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ROLE OF MASCULINE NORMS AND SELF STIGMA IN MASCULINE DEPRESSION OF MALE EMERGING ADULTS OF PAKISTAN

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Abstract

Depression in males has been underestimated over the years. One of the probable reasons is that male population tend to mask their depression. To find out the factors which can contribute to masking of masculine depression, the objective of the research is aimed to understand the role of masculine norms and self-stigma in masculine depression of young male adults' population of Pakistan, along with dominant masculine norms being followed by Pakistani male Population. It was hypothesized that there will be a significant relationship: (a) between masculine norms and masculine depression, (b) between masculine norms and self-stigma, and (c) between self-stigma and depression. Total 255 male participants (aged 18-25) from different higher education institutes were selected through purposive sampling technique. By using survey method, Male Role Norm Inventory- Short Form (MRNI-SF; Levant, 2013), Male Depression Risk scale (MDRS; Rice et al 2013) and Self Stigma of Depression Scale (SSDS; Barnet et al 2010). was administered on participants. Results were computed by using the Statistical Package for Social Sciences (SPSS 21). Correlational analysis was performed to understand the relationship between the variables. Results revealed that there is no significant relationship between masculine norms and masculine depression, whereas there is weak positive correlation between masculine norms and self-stigma, and a weak positive correlation between self-stigma and masculine depression. Moreover, most commonly followed masculine norm in Pakistan is found to be 'Self Reliance'. This study provides an important insight on how gendered responses contribute tomale mental health and its impact on self-stigma.

INTRODUCTION

Literature Review

Depression is of one the major mental illnesses impacting about 264 million people of all ages around the world (WHO, 2020). Large number of epidemiological studies have reported the consistent findings that women are diagnosed with depression more than men. Women are reported to be two to four times more likely to be diagnosed with depression as compared to men (Kessler, 2003; Kilmartin, 2005).Increasing number of researchers working in the area of male mental health suggest that the reason male depression might be underestimated is that major depression in men can be 'masked' in one way or other (Cochran & Rabinowitz, 2000; Real, 1997). This is concerning because it has been reported that although women are more likely to attempt suicide, men are more likely to die from suicide (Moscicki, 1997; Oquendo

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et al., 2001). More than a decade ago an approach was devised to study this disparity, which questioned the current validity of diagnostic criteria and explained that men may experience alternative depressive symptoms. Pollack (1998) was led by this discrepancy between men's reported symptoms of depression and diagnostic criteria to gender specific diagnostic criteria for men with major depressive disorder (MDD). Male type depression consists of following symptoms (1) social withdrawal (withdrawal form relationships, work overinvolvement, autonomy).(2)pain denial (3) self-medication (4) self-criticism (5) help avoidance. (6)denial of sadness (7) impulsive moods (8) changes in sex drives (increases or decreases). (9) traditional physical symptoms of depression including concentration disturbance, sleep and appetite/ weight (Pollack,1998). The criteria were built considering the role of avoidance, self-medication, and denial, which serve as number of purposes including masking depressive symptoms and showing features of masculinity while depressed (Pollack, 1998). There are varying terminologies which describe these symptoms; however, the most commonly used term is "Masculine depression" (Lynch & Kilmartin, 2013; Magovcevic & Addis, 2008).

Many studies have been done on the biological and pathological etiology of depression in men, however, psycho-social factors in relation to this hasn't been largely studied. Few studies suggest that these typical and atypical symptoms of depression in men are the result of gender socialization (Cavanagh et al., 2017; Rabinowitz & Cochran,2008).

Perusal of literature suggests that peers and parents reinforce the maladaptive behaviors in boys while growing up, and these messages are pointed majorly to the fact that sensitive feelings are acceptable for girls but not for boys. This communication creates an unwanted pressure for boys. Awareness of these masculinity norms pressure imposed on men has directed research toward masculinity. Research proposed the fact that such pressures are present for boys throughout their lifespan and boys from very young age receive messages about how they should behave (Cassano & Zeman, 2010; Crick, 1997)

Conformity to masculine norms is associated with psychological maladjustment in men throughout their life and is one of the most important factors in molding their emotional and psychological well-being (Shepard, 2002). Conceptually, Mahalik and colleagues (2003) in a model of masculine gender socialization defined masculine norms as a construct that are enacted the powerful groups of the society and are developed through expectation of societal norms, beliefs, scripts and expectation of what is considered to be a man (Levant, 1996; Mahalik et al., 2003). Gender role strain paradigm postulated by John Pleck suggests that conformity to these masculine norms lead to gender role strain or psychological distress which led to negative results like relationshipconflicts (Levant, 1996; Pleck, 1995).

