MALE COLLEGE STUDENTS' EXPERIENCES OF DEPRESSIVE AND ANXIETY-RELATED SYMPTOMS AND HELP-SEEKING PROCESSES: A QUALITATIVE STUDY

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ABSTRACT

College students are in a transitional period related to emerging adulthood in which they deal with different dimensions of life, and this period might create distress and worry in them. Research shows that, in this period, they tend to suffer from mental health problems, especially depressive and anxiety-related ones. To handle their problems, they utilize different coping strategies and help-seeking behavior. Considering previous research, male college students have different tendencies, strategies, and needs in terms of their mental health problems, coping ways, and help-seeking behavior. From the perspective of hegemonic masculinity, the literature showed different impacts of masculinity norms on men's mental health, as well as their coping and help-seeking processes. With the purpose of examining male college students' experiences of mental health problems, the current study investigated their depressive and anxiety-related experiences and how their ideas and perceptions of masculinity norms shaped their experiences in Türkiye. In addition, in light of the ecological perspective, the current study examined the experiences of participants in both micro (e.g., friends, partners, and family) and macro (e.g., Türkiye) contexts. The current study used a qualitative design, and eight male college students suffering from depressive and anxiety-related symptoms were recruited. In semi-structured individual interviews, participants' mental health experiences, their coping ways, help-seeking behavior, and masculinity ideas were explored in different contexts. The interviews were analyzed through thematic analysis in the MAXQDA 2024 Software Program. Five themes were specified as "expression of symptoms," "barriers to disclosure," "masculinity norms about mental health," "coping with symptoms," and "feeling supported," and they were explained through the accounts of participants. Besides, how masculinity norms shaped the experiences of male college students was discussed, considering their contextual experiences. Finally, practice implications, strengths, and limitations of the current study were discussed, and suggestions for future research were explained.

Keywords: Male College Students; Mental Health; Coping; Help-Seeking; Masculinity Norms

ÖZ

Üniversite öğrencileri beliren yetişkinlikle ilintili olarak hayatın farklı yönleriyle baş ettikleri bir geçiş evresindedirler ve bu onlarda stres ve endişe yaratabilir. Önceki araştırmalar bu evrede ruh sağlığı problemleri, özellikle depresif ve kaygıyla ilişkili şikayetlerin yaygın olduğunu bildirmiştir. Problemlerini çözebilmek amacıyla farklı baş etme yolları ve yardım arama davranışlarından faydalanabilirler. Araştırmalar, erkek üniversite öğrencilerinin ruh sağlığı problemleri, baş etme yolları ve yardım arama davranışları açısından farklı eğilim, strateji ve ihtiyaçları olduğunu göstermektedir. Hegemonik erkeklik açısından bakılırsa alanyazın, erkeklik normlarının erkeklerin hem ruh sağlığına hem de onların baş etme ve yardım arama süreçlerine olan çeşitli etkilerini göstermektedir. Bu çalışma, Türkiye'de erkek üniversite öğrencilerinin ruh sağlığı problemleriyle ilgili deneyimlerini incelemek amacıyla, onların depresif ve kaygıyla ilişkili şikayetlerini ve erkeklik normlarıyla ilgili fikir ve algılarının deneyimlerini nasıl şekillendirdiğini araştırdı. İlaveten, bu çalışma ekolojik perspektiften faydalanarak katılımcıların hem mikro (örn., arkadaşlar, partner ve aile) hem de makro (örn., Türkiye) bağlamlardaki deneyimlerini inceledi. Çalışmada nitel dizayn kullanıldı ve depresif ve kaygıyla ilişkili şikayetleri olan sekiz erkek üniversite öğrencisi çalışmaya katıldı. Yarı yapılandırılmış bireysel görüşmelerde; ruh sağlığı deneyimleri, baş etme yolları, yardım arama davranışları ve erkeklikle ilgili fikirleri farklı bağlamlar için soruldu. Görüşmeler, tematik analiz yoluyla MAXQDA 2024 Yazılım Programı kullanılarak analiz edildi. Böylece "semptomların ifade edilişi", "kendini açmanın önündeki bariyerler", "ruh sağlığı sorunları hakkındaki erkeklik normları", "semptomlarla baş etmek" ve "desteklenmiş hissetmek" olmak üzere 5 adet tema oluşturuldu ve bunlar katılımcıların anlatılarıyla açıklandı. Katılımcıların bağlamsal deneyimleri gözetilerek erkeklik normlarının onların deneyimlerini nasıl şekillendirdiği tartışıldı. Son olarak çalışmanın uygulamaya yönelik çıkarımları ile güçlü ve zayıf yanları tartışıldı ve gelecek araştırmalar için sunulan öneriler açıklandı.

Anahtar Kelimeler: Erkek Üniversite Öğrencileri; Ruh Sağlığı; Baş Etme; Yardım Arama; Erkeklik Normları

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INTRODUCTION

Starting university might be a stressful period for emerging adults in terms of its transitional nature (Arnett, 2000). Relatedly, Hubbard et al. (2018) revealed that college students experience stress about topics related to themselves, their relationships, financial conditions, and academic/job issues. Considering the stressful and transitional nature of this period, it was shown that college students are at risk of suffering from mental health problems (Arnett, 2000; Auerbach et al., 2018; Beiter et al., 2015). Besides, most commonly, they suffer from depressive and anxiety-related problems (Eisenberg et al., 2007; Eisenberg et al., 2013; Shah & Pol, 2020; Soet & Sevig, 2006). To be able to deal with these, college students utilize various types of coping strategies; some of them are positive/healthy/adaptive while others are negative/unhealthy/maladaptive (Byrd & McKinney, 2012; Campbell et al., 2022; Coiro et al., 2019; Mahmoud et al., 2012; Stallman et al., 2022). The literature revealed that male college students can have unique needs and experiences regarding mental health issues, coping, and help-seeking. It was stated that male college students are less prone to use emotion-based coping ways compared to female college students (Graves et al., 2021; Meeks et al., 2023; Theodoratou et al., 2023). Furthermore, college students' levels of help-seeking for their mental health problems are low (Dyrbye et al., 2015; Erkan et al., 2011; Hubbard et al., 2018; Pedrelli et al., 2015). In this sense, they have both personal (Cheng et al., 2018; Eisenberg et al., 2009; Güç, 2015; Sezer & Gulleroglu, 2016; Vogel et al., 2017) and public stigmas (Eisenberg et al., 2009; Topkaya et al., 2017; Vogel et al., 2017). Compared to female college students, male college students' disposition to seeking help is lower (Cheng et al., 2018; DeBate et al., 2018; Erkan et al., 2012; Guc, 2015; Gursoy & Gizir, 2018; Sezer & Gulleroglu, 2016; Vidourek et al., 2014). Via the lenses of masculinity norms, it was reported that men's way of experiencing and handling mental health problems is related to their adaptation of masculinity norms (Addis & Mahalik, 2003; Emslie et al., 2006; Mckenzie et al., 2016; Yousaf et al., 2015). Also, in the context of Türkiye, similar trends were observed in men's mental health experiences (Akcay, 2016; Dundar, 2024). Considering the literature, the current study aims to investigate Turkish male college

students' experiences of depressive and anxiety-related symptoms in both intra and interpersonal contexts, and in the macro-context of Türkiye. Besides, the current study aims to examine their ideas about hegemonic masculinity norms and how hegemonic masculinity shapes their experiences in different contexts. Therefore, this study adopts an ecological perspective in terms of examining participants' experiences in both micro (e.g., friends, families, and partners) and macro (e.g., Türkiye) contexts. It is believed that examining the experiences of male college students about mental health issues, in particular depression and anxiety, in different contexts might be beneficial with regard to trying to understand the connection between their experiences and ideas about masculinity, which might provide a way to develop effective prevention strategies in accordance with their needs and troubles.

