will see later. (Malik, p.8)

Apart from not knowing where to turn, he also did not feel the need to research about it at the moment.

Jabari also did not know where he could receive professional help, but he said it was largely due to lack of motivation and not being sure if it would help. This can be seen when he says, "I don't take it as a priority really to go to the counselor [...] I don't know if it works" (Jabari, p.26). When asked if he ever sought professional in his home country, he says:



No, I used to be strong, I used to be strong. (chuckles) I used to say, I used to claim to be strong. I, I, I didn't know these are things you need to, I didn't know you, the-, maybe, maybe I was not exposed at there, there is always some therapy for this kind of situation? But I just, didn't know about. (Jabari, p.10)

Here he expresses being unaware that professional help for his symptoms existed. He also mentions the masculinity script of **emotional strength**. First he says that he “used to be strong”, but then corrects himself to claiming to be strong. Here he realizes that he subscribes to *complicit masculinity*.

It was not clear whether David knows about where to go for professional help. He says that he considered it before, but was not considering it now, as he is “kinda waiting [...] to see what happens” (David, p.7).

Stefan, who knows that free counseling exists for students, further believes that if one is willing to get help, one could receive it:

In Sweden I think that if you want help, in Sweden, you'll get it. And uh, if I go to the, to the, to the doctors, to the clinic, and I, I easily tell the girl at the reception desk who, kind of, this this this, I don't feel well, she will help me out. In [Eastern Europe], probably not. It won't happen the same like. But I believe um, that in Sweden, that probably. (Stefan, p.10)

He believes that in Sweden, one could easily receive help for depression. For Stefan, it was therefore not the belief of lack of access that acted as a barrier to his help-seeking, but this perception played a role for both Malik and Jabari.

### **6.3. Other Help-Seeking**

While help-seeking usually refers to seeking help from professionals, such as psychologists and psychiatrists, this research also investigated possible other sources of help men would seek from.

#### **6.3.1. Perceptions of Sharing**

This section will explore some of the perceptions participants have in regard to sharing in general. Sharing feelings does not necessarily mean asking for help, however, it could be a part of it, as just having someone acknowledge and listen to one's feelings could be helpful. This view is shared by Jabari, who believes that talking to people in general helps:

It's better to talk to people. It's better to discuss with people. And things. Especially people, not all people but some specific people, really can make a change in your life. (Jabari, p.15)

Jabari speaks of talking with particular people, perhaps close friends, as being valuable. It is implied that he means sharing about one's depression.

When asked about sharing in general for men, both Jabari and Stefan said that they believe men have more difficulty than women.

In regard to that, Jabari, for example, says:

Women are easier. Women normally share feelings. I know they share. I've, I've been friends to many women and, they've been open up to me. (Jabari, p.24)

This belief of women being more open with emotions is also held by Stefan:

I don't think women have it as uh, as hard. I would perceive women as more open to sharing emotional and personal problems. And men don't. At least the men I know. The, the society of men I was raised in. They don't do that. They never talk. Emotion. Most of them [...] [Women] I guess, maybe because they're more sensitive? At least they're perceived as much so. (Stefan, p.11)

Stefan speculates that this could be due to them being less emotionally strong, or at least perceived to be so, therefore referring to the masculinity script of **emotional strength**.

In terms of sharing in general, Jabari says that he does so:

I, I like sharing. [...] I don't think, whether you're a man, I, you, you're being a man should really affect you. Uh, should really affect you from sharing certain things. Yes I don't think being a man sh-, should, should really affect you from sharing your problems, to others. Even if you're sharing, whether you, whether you're sharing to one, as long as you're not violating the privacy of the other person. I don't think some people will. (Jabari, p.29)

He says that he enjoys sharing. In other parts of the interview, he suggests that he is more likely to share with strangers. In this excerpt he also mentions that being a man should not affect sharing, but it does not address whether he thinks it really does affect in reality and in his opinion.

Vikram also sees himself as a sharer:

I never really keep a lot of things to myself and in that sense that, if it's my own story? And I feel comfortable? I, I share pretty fast. If somebody told me something, then it stays inside like, until and unless that person tells me that it's okay to let it out. (Vikram, p.16)

In addition to liking to share, he stresses that he is trustworthy and keeps other people's secrets. This refers to the masculinity script of **appearance**.

While Jabari and Vikram say they enjoy sharing, they both only disclosed their illness to a few people, and only to a minimal extent. This will be further looked at in 6.3.4. Help-Seeking from Friends.

### **6.3.2. Depression as Barrier**

The manifestations of depression themselves could also act as barriers to help-seeking. In particular, the symptom of withdrawing from other people and isolating oneself. This was mentioned by two participants, Stefan and Jabari.

Stefan says that while he would have people he could contact to share his feelings with, he generally does not:

But I have, I would say I have maybe ten people, if I want I can reach out? They would help me, they would talk to me, but uh, I don't do that. I don't talk. [...] I don't do it even with friends I still have in [Eastern Europe], I mean I talked frequently to them all, but not anymore. Before I used to talk to them more, but now that I don't see them all, it's just that I won't talk to anyone. I just don't want to talk. It's hard for me to think of anything else. (Stefan, p.6)

I don't meet my friends anymore, at least not as often as I used to. Because I don't want to. (Stefan, p.4)

Stefan mentions in the excerpts that he is withdrawing himself both from friends back home and the ones he has made in Sweden. This can be tied to his depression.

Jabari also speaks of keeping away from others:

Slowly by slowly I started becoming isolated, I started feeling as if, I'm useless with society? Sometimes I would, isolate myself (.), from my fellow friends, whatsoever. Sometimes I feel guilty? Because I'm bor- if we have to go out with my friends and, maybe we have to go out with my friends, then I find I don't have anything? When if someone doesn't even bother taking me out. Or maybe we have to go have lunch out, I tend to shy out, tend to feel, I tend to feel not really comfortable. And I didn't know that this was really a little bit of depression. (Jabari, p.5)

In this excerpt, he describes how he withdraws from others as a symptom of depression. He pulls back not only physically, but also mentally, even when he is with friends. Sometimes he believes that others may not invite him out as well, which could contribute to feelings of isolation.

Jabari further says that he does not want others to contact him and bother him:

I don't want people to disturb me so much. Should leave them to go. To, to concentrate, even the other girlfriend, I try, tell her not to really so much, disturb me? I start to think, if she has to wait for me, or not. I wouldn't want too much disturbance. I think, I have made a resolution that studies are really important to me? So I look for *always* to try uh, working on it, but depression has affected me. I've failed as well, some courses? Because of depression. It had affected me. (Jabari, p.17-18)

He withdraws from others and even tells his girlfriend not to disturb him, who is living in his home country. In another part of the interview, he speaks of how his former girlfriend was unfaithful to him, and that he is now suspicious of his current girlfriend that she would be the same. This is what he is referencing when he says "if she has to wait for me, or not", as at times he considers leaving her as well. In this excerpt he stresses that he wants to focus on academic work as he has decided that it is important to him, therefore referring to the masculinity script of **responsibility**.

In addition to withdrawing physically, Jabari and Stefan also speak of reducing their use of social media. Jabari speaks of how he reduces his activity online:

I cut Facebook, if you see like Facebook, you, you, sometimes you've sent me messages and find I'm not online? Sometimes you send me messages and find I'm not online. [...] And I, okay I don't respond very fast. [...] Because, because I'm not throughout, even in uh, uh, try, uh, putting of from, from, from my iPad, from my phone as well. All those I try avoiding it these days. And, and, and, I try as much as possible to avoid really things that can, which can affect me, from, which can really affect my mood and disorganizes my studies. Because now anything can trig-, any slight thing can trigger, something any slight thing can trigger, something. There are a lot of things I keep thinking, think a lot of things. Maybe I lost my dad, we don't even know how he died, something like, you know it keeps on coming on. Many things. (Jabari, p.17)

Jabari speaks of everything potentially impacting his mood negatively, which could lead to a number of thoughts, including ruminating over how his father who passed away. He therefore he refrains from being on social media so much. Stefan is also withdrawing from social media and addresses why:

The meaning of depression for me is that you skip a lot of things in your life. And uh, people are not, I don't, I don't care what they think, what they do. And reduce my social media contacting. Because I don't care. Uh, I suppose you can make a study? How depressed people, mm, how they show that on Facebook. I would say that there are two kinds of people, the depressed people, one will seek more attention, and same for other social networks. Others will seek less attention. You can see my record on Facebook for the last six months. First three months would be high social activity on Facebook. The last three months would be very, very low. Cause it's, Facebook has just basically a lot of people, I don't care about them anymore. I don't wanna make any contact. I don't wanna like a post. I don't wanna see any posts. (Stefan, p.9)

Stefan says that he simply does not care what other people think, and speculates that people with depression would either withdraw from social media or call for more attention.