Over the past three decades gender related counselling psychology and psychology of men are curious about how masculinity constructs influence mental healthof males (Wong, Steinfeldt, Speight, & Hickman, 2010). Indeed, masculinity is an important variable to study. Many research have pointed out the fact that the traditional norms and masculine behavior that are expected of men, and conformity and non- conformity to masculine norms add to the psychological distress of men (Liu, Rochlen &Mohr, 2005; Sharpe & Heppner, 1991). This eventually leads to mental health issues in men (Levant, 1996; Mahalik et al., 2003; Pleck, 1995). In a review of 249 studies, O'Niel et al (1995) found evidence that masculinity construct is positively related with psychological problems including depression in diverse samples of male and females. Magovcevic and Addis (2008) proposed the idea that males who adhere to hegemonic masculine norms are more likely to endorse externalizing symptoms of depression like anger, irritability, impulsivity, increased work, substance use, sex drive and typical depressive symptoms. Particularly about Asian culture, in a research study Kim and Hong (2004) proposed that cultural value is one of the factors which can influence how individual presents mental health problems like depression. Literature also points out that conformity to these masculine norms have resulted in poor psychological and physical health in Asian men (Liu & Iwamoto, 2007).

Nonetheless, self-stigma has emerged as an important construct linked to both masculine norms and experience of the mental disorder. Self-stigma is

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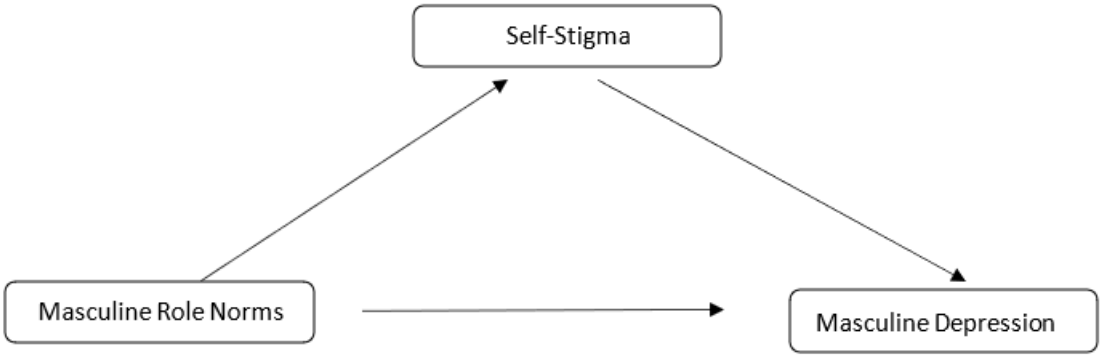
considered stereotyping, discrimination, and prejudice. Self-stigmatizing individuals apply negative believes and attitudes which are associated with mental disorders to themselves (Corrigan & Watson, 2002). Researchers identified self-stigma as particularly salient for men. These concerns are relevant because traditional masculine norms require men to be independent and in control or their emotions. Many research pointed out the fact that, stigma can be elicited by the perception of disorder, as feminine or masculine (Boysen, 2017; Boysen et al., 2014; Boysen & Logan, 2017).Series of research by Boysen and colleagues (2014) suggested that mental disorder with externalizing features such as alcohol use disorder and antisocial personality disorder, which are more prevalent in males are perceived to be masculine, however mental disorders worth more internalizing symptoms are perceived to be feminine. Thus, stigmatization levels vary as per the perceived gender of the disorder investigated i.e., masculine disorders elicit more stigma as compared to feminine disorders. Magovcevic and Addis (2005) found out that male college students who conform greatly to masculinenorms report higher levels of self-stigma related to mental as opposed to those who adhereless to masculine norms (Magovcevic & Addis, 2005). Heterosexual sexual men reportedhigher levels of self-stigma as compared to women (Pederson & Vogel, 2007).

John Pleck was first to propose 'gender role strain paradigm' in 1980s. He proposed, males experience strain when their gender roles deviate from defined masculine ideology by social constructs which describe proper masculine behavior. In this theory he also explained that in modern world gender roles are inconsistent and contrary. People who break these gender roles sometimes face real and imagined psychological consequences, like having feelings of condemnation (Levant, 1996). Men appear to be more affected from these consequences. This theory was one of its kind, because it view gender as psychologically and socially developed rather than biologically determined. This view acknowledges that biological differences between men and women but also suggests that ideas of masculinity and femininity are not based on biological differences, but these ideas are constructed socially from biological, psychological and social experiences.