LITERATURE REVIEW

2.1. College Students and Mental Health

2.1.1. College Students' Mental Health Problems and the State of Male College Students

The beginning of the years that involves the university life is also the beginning of a substantial and challenging stage for a young human being in terms of personal, relational, and education/work-related issues; it is a period during which people try to build their identity, meet people from different cultural backgrounds and walks of life, try to establish close relationships that may remain for years, and maintain their educational development as well as begin to explore work life (Arnett, 2000). Considering these important and mostly period-specific factors, Arnett (2000) theorized that the ages between 18 and 25 should be called emerging adulthood; however, as a result of changing conditions of life (e.g., longer years for education), this was updated as ages between 18 and 29 (Arnett et al., 2014). He especially used this term to be able to describe the emerging period of adulthood, but not emerged; it is a transition period, he argued (Arnett, 2000). Therefore, during this period of emerging adulthood, people might have various lives and diverse decisions such as getting married, having a child, starting university, moving away from their family's house, or starting a job. From this perspective, it might be seen that people experience significant and main changes and make transformative decisions throughout emerging adulthood, in other words, between the ages of 18 and 25 (Arnett, 2000). In another study, he stated that there are many decisions and milestones experienced during emerging adulthood; it is also a transition stage to adult life and its responsibilities (Arnett, 2007). Thus, this might be the stage through which emerging adults try to build the basis of their future life via their decisions and endeavors; however, that is exactly why they might feel distress and worry during this stage because they might try to make the best decisions about many areas of their life (Arnett, 2007).

Studies show that being a college student and trying to figure out different aspects of university life might lead emerging adults to experience stressful processes in several domains of their lives. In their study, Hubbard et al. (2018) investigated the stress factors of college students, in other words, the topics about which they generally experienced stress. Their study reported that college students generally experience distress about four main areas of life as stress/worry about themselves (e.g., how they look or how much they feel self-confident), about their relationships (e.g., dynamics with friends, families, or partners), about their level of success and performance (e.g., in job, school, or life), and about their financial conditions (Hubbard et al., 2018). Besides, another study showed that college students usually have to deal with the stress arising from the topics like how much they are successful in their academic life, how their plans about the future should be when they are graduated from the university, how they perceive themselves physically, how much they have self-confidence, and how their relationships with their close ones are (Beiter et al., 2015). Therefore, it can be said that the categories these studies found about college students' factors of distress and worry are similar to each other, which might be summed up as personal, relational, financial, and academic/work-related factors (Beiter et al., 2015; Hubbard et al., 2018).

In terms of the self-esteem factor, there are studies investigating the relationship between self-esteem and mental health problems in college students. In 2018, Ratanasiripong et al. investigated the risk factors of the 441 college students that might be related to their mental health problems and levels of stress. It was found that the level of self-confidence of the participants is one of the significant factors associated with their mental health symptoms (Ratanasiripong et al., 2018). Similarly, other studies showed the negative association between college students' levels of self-confidence and mental health symptoms (Farrer et al., 2016; Lei et al, 2021). Besides, in their study, Karaca et al. (2019) studied the mental health and related topics of nursing students. They also reported that how they perceive themselves positively and how much they feel self-confident are factors having negative relationships with their mental health symptoms (Karaca et al., 2019). Similarly, by Duffy et al. (2020), it was found that having a low level of self-confidence is a risk factor for experiencing mental health symptoms in the sample of first-year college students. Therefore, these studies showed the importance of college students'

levels of self-confidence and positive self-perception in terms of their probability of experiencing mental health problems (Duffy et al., 2020; Farrer et al., 2016; Karaca et al., 2019; Lei et al., 2021; Ratanasiripong et al., 2018).

Considering relational/interpersonal factors, many studies examined the association between the relationship issues of college students and their psychological problems. In 2017, Coiro et al. reported that university students experiencing relational problems are more likely to show mental health symptoms. Locke et al. (2015) investigated the college students' feelings of guilt in their relationships and the connection between this and their usage of substances. They examined different types of guilt and responsibility perception such as arising from being successful/well than others, from their own needs and desires that are different from the ones of others, from being in a different viewpoint with others, and from negative perception of themselves, which have a correlation with alcohol consumption in dangerous levels (Locke et al., 2015). As another perspective, Duarte and Pinto-Gouveia (2015) investigated the relational patterns of college students in terms of how much they consider their perception and image in the eyes of others and how much they consider the authentic self, needs, and desires of others. They found that as college students get more interested in or focused on how they are perceived by others, they also tend to show more mental health problems (Duarte & Pinto-Gouveia, 2015). In 2017, another study by Silva et al. investigated depression in a sample of students in the medicine department. They found a positive association between interpersonal troubles and rates of depression in students of the medicine department (Silva et al., 2017). In addition, in the context of Türkiye, Erkan et al. (2011) stated that relational troubles with friends and family are among the common causes of Turkish college students' application to counseling centers.

In terms of college students' academic worries, there are studies investigating the relationship between it and psychological problems. In 2021, a study by Sprung and Rogers reported that as college students feel that their academic and occupation-related responsibilities override their other responsibilities, needs, and desires, they tend to experience psychological problems more. Moreover, Jones et al. (2018) investigated the college students' worries about academic issues. This study revealed that there is an

association between college students' worries about their academic issues and their experiences of anxiety.

Considering the aforementioned information, college students experience a transition period in their developmental journey, and they experience many issues throughout their university years such as personal, relational, and academic problems, it can be argued that they are prone to suffer from mental health problems (Arnett, 2000; Beiter et al., 2015). In the study of Auerbach et al. (2018), they investigated the prevalence of mental health disorders in college students with a sample of 13.984 participants. They found that almost one in three students shows the symptoms of mental health disorders, which indicated how common mental health problems are in the population of college students (Auerbach et al., 2018). In their study, Soet and Sevig (2006) found that the most common psychiatric disorder among college students is depression, with a prevalence of 14.9%; eating disorders, anxiety-related disorders, and ADHD follow this. Also, Eisenberg et al. (2007) investigated the prevalence of anxiety-related disorders and depression in a sample of 2843 undergraduate and graduate college students; they reported that in the sample of undergraduate students, 15.6% showed anxiety-related disorders or depression, while 13.0% of graduate students showed these disorders. In addition, they stated that 50.1% of college students experiencing major depression also experience generalized anxiety disorder, which means there is a correlation between them (Eisenberg et al., 2007).

Moreover, in the study of Eisenberg et al. (2013), it was shown that in a sample of 14.175 college students, 21.8% of them reported anxiety-related disorders (e.g., generalized anxiety disorder and panic disorder) or depression (e.g., major depression and not major depression). They also found that 48.6% of participants experiencing depressive symptoms think that their symptoms affect their life, although this impact is not too much (Eisenberg et al., 2013). Besides, another study showed that about 48% and 50% of college students aged between 18-25 years suffer from depression and anxiety, respectively (Shah & Pol, 2020). Therefore, these studies indicated how much college students tend to suffer from mental health disorders (Arnett, 2000; Auerbach et al., 2018; Beiter et al., 2015), especially suffer from anxiety-related disorders and depression (Eisenberg et al., 2007; Eisenberg et al., 2013; Shah & Pol, 2020; Soet & Sevig, 2006).

Moreover, the impact of depressive symptoms on the lives of college students (Eisenberg et al., 2013) and the relationship between anxiety disorders and depression were also reported (Eisenberg et al., 2007).

When it comes to mental health issues of male college students, in their study with medical students in 2017, Wahed and Hassan stated that male medical students report less anxiety and stress-related troubles compared to female medical students. Similarly, Auerbach (2018) investigated the prevalence of mental health disorders with a sample of 13.984 college students, and they reported that there is an association between being a female college student and suffering mental health problems. In 2017, a study with Chinese college students by Sun et al. also reported that although depression is commonly experienced by college students, male college students are less prone to suffer from depression. Moreover, Gao et al. (2020) investigated the mental health problems of college students and reported that male college students tend to show fewer anxiety-related problems compared to female college students; they, however, experience depression more than female college students.

To sum up, college students have to deal with especially personal, relational, and academic troubles they encounter during their university life (Arnett, 2000; Beiter et al., 2015), and they are vulnerable to experiencing mental health problems (Arnett, 2000; Auerbach et al., 2018; Beiter et al., 2015), especially anxiety and depression (Eisenberg et al., 2007; Eisenberg et al., 2013; Shah & Pol, 2020; Soet & Sevig, 2006). Many studies also reported that male college students generally display fewer anxiety and depression symptoms compared to female college students (Auerbach, 2018; Sun et al., 2017; Wahed & Hassan, 2017). On the other hand, it is important to note that there might be different symptom profiles of men and women. In their review and meta-analysis investigating the depression in men and women, Cavanagh et al. (2017) stated that while women experiencing depression show more symptoms in accordance with the official criteria for diagnosis (e.g., vegetative symptoms and depressed mood), men show more externalizing problems (e.g., impulse control problems and alcohol/substance use problems).

