A qualitative exploration into how male students with mental health problems experience stigma

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ABSTRACT

This study explored how male students with mental health problems experience stigma. An all-male sample was selected as previous literature has revealed their frequent inability to consult mental health services (Lindsey *et al,* 2010), their negative attitudes towards help-seeking behaviours (Chandra & Minkovitz, 2006), and their abundance of self-stigma endorsement (Judd *et al,* 2008). It is therefore suggested that males are the gender group that are the most affected by mental health stigma; this makes their personal experiences with stigma an important area to further explore. An awareness and understanding of these experiences may be key to stigma reduction for one of its most affected groups.

Qualitative methods were employed within the research. Five male student's experiences were explored utilising semi-structured interviews as the method of data collection, a thematic analysis was performed to analyse the data. This produced four overarching themes:

1) feelings of separation from society

2) self-stigmatising effects

3) gender identities

4) stigma experienced from society

Each of the overarching themes allowed for insight into how the male students experience stigma, the most prominent theme that emerged across the data was gender identities. It is suggested that being male, and furthermore ideas about masculinity, have negative effects for males with mental health problems. The current study suggests this intensifies their experiences with stigma, and as a result, curative measures are suggested.

KEY WORDS:	STIGMA	SELF-STIGMA	MENTAL ILLNESS	SEPARATION	NON-ACCEPTANCE

Introduction

Erving Goffman stands as an extremely influential figure within the study of stigma. Goffman (1963) defines the phenomenon as a 'deeply discrediting attribute' (p.12) existing within an individual. The experience of stigma is degrading for all of its victims. Many groups within society are subjected to its effects; however, extensive claims exist that suggest individuals living with mental health problems are the most stigmatised group within contemporary society (Stuart, 2008; Lingwood, 2006).

Early social theory by Howard Becker (1963) helps to elucidate the damaging role that society has played in the creation of mental health stigma. Becker's theory of deviance (1963) states that groups within society decide what is both socially acceptable, and unacceptable, through the construction of 'social rules' (p. 01). Social rules can occupy a variety of forms, two major examples being adequate physical and mental health. If an individual does not comply with such rules, for example, if they receive a mental health diagnosis; they are very often discriminated against, and as a result assume the position of deviant within society (Becker, 1963). This is an unpleasant position to assume; as such individuals become stereotyped and defined by their undesired traits. Corrigan (2004) explains that many individuals chose not to seek help from mental health services, in efforts to avoid the label of 'ill mental health', and the discrimination it facilitates.

However, despite its accompanying stigma, ill-mental health is still a vital component of contemporary society. Statistics show that a quarter of the British population will be affected by a mental health problem at some point in a year (Mental Health Foundation, 2016). Whereas depression will affect one in five adults at some point in their lives (Mental Health Foundation, 2016).

Previous literature suggests that mental health stigma affects males and females to a varying degree. Firstly, research has revealed that there are significant gender differences within self-stigma endorsement. Self-stigma emerges when an individual is aware of, and internalises aspects of the stereotypes surrounding their illness (Corrigan & Watson, 2002). Self-stigma can ultimately have damaging effects on an individual's self-esteem and self-efficacy. It appears that males, when compared to females, dominate self-stigma endorsement (Judd *et al*, 2008., Eisenberg *et al*., 2009). Such findings have been found commonplace within a range of target populations. Eisenberg *et al* (2009) discovered that male college students were much more susceptible to self-stigma ideologies. This particular study utilised students from a range of different universities, helping to improve the generalisability of such findings. Within an African-American sample, Latalova et al, (2014) also found that males have higher levels of self-stigma.

Research also suggests further gender differences within how males deal with a mental health diagnosis. Firstly, men appear a lot less likely to converse with anyone, including close peers or family members, about their mental health issues (Chandra & Minkovitz, 2006., Judd *et al,* 2008). This is most likely linked to the amounts of self-stigma they experience concerning their diagnosis; self-stigma has been identified as a barrier to help-seeking behaviours (Murphy & Busuttil, 2014). Judd *et al* (2008) directly discovered this, revealing that men with mental health issues display significantly higher levels of stoicism, in comparison to women. Such findings are evident within a range of populations, even in a sample of medical students (Wimsatt *et al,* 2015), a group perhaps expected to have more insight into

poorer human health. Wimsatt *et al,* (2015) discovered a high number of male students disclosed they would feel humiliated if their peers knew they had depression. The motive behind this was to avoid the attached stigma inherent with depression, which would facilitate their social exclusion from classmates (Wimsatt *et al,* 2015). However, the research was comprised of survey methods; therefore, space exists for further qualitative exploration into the contexts of the student decisions.