Corrigan's Progressive Model of Self-Stigma postulates that the process of internalizing public stigmas occur through a series of stages that successively follow oneanother. Self-stigma has often been equated with perceived stigma; for example, a person's recognition that the public holds prejudice and will discriminate against them because of their mental illness label. In particular, perceived devaluation and discrimination is thought to lead to diminished self-esteem and -efficacy. This is actually the first stage of a progressive model of self-stigma. Hence, integrating Pleck's Gender Role Norms Theory and Corrigan's Model of Self-Stigma. The proposed theoretical model suggest a direct link between masculine role norms and masculine depression and that masculine role norms are linked to self-stigma and self-stigma in turn is linked to masculine depression in men.



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Hypothesized conceptual model of study representing the relationships between outcome and predictor variable

Research Hypothesis:

i. There will be a significant relationship between masculine norms and masculine depression.

ii. There will be a significant relationship between masculine norms and self-stigma.

iii. There will be a significant relationship between self-stigma and depression.

Plenty of research can be easily found on depression and factors which precipitate depression in female population, primarily because depression has been considered to be predominantly female disease, and this is the reason exploration of experiences of men's depression was ignored (Addis, 2008). . Growing data presents those men are more likelyto die from suicide and undiagnosed mental health disorders, most importantly depression are among the leading causes to men's suicide. According to the online survey by leading media company of Pakistan DAWN NEWS, out of total respondents (72% male) more than half of the respondents considered "Mental Illness" as "high likelihood" reason for suicide. It is vital to understand that gender play an important role and significant difference exists in expression of depression. Subsequently, gender differently affect thecontrol and exposure males and females have over the treatment and options in the society. It has also been reported that doctors and mental health professionals are less likely to diagnose depression in males as compared to females even when they present identical symptoms and score similarly on standardized measures of depression (Callahan, Bertakis, Azari et al, 1997; Stoppe, Sandholzer, Huppertz et al, 1999). Hence,there is a growing need to identify and understand the underlying mechanisms to masking depression so that a proper detection of the disorder and quality of case can be improved Among the proposed underlying mechanisms, gender stereotyping and stigma internalization are prominent.

Pakistan is a culture where gender is seen as stereotypical way. Being a collectivistic culture; men here are generally viewed to be providers and guardians of the family. Such Social pressure compel men to adhere to set stereotypical gender model. They are expected to be aggressive, rational, emotionless, and brave. Similarly, men who express their emotions, are labelled to be weak and sick. While generally there is stigmaattached to the mental health, there is much more barriers involved in the mental health of males in Pakistan. Masculine depression in Pakistan has never been explored before and none of the research has explored the dominant masculine norms in Pakistan. In this regard, the present study seeks to address this gap by exploring the association and contribution of masculine norms and self-stigma contribute on depression in Pakistani cultural context.

Material and Methods

Inclusion Criteria for Research Participants

- Participants who have Pakistani Nationality, because research is aimed to understand the dominant masculine norms in context of Pakistani culture
- Participants who identify themselves as male population.
- Participants between the ages of 18-25, as emerging adulthood is fundamentally a period of maturation and change.
- Participants with reading ability of English because measures of this research arein English language.

Exclusion Criteria for Research Participants

- Participants with history of psychopathology was excluded to control the potential impact of one's prior history of psychopathology on one's level of depression. As past history of psychopathology is a precursor to mental healthproblems.
- Participants with chronic and severe medical conditions were excluded to control the potential impact of medical condition on one's level of depression.

The research was conducted on Male population of Pakistan. Targeted populationof present research was emerging male adults, aged between the ranges of 18-25. Total sample of 255 participants was collected using purposive sampling technique from different Higher Education Institutes of Pakistan. The language known to all participants was English and the nationality of each participant was Pakistani. Additionally, participants from all socioeconomic classes was part of this research.

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Procedure

After receiving the permission from the concerned authorities including the Dean and Director of Bahria University Karachi Campus and approval by university's Institutional Review Board. The participants were contacted in different Higher Education Institutes, and purpose of the study was briefed in general terms. Participation of the participants was voluntary, and an informed consent was obtained before they begin. Set of Questionnaire were handed over to those only who agree to participate in the research. Firstly, Demographic Form was to be filled, to screen participants according to pre-set inclusion and exclusion criteria. Then administration of Male Depression Risk Scale (MDRS) followed by Self Stigma of Depression Scale (SSDS) and Male Role Norm Inventory (MNRI-SF) was done. All the measures were used after receiving the permission from their respective authors. In the end, any questions from participants were answered, and gratitude was expressed to participants.

This research was conducted through Correlation Research Method. A quantitative survey was conducted on a large scale with male population of Pakistan to identify the role of Masculine Norms and Self Stigma on Masculine Depression emerging male adults.