Malik also addresses feelings in regard to being social:

You don't feel so comfortable and. Uh, to interact with the s-, with the society. With other people. Uh, because there is also a thought in, in your mind. (Malik, p.16)

You get sometimes negative thoughts [...] Friends may, uh. They go out with other people and um, they don't see you more often. That, that kind of feeling. (Malik, p.14)

He speaks of feeling uncomfortable in social situations, as well as feeling left out, isolated and perhaps rejected from others.

Vikram also speaks of how he feels during depression and that he would not be aware of what he could do to help:

When you're in it, you rarely know what to do. Right? You're, you're so caught up in it that you are not thinking rationally. You're thinking, uh, survival. You're thinking, I just want to get out of this, this seems weird. You know that's, that's what you're thinking. So you rarely come up with these kinds of thoughts like, oh! I did this last time, let's cont-, let's try to test something else! That doesn't happen. So, so, if, if I was

in a position that I found myself in this state of mind, and then thought, oh! I could do something different this time. Then I would probably talk more to my friends. [...] I wouldn't, I don't think I would still go for professional help, but maybe going to my friends. If I found myself in that rather un-, uh, improbable situation of both being depressed and realizing I can do something different. (Vikram, p.19-20)

He thinks that when one is in depression, one does not think of possibilities of what one could do, including help-seeking. If he were able to, he would reach out to friends but not seek help from psychologists.

Vikram further believes that this inability to know what to do is also tied to what stage of one's depression is in:

So it can be positive from then, that point of view as well, but it comes to depression I've applied the same tactics and it has worked and not worked at the same time. I think it depends more on *where* in the depression you are. Right? If you're, if you're closer to the end, then I think it works more? And if you're more in the middle or the beginning, it's just doesn't. I mean, yeah. Your mind just doesn't, doesn't give a shit, to what you're saying. Probably. (Vikram, p.21)

These symptoms of depression, especially withdrawal from social contact, can negatively affect help-seeking practices.

### 6.3.3. Additional Barriers to Other Help-Seeking

There may be additional difficulties in seeking help from others. One of these could be perceptions of how other people would view one reaching out.

Jabari expresses that he thinks others may not understand:

Some people, for example if, exam-, example like, this guy likes worrying a lot, I don't really know what's wrong with him. (Jabari, p.23-24)

He addresses this in the context of other people's perceptions and negatively impacting one's view of oneself.

Malik thinks that other people would talk about his depression to others:

Yeah, because then people will talk about it, you know. They'll talk with other people and they will talk, too. So it's not considered good for your honor or respect. Or your dignity or, it affects it. Yeah. [There is the image that] you're, yeah. That you're perfect, and. (Malik, p.12)

This excerpt in particular highlights the masculinity script of **appearance**. He also mentions that having his image of corresponding to *hegemonic masculinity* destroyed would impact the respect others would feel towards him. This is in reference to the masculinity script of **dominance**.

Stefan, on the other hand, says that he does not mind what others would say:

If you, and it's not, for me it's not so much about how others think of it. Because when you reach the level of depression, I think it's, you don't even really care about other people. Except the people you, you really care about, like my ex-girlfriend because I still love her and I would care about her but other people, like people I have as acquaintances, I don't really care. (Stefan, p.9)

Here he says that once one is in deep depression, one does not care what others believe or perceive. This is somewhat contradictory to what he has said earlier, that he would be perceived as less emotionally strong if he were to disclose his depression to others and seek help for it.

In addition, Malik believes that others would simply be apathetic to his struggles.

I think it's, no one will really care if I will talk about it. Actually it's very common. You know? Um, many people are depressed, so. They have their own reasons, um. And they'll talk about, they tell the things what happened to their lives and, again like. (Malik, p.6)

His thoughts stem from the belief that depression is something pervasive and no one would therefore be interested in hearing about one's problems. This anticipation of indifference is also expressed by Stefan:

Because lately I haven't been in a good mood because they see me, see me down? And uh, I know that it, it doesn't trigger mm, sympathy? Among other guys, mostly they're disinterested in that or they, they don't, they would avoid talking about it because it's not a, it's not a usual thing to see a guy who's suffering, they'll just see it as another guy who's in a bad mood and they just don't want to talk about it. So yeah! That's, that's also a time when I think I should, should act more confidently, more strong, more like a man. (Stefan, p.3)

Stefan believes that his male friends would not care or would ignore one's depression. He ties this to potentially not recognizing the symptoms as being a sign of depression, and that they would not want to mention it. Furthermore, he says that in order to live up to other people's expectations, he would act more **emotionally strong** and like a man belonging to *hegemonic masculinity*. This also addresses the masculinity script of **appearance**.

Another aspect Stefan mentions is that others would simply not know how to react upon learning that one has depression:

I think they would be, they would be like, yah, more scared maybe. It's a strong word [depression], but kind of scared to, to talk about it, to approach it, to, to share an opinion about it because it's a strong word. And it's normally associated with uh, a disease. And uh, it's emotional, so it makes it something really personal. So for other people who've, it's difficult to approach this struggle. And they know that the other person across them, who's supposed to have uh, depression, he's having a emotional, personal, strong problem. And sometimes you don't know how to react. That's what I think. (Stefan, p.9)

This perceived reaction of others not knowing how to act around someone with depression may stem from other's unawareness and misconceptions of what depression encompasses and



how to talk to someone with it. It is further implied that having a label of depression would make others treat one differently, which addresses **appearance**.

### 6.3.4. Help-Seeking from Friends

Many of the participants said that one of their ways of coping with depression is spending time with their friends. This was mentioned by Jabari, Stefan, David, and Vikram. Most participants also chose to share their depression with their social network, but the extent to which they did so differed. As mentioned previously, sharing does not necessarily mean seeking help, but having one's feelings heard could be helpful and may be one of the first steps towards help-seeking.

#### 6.3.4.1. Sharing with Friends who have Depression

Three participants mentioned that they would only share or have shared with friends who also have depression.

Malik, for example, would only disclose his feelings to someone with depression as well:

At least I came to know him or her, or. I get very close. [...] Yeah. Yes. If he or she also has same kind of situation. Or. And uh, I will also, discuss. (Malik, p.9-10)

He would only share with a close friend who also has depression, but has not done so yet. His thoughts may stem from the belief that such a person would not regard him differently. If this is the case, he is concerned about the masculinity script of **appearance**.

David and Stefan expressed that while they had good relationships with friends, feelings would not generally be something they would share with them. Both of them shared their illness with a male friend with depression. For David, his sharing occurred only to a minimal extent, and may have been primarily to commiserate with his friend. As he says, "you know. It wasn't really about me" (David, p.6). His actions and thoughts can be explained with the masculinity script of **responsibility** of being an emotional provider.

Stefan also speaks of having disclosed with a male friend who also has depression. While the participants usually felt that sharing with others helped them, Stefan does not hold the same belief.

Yes, I talked to one specific friend, who I know is also having kind of a emotional problems. [...] And uh, I know that he's feeling down, he was feeling down before I did. So I talk to him and sometimes we talk but it's uh, I don't think it does me any help. Sometimes it even makes things worse. Yah, I don't know. He talks about his problems and I talk about mine and it doesn't get anywhere. (Stefan, p.5)

Stefan shares his feelings with his friend in a similar situation, but he does not feel that it helps. Furthermore, he believes that sometimes it worsened his symptoms.

Many of the participants were therefore more inclined to share with friends who have depression as well, as opposed to with other friends. This is most likely due to the masculinity script of **appearance**.