2.1.2. College Students' Coping Strategies with Mental Health Problems and the State of Male College Students

Another dimension of examining the mental health of college students is understanding their ways of coping with their mental health problems. Byrd and McKinney (2012) studied the factors that are linked to the mental health of college students, and they remarked that college students' capacity to cope with their problems is positively associated with their mental health. Besides, in their review, Campbell et al. (2022) highlighted that as college students utilize leisure time activities more, they have an increased capacity for coping as well as a level of mental health. Moreover, Coiro et al. (2019) investigated the relational troubles, mental health symptoms, and coping strategies of students. They mentioned primary control coping strategies (e.g., trying to find solutions for the problem and adopting a more solution-focused way), secondary control coping strategies (e.g., trying to be adapted to the problem, to accept the problem, and to change one's focus/distract oneself), and disengagement coping strategies (e.g., trying to deny the problem and approaching it in an avoidant way) (Coiro et al., 2019). The study reported that college students who utilize the third way of coping suffer from relational troubles as well as mental health symptoms more (Coiro et al., 2019).

Supporting this, in 2012, Mahmoud et al. conducted a study investigating the relationship between college students' mental health problems and their coping methods. They mentioned adaptive and maladaptive methods of coping, such as trying to accept the trouble or evaluating it from a more positive perspective, and blaming oneself for the trouble or denying it, respectively (Mahmoud et al., 2012). They found that adapting maladaptive methods of coping is linked to escalated levels of mental health problems, such as stress, anxiety-related, and depressive symptoms (Mahmoud et al., 2012). Supporting this evidence, Stallman et al. (2022) investigated the healthy (e.g., changing their focus/distracting themselves, relaxing themselves, or utilizing social interactions) and unhealthy (e.g., avoiding people/being alone or eating to be able to relax) coping ways of college students. They reported that college students usually use different types of coping ways as a mix; nevertheless, as their amount of utilizing unhealthy coping ways rises, their anxiety-related and depressive symptoms also rise (Stallman et al., 2022).

Besides, Terrell et al. (2024) investigated the major negative experiences of college students (e.g., losing a close one, being bullied, or breaking up of parents), depressive symptoms of them, and their positive (e.g., social interaction, enough sleep, or physical activity) and negative (e.g., usage of tobacco, alcohol, or drugs) ways of coping. It was highlighted that they are more prone to suffer from depressive symptoms when college students have major negative experiences and adopt more negative ways of coping (Terrell et al., 2024). Moreover, in his study with Turkish college students, Civitci (2015) explored the relationships among college students' perceptions of stress (e.g., how much they find life stressful), social interactions (e.g., feeling the support of their close ones), and challenging/negative emotions. It was stated that as college students feel the support of their close ones, they tend to perceive life as less stressful; however, as their negative emotions rise, their tendency to perceive life as less stressful declines, so negative emotions have a moderator role (Civitci, 2015).

In terms of trying to understand the male college students' experiences of coping with mental health issues, it is also significant to examine the differences in the ways of coping between male and female college students. In one study, Graves et al. (2021) investigated the levels of stress (i.e., how they perceive the life events) and ways of coping (e.g., finding the funny sides of a trouble, denying it, blaming oneself, or making plans, etc.) of college students. It was reported that female college students have more perceived stress score compared to male college students and they also utilize more emotion-based ways of coping, such as finding the funny sides of a trouble, accepting the problem, or blaming oneself, which involve both adaptive and maladaptive ways of coping (Graves et al., 2021).

Another study by Zhang et al. (2020) explored the depressive and anxious feelings of Chinese college students and the associated factors with them. In addition to the finding of lower levels of distress in male college students, they stated that male college students have a tendency to turn to resilience (i.e., increased score of resilience) more as their distressing feelings rise whereas female college students tend to turn to perceived support of close ones (Zhang et al., 2020). Similarly, Theodoratou et al. (2023) conducted research about Greek college students' ways of coping and found that to handle the stress,

female college students use coping ways more compared to male college students. Besides, male college students are prone to utilize emotion-based and socially interactive ways of coping less compared to female college students (Theodoratou et al., 2023). Moreover, Meeks et al. (2023) explored how college students cope with stress, anxiety-related, and depressive symptoms. Supporting the previous research, they also reported that female college students more frequently utilize coping ways that focus on their emotions (e.g., utilizing applications/books about helping themselves with symptoms) compared to males (Meeks et al., 2023).

From a qualitative perspective on the coping ways of male college students, in 2018, Goodwill et al. conducted a study with Black American male college students to explore their ways of coping with stress. It was reported that three main categories of coping exist as coping on their own (e.g., try to handle troubles by oneself), coping with engaging the problem (e.g., focusing on interests and hobbies, using substance, and utilizing social networks), and coping without engaging the problems (e.g., suppressing the emotions on purpose, ignoring them, or not showing them to others) (Goodwill et al., 2018).

As a result, to be able to cope with their stress and mental symptoms, college students utilize various coping strategies, some of them being positive/healthy/adaptive while some of them being negative/unhealthy/maladaptive (Coiro et al., 2019; Mahmoud et al., 2012; Stallman et al., 2022; Terrell et al., 2024). Moreover, there are differences between the preferences for coping ways of male and female college students, as male college students prefer emotion-based coping ways less (Graves et al., 2021; Meeks et al., 2023; Theodoratou et al., 2023).

2.1.3. College Students' Help-Seeking Attitudes for Mental Health Problems and the State of Male College Students

Another dimension of trying to understand the experiences of college students with mental health problems is to explore their processes of help-seeking. One aspect of help-seeking might be utilizing professional/formal help, such as applying to a mental health specialist. In their study with college students, Eisenberg et al. (2007) reported that 36%

of college students suffering from depression applied for professional help. Similarly, it was found that college students show relatively low rates of utilizing professional help, although they suffer from stress and mental health problems (Dyrbye et al., 2015; Hubbard et al., 2018; Pedrelli et al., 2015). In Türkiye, it was also shown that the rate of college students' help-seeking from the psychological counseling units of the colleges varies between 0.2% and 8% (Erkan et al., 2011).

Eisenberg et al. (2007) noted the causes why college students experiencing depressive or anxiety-related symptoms do not apply for professional help, such as 45% of them believe the unnecessariness of professional help for their problems, 37% of them believe the recovery of their problems on their own, and 20% of them believe that others will not understand them. Also, in their study investigating the stigmas and help-seeking attitudes of medical students suffering from burnout, Dyrbye et al. (2015) reported that almost 10% of participants have self-stigmas about getting professional help for their problems; in other words, they found it to be an indicator of being inadequate. It was also stated that almost 50% of participants have a fear of the stigmas of others, fearing that others might have negative thoughts about their problems or their utilization of professional help (Dyrbye et al., 2015).

There is evidence that college students have both personal (e.g., one's stigmatizing ideas towards professional help-seeking) and public (e.g., ideas about other people's stigmatizing ideas towards professional help-seeking) stigmas about professional help and there is a positive link between two types of stigma; besides there is also a negative association between college students' personal stigmas and their tendency to seek professional help (Eisenberg et al., 2009; Vogel et al., 2017). Supporting this evidence, Cheng et al. (2018) revealed that as college students' personal stigmas about getting professional help rise, their negative attitudes towards seeking professional help for their problems also escalate. Similarly, it was reported that as college students have more negative and stigmatizing thoughts about people who suffer from mental health problems, they tend to have a more negative approach to seeking professional help for mental health problems (Mendoza et al., 2015).

Besides, in addition to seeking help from professional sources, another dimension of help-seeking might be seeking it from informal sources (e.g., family, friends, or partners, etc.) and disclosing their mental health problems to them. In one study, Eisenberg et al. (2009) showed that college students' personal stigmas towards professional help-seeking are also negatively related to their informal help-seeking, such as from family or friends. Similarly, Bond et al. (2024) found that as college students have more personal stigmas towards getting treatment for mental health problems, their intentions to seek help from informal sources (e.g., a friend or a family member) decline. Dopmeijer et al. (2020) investigated the approach of college students with mental health problems to disclosure (i.e., explained as sharing problems with non-professional social contacts) and help-seeking (i.e., explained as seeking help from professionals). They found that college students experiencing mental health problems are prone to have a negative approach to disclosing their problems to their social contacts, while they are prone to have a positive approach to seeking help from professionals (Dopmeijer et al., 2020).