Consent Form:

Participants were provided with informed consent before the questionnaire with basic details about research. It informed participants about the topic of research and their right to withdraw form research at any time. Moreover, they were assured that their data would not be used for any purpose other than research and remain confidential.

Demographic Information Sheet

Details about participants personal life was acquired through a demographic information form. The participant's name (optional) along with their age, gender identification, sexual orientation, marital status, education, marital status, income, residence status, occupation, race and ethnic group, socio economic status and any history of medical and psychological illness was determined.

Male Role Norms Inventory Short Form (MRNI-Sf; Levant et al, 2013)

The Male Role Norm Inventory- SF (MRNI-SF) developed by Levant and colleagues (2013) was used assess the adherence to masculine norms (Levant, 2013). The MRNI-R consists of 21 items. The scale has a 7-point Likert type response set, on which respondents marked their responses ranging from 1 (slightly disagree) to 7 (strongly agree). Higher score indicates higher level of endorsement of traditional masculinity ideology. Scale has seven subscales including, avoidance of feminity, negativity towards sexual minorities, self-reliance through mechanical skills, toughness, dominance, importance of sex and restrictive emotionality. The alpha reliability coefficients of the MRNI- SF is .79 to .90 for men, indicating satisfactory internal consistency.

Male Depression Risk Scale (MDRS; Rice et al, 2013):

Masculine depression was measured through Male depression Risk Scale (MDRS) (Rice et al, 2013). The MDRS is a 22-item self-report scale designed to assess externalizing and male-specific depression symptoms. It has six subscales assessing emotion suppression, drug use, alcohol use, anger and aggression, somatic symptoms and risk-taking Response set of this scale is 4 -point Likert Scale from 0 (none or little of the time) to 7 (almost always). Scale has six subscales, including emotional suppression, drug use, alcohol use, anger & aggression, somatic symptoms and risk taking. This scale has score range of 0-154, which higher scores indicating higher risk for masculine depression. The alpha reliability coefficient of MDRS is 0.98.

Self-Stigma for Depression Scale (SSDS; Barney et al 2010):

Self-Stigma for Depression Scale was used to assess the self-stigmatizing attitudes of participants. This scale was developed by Barney et al. (2010). Scale has 16 items with four subscales including Shame, Self-Blame, Help Seeking Inhibition and Social Inadequacy with each subscale measured by 4 items each. Response set of this scale is 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Score range of this scale is 16-80, with higher scores indicating higher stigma. The alpha reliability

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coefficient of this scale is .87 indicating very good internal consistency.

Research was conducted only after the permission of Dean and Director of Bahria University and University's Institutional Review Board. Research was conducted after obtaining informed consent from the participants and they were given the right towithdraw and refuse to be part of research and assurance that their data would remain anonymous. Measures were used after obtaining permission from the authors and due credit was given in the research. Data was collected from different Higher Education Institutes after obtaining their permission. All the Procedures of research was done in compliance with the American Psychological Association's ethical guidelines (American Psychological Association).

Results

Table 1: Frequency, Percentages, Mean and Standard Deviation of participants' demographicvariables (N=255)

Characteristics	n	%	**M**	**SD**
Age			21.169	1.815
18	12	4.7		
19	39	15.2		
20	47	18.4		
21	60	23.4		
22	37	14.5		
23	25	9.8		
24	23	9.0		
25	12	4.7		
Gender identification	255	100		
Sexual Orientation			1	0.42
Heterosexual	240	95.6		
Homosexual	2	0.8		
Bisexual	7	2.8		
Other	2	0.8		
Unspecified	5	2.0		
Nationality	255	100		
Residence				
Karachi	228	89		
Quetta	4	0.16		
UAE	1	0.4		
Dubai	1	0.4		
Faisalabad	1	0.4		
Gilgit	1	0.4		
Ghoutki	1	0.4		
Dadu	2	0.4		
Baluchistan	1	0.4		
Islamabad	2	0.8		
Lahore	1	0.4		
Larkana	2	0.8		
Mansehra	1	0.4		
Mirpurkhas	1	0.4		
Okara	1	0.4		