In addition to this, research has extensively reported male underutilisation of mental health services (Lindsey *et al.,* 2010., Williams & Cabrera-Nguyen, 2015), nor is this is only a recent finding (Lin *et al,* 1996.,Vega *et al,* 1999). Females are much more likely to seek help from mental health facilities in times of need (Oliver *et al,* 2005); it can be argued that this is indicative of a greater fear of stigmatisation within the male population. This is also evident within younger male populations; Chandra & Minkovitz (2006) explored extents to which stigma exists in an adolescent sample of 13/14 year olds. Females were found twice as likely to seek guidance from mental health services, whilst males demonstrated reluctance to participate (Chandra & Minkovitz, 2006). However, questionnaire methods were utilised, therefore the adolescent males may have answered questions in efforts to seem socially desirable to their contributing peers. It is apparent that females, in comparison to males, have more positive attitudes towards help-seeking behaviours (Shea & Yeh, 2008., Gonzalez *et al,* 2005., Mackensie *et al.,* 2006), and this has been the case for an extensive period of time (Kessler *et al,* 1981).

In efforts to further elucidate the detrimental effects stigma has on males; Britain's suicide statistics are important to mention here. The Mental Health Foundation (2016) report that men with mental health problems are three times more likely to commit suicide than women are. Instead of seeking the help of mental health services, or other informal methods, this is often an alternative for men. The stigma associated with mental illness is having a harmful effect on males within contemporary society.

Research has suggested that a male's perceived role within society (i.e. appearing self-reliant), may be responsible for their abundance of self-stigma, and unwillingness to seek help for their mental health problems. Vogel *et al,* (2011) discovered that males who endorsed beliefs about a dominant masculinity, reported more negative attitudes towards help seeking for mental health problems. There is an extensive body of literature that has explored the concept of dominant masculinity. Earlier work by Connell (1987) popularised the concept of hegemonic masculinity. This ultimately describes an authoritative masculinity, and one which involves the subordination of women, as well as other more effeminate forms of masculinity. It is argued that within contemporary society, hegemonic masculinity is idealised (Connell, 1987), such ideology is imperative to consider when exploring male's experiences of stigma. As hegemonic masculinity, along with the dominance and behaviours it promotes, could be problematic for males with mental health problems. As endorsement of such ideologies does have a negative effect on male's attitudes towards help-seeking behaviours (Vogel *et al,* 2011., Pederson & Vogel, 2007). It is suggested that such behaviours could be seen to undermine the superordinate position that is promoted within the idealised hegemonic masculinity.

Wetherell & Edley (1999) further explored the concept of hegemonic masculinity, utilising discursive methods to discover how males within contemporary society

position themselves against this 'ideal'. The research revealed three conflicting techniques that the male participants utilised, in order to assume a position within society (Wetherell & Edley, 1999).

The first was described as a 'heroic position', this conformed the closest to the ideologies about hegemonic masculinity; participant's discourse was in concurrence with such ideals (Wetherell & Edley, 1999). 'Ordinary positions' was another position a large number of the males assumed. This explained males that separated themselves from masculinity 'ideals' and instead considered the self as 'normal' and 'average' (p. 343). Participants assuming this position considered ideas about hegemonic masculinity to be social stereotypes, offering little support for such ideologies (Wetherell & Edley, 1999). The final position was defined as 'rebellious', such males were resistant and unaffected by masculinity ideas; instead celebrating their unconventionality (Wetherell & Edley, 1999). The existence of masculinity ideals appear to play an important role as male's construct and rationalise their social positions as a man. They can be argued to complicate male's experiences with mental health, and even facilitate more stigma. Research by Cabrassa (2007) supports this idea, as it was discovered that men viewed major depression as 'debilitating' (p. 492).

As reviewed, the extensive research into mental health appears to reveal that males are the gender group that are the most affected by stigma. This is demonstrated by their frequent inability to consult mental health services, a reluctance to discuss mental health issues and their high levels of self-stigma endorsement. Further to this, the literature exploring masculinity suggests that Western society has ideals about masculinity, which are seen as unattainable. With regards to stigma, this could cause males with mental health problems further issues, as the nature of having such problems could be seen to undermine masculinity ideals. This makes male's personal experiences of mental health stigma imperative to further explore.

Due to this knowledge, the current research aimed to explore an all-male sample's encounters with stigma; all of whom have reported experiences with mental health disorders. It is suggested that further understanding into such experiences are vital to help aid the reduction of mental health stigma, for one of its most victimised groups.