Conversely, Gorczynski et al. (2017) conducted a study about help-seeking attitudes of college students about their problems and reported that they show a preference to seek help from their partners and their family members compared to mental health professionals. Supporting this study, D'Avanzo et al. (2012) conducted a study with 710 Italian students to examine their help-seeking attitudes. Results demonstrated that in the context of mental health problems, college students have a disposition to seek help from their friends, families, and partners, respectively; however, seeking help from professional sources comes after seeking help from informal sources (D'Avanzo et al., 2012). Besides, Alsubaie et al. (2019) revealed that as college students perceive the support of their close ones (e.g., their friends and families), they tend to report fewer depressive symptoms.

When it comes to the context of Türkiye, it is important to note the extent to which psychological counseling units are available at universities. In Türkiye, universities are legally responsible for having guidance and psychological counseling units to support college students in coping with their mental health troubles; yet, these units are reported to deal with problems, such as equipment and staff deficiency or troubles about

organization and institutionalization (Erkan et al., 2011; Gizir, 2007). In terms of the attitudes of the students, there are also similar findings about the help-seeking attitudes of college students. It was shown that Turkish college students generally tend to use informal ways of help (e.g., friends and family) rather than formal/professional help (Erkan et al., 2012; Tarsuslu, 2018).

From a qualitative perspective to help-seeking tendencies of Turkish college students, Yelpaze and Ceyhan (2019) reported that, according to some college students, seeking help from informal sources (e.g., family and friends) can be more effective and helpful compared to getting professional help. Besides, it was reported that financial factors (e.g., not being able to afford professional help) and disbelief in the effectiveness of professional help for mental health problems are factors associated with college students' help-seeking tendencies (Yelpaze & Ceyhan, 2019). Considering the role of personal stigma, it was reported that as the college students' personal stigmas about professional help for their problems increase, they also tend to hold less positive attitudes about professional help (Guc, 2015; Sezer & Gulleroglu, 2016). There is also evidence about the relationship between college students' public and personal stigmas about seeking professional help for their problems. It was stated that as the public and personal stigma of college students increase, their disposition to have positive attitudes about professional help decreases (Gursoy & Gizir, 2018; Topkaya et al., 2017); in addition to this, as the public stigmas of college students rise, their personal stigmas also rise (Topkaya et al., 2017).

In the sense of help-seeking processes of male college students, many studies systematically reported that male college students tend to seek less professional help for their mental health problems compared to female college students (Cheng et al., 2018; DeBate et al., 2018; Vidourek et al., 2014). Similarly, Turkish male college students also show this disposition of having fewer positive attitudes towards seeking professional help (Erkan et al., 2012; Guc, 2015; Gursoy & Gizir, 2018; Sezer & Gulleroglu, 2016). In terms of rates, one study showed that 16% of male college students have taken professional help, while 37.5% of female college students have taken professional help (Hubbard et al., 2018).

Considering the barriers to seeking help of male college students, one point is their literacy about mental health-related topics (i.e., from where one can get professional help for mental health problems, how one can notice mental health problems, and what one thinks/believes about mental health problems) and it was reported that male college students' level of mental health literacy is generally low (DeBate & Gatto, 2018; Rafal et al., 2018). In addition to this, another dimension of the process of exploring obstacles in seeking help is to understand the stigmas of male college students. Vidourek et al. (2014) investigated the stigmatizing attitudes of college students towards people getting professional help, such as finding them weak, inadequate, or abnormal. They reported that male college students demonstrated a higher disposition to have negative perceptions (e.g., stigmatizing attitudes) about people getting professional help for their mental health problems compared to female college students (Vidourek et al., 2014).

In their study with Turkish college students and young adults, Gultekin and Durmus (2024) reported that compared to female participants, male participants are more prone to be afraid of public stigma (i.e., stigmatization of others about their professional help-seeking). Additionally, DeBate and Gatto (2018) conducted a study on male college students' self-stigmas about getting professional help and their levels of mental health-related information (i.e., to what degree they are aware of mental health problems and related professional help choices), motivation (i.e., to what degree their approach is positive to getting professional help for mental health problems), and behavior (i.e., to what degree they are intended to getting professional help for mental health problems). Supporting the importance of the self-stigma, results of the study showed that male college students' level of self-stigma about getting professional help is high; besides, three elements (i.e., information, motivation, behavior) are positively connected to each other as well as there is a mediating role of the self-stigma of college students in these three connections (DeBate & Gatto, 2018).

As a result, college students generally demonstrate low levels of seeking professional help for their mental health problems (Dyrbye et al., 2015; Erkan et al., 2011; Hubbard et al., 2018; Pedrelli et al., 2015). They might hold personal stigmas about professional help-seeking, and this is negatively associated with their approach to seeking help (Cheng et

al., 2018; Eisenberg et al., 2009; Guc, 2015; Sezer & Gulleroglu, 2016; Vogel et al., 2017). They also have public stigmas in this sense, which is positively related to personal stigmas (Eisenberg et al., 2009; Topkaya et al., 2017; Vogel et al., 2017). In the context of help-seeking, college students might have a willingness to prefer informal ways of help-seeking rather than formal ways (D'Avanzo et al., 2012; Erkan et al., 2012; Gorczynski et al., 2017; Tarsuslu, 2018). Moreover, compared to female college students, male college students are generally less prone to help-seeking for their mental health problems (Cheng et al., 2018; DeBate et al., 2018; Erkan et al., 2012; Guc, 2015; Gursoy & Gizir, 2018; Sezer & Gulleroglu, 2016; Vidourek et al., 2014). Besides, they generally have high levels of different stigma types (DeBate & Gatto, 2018; Gultekin & Durmus, 2024; Vidourek et al., 2014) as well as low levels of mental health literacy (DeBate & Gatto, 2018; Rafal et al., 2018).

To sum up, emerging adulthood and the conditions of university life create a transitional period in terms of academic, financial, and personal/relational factors. Given the fact that this period is a stressful transition period, college students are at risk of suffering from mental health problems, specifically depression and anxiety-related problems. To be able to handle their problems, college students use different coping and help-seeking strategies. Male college students are generally prone to use less emotion-focused and social ways of coping, they generally tend to seek help for their problems less, and their stigmas about help-seeking are important factors in this sense. Considering the tendencies of male college students, in the next section, masculinity norms and their possible impacts on men's experiences of mental health problems, coping strategies, and help-seeking attitudes are discussed.

2.2. Masculinity and Mental Health

2.2.1. Definition of Masculinity(es)

In defining masculinity, Connell and Messerschmidt (2005) stated that there is no one global version of masculinity; rather, there are types of masculinities that might vary

based on the culture, relationship, and context. Therefore, there are various types of masculinities that differ according to their relationships with power, dominance, and hierarchy (Connell & Messerschmidt, 2005). According to this perspective, the notion of hegemonic masculinity, which indicates the lower position of all other types of masculinities compared to itself, has a significant role in different masculinities in terms of its strong relationship with power and dominance as well as its idealized position (Connell & Messerschmidt, 2005). It was emphasized that, in spite of the important role of hegemonic masculinity, it does not have to be the most observed type of masculinity among men's masculinity practices; however, it is perceived as the most ideal and normative type of masculinity and men are supposed to converge it (Connell & Messerschmidt, 2005). Moreover, Connell (2005) explained that there are other types of masculinities such as subordinate (i.e., not meeting the standards of hegemonic masculinity), marginalized (i.e., not meeting the standards of hegemonic masculinity and being excluded by it), and complicit (i.e., not meeting the expectations of hegemonic masculinity but taking advantage of it) masculinity.

In terms of the perspective of gender roles and related norms, expectancies, and categorizations, Mahalik et al. (2003) conducted research to be able to reveal what the norms of the society of the United States are when deciding a man's level of being in accordance with their definition of masculinity. In other words, these qualities are the criteria of the community to be able to decide to what degree a man is masculine, to what degree a man meets the expectancies related to the portrait that the community draws when defining men (Mahalik et al., 2003). In his research, it was reported that there are 11 dimensions of this portrait of the community illustrating the acceptable/expected version of men (Mahalik et al., 2003). These dimensions might be defined as pursuit of status (i.e., performing well, being powerful, and being a respected man), disdain for homosexuals (i.e., having non-emotional relationships with men as much as possible), winning (i.e., having power and success and getting related admiration), risk-taking (i.e., being adventurous, venturing to take risks), violence (i.e., being violent), self-reliance (i.e., relying on oneself, not on others), primacy of work (i.e., working hard and earning money), power over women (i.e., being hierarchically higher than women), emotional control (i.e., being able to control emotions, not being emotional), playboy (i.e., not being

emotional and having/desiring multiple sexual experiences), and dominance (i.e., having power, superiority, and success) (Mahalik et al., 2003). This research gives us a comprehensive understanding of the expectations of men and the norms of masculinity. Similar to the dimensions of masculinity explained in this study, Kimmel (2016) emphasized antifemininity dimension of masculinity, and explained that being far from concepts or qualities that are seen as feminine is a crucial part of masculinity.