#### 6.3.4.2. *Small Social Network*

Having a small social network could be a significant influencing factor of not seeking help from friends. The quality of relationships could further play a role. Three participants seem to have a relatively small social network in Sweden.

Leon, who previously had depression, did not share with any of his peers, as not fitting in was one of the contributing factors to his illness. Malik, who also appears to have a small social network, says that he has not shared and would not share with friends generally because he feels that he's "not so close with them to talk. It's, I think it's too personal. (Malik, p.7). He therefore expresses that he feels he is not good enough friends to disclose his depression. For him it also depends on the kind of person "if they can accept you to talk about these things" (Malik, p.12). It is not clear how he would find out whether they would, but it could be surmised that he means that close friends generally would.

Jabari also speaks of having few friends, especially in the beginning after his move to Sweden. He speaks of his feelings of isolation:

I had no one even to really send greetings to? I felt someone depressed, when I came here. I really struggled, sometimes, I lost appetite? Sometimes, even studies. I real-, I really feel a little bit, not even so much important to me, even to, to study? (Jabari, p.7)

And then in Sweden, I've never been getting, okay, I've not yet got a lot of people. (Jabari, p.25)

He says that he has not been able to have a lot of friends, and at first not even having anyone to greet. A small social network such as his greatly influences someone's ability to seek help from friends. Over time, however, he met two female friends and disclosed part of his depression to them. He speaks of how he reached out to them:

Initially I didn't tell them, but after sitting and starting discussions, it was like, two weeks to the end of exams. That's when they said, they started bringing me on board, sometimes they would call me when they go for discussions, and go on do discussions, so I tell them life is very difficult, so they would really console me that, yeah get used to people, do some activities, go and do some exercises, something uh, like that. But I didn't tell them into detail that I'm really so much express-, depressed. We didn't go into detail about that. (Jabari, p.11)

Jabari reflects on how he came to share his feelings with his new friends, but only to a certain extent. Having close relationships therefore seem to be an important precursor to reaching out. Jabari also mentions that his friends tried to give him some advice to alleviate his feelings, e.g. by exercising, meeting new people, and joining activities. In addition, in a later part of the interview he expresses that spending time with his friends and talking to them has helped him.

He continues to say that he does tell other people that he finds life difficult. This sharing, however, seems to be more superficial than to his two friends:

And even to most of the, by meet them for the first time? Tell them, how do you find life in Sweden and compared to your [home] and, then I tell them, hah I've really got a

lot of problems here, depression something like that, uh yeah maybe you need to go for sports, do this, keep running, and do. So there are simple thing like keep telling me, but uh, me meeting them for the first time, I can't tell them that, okay give me your number, let's link up on Facebook. Yes-, yesterday we shared this. I am depressed, how can you help? I've, I don't always want to disturb people, uh, so much, but I can share with you and if you're really willing to uh, discuss in line with my issue, then I'm, I'm, I'd, I, I become, I'll, I'll ex-, I'll give you some extra information. (Jabari, p.25)

Jabari says that he discloses to some people he meets that he is depressed, and that they give him advice in return. He mentions that he does not want to bother people too much, but if they are open to listening, he is willing to share more. It is possible that he is more willing to share his feelings with people he first meets, as can be seen in the following excerpt:

Me I'm free I share. I'm free so that's why when I saw your thing on Facebook, I promptly- [...] I share my, my, I share my feelings. But one bad thing is with me I think should be, uh, I'm a risk, I'm a risk taker? Like and uh, I don't fear approaching people. I don't fear. [...] I'm so much free to share things, to share things with strangers. (Jabari, p.24)

He says that he is open to share his feelings with strangers. This he equates with being fearless and a “risk taker”, which can be understood as daring and something that can be associated to the masculinity script of **dominance**.

Jabari also says that usually he just discloses his issues superficially with others:

But uh, to read to someone that, I've really problems, I mean this, no, but what uh, maybe, like uh. I've lost this girlfriend, and this and this, maybe that. Can say that. (Jabari, p.10)

Instead of sharing feelings and admitting problems, he tells them about a situation that happened to him and has impacted him, in particular leaving his girlfriend. In this way, he still keeps up a certain **appearance**. He further says people would know about it if one is no longer in a relationship, but that upon learning of his situation, some people simply encouraged him to move on. He says that some people told him:

Maybe you can just uh, forget about it. [...] Maybe you can get someone else, maybe the person, the person wasn't meant for you. Meant for you. Just, just those small, small discussion, but not really into detail we can use all the time, a lot of, uh, a lot of this kind of problem. Like, informative discussion. Like just informing somebody. Yeah. (Jabari, p.10-11)

Jabari therefore says that people were giving him short encouragements that he should move on, but did not really delve into it. They therefore do not really ask him to disclose more about his feelings, and he also does not feel the need to share. Stefan faced a similar situation as Jabari. He lost his girlfriend half a year ago and mentions that over time, people no longer ask about the situation, as they assume one has moved on, even though it could still be influencing one in a negative way. Consequently, the quality of advice and the degree of concern from friends seem to be important when determining the helpfulness of help sought.

A small social network therefore appears to have a significant influence on men's help-seeking practices from friends, as the participants were then less likely to seek help.

#### 6.3.4.3. *Large Social Network*

Only one of the participants, Vikram, explicitly spoke of having a large social network. He spoke of having many close friends. This could greatly increase one's help-seeking from friends. Vikram does say that he has disclosed a bit of his depression to some people:

There have been a couple of friends who I've let in. But I would say that of the numbers that, of, of the many who, who endear themselves to me, and of the many that I endear myself to, I've let in far fewer than I should have. Because grate-, uh, because I am a very, very grateful person and uh, in that sense that, I'm, I'm extremely grateful for the friends that I have today. They, they have been my rock, literally. My family here. And all of the people that I know. They, they, without them, I would have no idea what I would do. I wouldn't have this job. If I wouldn't have friends like them. (Vikram, p.16-17)

Vikram speaks of having shared with his friends and for being very grateful for the friends he has here. He considers them as his support system, and even without sharing one's condition, this could be greatly beneficial for someone struggling with depression.

He also sees himself as a very open person who is quick to share his feelings, as can be seen in 6.3.1. Perceptions of Sharing. While this personality trait could be beneficial in help-seeking, this does not in fact seem to be that case for him. When Vikram is in depression, he says that he does not usually share and withdraws from others:

I actually shut down. Yeah. I-. Though, though people, that's the other thing, right? Because of the person that I am, people really can see. When I'm depressed it's obvious. It's like, oh, look at that guy, he's depressed. I mean, it's written on my face, literally. So, they, uh, ah, I've had friends who, who would offer help. Who would come up to me and say, 'Hey Vikram, what's up. You don't seem like, like the one that, that I know.' I'm like, 'Umm yeah, shit's happening, but, ah! It'll be alright.' I never really, I never really, let them in. [...] Maybe I should. But I've never really done that. (Vikram, p.16)

He says that people realize when he is in depression, but when they ask, he does not disclose much and minimizes his struggles. The reasons for this could be tied back to **appearance** and **emotional strength**, as he seems to want to manage on his own. Yet the symptoms of depression itself could also be a significant factor, leading him to retreat from others. His experience regarding that was addressed in 6.3.2. Depression as Barrier.

Having a larger social network with relationships of high quality could be a contribute to increased help-seeking, but does not necessarily have to be the case, as can be seen with Vikram.

#### 6.3.4.4. *Role of Appearance in Help-Seeking from Friends*

Some participants particularly highlight the masculinity script of **appearance** of influencing their decision not to share with their friends. One of them is Malik, who says that he only

talks about academics and similar things with his friends, and would not share something like his feelings. He mentions being worried about how it would impact his relationship:

Yeah, it's even harder [as a man]. Because I'm afraid that it will affect the friendship. And, so. It's better not to talk about it. Um. Like keep it a sep-, separate thing. [...] A friendship has a, some, you know. Mm. Different kind of relationship like uh, you, you can discuss about certain things. Uh. But mm, but I feel that it's not one of those, those things that I want to talk about. (Malik, p.7)

Malik is therefore concerned about how he would appear to others if he were to disclose his depression. This is addressed in the context of how being a man would influence his help-seeking behavior. He is therefore concerned about seeming not to live up to *hegemonic masculinity* in front of others, which is tied to the masculinity script of **appearance**.