Based on the previous literature; the following research questions were derived:

1. How do male students with reported mental health problems experience stigma?
2. What are the male student's impressions of their mental health problems?

Methodology

Participants

The sample of participants was comprised solely of males, this was done to help ground the research and to allow for a more sufficient application of findings. A total of five participants were used. This was a relatively small sample, however, as Silverman (2013) argues qualitative researchers are 'prepared to sacrifice scope for detail' (p.105), and detail was required to allow for more accurate insight into participant's experience.

All participants were students that have experience with mental health problems. Each participant either openly identified with, or was associated with stigma tackling support charities. This ensured that each participant had experience of mental health stigma, which allowed first-hand insight into personal cases of stigma. Participant's ages ranged from twenty-three to thirty-three years of age.

Recruitment of participants

An appropriate charity was contacted via email, which sought permission and allowed access to potential participants who met the criteria for the research. Invitation letters explaining the aims of the research were sent with the email (*appendix one*).

Research Design

As the aim of the research was to explore real life experiences of mental health stigma, therefore qualitative methodology was employed to allow maximum success. Qualitative methods were selected as they enable social phenomenon to be explored (Silverman, 2013). Stigma is a 'social problem' (p.103), one that has shaped the rationale for this research. Qualitative research allows in-depth exploration into 'how' problematic phenomenon are experienced. As Sofaer (1999) argues, qualitative research generates 'rich descriptions of complex phenomena', (p. 1101) something the experimental nature of quantitative methodology would not have allowed.

Concerning data collection, interview methods were utilised, as this allows insight into individual's personal experiences (Silverman, 2013), which was central to this research. The level of researcher intervention is dependent on the selected style of interview; therefore, to keep researcher intervention to a minimum, semi-structured interviews were conducted (Holstein & Gubrium, 2004). This was important to allow more valid and natural responses to be offered by participants. Therefore, structured methods were dismissed; they would have reduced participant's control over the direction of the conversation. Concerning the epistemological position of the research, a phenomenological view was utilised; which gives precedence to the lived experience.

The interviews provided suitable data for a thematic analysis to be conducted. Braun and Clarke's (2006) method of thematic analysis was employed, as this allowed the extraction of overarching themes common to each interview. Thematic consistencies discovered via this method allowed for a collective insight into participant's stigmatising experiences (Joffe & Yardley, 2004). Braun and Clarke's (2006) thematic analysis provided a sound and manageable structure for the conduction of

an effective analysis. Thematic analysis was considered the most accessible and economic method for exploring participant's experience.

Each aspect of the research design was tailored to ensure that the aims of the research were addressed; which is paramount within any piece of research (Silverman, 2013).

Ethical considerations

Prior to beginning research, ethical approval was obtained via the Application for Ethics Approval Form (AEAF), as well as Manchester Metropolitan's Ethics Check List (*appendix six*). The British Psychological Society code of ethics (2014) was adhered to throughout research.

Data collection methods

Interviews were conducted in the Manchester Metropolitan University building, a comfortable setting that was selected to ensure that participants felt at ease. Such environments encourage participants to offer more truthful and valid responses (Hockey, 1993), as they feel more relaxed in their surroundings. Small rooms were booked within the university building, preventing unnecessary outside disturbance.

Before interviews commenced, participants read an information sheet (*appendix two*), and were asked to sign a consent form (*appendix three*). Both forms explained the full aims of the study. The consent form explained that interviews would be reordered. Participants signed on the basis that they fully understood the purpose of the research, as well as offering permission for their interview to be recorded.

The interviews were carried out on a one-to-one basis, which encouraged a relaxed conversational style between the participant and researcher. A conversational tenor is important within interviews, as it allows for 'flexibility, spontaneity and responsiveness to individual differences' (Patton, 1990. p. 343). It allowed the researcher to respond naturally and appropriately to all information that participants offered.

At the beginnings of each interview the researcher built a rapport with the participant. This was achieved through the use of opening questions, addressing simple demographic details about the participant (e.g. age, year of study), as well as other conversational questions (e.g. studied subjects). Rapport is vital to interview success, its creation and maintenance facilitate the comfort of participants, which generates richer responses to questions (Walsh & Bull, 2012).

Throughout the interview, the researcher utilised a topic guide (*appendix four*). The topic guide ensured that all-important provisions were explored with participants (Cassel & Symon, 2004). The topic guide addressed different aspects of the participant's life (e.g. home life, professional and social) this helped to uncover how each individual experienced stigma, which in turn allowed for a thorough exploration of the subject matter.