Considering the dimensions of masculinity norms emphasizing the emotional control of men (Mahalik et al., 2003), it is important to examine men's experiences with their emotions. Wong et al. (2006) stated that as the level of men's perceiving the expression of emotions as negative increases, they are more prone to be emotionally restricted. Besides, Jakupcak et al. (2003) reported that as men hold more masculinity norms, they tend to experience their emotions less intensely, as well as have less negative reactivity, in other words, less negative emotional reactions. In addition, as they hold more masculine norms, they have an increased level of fear towards experiencing their different emotions (Jakupcak et al., 2003). Moreover, in her qualitative study investigating the experiences of elder men who lost their spouses, Bennett (2007) remarked on the relationship between the masculinity ideas and the emotional experiences of men. She reported that although the interviews have an emotional material inherently, men tend to sustain masculinity expectations through a discourse emphasizing the importance of their control over emotions, adoption of a rational and non-emotional manner, successful coping with their troubles in the period of grieving, and responsibilities in their lives (Bennett, 2007).

When it comes to the definitions of masculinity in the context of Türkiye, in 2019, Tekkas-Kerman and Betrus conducted a qualitative study to investigate the masculinity ideas of Turkish male college students aged between 18-25 years. They reported that male college students' definitions of masculinity are associated with being dominant (i.e., being a person who makes decisions and is hierarchically higher than women), not being vulnerable (i.e., having a protective and superior position towards women and being strong), and being self-sufficient (i.e., dealing with all their problems on their own without needing others) (Tekkas-Kerman & Betrus, 2019). Moreover, in their comprehensive

research about Turkish men's various types of masculinities, Bolak-Boratav et al. (2017) examined the experiences of men with different backgrounds in different contexts and relationships, such as with their parents, children, spouses, and in work life, as well as their thoughts and perceptions about masculinity. Their study revealed that in the context of Türkiye, attributions to masculinity generally include qualities like being a man who is admired by others, dominant in terms of having a decision-maker role, protective towards the people around them, and sustaining a high and honored status in the eyes of the other people and the community (Bolak-Boratav et al., 2017). Moreover, in their extensive review, Sakallı and Turkoglu (2019) discussed that masculinity norms create a specific and rigid type of being a man in terms of its requirements and expectations, which excludes other ways of expression and existence. Thus, it causes men to experience conflict when they have different desires or behaviors from the expectations of masculinity norms (Sakallı & Turkoglu, 2019).

2.2.2. Experiencing Mental Health Problems Through the Lenses of Masculinity

There is systematic evidence that the number of men experiencing mental health problems is less than women experiencing mental health problems (Baker & Kirk-Wade, 2024; Liu et al., 2021), especially in terms of depression and anxiety-related problems (Kessler et al., 1994; Van Droogenbroeck et al., 2018). Besides, in the population of college students, the trend of men demonstrating fewer mental health problems compared to women is also valid (Auerbach, 2018; Sun et al., 2017; Wahed & Hassan, 2017). Several researchers argued that these differences can be understood in the context of socialization into masculinity norms; in other words, masculinity norms and socialization expect men to have control over their emotions and sustain their powerful position, which can have adverse impacts on their relational skills as well as healthy development (Mintz & Tager, 2012, as cited in Ustunel & Yalcinoz-Ucan, 2024). Besides, related to the masculinity norms and expectations, it was mentioned that men's low tendency to disclose their problems and share their emotions might be associated with the effort to be able to sustain masculinity norms; however, this might be a factor related to hiding the problems about their mental health (Addis & Mahalik, 2003). Therefore, in the clinical context, it is

essential to take into account the masculinity norms, their socialization, and their various manifestations depending on the context when examining the mental health problems of men (Ustunel & Yalcinoz-Ucan, 2024).

In their study, Arcand et al. (2020) investigated men's depressive and anxiety-related symptoms and the level of their adoption of traditional masculinity qualities. It was reported that as the level of adopting masculinity qualities escalates, the level of depressive and anxiety-related symptoms declines (Arcand et al., 2020). Conversely, Dundar (2024) investigated the relationship between Turkish men's levels of stress for meeting the expectations of masculinity/gender role and their levels of psychological well-being. It was found that as men experience more stress for meeting the expectations of their gender role, their levels of psychological well-being decrease, as well as they have lower levels of expression and recognition of their emotions; besides, how much they can express and recognize their emotions mediate the connection between the first two variables (Dundar, 2024). Supporting this evidence, in their meta-analysis, Wong et al. (2017) found that as the level of accordance with masculine expectations rises, mental health problems also tended to increase. Moreover, Smith et al. (2022), in their study with older men, found that both depressive and anger-related problems of participants rise as their adaptation of hegemonic masculinity-related expectations rise; moreover, for the participants experiencing a decrease in their health and financial states, the positive connection between adaptation of hegemonic masculinity views and depressive symptoms gets more powerful (Smith et al., 2022).

As mixed evidence, in their longitudinal study with male college students, Iwamato et al. (2018) reported that some of the traditional masculine qualities have a positive connection with depressive symptoms, while others are not. The former are self-reliance (i.e., being self-reliant and handling problems on their own), playboy (i.e., having many sexual experiences and partners), and violence, whereas the latter are winning (i.e., having success) and power over women (i.e., perceiving a hierarchical superiority towards women) (Iwamato et al., 2018).

In the sense of men’s experiences of mental health problems, Mckenzie et al. (2016) conducted a large meta-synthesis of the studies investigating the topic. There are various

narratives of experiencing mental health problems. Some participants mentioned the pain they feel and their experiences of feeling angry and lonely; for some of them, mental health problems make them feel like losing their control, and this makes them angry, while other participants experience anger as a manifestation of their inner feelings of pain (Mckenzie et al., 2016). Moreover, it was stated that although men notice they are experiencing trouble, they might have a hard time naming their troubles or related emotions (Mckenzie et al., 2016). Similarly, Emslie et al. (2006) researched the depression experiences of various men with a masculinity-informed approach. According to the narratives of the participants, it is a period during which they feel sad, angry, guilty, and lonely/isolated; however, it was also stated that expressing depression is a stage in which they feel more spacious and refreshed (Emslie et al., 2006). There are, unfortunately, experiences of being exposed to judgements and callings of others, such as being vulnerable or weak, which clearly shows how hegemonic masculinity looks down on existences or expressions other than itself (Emslie et al., 2006). It was also remarked that experiencing depression brings a period of questioning, deconstructing, and building the self-perception of participants (Emslie et al., 2006).

In a doctoral dissertation, Akcay (2016) studied Turkish men aged 27-56 years who were diagnosed with a mental health disorder (e.g., depression, anxiety disorder, OCD, and bipolar disorder) to understand their life experiences through the lenses of hegemonic masculinity. The study reveals that the experiences of the participants (e.g., the stage before the diagnosis, noticing the symptoms, and professional help-seeking) are shaped by their masculinity roles; for example, admitting mental health problems might be hard for them (Akcay, 2016). Besides, in the relational context (e.g., work life, family, and friends), the impacts of masculinity are also seen; for example, they believe that experiencing a mental health problem may cause other people to perceive them as a weak and mentally ill man, so they might prefer not to share their experiences about mental health problems (Akcay, 2016).

2.2.3. Coping and Help-Seeking Processes Through the Lenses of Masculinity

Considering the coping processes of the men with mental health problems, Emslie et al. (2006) mentioned two different styles of coping with depression as going back to the masculinity roles or creating a different way of expression of identity. For the former, there are narratives including gaining their control over their emotions, inhibiting their dependence on professional help methods (e.g., psychotherapy or psychiatric medications), and feeling independent again, and feeling responsible for their close ones, which was also found in another study (Mckenzie et al. 2016). For the latter, there are narratives including creating space for their sensitive and vulnerable sides, feeling more tender, and trying to form alternative ways of masculinity, rather than a hegemonic one (Emslie et al., 2006). Moreover, in their meta-synthesis, Mckenzie et al. (2016) reported that the desire to be able to handle their problems by relying only on themselves is a significant dimension of men's coping processes. For this sake of not needing others support, not seeming in need or weak, not being judged, and maintaining the self-sufficient portrait, men try to suppress their emotions and hide their having hard times with mental health problems when they are with other people, which unfortunately results in escalated experience of loneliness (Mckenzie et al., 2016).