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Shahdadpur	1	0.4		
Umerkot	1	0.4		
Unspecified	6	2.3		
Socio economic status				
Upper class	13	5.1		
Upper middle class	84	32.8		
Middle class	139	54.3		
Lower middle class	14	5.5		
Lower class	2	0.8		
Unspecified	2	1.2		
Marital status				
Single	225	87.9		
In a relationship/engaged	26	10.2		
Separated	3	1.2		
Divorced	-	-		
Widowed	-	-		
Unspecified	2	0.8		
Qualification				
Intermediate	50	19.6		
A level	47	18.4		
Graduate	74	29.4		
Undergraduate	59	23.2		
Postgraduate	12	4.8		
Unspecified	13	5.1		
Ethnic group			4.478	3.308
Punjabi	46	18.0		
Sindhi	56	22.0		
Baloch	8	3.1		
Pashto	24	9.4		
Muhajir	48	18.9		
Bohri	1	0.4		
Kashmiri	3	1.2		
Gujrati	3	1.2		
Memon	10	3.9		
Kutchi	1	0.4		
Gilgiti	3	1.2		
Mewati	1	0.4		
Bengali	1	0.4		
Chipa	1	0.4		
Unspecified	49	19.2		
Significant health prob			1.949	0.220
Yes	13	5.1		
No	241	94.1		
Unspecified	2	0.8		

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Family history of psychological illness			1.953	0.212
Yes	12	4.7		
No	242	94.5		
Unspecified	1	0.8		
Ever consulted psychologistpsychiatrist			1.992	0.088
Yes	2	0.8		
No	252	98.8		

Note. N=225 male participants, 89% belongedto Karachi. Mean age of the participants was 21.1.

The table mentioned above shows that out of total 255 male participants, 89% belongedto Karachi. Mean age of the participants was 21.1.

Table 2: Cronbach's Alpha of the scales of the study

Variables	Items	A
MN	21	0.806
MD	22	0.875
SS	16	0.839

Table 2 represents that Cronbach alpha for masculine norm is 0.806, masculine depression is 0.875, and self-stigma is 0.839 which suggest a strong reliability range.

Table 3: Descriptive Statistics of Variables in The Study

Variable	Item	Mean	SD	SK	K	Ranges	
						Actual	Potential
MD	22	37.345	22.095	0.698	-0.231	0-101	0-154
ES	4	13.403	6.640	0.148	-0.633	0-28	0-28
DU	3	1.933	4.048	2.298	4.415	0-19	0-21
AU	4	2.196	4.892	2.488	5.693	0-25	0-28
AA	4	7.590	6.289	0.981	0.424	0-26	0-28
SS	4	6.458	5.845	0.891	0.076	0-25	0-28
RT	3	5.811	4.691	0.867	0.186	0-21	0-21
MN	21	88.898	18.856	0.023	0.197	36-147	21-147
AF	3	3.998	1.398	-0.023	-0.390	1-7	1-21
SM	3	4.872	1.669	-0.295	-0.966	1-7	1-21
SR	3	5.554	1.659	5.010	59.556	1-21	1-21
T	3	4.841	1.368	-0.477	-0.244	1-7	1-21
D	3	3.045	1.505	0.616	-0.379	1-7	1-21
IS	3	3.798	1.293	0.164	-0.145	1-7	1-21
RE	3	3.584	1.327	0.149	-0.473	1-7	1-21
SS	16	51.505	10.315	-0.250	-0.062	24-77	16-80
S	4	11.984	3.745	-0.026	-0.438	4-20	4-20
SB	4	14.427	3.549	-0.524	-0.212	6-20	4-20
SI	4	12.764	3.204	-0.058	-0.385	4-20	4-20
HSl	4	12.345	3.484	-0.023	-0.418	4-20	4-20

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Note: MD= Masculine Depression, ES= Emotional Suppression, DU= Drug Use, AU= Alcohol Use, AA= Anger & Aggression, SS= Somatic Symptoms, RT= Risk Taking, MN= Masculine Norms, AF= Avoidance of Femineity, SR= Self Reliance through Mechanical Skills, T= Toughness, D= Dominance, IS= Importance of Sex, RE= Restrictive Emotionality, SS= Self Stigma, S= Shame, SB= Self Blame, SI= Social Inadequacy, HSI= Help-Seeking Inhibition , SD= Standard Deviation, SK= Skewness, K= Kurtosis.
The value of skewness and kurtosis shows that the data is normally distributed.

Table 4: Correlation analysis between masculine depression and masculine norms

MD	0.054

Note: MD= Masculine depression, MN= Masculine Norms.(**p<0.01) (*p<0.05)
Table 4 represents that there is no correlation (r=0.054) between masculine norms and masculine depression in emerging male adults of Pakistan

Table 5: Correlation analysis between masculine norms and self-stigma

	SS
MN	0.199**

Note: MN= Masculine Norms, SS= Self Stigma.(**p<0.01) (*p<0.05)
Table 5 represents that there is weak positive correlation (r=0.199**) between masculine norms and self-stigma of emerging male adults in Pakistan

Table 6: Correlation analysis between self-stigma and masculine depression.