The researcher used both probe and prompt techniques to encourage thorough responses. Both effectively conveyed the researcher's want for further explanation and detail, gathering as much information as possible from participants. These methods are a necessary component within the semi-structured interview, as they

guide participants to answer every question fully to the best of their ability (Fowler, 2013).

Interviews varied in length; no interview lasted longer than an hour in total. The researcher had flexibility with time management as the interview room was booked for the duration of the day. When the researcher felt appropriate, interviews were brought to an end utilising a closing sequence. Statements/questions uttered here left the interview on a positive note, ensuring participants felt optimistic about their involvement.

At the end of each interview, a de-brief document (*appendix five*) was given to participants. The document supplied participants with counselling contacts in case they felt interviews caused them any level of psychological harm.

Data analysis methods

For the conduction of a successful thematic analysis, Braun and Clarke's (2006) six-step method was followed.

1. Interviews were transcribed appropriately for the thematic analysis to be conducted.

2. Transcripts were read multiple times, allowing the researcher's familiarisation with the data; potential points of interest were noted at this stage.

3. The transcripts were coded; a code aims to capture an interesting aspect of the data in relation to the research title.

4. Codes were explored to establish themes within the data; themes were comprised of multiple codes.

5. A thematic map was created to explore the relationships between the themes.

6. Final themes were clearly defined ready for the write up of the analysis.

Analysis and discussion

The conduction of a thematic analysis, utilising Braun and Clarke's (2006) proposed method, produced four overarching themes. These overarching themes were labelled: feelings of separation from society, self-stigmatising effects, gender identities and stigma experienced from society. All aim to capture an important aspect of how the male participants experience mental health stigma. They also contain sub-themes; this allows a more thorough and in-depth understanding and analysis of the male's overall experience. However, due to constraints within the word count, only the first three overarching themes shall be explored; as these were the most prominent.
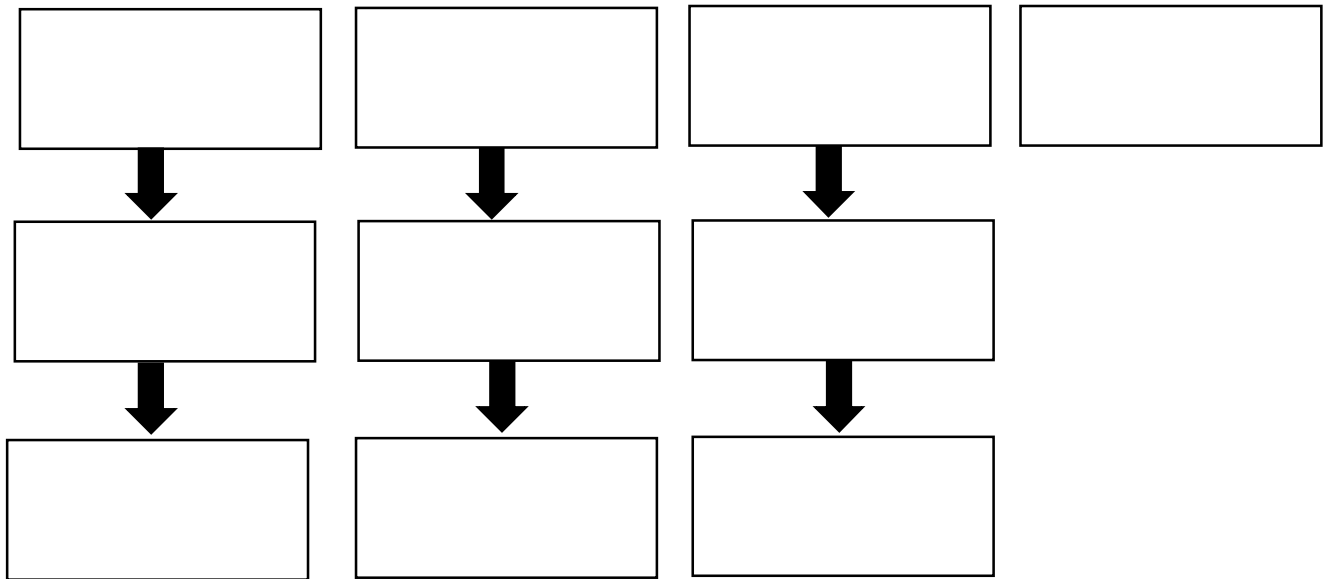
The themes are presented in **figure one** below:

Comparisons to other groups within society

Negative self-perception

Masculinity ideas

Feelings of non-acceptance

Dissociation from disorder

Preference for disclosure to females

Figure One - Themes produced by the thematic analysis

Key: overarching themes are shown in **bold**, subthemes appear in *italics*

1.0 Feelings of separation from society

This theme captures participant's feelings of disconnection from society, which appear as a result of the stigma associated with their mental illness. Such feelings were evident within each participant's experience of stigma; however, they were not explicitly discussed. Instead, aspects of their responses appeared to reveal such feelings on an unconscious level. With regards to the literature concerning mental health, as Link & Phelan (2001) discuss in their attempt to conceptualise stigma, separation is considered to be a significant component within the experience. Qualitative research by Green *et al,* (2005) supports this, as separation also emerged as a theme within the experience of stigma. Both, therefore, would suggest that participant's feelings of separation are apparent as a product of the stigma that they experience surrounding their mental health issues.

1.1 Subtheme A: Comparisons to other groups within society

Participants all had a reoccurring tendency to compare themselves to other groups within society; this was always against those without mental health problems.

P1.Lines142-143: *"…I feel sometimes that like if it was a physical illness then people would react differently"*

P2.Lines171-172: *"…I think if people have a broken leg or something…people will assist them and open doors…but if it's mental health people don't"*

P5.Line117: *"I do think people are different with physical illness…"*

These comparisons appear to reveal that participant's feel an inequality between themselves and other groups within society (i.e. those with physical issues), that do not have mental health problems. The above examples suggest the participants have identified a prejudice and discrimination against those with mental health problems. Prejudice and discrimination have been discovered as central processes within the experience of stigma (Crisp *et al*, 2000., Corrigan *et al*, 2003) they can cause individuals to feel like outsiders from society (Goffman, 1963). Therefore, such revelations expose participant's perceived separation from society. The concept of normality also surfaced both explicitly and implicitly within all of the participant's interviews; this demonstrates further comparisons made by the participants, as they placed themselves in the out-group concerning normality.

P1.Line39 *"…it makes you feel like you're normal but not normal"*

P2.Line156: *"…everyone wants to be normal and whatever and fit in"*

P1.Lines58-59 *"…my brain doesn't work the way that other people's does"*

The tendency to compare one's self to others was employed by the participants on a number of occasions. What became clear was that such a comparison generally had negative connotations; participants commonly commented on aspects of themselves that made them different from the so-called and perceived 'normal' group within society. The researcher theorises that such a process facilitates participant's aforementioned feelings of separation, and suggests that this occurs as a result of the stigma surrounding mental health problems.

Further comparisons against the 'norm' are apparent; of particular note is one participant's discussion of other 'illusionary people'. This occurred when the individual was asked about his feelings and opinions concerning his mental health problems, his response naturally exposed a pre-disposition to compare himself negatively to others living without mental health issues.

P3.Lines63-64: *"…because you look around and people your age…they've got jobs and they're in college… you're meant to be doing this…and you're meant to be doing that and you're not…so you are a failure"*

This allows us an insight into his reality, which is not necessarily a realistic one. Such a response illustrates further self-comparisons against a 'norm', (in which the participant does not position himself), thus underlining feelings of differentiation and

disconnection from others within society. It is suggested that such feelings are typical of individuals who find themselves subjected to stigmatisation (Green *et al,* 2005).

However, such findings are not in concurrence with previous mental health literature surrounding the subject. Corrigan & Watson (2002) propose that individuals with mental health problems often compare themselves to persons within their in-group, in this case, others who also have mental disorders. It is argued that such a method helps to protect the self-esteem of those with mental illnesses. Earlier research by Crocker & Major (1989) supports this aspect of Corrigan & Watson's (2002) model. They found that individuals experiencing mental health problems tended to compare themselves against others with mental health problems, rather than the advantaged others from the out-group. These findings are in stark opposition to the findings of the current study, which suggests that such tendencies are subjected to individual differences.

1.2 Subtheme B: Feelings of non-acceptance

Within the interviews, participants appeared to reveal feelings of non-acceptance from others within society. This was, to some extent, apparent within each interview.

P2.Lines115-116: [discussing social anxiety] *"…I feel like outcast because I'm like not joining in conversation"*

P4.Lines154-155: *"…but I guess that was more her not wanting to accept that her son had depression"*

P1.Lines191-192: *"…you can't get acceptance from other people… it doesn't work like that"*

Collectively, participants did provide examples of real-life scenarios in which they had experienced non-acceptance from others within society. However, the notion of non-acceptance was more apparent in respect to their personal feelings, rather than explicit memories regarding an experience.