Similarly, David also wishes to maintain a persona of a hegemonic masculine man. He speaks of having a friend with depression and compares himself with him in terms of appearance.

The guy, my friend, he's, he's studying some arts? And I think he had, he liked it but he knew that it's very hard to get a job like that so he had a, a worse depression, I think." (David, p.4)

Yeah, it was uh, it wasn't the best uh situation, because I looked more strong than this guy and with my friends we always thought about him. Uh, but like in the same time I feel like these are uh, my problems as well. But I never mentioned. To uh, any of my friends. (David, p.5)

Here he explains that his friend was enrolled in an arts program and had depression mainly due to his future employment prospects. He particularly highlights appearing more strong than his friend, therefore referencing the masculinity script of **emotional strength**. He further elaborates in the following excerpt:

I didn't really tell them that I had the same, feeling about it. [...] Nobody thought. [...] I think they expected me to be tough and strong among our, uh in our group or something. (David, p.6)

David says that no one suspected that he had similar feelings of depression as his friend. He speaks of being expected to be "tough and strong", and it seems like he did not want to break his reputation of appearing so. This refers to the masculinity scripts of **dominance**, **appearance**, and **emotional strength**.

In another part of the interview he also says that as he is studying engineering, it was expected that he would get a job easier than his friend with depression. This implies that he thought that others would think that he does not have enough reason to be as depressed as his friend, and perhaps fearing other people's judgment in response to that. This therefore refers to the masculinity script of **appearance**.

When asked what he talked about of his friend, David says:

It, we were, like trying to find out the problem he's, uh, why he feels so bad. And, and what, we could do or what he should do, but we couldn't really find out. (David, p.5)

As he was going through a similar situation, he did not know how his friend could be helped either. David and his friends thought of possible remedies to the friend's depression, but did not know how to help. It is possible that all of them were not aware of professional services, or that none were available. It could also be that they did not see it as a suitable option.

### 6.3.5. Help-Seeking from Family

Some of the participants reflected on seeking help from their immediate family. Malik, for example, said that he would only share with family and relatives. In reality, he has only talked to his brother about it.

You can talk with your, with your family members or with your relatives, I think.  
(Malik, p.11)

Well I talk about my problems. Uh, with my brother. [...] But not with like friends, and so. Or maybe just family members. [...] Not like sharing everything, like. Sometimes when I feel, I, I share. With him. (Malik, p.6-7)

Malik therefore discloses some of his issues with his brother, but only to some extent. This could be seen by his brother as not unusual struggles and not as part of depression. In this way, he still did not disclose his illness, and as he has shared with no one else, he is abiding by the masculinity script of **appearance**.

As mentioned earlier in 5. Depression, Vikram would not disclose his struggles with his family as he believes they would have a negative reaction towards it. However, he says that having the support from his family and friends would mean a lot. At one point he suggests that instead of the person with depression, family and friends should go to a psychologist in order to help the person.

It could actually, actually it could be very easily solved, it doesn't have to be a one-on-one session with a, with a counselor. It can be a group session, with a counselor. Where the person himself is involved. Or herself. Right? So let's say this uh, this um, uh, let's say! I am depressed. Then me, my, what, my family or my friends here, we all go into this, this psychologist or psychiatrist or psychotherapist, for, yes! For a session! Once a week, or whatever. You know? It's, it's, it is not quite possible because everybody's time is taken, and they have to schedule everything, and yadayada just because I've got a problem. But those that care would probably make time for it, right? I mean my father and my mother would make time for it, that would make a big difference for me. [...] Them showing support in itself would be a part of the therapy. (Vikram, p.25)

He believes that since people trust their family and friends more, it would be more useful than the person with depression going to a counselor by himself. However, in order to do so, it would require disclosing one's depression to others. He further feels that having the support of them, especially his parents, would help one's depression a lot.

David reflects on his relationship with his family and that he does not share his struggles with them. In regard to his brother, he says:



Yeah, I have a younger brother. And, I think we have a very good relationship. But we never talk like about, feelings and stuff. (chuckles) (David, p.8)

He therefore did not disclose his depression to his brother, even though he has a good relationship with him. He also speaks of his parents, with whom he has a different kind of relationship:

Sometimes I considered it, but it's not real-, we don't have a, that kind of relationship. I mean we share a lot? And, yeah. I, I, I thought about it a lot, why isn't it like that, and I think that is, they are uh, older, like, my parents? And so. If they weren't sharing anything this serious with me, I can't, uh, go on and start, it would be a bit awkward. So. (David, p.8)

David says that while they share a lot with each other, they would never talk about feelings. He thinks that it may be due to them being from a different generation. It is possible that he meant that they would therefore not understand the problems many young adults go through today. He further says that he could not suddenly change their relationship by disclosing his depression, therefore feeling the need to abide by the masculinity script of **appearance**. However, when asked if there is anything he would have done differently, he says that when he was an undergraduate student, he would have asked his parents whether he could move back home again and live with them for a while. This is because living by himself contributed to his depression. He did not do so at the time as he saw himself as an independent man who should be responsible for himself. His thoughts in regard to independence refer to the script of **appearance** and taking care of oneself to script of **responsibility**.

Consequently, in regard to seeking help from family, only one participant, Malik, shared his struggles with his brother, but only to a certain extent. Vikram did not share with his parents as he assumes they would have a negative reaction towards it. Moreover, David expressed that even though he has a good relationship with his family, feelings was not something he would share with them. Stefan also did not seek help, as he sees himself as an emotional support to his mother, and Jabari regards himself as a provider as well. Only one participant therefore reached out to a family member.

### **6.3.6. Online Help-Seeking**

Some participants went online to look for information and solutions to their depression. One of who utilizes the Internet a lot for this purpose is Jabari:

I think I've been looking for solutions a lot. Maybe online, and where to see people, reading their comments, think about depression, what, think about depression. And uh, I try fulfill, I think one month I tried changing some things in my life. Maybe because of the advice I, something I read online, I tried playing around with some food what I used not to eat. (Jabari, p.15)

And you know when you just, maybe you type sociable depression or depression, there are main links. Some, you find, you, you go to a forum for, for discuss, some you find, some people advising on, on de-, depression. So there are really many information keep getting from there. But what I tend to look for is, if they're saying like, maybe what I feel and, what some people, feel? And then uh, so what I'll do, possible remedies and

also solutions. [...] I think the one I got last was a little bit helpful? Someone told me to take water, that's why I have water here. (Jabari, p.17)

Jabari speaks of going on the Internet to look for possible solutions to his depression. He does so by typing key words related to depression in search engines and going on message boards where people talk about the illness. A lot of what he knows about depression he has read on these forums. When later asked whether he has ever participated in discussions online, he said he never has. Advice that he has read and taken includes eating certain food and drinking a lot of water.

Malik also spoke of going on the Internet, reading articles, going on “message boards [...] and] also the general topics on Wikipedia”, the latter of which is an online encyclopedia anyone can edit (Malik, p.5). Like Jabari, he is an observer on the forums and does not participate.

Vikram also speaks of reading a lot about depression, including doing so online:

I read a lot of stuff as you can see, I make a lot of references to a lot of different things and that comes from all of that, reading right? So, depression is something like that for me. I, I've read a lot about a lot of mental stuff and that's, partly due to interest, partly because of friends. So I keep reading a lot about a lot of things. (Vikram, p.9)

He talks about reading a lot, especially in regard to mental health and depression. However, he does not specify that it is to seek help, but rather that it is due to interest and his friends. Yet by reading about it he could also learn about the subject for himself.

Seeking help on the Internet could be seen by the participants as beneficial in multiple ways. It does not require disclosing one's depression to anyone, therefore abiding by the masculinity script of **appearance**. In fact, Jabari and Malik did not even actively participate on the online message boards, instead being passive observers gaining information about depression and how to help manage it.