	SS
MD	0.136*

Note: MN= Masculine Depression, SS= Self Stigma.(**p<0.01) (*p<0.05)

Table 6 represents that there is weak positive correlation (r=0.136*) between self-stigma and masculine depression of emerging male adults in Pakistan.
Following table explores the research objective of study which aimed to identify the most commonly followed masculine norms by Pakistani male population

Table 7: Prevalence of Masculine Norms in male population.

Variable	Mean
AF	3.998
SM	4.872
SR	5.554
T	4.841
D	3.045
IS	3.798
RE	3.584

Note: AF= Avoidance of Femineity, SR= Self Reliance through Mechanical Skills, T= Toughness, D= Dominance, IS= Importance of Sex, RE= Restrictive Emotionality.

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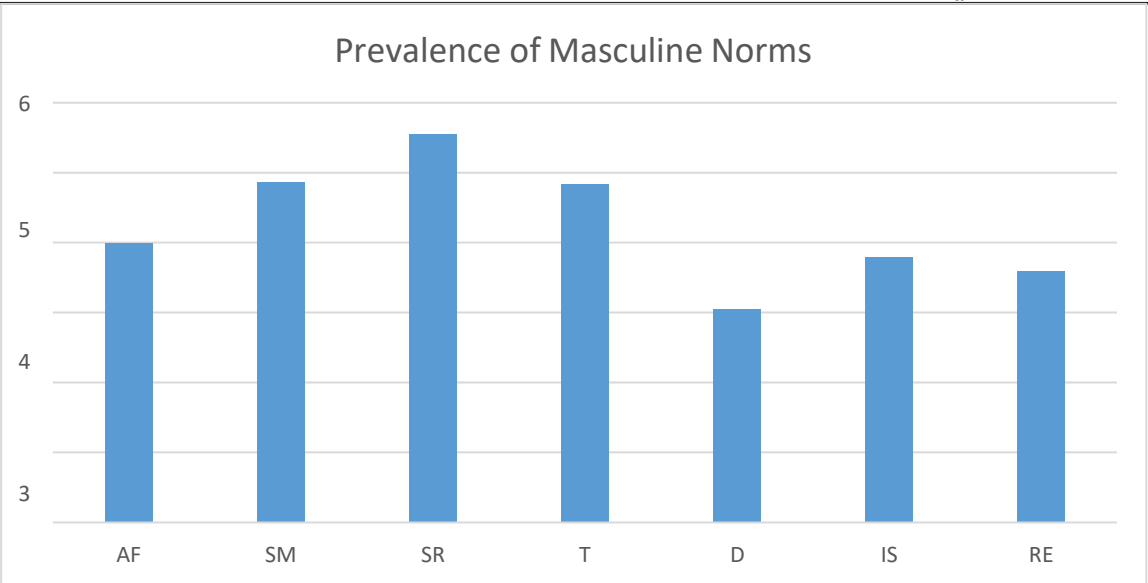

Figure 2: Bar graph of prevalence of Masculine Norms

The above table and figure reveals that self-reliance through mechanical skills (SR) is most commonly adhered masculine norm by Pakistani male population. Whereas Negativity towards sexual minorities (SM) and toughness (T) are second most followed masculine norm.

Discussion

In past few years, there has been an increase in number of research being done on masculine norms and depression in men (Courtenay, 2000). Researchers postulates that health beliefs and behaviors are display of masculinities in men. Similarly, these ideas shape how men will respond to depressive symptoms and engage in mental health services. However, due to the lack of population-based research, previous studies which explored this phenomenon couldn't be generalized to larger population. Therefore, this study is aimed to fill this gap by addressing how masculine norms play role in masculine depression and self-stigma related to mental health in Pakistani male population.

The first hypothesis of the present study stated that there will be significant relationship between masculine norms and masculine depression in Pakistani male population. The results of the study indicated that there is no correlation between masculine norms and masculine depression. However, there hasn't been any study which explored this relationship in Pakistan to support this result. One of the reasons of why we couldn't find enough evidence to build this relationship could be that the masculine norms we measured in this research were those which exists in western society. Since norms vary by socio-cultural influences. In Pakistan gender norms of male hasn't been explored, this also suggest that participants couldn't relate entirely to the norms presented in the survey. However, if we look at literature from Western world, few studies support our results. One of the research projects conducted in United States suggested that all traditional masculine norms do not lead to depression in men. Masculine norms are positively, as well as negatively related to depression symptomology in men. Males who conform to norms of winning, power over women are less likely to report depressive symptoms and those who conform to norms of self-reliance, playboy and violence were at higher risk for depression (Iwamoto et al, 2018). Another study on Australian men stated that higher conformity to masculine norms is linked to decreased likelihood of self- reported depression specifically those who adhere to norm of importance of work, risk taking, and heterosexual presentation. (Herren et al, 2021). Another explanation is that men are likely to suppress the feeling of depression or sadness, and less likely to ask for help because this could be asserting to their masculinity (Bunton & Crawshaw,