Acceptance is an important component of belonging; one is unlikely to occur without the other, therefore a lack of acceptance can result in feelings of separation from others (Smart Richman & Leary, 2009). Howard Becker's theory of deviance (1963) is interesting to consider at this point. The ideology within this theory helps to elucidate the presence of participant's feelings of separation. The theory holds society responsible for the creation of social rules, of which individuals must abide by to be considered as part of the 'norm'. As Becker (1963) states, the social rules portray mental illness as unacceptable, and outside of the 'norm'. It is this process that facilitates individual's deviation and separation from society, and this ultimately helps to explain the appearance of such feelings within participants. The statement: P3.Line186: *"…I've not got the kind of response I needed"*, is an example of a lack of acceptance; which, according to Becker, has occurred as a result of the participant's inability to conform to the social 'norm'. It is suggested that the stigma associated with mental health is responsible for such an inability, and it is this that is responsible for the participant's feelings of non-acceptance.

2.0 Self-stigmatising effects

This overarching theme is utilised in order to capture instances within the participant's interviews that demonstrate the effects that self-stigma has had. There were times in which participant's responses suggested an internalisation of the stigma surrounding mental illness. The emergence of this theme is in concurrence with the literature, as research extensively reports the significant effects that self-stigma has upon males (Judd *et al*, 2008., Eisenberg *et al*, 2009). Comparative to females, males appear to engage within more self-stigma endorsement (Latalova et al, 2014). Within the current study, self-stigmatising effects appeared evident within three of the participant's interviews.

2.1 Subtheme A: Negative self-perceptions

This subtheme extracts aspects of participant's interviews that illustrate the negative effect that mental health stigma has had on their self-perception. Such negative effects appeared within three of the participant's interviews.

P2.Line9: [social anxiety] *"it makes me feel like a freak really"*

P3.Line62: *"When I was really unwell I just thought I'm a failure"*

P2.Lines69-70: *"I feel like I closed up certain aspects of myself… so that I only showed them what I wanted them to know basically…which was not a lot"*

These quotes suggest an internalisation of the stigma surrounding mental illness, and demonstrates the negative effects that this has had upon participant's self-perception and self-esteem. Link *et al,* (2001) support these findings; they also found that the stigma surrounding mental health has a damaging effect on the sufferer's self-esteem. Rüsch *et al,* (2010) discovered that self-stigma can operate on an implicit level, without the individual's awareness of their internalisation of stigma. This is suggested of the participant's within the current study, as they did not explicitly acknowledge negative effects that mental health stigma had on their self-image. Instead, as explored, such ideas were implied within aspects of their speech.

2.2 Subtheme B: Dissociation from disorder

This subtheme extracted aspects of the participant's interviews that demonstrated a personal disconnect from their mental health disorder. This was particularly evident within two of the participant's interviews; their disconnection was achieved through the use of personal pronouns (i.e. *it* and *they)* in reference to their own disorders.

P3.Lines67-68: *"…it's more like **they** are bits of me now [eating disorder] **they're** still there but **they're** kind of like more….my hair colour or my skin type"*

P3.Lines103-104: *"it's either not sure and we're not going to talk about **it**…or it's been let's make silly jokes about **it**"*

P3.Lines104-105: *"we'll talk about **it** when you want to talk about **it**"*

P3.Lines106-107: *"we're kind of accepting **it's** coming with you… but we're not sure how to deal with **it**"*

P4.Lines207-208: *"talking about **it** does make **it** real and sometimes you don't want **it** to be real"*

The use of a pronoun allowed the objectification of the participant's mental health disorders; this process worked as a distancing effect, enabling the participants to discuss their mental health disorder as an entity separate from themselves. A similar process can be observed in the extract below:

P4.Line81 *"…and it's **the** illness' fault and it's my fault for having **the** illness"*

Participant's use of distancing effects suggest that both wished to keep their disorders as separate from themselves. The repetition of this process reveals a lack of acceptance for their mental health disorders, and suggests that on an unconscious level, participants have internalised aspects of the stigma associated with their illness. As a result, an attempt at detachment it is made, due to its undesired attachments and connotations. This demonstrates the presence of another self-stigmatising effect. In support of this finding, Ociskova *et al,* (2015) discovered that levels of self-stigma were positively related to individual's dissociation from their mental health disorders.

3.0 Gender identities

Gender identity was the most prevalent theme that emerged within the analysis. Its aim, as a theme, is to capture aspects of the participant's responses that demonstrated their understandings of both the male and the female gender stereotypes. Gender identities appeared to complicate the participant's experiences with mental health stigma; the theme helps us to understand the role that the participant's gender played in their personal experience of stigmatisation.