### **6.3.7. Religious Help-Seeking**

Another source of help one could reach out to is through one's religious beliefs. One of the participants, Jabari, says that he seeks help from a deity:

I really pray that God should help me, I keep praying, praying is very good. Please. Tell your people prayings do good. Oh, I need. Yeah, I, I need help, God really should help me and make me not depressed. I'm really so much depressed. Yeah. (lowers voice) I'm, I'm so much depressed. And I pray God should make me really, even if, just make me first to finish my papers and the depression comes back but I think, I need to worry much. Yeah. God, I think it's, uh huh. (Jabari, p.33-34)

Jabari here expresses how he seeks help through praying. He asks God to help him feel less depressed, even if it is just for a short period during his studies to be able to finish his academic work. In addition, he says that prayers have helped him and that he recommends it to others.

Help-seeking from religious sources could also include going to places where worshippers congregate, e.g. churches, synagogues or mosques, and receiving support from a religious authority figure such as a priest, pastor, rabbi or imam. This would mean also receiving support from other people, however, Jabari does not mention having done this. Doing so would most likely include disclosing to others that one has depression, and for various reasons mentioned previously, many participants would be reluctant to do so.

### **6.3.8. Other Help Recommending Professional Help**

The informal sources of help could also potentially lead to someone seeking professional help. For instance, Jabari mentions how he goes online and takes advice from what he reads:

I've played a lot of things, people say, probably you need a, you need to go to a psychologist, maybe you need to go to, how do they call those people, counselors? Yes maybe you need to go to couns-, I've seen a lot of people referring, you need to go to the counselor, you need to go this, you need to do this. Really need to, huh, do this? But I don't, I don't take it as a priority really to go to the counselor because I really don't uh, believe, I honestly I don't, I've never, maybe because I haven't experienced but, I don't know if it works, I don't know if it really will. [...] It's just because I haven't really got into it so I've said. Let me go to a counselor. And see what will happen with this, okay let me spend some time going to this counselor. Many people have. Think, rea-, when I check, all people keep writing, say, why aren't you going to a counselor? (chuckles) Yes. [...] I read. I don't post my, I, I just keep reading. (Jabari p.27-28)

He says that he has read a lot of advice online, including that of going to seek professional help. This advice was not to him personally, but found on a forum addressing someone else. Furthermore, he explains that a reason why he has not done so is because he has not made it a priority to do so.

Stefan thinks that others would encourage professional help-seeking:

I think that uh, any, any person you tell them something like this, they would tell you, tell you that you should go. I don't think there would be anyone who would tell me, you shouldn't do that. Because if, once you reach the state where you, you think you should seek professional help, I don't think anyone would tell you, no, you shouldn't. Especially in Sweden, I mean, they have a lot of confidence in doctors and the, the system a whole. They would advise you to see a professional. I think. But I haven't talked to other people about it. I don't plan to. (Stefan, p.8)

He says that other people would recommend professional help, especially in Sweden. However, he does not plan to talk to other people in order to get that advice. Therefore in this context the acceptance of seeking professional help for men might not play as big of a role for him, even though he earlier mentions the need to be seen as emotionally strong. This does not seem to hold true when he speaks of talking to his former girlfriend about going to a psychologist:

But I mentioned to her one day, I might try to reach out to some uh, medical help, a psychologist, something like that. And uh, I think I said that because I wanted her to say no, you don't have to do that and stuff, but what she said was, 'Yeah, okay, do

that.’ And that even made me feel worse. I thought maybe it's so obvious that I need help. And I felt embarrassed. (Stefan, p.5)

When he mentioned to her that he was considering going to seek professional help, she agreed with him. Her response made him feel ashamed, as it appeared to him that she had the impression that he was practicing *marginalized masculinity* by needing help from others. Not being independent and expressing emotional vulnerability is connection to the masculinity scripts of **appearance** and **emotional strength**. His attitude is the opposite of Jabari’s, who wants someone to tell him to seek professional help (see 6.2.4. Perceptions of Helpfulness).

While this did not seem to be the case with Stefan, other sources of help could generally be a resource and encouragement for men with depression to seek professional help.

## 7. Analytic Discussion

In this analytic discussion section, the first three parts will address the research objectives outlined in the introduction: how men form their identities in relation to available masculinity scripts, how masculinity scripts affect help-seeking behavior, what forms of help they seek, and additional influences on men’s help-seeking processes. The last part will address implications and suggestions for change.

### 7.1. Masculinity Scripts and their Influence on Men

This part will focus on the first research objective, namely how men’s identities, in particular those of men with depression, are influenced by available masculinity scripts. This research looked at the common themes mentioned by participants which relate to hegemonic masculine ideals. From the participants’ narratives, the subjects addressed were then divided into four different masculinity scripts: Appearance, Dominance, Provider / Responsibility, and Emotional Strength / Rationality. Researchers of another study, which surveyed men’s help-seeking behavior for health issues in general, chose select masculinity scripts they deemed dominant in society in order to examine men’s experiences, but acknowledge that more exist (Vogel et al. 2011). However, the practices that are considered associated with hegemonic masculinity may vary according to cultural setting, gender relations, and time (Connell 2005). As they are subject to change and may differ in relation to setting, this research set out to create masculinity scripts informed by the participants’ own experiences. In this way, the scripts important to these men would more accurately inform the rest of the research, when their experiences in regard to depression and help-seeking were examined.

<b>4. Masculinity Scripts</b>			
<b>4.1. Appearance</b>	<b>4.2. Dominance</b>	<b>4.3. Provider / Responsibility</b>	<b>4.4. Emotional Strength / Rationality</b>
4.1.1. Physical Appearance and Behavior	4.2.1. Intellectual Dominance	4.3.1. Financial Provider	
4.1.2. Status and Success	4.2.2. Physical Dominance	4.3.2. Emotional Provider	
	4.2.3. Positioning and Comparing	4.3.3. Responsibility Towards Oneself	
	4.2.4. Control		

The first masculinity script important to the participants was Appearance. This included physical appearance and behavior, such as physical strength and being well-mannered, as well as status and success, especially in regard to jobs and academics. This script in particular addresses superiority in bodily form and in terms of status. In terms of physical strength and the male body, Connell (2005, p.45) writes that “true masculinity is almost always thought to proceed from men’s bodies”, therefore many believe that masculinity is either “inherent in a male body or [expresses] something about a male body”. This perceived connection between masculinity and the male body is particularly on display with physical strength or skill (Connell 2005). Connell (2005, p.54) regards organized sport as the “leading definer of masculinity in mass culture” and serves as “symbolic proof of men’s superiority”. This could

extend to many men's strive to embody physical strength or at least appear to do so by displaying a muscular and lean body, which was mentioned by the participants.

Another aspect of the masculinity script Appearance is success in one's academics and career. This is also addressed by Connell (2005, p.173) when she speaks of "hierarchically organized workplaces [... where] superior knowledge is supposed to be concentrated at the top". In succeeding at a work place, one often aims for a leading position, which implies rationality and guarantees superiority over others. Similarly, excellence in academics and resulting success is also only achieved in relation to others. Connell (2005, p.147) speaks of a "masculinized public culture" that is reflected in places such as in work places and schools, and that it "sustains conventional definitions of gender". Striving for and appearing to embody hegemonic masculinity was important to most of the participants, yet not all were able to do so. Instead, most subscribed more to complicit masculinity by accepting hegemonic masculine ideals but not being able to fulfill all of the scripts associated with it. This would add to the sense of inadequacy that many men feel in regard to whether they are "'good enough' according to unquestioned cultural standards" (Seidler 1997, p.45).

The second masculinity that arose from the narratives was Dominance. In this context, this script embodies the portrayal of intellectual and physical strength; comparing, competing, and positioning in relation to others; and control over other people, one's own situation, and others' perceptions. Hegemonic masculinity is established by the practices of dominating over another masculinity and occur only in a "system of gender relations" (Connell 2005, p.71). Connell (2005, p.78) speaks of this when addressing masculinities as practices of "dominance and subordination between groups of men". Intellectual and physical superiority is therefore achieved by subordinating someone else, and is done in comparison to others. Attaining a leading position in the hierarchy of gender relations is realized through practices often expressed through competition. This is particularly displayed through sport, which requires a combination of "superior force [...] and superior skill", and embodies the "competition and hierarchy among men, [to the] exclusion of women", therefore reflecting gender relations (Connell 2005, p.54). Competition was raised by the participants as being a crucial part of determining one's dominance.