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2002; Courtenay, 2000). Moreover, precarious manhood model also represents that male must behave in a dominant and tough way to prove manhood, therefore, admitting to emotional strain could be threat to their masculinity, and they might be perceived as weak for experiencing and expressing depression (Bosson & Vandello, 2011; Vandello & Bosson,2013)

Second hypothesis of study represented that there will be significant relationship between masculine norms and self-stigma. Results reports that there is significant weak positive correlation between masculine norm and self-stigma in men. A study by Vogelet al (2014) examined the same relationship and represented that masculinity is one of the factors which contribute to self-stigma in men. Similarly, Levant (2013) recruited a non-clinical sample of 654 men to understand the relationship between self-stigma, masculinity, depression and help seeking in a study. The results showed that self-stigma is major mediator of masculinity and help seeking. Present results also suggest an important argument that one of the significant reasons of high self-stigma in men is that they consider depression as a direct threat to their masculinity. In a developing country like Pakistan there are many factors which contribute to self-stigma along with gender role. Culture has a strong role to play in these two variables. Depression in Pakistan is usually considered as a result of low religious inclination. Islam is driving force in Pakistan and major chunk of society believes mental illness as a supernatural cause like witchcrafts. Moreover, person having mental illness is also labelled as mad. This belief contradicts with masculine ideals that men are supposed to be rational and logical. Moreover, in a patriarchal society like Pakistan, there is higher stigma because of males perceived responsibility of supporting family to prove themselves. Similarly, a prime symptom of depression i.e., experiencing and expressing sadness or weakness is also considered as feminine behavior in this culture which also threatens the two traditional masculinity premises i.e., avoidance of feminine behaviors and never showing weaknesses explained by David and Brannon (1979).

Consistent with our third hypothesis; results suggest that there is a weak positive correlation between masculine depression and self-stigma. Self-stigma is found to be associated majorly with depression. Latalova, Kamaradova and Prasko (2014) stated that depressed males have higher level of self-stigma than females and gender role of 'Men don't cry' lead males to self-stigmatizations. Previous literature also conclude that male reports higher negative attitudes towards depression than females. Studies also reports that males with personal experience of depression have higher self-stigmatization (Cook& Wang; 2010) Moreover, males who rely on personal support system to treat their depression stigmatize depression more than others (Wang et al. 2007a). In Pakistan, concept of masculinity is man being courageous, dominant, aggressive and controlling. This concept of masculinity when combined with experience of depression i.e., 'war with oneself' leads to an internalized or self -stigma which stops them to seek help and in-turn intensify the symptoms of depression. Researchers also state that Pakistan has strongest patriarchal values and lowest level of tolerance for deviant behavior (Gelfand et al. 2013). Therefore, Stigma led to avoidance of participation in dominant life areas, which leads to discrimination, segregation and social rejection (Farrelly et al, 2014)

Research also aimed to understand the dominant masculine norms being followed by Pakistani emerging male population. Results of current study revealed that most commonly followed masculine norm in Pakistan is Self-reliance. Self-reliance in general is defined as ability to rely on your own judgement and make choices according to your own decision, resources and abilities. Many researchers have studied the impact of self- reliance on male mental health. Mahalik et al (2003) conducted a study which revealed that masculine norm of self-reliance is associated with depressive symptoms in males. Moreover, in another study Burns and Mahalik (2006) postulated that masculine norm of emotional control and self-reliance are negatively related to male mental health. Moreover, masculine ideal self-reliance is aligned with males' ideology of what it meansto be a man, thus being adhered to the most. However, research also reflect that this self-reliance can put male at higher risk of developing depressive symptoms. (Chan 1995; Dunn, Whelton, & Sharpe, 2006; Dyson & Renk, 2006; Wilkinson, Walford, & Espnes, 2000). This also supports the postulations of Precarious Manhood

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Model which represents that feeling of depression activate a threatening sense in male, thus they enact more self-reliance and emotional control to support their manhood (Bosson & Vandello, 2011; Vandello & Bosson, 2013). Although by definition, self-reliance seem to be positive virtue, however, by research we can review that those men who become too attached to this ideal, they expect themselves to do everything own their own. This is one of the reasons that suicides and self-harm has been on rise in males. They might be going through the episodes of depression but try to control and deal with it on their own thus refusing to talk about it which eventually escalates as suicide or other mental health problems. It is very important to develop a healthier approach and redefine the construct of self-reliance and strength for men. Self-reliance is definitely a great virtue, but when it is seen as an absolute, it can definitely harm men's mental health. It is important to redefine self-reliance as an ability to exercise your own judgement, which also include speaking up and asking for help.