3.1 Subtheme A: Masculinity ideas

This subtheme attempts to capture aspects of the participant's responses that demonstrate their own understandings of the male gender stereotype. All of the participant's ideas about masculinity appeared to be in concurrence with one-another.

P4.Lines17-18: *"…and there is societal perceptions of men... of men just to get on with things and plod along no matter"*

P4.Lines25-26: *"there is a pressure just to…not to acknowledge your feelings almost"*

P1.Line264: *"…the way women look it's scrutinised and it's more the way that men behave that they have to conform to"*

Participants generally established the nature of the male stereotype to be that men should keep their feelings to themselves; proceeding with life, regardless of how emotional they might feel. Such ideologies about masculinity are greatly supported within the literature previously reviewed, especially within Connell's (1987) conceptualisation of 'hegemonic masculinity'. Explained briefly, the nature of

hegemonic masculinity promotes the strength and power of men; it is this form of masculinity that is supposedly idealised within contemporary society (Connell, 1987). In fact, three of the participants admitted they act according to such ideas about masculinity.

P4.Lines116-117: *"I am guilty of not talking about my…what I am going through to other guys…it's just not an accepted thing to talk to a guy about"*

P2.Lines199-200: *"I wouldn't necessarily agree with it but I conform to it…otherwise I'm going to stick out like a sore thumb"*

Findings by Vogel *et al,* (2011) underline this pre-disposition; it was found that those who endorsed masculinity ideals had less positive attitudes about receiving help with their mental health problems. This is typified by participant four, who discloses a reluctance to discuss, and consequently receive help with, a mental health disorder. Masculinity ideals appeared to cause the participants some issues, as they revealed their feelings of disparity from them. Such ideals appeared to cause one participant to experience conflict within his gender identity.

P2.194-195: *"I'd say mostly my mentality towards emotions and that is more in line with a woman"*

P2.Line198: *"I think I should act more alpha male than what I feel sometimes"*

Masculinity ideals appear to have had a negative effect on his self-esteem, similarly, Liu & Iwamoto (2006) discovered that the endorsement of masculinity norms is associated with gender role conflict. Related effects appear within two more of the participants, as masculinity ideals influence their reluctance to disclose their emotions to others.

P5.Lines…: *"generally I don't really talk about my feelings and stuff…I don't like the idea…to seem weak"*

P4.Lines9-11: *"if I'm going through sort of a rough patch I'd be much less open to people about the rough patch…I'll just go I'm fine I'm fine I'll lie just because…it's more society that men are just expected to just get on with it"*

The participants appear to believe that their need to acknowledge their feelings, and seek support, does not conform to the masculinity 'norm'; again, this seemed to have an impact on their self-esteem. A study by Sharpe & Hepner (1991) coincides with such a finding; they discovered that gender-role conflict is negatively related to measures of psychological well-being. Only one of the participants admitted that he does not act in concurrence with masculinity ideals, showing little effects of a gender-role conflict.

P1.Lines270-271: *"I've never felt the need to put up a front… I would see my ability to express how I felt as a strength not a weakness"*

The participant's discourse is in concurrence with Wetherell & Edley's (1999) 'rebellious' position of masculinity. As previously explored, this refers to a male that

is resistant to hegemonic ideals, and instead demonstrates 'flouting of social expectations' (p. 347). Conventional masculinity ideals appear to have little effect on him. However, it is interesting to mention here that this participant was the eldest within the sample, the only one in his thirties. It is suggested that he has resolved any potential conflict over what it is to be male and gender identity. However, despite his lack of conformity; masculinity ideals did result in the participant experiencing stigma from within society.

P1.Line275 *"…I mean people have said man up you know"*

P1.Line146: "…people who've just said oh you know pull your socks up"

Overall, all of the participant's ideas concerning what society deems acceptable of masculinity were in alignment with one another. Masculinity ideals did appear to produce negative psychological effects for the participants, despite whether or not they agreed with them. As explored, such effects included, gender-role conflict; which appeared to reduce self-esteem, choices to conceal personal feelings, as well as heightened stigma from society. This theme offers important contributions to our understanding of how the male's experience stigma, as masculinity ideals appeared to greatly influence participant's experiences with stigma.

3.2 Subtheme B: Preference for disclosure to females

This subtheme identifies aspects of the participant's responses in which they admitted their preference to discuss their mental health issues with females, over males. This subtheme has relations to the previously mentioned masculinity ideas, as this appeared to be a factor in the reported preference to confide in females. In addition, participant's understandings of the female gender stereotype also played a role. All but one of the participants admitted that they would prefer to converse with a female regarding their mental health problems.