Another aspect of Dominance is control. Being in control is one of the main expressions associated with hegemonic masculinity, "not only [of] oneself, but also of other people and things, thus exposing vulnerability becomes a challenge to the very nature of what it is to be a man" (Bates and Thomson 2002 ref Bates, p.98). This control is therefore not guaranteed, as "hegemony, then, does not mean total control. It is not automatic, and may be disrupted – or even disrupt itself", e.g. through the practice of excessive aggression (Connell 2005, p.37). Similarly, overrelying on one's independence instead of on others (as many participants did) could act as such a disruption of control, as it could aggravate one's mental health. In addition, notions of being in control over one's "life and relationships helps to create false expectations and blinds men to the injuries they do to themselves in aspiring to live up to these ideals" (Seidler 1997, p.49). Men may therefore be unaware of how these ideas and practices in regard to hegemonic masculinity could harm them.

The third masculinity script formed was Provider / Responsibility. This includes being a financial and an emotional provider to others, as well as taking responsibility towards oneself. Bates and Thompson (2002, p.97-98) write that there are "patterns of upbringing in which [...] men are socialized into roles of protector and breadwinner". Men are therefore socialized to strive towards embodying this practice as part of hegemonic masculinity. This was



apparent in the participants' narratives, who saw themselves as being responsible for others. While the term responsibility has positive connotations, placing this responsibility only on men, or having only men embrace this aspect as part of hegemonic masculinity, still enforces the superiority of men over women. In this way, certain groups of men would continue to "claim and sustain a leading position in social life" (Connell 2005, p.77). The practices of responsibility addressed by the participants were mainly in terms of finances and making decisions, therefore the focus was on being a provider in only certain areas. Taking responsibility in other ways could, for example, be practiced in places typically associated to be the realm of women, e.g., child care or house work.

The fourth masculinity script that emerged was Emotional Strength / Rationality. Most participants held the belief that as men they should be emotionally strong, in particular rational as opposed to emotional. While being rational does not necessarily preclude being emotional, in this context they are viewed as absolutes that inform one's approach to situations and expression of emotions. Seidler (1997, p.190) writes that among men, emotions have been connected to notions of weakness, and that "to be strong means being in control of your emotions". The idea of men as rational and women as emotional is "a familiar theme in the patriarchal ideology" (Connell 2005, p.164). In fact, hegemonic masculinity affirms its dominance "partly by its claim to embody the power of reason" (Connell 2005, p.164). This can be enacted not only over women, but also in relation to other men. A man expressing weakness in terms of showing his emotions is subordinated by other men and may embody marginalized masculinity. Connell (2005, p.180) views rationality as a significant "part of the modern legitimation of patriarchy", and therefore beliefs about reason help keep patriarchal structures in place. For men, feelings of inadequacy that arise from not fulfilling scripts associated with hegemonic masculinity can also be dismissed by men as irrational emotions (Seidler 1997).

One aspect raised by a participant is contradictory expectations by women in regard to how an ideal man should behave. Vikram addressed this in two different ways, once in terms of rationality and at another time in regard to behavior. He expressed that women believe men are rational and expect them to be so, but still hope they will become emotional over time. The other perceived contradiction is that men are both expected to be a "good guy" and a "bad guy", either by being well-mannered and nice or rough and dominant. These conflicts can occur when "the bases for the dominance of a particular masculinity are eroded. New groups may challenge old solutions and construct a new hegemony" (Connell 2005, p.77). Therefore, conflicting ideas of the most dominant form of masculinity may exist, as its formation is subject to a "given pattern of gender relations, a position always contestable" (Connell 2005, p. 76). She further writes that women may challenge the "the dominance of any group of men" (Connell 2005, p.77). Therefore multiple conflicting scripts that apply to hegemonic masculinity may exist. One could surmise that further contradictions could arise from marginally different forms of hegemonic masculinity more dominant in one's respective culture.

## **7.2. Influence of Masculinity Scripts on Help-Seeking and Forms of Help**

This section serves to address how masculinity scripts influence help-seeking behavior among men with depression. Of the participants interviewed, only one respondent, Leon, had received professional help from a psychologist, but only after being influenced to do so by his parents. The other five respondents had not sought or received professional help, but all of them had considered it at one point.

Many different potential barriers to professional and other help-seeking were addressed throughout the interviews. For most of the participants, it was a combination of a number of factors marked by many coinciding views and decisions. This represents the interactive process of help-seeking (Wenger 2011). In addition, it reflects a study's conclusion that different social discourses exist that explain men's help-seeking practices, as explaining these practices could be approached in different ways (Johnson et al. 2012). In the present research, the most apparent difficulties to help-seeking were tied to masculinity scripts. These scripts had a significant influence on how the participants saw their depression as well, which was examined in section 5. Depression.

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## **5. Depression**

### **5.1. Appearance and Emotional Strength**

### **5.2. Dominance and Emotional Strength**

### **5.3. Responsibility and Emotional Strength**

The most prominent masculinity script in regard to depression was emotional strength, which was pervasive throughout the participants' narratives. As depression is often associated with a significant influence on one's emotions, feelings, and mood, the importance of emotional strength was raised frequently. The script of appearance was raised in particular in terms of appearing successful and normal in comparison to others. Dominance was expressed especially in regard to the need to control one's depression on one's own. Finally, many felt a responsibility to struggle through their illness in order to provide financially and emotionally for others, and to take responsibility for their own future.

These attitudes in regard to depression that were influenced by masculinity scripts also affected the men's help-seeking behavior. In particular, emotional strength was raised in a number of ways: the strength to struggle through one's depression, the strength to manage one's depression, the strength not to show one's illness to others, and the strength not to rely on others, especially on professional help. Many participants raised the point that asking for help would imply weakness and would make them feel less like a man, especially as one who subscribes to hegemonic masculinity.

In terms of appearance, other people's perceptions were also very important to the participants, especially how they would be regarded if they admitted they had depression and also if they went to a psychologist for help. Some raised that others would think less of them and would talk about it, and therefore one's status as a superior man embodying hegemonic masculinity would be affected. As mentioned earlier, many felt a responsibility to manage their illness both on their own and for others, and depending on others went against their notions of being a provider. As Bates and Thompson (2002, p.98) write, "such roles are not easily compatible with the notion of asking for help or accepting it when it is offered." Furthermore, the script of dominance was particularly addressed in terms of control, especially in regard to independence and self-reliance, and feeling the need to take care of and solving one's depression on one's own. As depression is often associated with a loss of control over one's emotions, this control is further expressed by maintaining a control over one's expressions and keeping an image of a hegemonic masculine man.

The loss of control experienced by some through one's illness was tried to be gained back to some extent by reinterpreting one's identity and situation. Research by Emslie et al. (2006) suggests that men recovering from depression view their past experiences as still in line with hegemonic masculinity. This could also be seen in a number of instances of men still

struggling with depression. For instance, Jabari saw his struggle through depression as well as hiding his depression as a show of emotional strength and responsibility. Stefan spoke of his feelings of depression as justified by research he has read about men feeling greater emotional attachments than women. Vikram, who did not have depression at the time, saw himself as more emotionally expressive as a result and having discovered a new part of himself. In these ways, the participants managed to reinterpret their situations and still be part of complicit masculinity. This finding contradicts Galasinski's (2008) conclusion that men do not address their own masculinity in relation to their depression.