It is very important to change the social structure and household composition to create a 'DE masculinizing' effect and to offload the additional stigma men has to bear due to gender stereotyping related to mental health facilities. Socio-cultural conditions allow certain institutions to instill these norms in males. Currently, dominant institutes to reinforce these norms are mothers, school curriculum, media and wrong understandings of religions. Males do not have positive role model when dealing with psychological distress. In our society, male child's first social lesson is that "boys don't cry". Researchers explored how socially introduced masculinities impacts adolescents. Results showed that athleticism, economic power, violence, aggression and toughness were pathways to achieve or maintain masculine status in adolescence (Phillips, 2005). As masculinity is endurance of suffering, self-reliance and unwillingness to seek help. Theselearned norms are difficult to change without a comprehensive intervention to minimize the reinforcement of these norms in media and society. Media has an important role to play in this situation, where dominant norms of masculinity could be challenged or reconstructed (Anderson & Kian, 2012). Research also report that men are portrayed as inexpressive (Bengs et al, 2008), more violent and less involved in relationships (Clarke &Van Amerom, 2008). Media has an influence on how individual would perceive themselves and others, therefore, media's representation of positive view of males with depression would help reproduce and challenge the stigma associated with depression. Similarly, it would be beneficial in impacting how men would define depression for themselves.

It is also important to mention the positive aspects of masculinity. Recent research has explored the positive impact of masculinity on men with depression. Participants of the study presented seeking help as an act of strength (masculinity norm) (Tang el al, 2014). Similarly in research few participants postulated confiding and talking with otherabout distress as a way of their self-management (Oliffe et al, 2012). It is important to promote and capitalize positive masculinity traits to stimulate more tolerance and acceptance towards mental illnesses. Education curriculum and media are key promotersof positive masculinities in society. Positive masculinity should be branded and presented as lifestyle approach. Similarly, it is also important to make efforts to lower down the pressure on men to for keeping their masculinities. Changes in education curriculum would play a pivotal role to promote gender neutral mental wellbeing along with changingthe narrative and ideologies of first teachers of a child i.e., mother.

Conclusion

Limitations

- This study was conducted on a non-depressed males which limits its external validity. If the study was conducted on clinical sample of males, result could have been more specific about what are certain masculine norms which could be reason of increased depressive symptoms in males.
- Moreover, this study examines the global masculinity traits, however, gender norms can vary from culture to culture. This limitation conceal the distinct and individual masculinity traits which can provide specific understanding of masculinity.

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Recommendations

- Future researchers are recommended to explore this phenomenon onclinical population to develop a significant understanding of masculinity.
- Moreover, masculine norms in terms of Pakistani culture should be develop and then explored their impact male mental health in future research.
- Longitudinal study would have provided an etiological understanding of how gender role socialization could proceed to development of depressionsymptoms.
- Risk factors can also be explored with the help of longitudinal studies (Rutter & Sroufe, 2000). Comprehensive examination of risk factors could provide specific targeted efforts to reduce risk and stigma associated.

Implications

- Research fills the gaps between exploration of masculine norms in Pakistan and its impact on male mental health and stigma among males. It provides researchers a firm ground and local study base to conduct furtherresearch on similar topic in Pakistan.
- Research also highlights the importance of addressing gendered responsesto male mental health and how these responses have been contributing to self-stigma. Particularly for clinicians dealing with male mental health and male depression, research supports that group therapy could be an effective strategy to reduce masculine stigma when viewed as norm while taking therapy with men. (Rabinowitz, 2019)
- Results can also aid practitioners in providing preventions and remediation of male expressions of depression driven by gender role norms. Prevention efforts can also be developed that should focus on messages that representsdepression as normative, not shameful. Keeping in view that masculinity is a validation to male population, strength-based approach and frameworkbased on strengths would be helpful in dealing with depression.
- Moreover, concluding from the kind of masculine norms being followed among men, training programs could be developed to change the narrativeof mental health messages from 'help' and 'therapy' to something that emphasizes on taking control of their health.
- Considering the level of self-stigma among male population in Pakistan. Psycho-educating masses through workshops and research would promote seeking of informal social support like friends and family among males, to reduce statistics of male suicides.
- Self-stigma among males could also be reduced by psycho-educating people by presenting results of the researches.

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- **Mirba Naz:** Theoretical Background, Data Collection And Analysis.
- **Dr Zara Israr:** Research Supervisor
- **Dr Sheeba Farhan**: Research Supervisor

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