In addition to this, men also utilize distraction-focused activities, such as spending time with their interests or doing sports, which creates room for having a break from their troubles (Mckenzie et al., 2016). In the context of Türkiye, the study of Akcay (2016) revealed similar findings. He categorized them as emotion-based ways (e.g., focusing on another thing, hobbies, sleeping, praying, or smoking), problem-based ways (e.g., searching for their troubles and trying to understand them), and masculinity-based ways (i.e., emphasis on independence and power) (Akcay, 2016). Therefore, it might be seen that masculinity norms are generally in the minds of the participants when they try to cope with their mental health problems.

In terms of men’s approach to help-seeking when experiencing mental health problems, Addis and Mahalik (2003) argued that men's help-seeking behavior might be related to the level that they perceive their issues as concordant with masculinity norms, how much

they perceive their issues as a core of their personalities, the qualities of their social group and helper, and finally, the level that they feel like losing their control. Supporting these, another study showed that male college students feel inadequate, non-masculine, non-self-sufficient, and powerless in terms of help-seeking about mental health (Sagar-Ouriaghli et al., 2020). Besides, Yousaf et al. (2015) revealed that as men are more in accordance with the masculine gender roles, their disposition to have positive attitudes towards seeking professional help decreases. More specifically, it was found that masculine norms indicating not being emotional and emotionally expressive, especially towards other men, have a negative connection with positive approaches to help-seeking; however, a similar connection was not found for masculine norms indicating the importance of work, power, and success (Good & Wood, 1995).

Moreover, Sileo and Kershaw (2020) found that masculine expectations of not having a feminine manner and being enduring/strong/firm are connected with showing less help-seeking behavior, while expectation of being prestigious/high-performance is connected with showing more help-seeking behavior. Barragán (2024) conducted a qualitative study investigating the help-seeking processes of male college students. It was narrated that both the self's and the community's expectations for men to continue their lives and responsibilities without experiencing any troubles, vulnerabilities, and worries are linked to suppressing their emotions and refraining from seeking help because it means not being able to handle troubles sufficiently and weakness (Barragán, 2024).

Similarly, in their qualitative research, both Lynch et al. (2018) and Mckenzie et al. (2016) remarked that masculine gender roles are related to being self-sufficient, strong, and independent; therefore, when men feel the need of seeking help for their mental health problems, it signifies not being able to properly fit the masculine gender role due to weakness and dependence-related perception of help-seeking. Thus, it might be observed that the norms of masculinity generally create an obstacle in terms of seeking help about men’s mental health problems (Barragán, 2024; Lynch et al., 2018; Mckenzie et al., 2016; Sagar-Ouriaghli et al., 2020; Yousaf et al., 2015), although some of them might be related to a positive position towards it (Sileo & Kershaw, 2020).

To sum up, masculinity norms and expectations have an important shaping role in mental health experiences, coping strategies, and help-seeking behavior of men. It seems that men experience conflict between seeking help and masculinity ideas, signifying being self-sufficient, powerful, and independent. Moreover, they can experience this conflict on both a personal and societal level, in other words, in micro and macro contexts, respectively. Therefore, it can be explanatory and important to investigate men's mental health experiences in different levels and contexts by taking into consideration the shaping role of masculinity norms.

2.3. The Current Study

The current study adopts an ecological systems perspective to investigate male college students' experiences of depression and anxiety-related symptoms, their coping, and help-seeking processes in the context of masculinity. According to the Ecological Systems Approach, trying to examine and understand people requires not only observing them in their intrapersonal context but also observing their proximate and distant environment and its components, as well as their relationships and interactions with each other. (Bronfenbrenner, 1977; Bronfenbrenner & Morris, 2007). Therefore, the notions of microsystem, mesosystem, exosystem, and macrosystem were defined as the layers of the environment of a person from more specific to more general (Bronfenbrenner, 1977). For example, in terms of men and masculinity norms, the microsystem might consist of the person himself, his friends, partners, and family. The mesosystem might consist of the associations among these groups. The exosystem might consist of the person's other family members (e.g., grandparents) as well as his friends' and partners' family members. Finally, the macrosystem might consist of the community's norms and expectations about masculinity and related cultural ingredients. Considering this perspective, the current study takes into account Bronfenbrenner's Ecological Systems Theory to be able to observe the male college students' experiences in intrapersonal, interpersonal, and macro contexts.

As explained previously, many studies examined college students in terms of their mental health and emphasized their tendency to develop mental health problems (Arnett, 2000;

Auerbach et al., 2018; Beiter et al., 2015), specifically depressive and anxiety-related problems (Eisenberg et al., 2007; Eisenberg et al., 2013; Shah & Pol, 2020; Soet & Sevig, 2006). Although college students use various ways of coping and try to seek help, their help-seeking is limited, especially in terms of professional help-seeking (Dyrbye et al., 2015; Erkan et al., 2011; Hubbard et al., 2018; Pedrelli et al., 2015). Furthermore, male college students demonstrate lower levels of help-seeking (Cheng et al., 2018; DeBate et al., 2018; Erkan et al., 2012; Guc, 2015; Gursoy & Gizir, 2018; Sezer & Gulleroglu, 2016; Vidourek et al., 2014). From the perspective of masculinity norms, many studies showed how they are associated with men's experiences of mental health problems, their coping ways, and their help-seeking (Addis & Mahalik, 2003; Emslie et al., 2006; Mckenzie et al., 2016; Yousaf et al., 2015).

In the context of Türkiye, similar trends were observed in men's mental health (Akcay, 2016) and in college students' tendencies (Erkan et al., 2012; Guc, 2016; Gursoy & Gizir, 2018; Sezer & Gulleroglu, 2016). However, to the best of the researcher's knowledge, there is no study examining Turkish male college students' experiences of depressive and anxiety-related symptoms in both intra and interpersonal contexts, and in the macro-context of Türkiye in terms of their ideas about masculinity. Regarding the literature, hearing the experiences of this population can be beneficial to understand the possible impacts of masculinity in the context of mental health problems of male college students. For this purpose, the research questions of the current study are (1) How do male college students experience depressive and anxiety-related symptoms in intrapersonal, interpersonal, and macro contexts? (2) How do they make decisions about seeking help for them? (3) How do their ideas about masculinity shape their experiences?

METHODS

3.1. Data Collection

After the Istanbul Bilgi University Ethics Committee approved the study, the researcher started the study by finding eligible participants. The researcher used convenience sampling and snowball sampling methods for recruitment. For convenience sampling, a digital poster/advertisement of the study was shared on the researcher's and Istanbul Bilgi University Psychological Counseling Center's Instagram accounts. Besides, the researcher shared a digital poster/advertisement of the study with his social contacts at Boğaziçi, Sabancı, and Özyeğin University. To use snowball sampling, after each interview, the researcher asked the participants whether they had an acquaintance who may voluntarily want to participate in the study. If the participants wanted, the researcher asked them to share the digital poster/advertisement of the study with their acquaintances.

Participating in the study was voluntary. People who wanted to participate in the study contacted the researcher through the email address provided on the poster. Then, the researcher sent an informed consent (Appendix B) and a sociodemographic form (Appendix C). If the potential participants gave written consent to participate in the study by choosing the option in the informed consent form stating that they are participating in the study completely voluntarily, their sociodemographic forms were examined to decide whether the potential participant was eligible for the study, based on inclusion and exclusion criteria. Inclusion criteria were (1) identifying as male, (2) being a college student (e.g., undergraduate, graduate, or PhD), (3) being 18-30 years old, and (4) experiencing depressive and anxiety-related symptoms. Exclusion criteria were (1) having an untreated psychiatric diagnosis such as major depression, anxiety disorders, or PTSD, (2) currently having suicidal thoughts, plans, or behaviors, and (3) currently experiencing intensive depressive and anxiety-related symptoms that negatively affect daily functioning. These exclusion criteria are set to prioritize the well-being of potential participants and exclude those who may possibly give a negative reaction to interview questions.