These masculinity scripts not only point towards independence, but also towards pride. Bates and Thompson (2002, p.98) write that pride could "be seen as something that can lead to critical, life or death situations, with many men suffering as a result of their socially defined attitudes towards help and assistance". In combination with masculinity scripts, these socialized patterns of behavior significantly impact help-seeking practices. This was particularly illustrated by the fact that only one participant had sought help from a psychologist, and this was not done of his own choosing. Of all of the participants, Jabari seemed the most willing to seek professional help, and did do so after the interview. The other participants had considered it, but did not feel motivated enough to do so, especially as doing so would contradict many masculinity scripts deemed important to them. One could gather that since Jabari's narratives were marked by feelings of desperation, he was therefore the most motivated to take the step towards professional help-seeking. He had exhausted all other possible measures, including managing his depression on his own through nutrition and exercise. However, addressing an issue later rather than sooner can be problematic. Not only does this potentially prolong one's illness and cause unnecessary suffering, "intervention at a later stage may be much less likely to be effective because matters have developed to such an extent that helping becomes far more difficult" (Bates and Thompson 2002, p.98). Interventions, e.g. by psychologists, could possibly be less immediately effective and would take a longer time. In addition, desperation could lead to more extreme measures, such as drug abuse or suicide.

Complementary to the influence of masculinity scripts on professional help-seeking, the present research also served to examine other sources of help utilized by men with depression, as the literature on help-seeking is primarily focused on professional help. Berger et al. (2012) point out that there is not enough focus on other sources of help. In this study, the participants addressed other help-seeking in regard to friends, family, the Internet, and religion.

In regard to seeking help from friends and family, research suggests that not only the size of one's social network is important, but the quality of those relationships (Vaswani 2011). Three participants said that their social network was small, two others said theirs was fairly large, while another had a very large one with relationships of high quality. However, one participant with a smaller social network seemed to share more than those with larger ones. The quality of relationships may have played a role in this case, but likely was not a defining factor in seeking help.

The way others would react to one's depression seemed to matter as well. Stefan expressed that his male friends would either try to ignore his symptoms, would be unable to recognize them as depression, or would not know how to act in response to learning that he has depression. Oliffe et al. (2010) found that symptoms and behavioral expression of underlying depression among men are often misinterpreted as typical masculine behavior, for example,

appearing isolated or independent, expressing anger, or abusing drugs. These behaviors were present in some of the participants. Seidler (1997, p.43) writes that emotions such as anger affirm traditional masculinities and may be used to mask “softer and more threatening emotions like fear, sadness and vulnerability”. Yet a secure support system may notice a change in a person’s behavior. Recognizing symptoms in others would play a significant role in reaching out to someone with depression, and the consequent reactions to it are important as well. If displaying feelings such as sadness is considered as a weakness by other men, it would significantly inhibit men from sharing with their male friends. Perhaps more education in terms of awareness of the symptoms of depression as well as how to talk to someone with depression in a supportive way are needed.

Some participants believed that it is more difficult for men than for women to express feelings, which is tied to the masculinity scripts of emotional strength as well as appearance, as for some disclosing even part of their illness would imply weakness and lack of success in their life. While men experience depression similar to women, they express it differently (Möller-Leimkühler 2002, Brownhill et al 2005, Oliffe et al 2010). The present research suggests that these differences in expression are not due to biological reasons, but rather are influenced by masculinity scripts tied to hegemonic masculine ideals. Seidler (1997) believes that sharing emotions is difficult for men if they do not know whether they are in control of the situation (Seidler 1997). He further expresses that one would in fact need “courage [...] to share our emotions with others. This is risky, especially if we do not know how we are going to be heard” (Seidler 1997, p.190). Some men may not want to take this risk unless absolutely necessary, and may only take it after exhausting other options.

Gorski (2010) and Berger et al. (2012) further suggest that the level of adherence to traditional, or hegemonic, masculinity matters in seeking help. The more traditionally masculine attitudes and behaviors a man has, the less likely he is to seek help. In the present study, all of the participants seemed to have ideals associated with hegemonic masculinity, but it was not possible to determine who was more accepting of this masculinity compared to the others. The reasons for their adherence to hegemonic masculinity could be manifold, and may not be reflective of all young men. While all participants shared the current Swedish context, their ideas about masculinities may have initially been informed by their country and culture of origin. However, these perceptions may change according to context and be influenced by other culturally dominant forms of masculinity. In addition, one would need to consider that four of the participants had or were working towards a degree in a technical field that is dominated by men, and are then perhaps more likely to hold beliefs associated with hegemonic masculinity.

Wenger’s (2011) review of a dynamic approach to help-seeking suggests that one should draw a distinction between seeking help and having one’s need addressed by the help, as they are not necessarily interchangeable. Leon, who had received professional help, did indeed find that it was helpful. Having sought help and received services that were unhelpful could negatively affect one’s future help-seeking practices (Wenger 2011). In regard to seeking help from other sources, three who shared with their social network found it helpful, while two did not. The participants who utilized the Internet to search for information and advice about their depression found it helpful as well. Finally, seeking help from religion, in particular through a deity, was also helpful to the one participant who did so.

### 7.3. Additional Factors Influencing Help-Seeking

6. Help-Seeking		
6.1. Perceptions of Help-Seeking	6.2. Professional Help-Seeking	6.3. Other Help-Seeking
	6.2.1. Receiving Help	6.3.1. Perceptions of Sharing
	6.2.2. Perceptions of Strength as Barrier	6.3.2. Depression as Barrier
	6.2.3. Perceptions tied to Culture and Media as Barrier	6.3.3. Additional Barriers to Other Help-Seeking
	6.2.4. Perceptions of Helpfulness	6.3.4. Help-Seeking from Friends
	6.2.5. Perceptions of one's Depression as Barrier	6.3.5. Help-Seeking from Family
	6.2.6. Self-Reliance	6.3.6. Online Help-Seeking
	6.2.7. Awareness of Symptoms as Barrier	6.3.7. Religious Help-Seeking
	6.2.8. Perceptions of the Prevalence of Depression	6.3.8. Other Help Recommending Professional Help
	6.2.9. Awareness of Access as Barrier	

The participants addressed additional factors that acted as potential barriers to help-seeking. One of these was the influences by culture and media. They played a significant role in maintaining masculinity scripts and forming ideas in regard to hegemonic masculinity, while at the same time reflecting hegemonic masculine ideals present in society. One of these influences is perceptions created by the film industry in regard to men who seek help from psychologists. In one television show, these men were regarded as ineligible for courtship by women, which influenced one participant's help-seeking to some extent. Some of the participants' cultural background played a role as well, in particular in terms of social stigma that was tied to unawareness or lack of knowledge in regard to depression as a mental illness.

Doubts about the helpfulness of psychologists were raised by a number of participants. These perceptions were further shaped by the media or by a lack of exposure to what professional help-seeking entails. Some believed that psychologists' concern and advice would be insincere, while others thought that one would be forced to take psychiatric medication. More education is therefore needed in this area of mental health to help people become more aware of what professional help entails.

The awareness of one's symptoms and connecting them to depression is a significant as well. This is a needed precursor to seeking professional help (Wenger 2011). If one is unaware of one's depression, one would be less likely to reach out to others. As awareness of depression was a necessary requirement for the participation in this study, this issue as a barrier could not be looked at in greater depth. Furthermore, the illness of depression itself could act as a barrier. The symptoms of isolation and the lack motivation as a result of depression were addressed by three participants, and could significantly challenge someone to seek help. These manifestations of depression are addressed as "help-negators" by Vaswani (2011 ref Rickwood et al.).



The perception of the prevalence of depression is important as well, as knowing others who have sought professional help, especially other men, could help create a sense of normalcy and not something that would necessarily make one inferior to others. This is addressed in the literature in terms of normativity (Galdas et al. 2005, Addis and Mahalik 2003). In other studies, men have found to be more willing to seek help if “a problem is perceived as common or ‘normal’ and which is not central to his identity” (Wenger 2011 ref Addis and Mahalik, p.413). However, the participants of the present study viewed their depression in the context of hegemonic masculinity, therefore they were more hesitant to seek help. In addition, two participants mentioned knowing of male friends who have received therapy. This knowledge did not seem to motivate the participants more to reach out for professional help. They may have regarded these cases of receiving treatment as exceptions instead of as normal.

Finally, the awareness of access in regard to professional help-seeking is significant. Two participants were unaware of how to contact a psychologist, and one of them further believed that it would be expensive. The lack of awareness of health care services is addressed by Smith et al. (2006), who list it as being indicative of systematic barriers to men’s help-seeking.