P3.Lines78-79: *"I would probably tell a woman about my eating problems more than a man"*

P4.Line35: *"I find just girls easier to talk to about this type of thing…"*

P2.Line130: *"I would tell a girl in person more"*

Participants generally had similar ideas about the nature of the female gender stereotype, as well as similar perceptions of how females would respond if they were to confide in them concerning their mental health problems.

P4.Lines31-33: *"I don't know it's just easier for women to just have a chat about how they are feeling it's not…you don't see many men going for a coffee just to see like just to have a chat"*

P2.Line51: *"girls are more accepting and empathetic"*

P5.Lines18-19: *"…girls are really understanding…and will give me…you know the help"*

Such statements illustrate the participant's generalisations of females; they arise as a result of the female gender stereotype. This ultimately demonstrates another vital role that gender identity plays within participant's personal experiences, as it influences the way in which they interact with others. Furthermore, analysis of such tendencies develop our understanding of their experiences with stigma. It appears that ideas about gender influence their decision to conceal personal issues, related to their mental health problems, in efforts to avoid stigma.

Summary

Each overarching theme broadens our understandings of how the male participants experience stigma. However, the most prominent theme produced by the thematic analysis; capturing participant's ideologies about the gender identities and its effects, was thought provoking. Perhaps to be expected, and supported within the literature (Connell, 1987), participant's ideas about masculinity ideals within society were in agreement with one another. However, the negative effects such ideals appeared to cause participants, was perhaps unforeseen. Participants demonstrated a lack of conformity and great disparity to the nature of the ideals; this appeared to diminish their self-esteem. This is an important finding in relation to understanding how male's experience stigma, as masculinity ideals appeared to heighten participant's feelings of differentiation from society, especially from other males.

Based on this, the implications of the research are that the effects of mental health stigma can be intensified by pressure to conform to gendered 'norms' and identities. The fact that participants all agreed about the nature of masculinity ideals, demonstrates a rigidity within gender identity. This suggests that in efforts to help reduce the effects of stigma for male subjects, gender 'norms' need to be more flexible. As explored within the literature review, the effects of stigma can be detrimental for males with mental health problems, which is especially demonstrated by the suicide statistics of such males. Therefore, implications offered by this research could be beneficial to such cases of severity.

It is however, important to consider the limitations of the current research. Interesting findings were discovered, and important implications are offered. However, this was a small-scale study, as only five male's experiences of stigma were explored. Further to this, all of the participants were males studying at undergraduate level. Concerning future direction, it would be useful to repeat the study on a larger scale, and with participants from a range of cultural backgrounds. It would be interesting to see if similar findings presented themselves.

Overall, the findings from the research suggest that stigma is ongoing and currently has negative effects on male students with mental health problems. It appears that the stigma surrounding mental health promotes feelings of separation, as well as the experience of self-stigmatising effects. Gender identities, and related masculinity ideals appear to enhance the undesirable effects of stigma, and have consequences on male student's self-esteem.

Reflexive Analysis

Prior to beginning research, due to my background in studying psychology, I had a good understanding of the prevalence of mental disorders within society. However, I had not realised to what an extend those with mental health disorders are stigmatised. I found the process of researching stigma fascinating as I learnt more about its existence.

I found the procedure of qualitative research to be extremely complex, but I enjoyed the access that it allowed me into my participant's personal experiences. However, throughout the process of analysis I was conscious that participant's responses were subjected to my interpretation. This research was my first attempt at conducting an interview, and as I was exploring such a sensitive topic area, I felt that I had to be very careful as I explored participant's experiences. I was actually surprised, at times, with how open their responses were. When I received such responses, I tried not to linger on the topics, and was very conscious to display the right reaction to avoid offending or upsetting the participants. However, as the interviews progressed, my confidence to further question the participant's personal experiences did improve.

The process of finding participants that were willing to take part in my research was the biggest difficulty that I encountered. In fact, the very reason that I wanted to explore males' experiences of stigma (due to researches' suggestion that they are the gender group that stigma effects the most), was the very reason that I struggled to find participants, I think this adds justification to my reasoning for wanting to carry out the research on an all-male sample. Many potential participants expressed their interest in my research, but were reluctant to contribute their personal experiences.

My most interesting and prominent finding was participant's understandings of what it is to be male, and their personal feelings of disparity about this stereotype. This was not a finding I expected to discover. Prior to beginning my research, I expected that the males would agree with the male stereotype within society, and that due to this they would not admit a need to express their personal feelings. I expected this to be a reason behind male's lack of discussion over their mental health issues. However, I was pleasantly surprised by their honesty and openness about such an issue.

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