The socio-demographic form was prepared by the researcher and contains 14 questions about demographics (e.g., gender, sexual orientation, age, province, and education), symptoms, functionality, professional help, psychiatric diagnosis, and suicidality. In the form, the intensity and the impact of the symptoms on daily functioning were decided through the self-report of the participant on a 5-point Likert scale. The option "1" represents very low, "2" represents low, "3" represents moderate, "4" represents high, and "5" represents very high impact of the symptoms on daily life and functionality. Choosing 4 or 5 represented an intensive experience of symptoms in the current study. Therefore, this was an exclusion criterion, as mentioned. If the potential participants met the inclusion criteria and were not excluded depending on their responses in the socio-demographic form, the researcher made a phone call to the potential participants to discuss their participation. In the phone call, the researcher explained to potential participants the content of the interview and asked about their diagnosis, symptoms, and the impact of them to be able to decide the eligibility of participation together. The researcher also explained the possible benefits and risks of participation in the interview to support collaborative decision-making and ensure that potential participants were well-informed about the study. If the researcher and potential participants decided that participation in the study would be psychologically risky and they have not been receiving professional mental health help currently, the list of several institutions for professional mental health help (Appendix D) was shared with them.

Based on this procedure and in consultation with the thesis advisor, the researcher made a phone call to three potential participants because of their high score on the symptom intensity question on the socio-demographic form. After discussing with them, it was jointly decided that they were suitable to participate in the study. On the other hand, the researcher also made a phone call to two potential participants who stated suicidal thoughts on the socio-demographic form. After discussing with them, it was jointly decided that they were not suitable to participate in the study. Because they both have been receiving professional help, the researcher did not share the list of institutions for professional help.

Eight participants were eligible in terms of inclusion and exclusion criteria, and the date of the interview was planned together with them. Interviews were conducted online and through Skype. By obtaining the verbal consent of the participants at the beginning of the interview, all interviews were audio and video recorded through the recording option of Skype, as Skype did not have the option for only audio recording. In addition, both the participants and the researcher attended the interview in a quiet and private place; participants were told about this before the interviews.

A semi-structured interview guide that consisted of 18 main questions and 42 probe questions (Appendix E) was used during the interviews. The questions of the interview aimed to investigate the depressive and anxiety-related symptoms of the participants, their experiences with them, their help-seeking behaviors about them, and their ideas about masculinity. As the study adopts an ecological systems perspective, the questions asked for different contexts such as intrapersonal, family, friends, romantic partners, and the macro-context of Türkiye. In the study of Akcay (2016), the experiences of men with mental health diagnoses were studied by asking about their masculinity perceptions, coping methods, help-seeking behaviors, suggestions for mental health services, their experiences before and after the diagnosis, and their experiences about work life, mental health professionals, family, and friendships. By taking inspiration from this study, the interview questions in the current study were categorized as the experiences and help-seeking behaviors in different contexts such as intrapersonal, family, friends, romantic partners, and the macro-context of Türkiye. Both their experiences and help-seeking behaviors were asked for all these contexts. In the category of masculinity ideas, their experiences in the macro-context of Türkiye were asked together with their masculinity ideas. To elaborate, firstly, the interview started with the introduction questions asking the participants' daily life, relationships, and education to familiarize the participant with the interview. Secondly, their experiences with their depressive and anxiety-related symptoms were asked, including their type, duration, and intensity. Thirdly, questions about participants' coping with these symptoms took part, including professional and non-professional ways of coping, as well as what was the most helpful way of coping for them. Fourthly, their relational experiences when sharing and help-seeking about their symptoms were asked, including whether they shared or sought help, what reactions they

received, and how these reactions affected them. Besides, these questions were asked separately for the contexts of family, friends, and romantic partners. Fifthly, their thoughts about men with mental health problems were asked in terms of the perspectives of their own, the community, their family, friends, and romantic partners. Finally, as the closure questions, their thoughts, experiences, and questions about the interview were asked.

To improve the interview guide, one pilot interview was carried out by the researcher. After the interview, the suitability of the interview guide and the researcher's way of asking questions were discussed with the thesis advisor. As a result of this, the wording of one question about the self-perceptions of participants during their experiences of depressive and anxiety-related symptoms was changed to minimize the risk of making participants uncomfortable. The pilot interview was also included in the analysis because there was only a change in the wording of one question. Besides, the duration of the interviews was between 50-95 minutes. During the interviews, none of the participants seemed distressed or triggered or stated any disturbance because of the interview questions.

3.2. Participants

Braun and Clarke (2013) recommended 6-10 participants to conduct a small-scale thematic analysis study. In this study, eight participants were recruited. All participants defined their gender identity as men. Six participants defined their sexual orientation as heterosexual, and two participants as gay. Their age range was between 19-25 years. While six participants were living in Türkiye at the time of the interviews, two participants were abroad for their education. When it comes to the educational status of the participants, two of them had a bachelor's degree in psychology, and one of them in philosophy. One participant was an undergraduate student and was doing a double major in psychology and public finance. Other participants were undergraduate students in psychology, interior architecture, and labor economics and industrial relations departments. The table below provides detailed characteristics of the participants (Table

3.1.). To guarantee the anonymity of the participants, they were represented by the pseudonyms of their own choosing.

Table 3.1. Demographics of the Participants

Participant Pseudonym	Sexual Orientation	Age	Current Education	Symptom Intensity (/5)	Current Professional Help	Psychiatric Diagnosis
Emrah	Heterosexual	24	Graduate	4	No	No
Baran	Heterosexual	22	Undergraduate	3	No	No
Ege	Heterosexual	22	Undergraduate	1	No	No
Mehmet	Heterosexual	21	Undergraduate	2	No	No
Ahmet	Heterosexual	20	Undergraduate	2	Yes	No
Berk	Gay	24	Graduate	4	Yes	Yes
Emre	Heterosexual	19	Undergraduate	4	No	No
Mustafa	Gay	25	PhD	2	Yes	No

3.3. Data Analysis

Thematic Analysis was used to systematically analyze and make meaning of the whole data that came from the participants' experiences (Braun & Clarke, 2006). When analyzing the data, Braun and Clarke (2006) offered 6 steps as (1) transcribing and reading the data many times to be able to identify meaning in the data, (2) splitting the data into groups to be able to gain initial codes from them, (3) to be able to create themes, examining and grouping the codes which might create themes, (4) to be sure of representativeness of themes, examining them again as data extracts and examining the whole data, (5) describing the core of the themes to be able to describe the coherent themes, and (6) creating a report that contains the data and the analysis. Therefore, in the first step, the researcher transcribed the records of the interviews and read the data many times to make meaning of the data. In addition, some ideas coming from repeated readings were noted to be remembered in the next steps. In the second step, by using the MAXQDA 2024 Software program, the researcher started to create initial codes from the data of the pilot interview by examining the data in detail as short pieces (data extracts),

sentence by sentence. In the third step, after the initial coding of the pilot interview, peer debriefing was carried out by sharing the initial list of codes with the pre-determined peer, Ayşe Damla Acuner. The peer debriefer was a fellow clinical psychology graduate student who was learning about qualitative coding and research. The researcher and the peer debriefer discussed the initial codes and how they can be developed to reflect the data in more detail. Moreover, in this step, the researcher carried out investigator triangulation with the thesis advisor by discussing the initial codes and receiving feedback about them, which Braun and Clarke (2013) suggested to increase the quality of the analysis. Both peer debriefing and investigator triangulation helped the researcher to notice some factors that can decrease the detailed representation of the data, such as coding the data in a too general way and hesitating about the possible codes of some data extracts. Considering the feedback of both the thesis advisor and peer debriefer, the researcher completed the initial coding of the full data and prepared a list including the frequency of initial codes. In this step, initial codes “difficulty in trusting others, depression-feeling inadequate/faulty, and community’s view-being powerful” were the most frequent codes. Then, the researcher and thesis advisor examined the codes in detail and started to generate sub-themes and themes. In this step, the themes “barriers to disclosure, expression of symptoms, power and masculinity norms, coping, and social support/feeling supported” were generated. In the fourth step, the researcher controlled both the full data and the data extracts to be sure that themes represented the data. In the fifth step, the researcher and thesis advisor reexamined the themes and the sub-themes to finalize their names by considering how much they were representative of the data and to show the direct relationship between sub-themes and themes. In this step, the final names of the themes were "expression of symptoms, barriers to disclosure, masculinity norms about mental health, coping with symptoms, and feeling supported." Finally, in the sixth step, the researcher wrote a report and elucidated the data and the analysis by explaining the themes, sub-themes, and related data extracts.