#### **7.4. Implications and Suggestions for Change**

Masculinity scripts tied to hegemonic masculinity have had a significant influence on the participants’ help-seeking behavior by inhibiting them to seek help from psychologists or psychiatrists, as well as from their friends and family. Gender in its current form is a “way of structuring social practice” in relation to others, in which one strives to dominate or subordinate one another (Connell 2005, p.75). To the extent one is masculine or feminine in fact address “beyond categorical sex difference to the ways men differ among themselves, and women differ among themselves, in matters of gender” (Connell, p.69). For example, regarding a man displaying emotions as feminine is a way of framing a man’s subordination to other men. These ways of practicing gender are therefore tied to connotations of inferiority and superiority. Until they are disconnected from these notions, these practices will continue to exist, and men will strive to embody hegemonic masculinity. This culturally dominant form of masculinity, as well as other masculinities relational to it, are tied to patriarchal structures in society. These cannot easily be broken down, but bringing more awareness to these structures and the significant harm they inflict on both men and women could bring forth some extent of societal change.

This change of awareness would be greatly beneficial to men with depression and their help-seeking practices in numerous ways. One of the ways it could aid them is if this awareness would lead to greater acceptance of men expressing emotions. Bates and Thompson (2002 ref Seidler, Thompson, p.98) write that “the reluctance of men to explore and articulate their feelings or acknowledge their vulnerability is well established [...] [as it] exposes a man’s vulnerability to ridicule or exploitation”. This hesitation to disclose one’s feelings therefore creates barriers when seeking help or becoming service users of social services (Bates and Thompson 2002). This was also found in this research on men with depression, as they did not want to risk not appearing emotionally strong. However, this research shows that some men are indeed willing to share their feelings with a stranger, as they have done with the researcher of this study. This means that the need of disclosing one’s feelings exists despite masculinity scripts inhibiting them. While disclosing one’s depression to someone they do not know greatly reduces their risk of vulnerability, it means that some men would be open to



sharing and having reflective talk sessions, which they could extend to social workers or psychologists as well. This would be even more likely if acknowledging one's depression were not met with disparagement by others, especially men – a possible result of increased awareness of both masculinities and depression.

Another way greater awareness of masculinities could be beneficial for men is addressing issues surrounding masculinity in social work education, which could greatly improve services rendered by social workers to them. "Patriarchal thinking" is present even in social work practice and social work education, and such thinking influences the approach social workers take towards their clients (Bates and Thompson 2002 ref Mullender, p. 103). This could change if social work education "provide[s] an opportunity for exploring the nature of masculinity in particular and the gendered approach to social work in general" (Bates and Thompson 2002, p.103). By introducing and addressing masculinities and their influences on men, social workers could better provide for the needs of male service users. Furthermore, social workers could help men become more aware of masculinity scripts influencing them and address them in a productive way to find possible solutions or remedies to their situation.

In addition to generating greater awareness of masculinities, other barriers to professional help-seeking need to be addressed in order to help men with depression receive the treatment they need. This includes more education about mental illness, especially depression, in terms of its symptoms and where one could turn for professional help. One of the ways to do so is to utilize the Internet, which many participants did, to facilitate the ease of access to and increase information available about mental health care in one's area. Greater knowledge of symptoms of depression, especially how they manifest themselves in men, would help not only those in depression but also others, such as friends, family, co-workers, and neighbors, to take note of warning signs and ensure that appropriate help is received.

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Appendix 1

## **App 1 - Advertisement**

Män Sökes för Studie om Depression

Male Participants needed for Depression Study

Hej, I am a social work student at the University of Gothenburg doing a study on the experiences of being a man with depression and help-seeking, specifically how and if help is sought.

I'm looking for male participants to interview who have or have had depression, it may be self-identified or formally diagnosed. You should be between 18 and 35 years of age. The interview will be conducted in English and will take approximately 45 minutes. It is not intended as a form of therapy and participants will remain anonymous.

You will be compensated with 50 kr in appreciation of your time.

If you are interested, please contact me at: [guspitma@student.gu.se](mailto:guspitma@student.gu.se)

Thank you very much,  
Martina Pittius



## App 2 - Informed Consent Form



GÖTEBORGS UNIVERSITET  
INSTITUTIONEN FÖR SOCIALT ARBETE

### INFORMED CONSENT FORM

Researcher: Martina Pittius

The purpose of this research is to investigate the challenges men may face in seeking help for depression and how being a man may influence this. You will be asked to participate in an interview to share your perspective and experiences on this topic. The interviews will be used to better understand how men seek help.

This study is a part of the Master's program in Social Work and Human Rights at the University of Gothenburg, Sweden.

To ensure you are informed of your rights, the following informed consent is required by participants taking part in research involving human subjects.

- My participation is voluntary.
- I may withdraw from the study at any time, and may choose to not answer the questions.
- I will be informed of the purpose of the study, and any questions or concerns that I may have will be answered.
- The information collected will be treated with strict confidentiality and anonymity, and in no way will I be identified with the data. If I provide my name, it will not be used to identify me with the data. Any additional identifying characteristics in the data will be changed.
- The interview will be audio recorded to make it easier to document what has been said. This data as well as the complete transcribed interviews (put into written form) will be kept in a secure location and will be destroyed at the conclusion of the study. The information collected will be accessible only to the investigator and her academic advisors but excerpts of the interview may be used in the final research report.

If you have any further questions after the interview, you may contact the investigator Martina Pittius at [guspitma@student.gu.se](mailto:guspitma@student.gu.se) or her research advisor Ronny Tikkanen at [ronny.tikkanen@socwork.gu.se](mailto:ronny.tikkanen@socwork.gu.se).

If you understand the above, and consent to participate in this study, please sign here:

\_\_\_\_\_ (Participant sign here)

\_\_\_\_\_ (Date)

## **App 3 - Introductory Exercise**

This is a short exercise to help you start thinking of topics that may come up during the interview. You may choose to keep this paper for yourself.

Please take a few moments to write down some of your thoughts that come to mind when you see the following words:

Masculinity

Femininity

Mental Health

## **App 4 - Interview Questions**

### **Respondent's Background**

How old are you?

Where are you from?

### **Being a Man / Masculinity**

What kind of expectations do you think are there of men?

Do you agree with them?

How do you see yourself within those expectations? (What does being a man mean to you?  
What qualities do you think are important in men? Can you think of a situation...)

### **Depression (Awareness)**

*As you know, my study is about men with depression. If you think back to when you had depression, how did you first become aware that you had it? (Tell me a little more about what you thought then.)*

How did you come to realize that you had depression? (How/when did you become aware?)

How familiar were you with depression at the time? (Did you know anyone else?)

### **Help-Seeking**

What were some of the ways you managed depression, if you did? (How did or do you deal with it? How do you cope with it?)

Did you reach out to anyone? If yes, when, who and in what way (how)?

Who did you first reach out to? Who else did you reach out to?

Why did you choose them?

(Close friends? How did/does your social network look like?)

Did you ever see a counselor / psychologist / psychiatrist? Why or why not?

How helpful was it reaching out to [friends, counselor]?

What do you think prompted/influenced you to seek help (or not to seek help)? (When did you realize you needed outside help? / What were the factors leading up to it? / How did you come to the decision?)

If you were hesitant to seek help, what were the reasons? (What prevented you to seek help? Barriers?)

Would you do anything differently now?

### **Perceptions of and Thoughts on Own Beliefs and Other's Beliefs**

What do you think people generally believe about depression?

What do you think about these thoughts?

What do you associate with the term depression? (Label)

How helpful is it to have a diagnosis of depression?

How common do you think depression is?

Are there any barriers to help-seeking from psychologists/psychiatrists? What do you think could be changed/improved?

What do you think is the impact of masculinity on help-seeking?

What can be improved?

### **Impact / Recovery narratives / Sense of self**

*So linking all of these things, being a man, depression and help-seeking, I will ask about these concepts together:*

How did or does depression influence how you see yourself at the time? (in general and in terms of being a man?) / How did this impact your view of yourself?

How do you regard yourself now having gone through this experience? (in terms of identity overall, in connection to masculinity) – How does it differ from how you saw yourself before?

What advice would you give to someone in a similar situation?

### **Wrapping Up**

Is there anything that you would like to add?

How did you feel about the interview?