To ensure that the final analysis accurately represented the participants' experiences, member checking was used, which Braun and Clarke (2013) suggested to increase the quality of the analysis. For member checking, the researcher sent participants the summary of the findings and the themes created from the data to be able to get their

feedback via email (Appendix F). Only one participant replied to the email of the researcher and stated that in every theme, there were several sub-themes reflecting his experiences, as well as some of them made him feel that the experiences of him and other participants were similar.

3.4. Reflexivity

As the researcher, I am a person who identifies himself as a man and grew up and has been living in Türkiye. I encountered the masculinity norms and related "power expectancy" during my childhood, youth, and adulthood. Although I did not grow up in a family in which gender roles were strictly implemented or expected, I was still raised by being aware of the norms, including "what a man should or should not do," to be able to accord with the community and meet its expectations. I also encountered similar expectations and norms in my relationships with my peers during my primary and high school years. Therefore, in time, this caused me to interrogate the power and entitlement-related masculinity expectancy and why the community continues to expect and adopt it. Today, as a person who notices the negative impacts of these norms on people and community and who tries not to adopt these norms as much as possible by confronting my own contradictions, I still realize how these experiences and norms have impacted my character, interpretation of my gender identity, expression of emotions, and relationships since my childhood.

Besides, as a clinical psychologist candidate, I am aware that it is hard for men to have mental health problems as well as seek help for these while they are both internally and externally experiencing the power and entitlement-related masculinity expectancy. Therefore, I was curious about this topic in terms of hearing about men's experiences of mental health problems, how they feel about these, whether/how they share their problems with their loved ones, whether/how they seek help for these, and what they think about the ideas of community and themselves about men experiencing mental health problems.

During the interviews, I generally thought that the experiences of the participants were familiar to a degree with the discourse I heard from my acquaintances and close ones in my daily life. In addition, although the ways of coping and expression might change, the reactions of the community and the internal reaction of oneself to one's experience were not very different across participants. Therefore, hearing directly how the power expectancy and masculinity norms caused men to have hard times from different aspects when they experienced mental health problems made me notice the importance of the topic more genuinely and think about this more deeply. In other words, I believe that examining how power, entitlement, and aggression-based model of masculinity shapes men's own experiences of mental health problems may be substantial in terms of thinking about how these negative impacts might be prevented, changed, and transformed. Besides, considering the relational aspect of the data and analysis, it is important to note that a researcher with a different gender, cultural, or professional identity might have listened to the data in a different way. Therefore, considering the sample of this study, I hope that hearing about the experiences of college student men's experiences of mental health in this study can contribute to the literature on this topic as well as the prevention programs that might be carried out at universities.

RESULTS

In this section, the themes and sub-themes derived from the interviews will be explained. There are 5 main themes in the study as “expression of symptoms,” “barriers to disclosure,” “masculinity norms about mental health,” “coping with symptoms,” and “feeling supported.” Sub-themes of each main theme can be examined in the table below (Table 4.1.).

Table 4.1. Themes and Sub-Themes

Themes	Sub-Themes
Theme 1: Expression of Symptoms	Inadequacy
	Decreased Energy and Motivation
	Overthinking
	Isolation
Theme 2: Barriers to Disclosure	Fear of Judgment
	Self-Sufficiency
	Fear of Being a Burden
	Ineffectiveness
Theme 3: Masculinity Norms About Mental Health	The Expectation of Being Powerful
	Lesser Salience of Power
	The Underestimation of Men’s Problems
Theme 4: Coping with Symptoms	Reaching Out for Help
	Solitary Activities
Theme 5: Feeling Supported	Non-Judgmental Attitude
	Active Solutions and Advise-Seeking

4.1. Expression of Symptoms

In this theme, the experiences of participants with their depressive and anxiety-related symptoms are explained. It includes what the symptoms are and how participants experience these symptoms. This theme has four sub-themes as inadequacy, decreased energy and motivation, overthinking, and isolation.

4.1.1. Inadequacy

A feeling of inadequacy was one of the symptoms most commonly reported among participants. This sub-theme includes participants' experiences of feeling inadequate, weak, or faulty. Some participants reported experiencing this feeling directly as a part of their depressive symptoms. They said that they feel like they cannot make the right decisions about their life and education, make mistakes, and cannot handle their issues. Therefore, it caused them to feel faulty and inadequate. Besides, according to their accounts, these experiences decreased their motivation and performance for their work.

"My previous state was very indecisive, unsure, as if I had chosen the wrong thing (referring to his choice of career), I couldn't do it, I felt inadequate. This inevitably reflected on my performance and also decreased my motivation. On the other hand, of course, this lack of motivation also caused anxiety. Because I do something, it was my choice, but I can't do it, I have to do it, people around me do it. I feel like I'm missing something, I can't do it. I felt this anxiety a lot. I was comparing myself a lot with my friends." (Berk)

As the participant above mentioned, feeling inadequate and faulty also caused them to compare themselves and their performances with others, which also increased their feelings of inadequacy and led them to feel like everyone handles their issues or problems, but they cannot achieve or manage them. Another participant had a similar experience of comparing himself to others; this experience was about his romantic relationships.

"As I said, especially not having had another relationship after this one, it brings out that feeling of inadequacy and competitiveness in me. Because she has moved on with her life, I can't, I think about that all the time." (Ahmet)

Some participants reported experiencing inadequacy in expanding their daily life activities and their future plans or dreams. They explained this feeling as a tough internal

voice that constantly emphasizes their inadequacy and fault, as well as creating a feeling of despair.

“Whatever the work is for that day, whatever the plan is for that day or I mean, it can be something long term, it doesn’t have to be about that day, no bro, it’s not going to happen anyway, I’m just doing this, I’m throwing it away bro, it’s not going to happen anyway, it’s not going to come to anything. When I fight with it in my head and try to get somewhere by saying it’s going to happen, it turns into an inner voice that attacks me. I say inner voice, but I mean, I’m doing it, I’m thinking about it. You know, you’re not going to be able to do that thing, of course, I don’t know. Right now, I’m saying it politely because we’re in a meeting, I normally use a little swearing.” (Emrah)

The participants reported that when they felt inadequate or at fault about something in the past, this caused them to feel more depressed. However, when these feelings were about the future, they sometimes caused anxiety.

"I find myself in that state, yes, we weren't going to do it like this, what should we have done, etc., and time flies while I think about all these things, and the days, weeks etc. that pass while I think about them are actually very depressing, I'm talking about a process like that. I actually said that when it was over with the past. I mean, it turns into something about the future. It's all anxiety, like, no, it won't happen like that." (Emrah)

Besides, some participants stated that they experienced feelings of inadequacy, and the anxiety related to this might cause anger, which they might sometimes experience as a shield for feelings of inadequacy.

"Depressive feelings would come, a feeling of inadequacy would come, it would cause me anxiety, I would get angry. I would get angry for no reason, and I would actually cover it up again." (Ahmet)

Some participants described themselves as perfectionists and mentioned that their feelings of inadequacy made them feel like they were far from their image of the ideal self.

“Because I’m pretty perfectionistic, seeing myself stray from that perfect ideal was something that made me feel worse. So, I never wanted to accept it, but frankly, when I did, things got a lot better for me.” (Ahmet)

As the participant's narrative shows, feeling inadequate also caused him to have a hard time admitting his issues, which also made the case harder for him. Related to this topic, it was also common among participants to feel inadequate or faulty as a reaction to their symptoms. In other words, experiencing depressive and anxiety-related symptoms caused some participants to feel weak, faulty, or inadequate.

“My main feeling was feeling weak, I mean feeling weak, it made me feel like a failure, weak, incomplete." (Ahmet)

“The first thing that comes to my mind is that I cannot be self-sufficient.” (Berk)

"This whole depressive process, this anxious process actually brings a lot of things with it. I mean, I don't want to think that I'm weak. I don't want to express it." (Emrah)

To sum up, the narratives of participants showed that feelings of inadequacy, fault, and weakness are commonly experienced, both related to and as a result of their depressive and anxiety-related symptoms.

4.1.2. Decreased Energy and Motivation

Many of the participants mentioned that when they experience depressive and anxiety-related symptoms, they had a decrease in their energy and motivation to handle their daily to-dos, experienced an unwillingness to sustain their routines, or a general reluctance. One participant stated that, especially during depressive periods, it was hard for him to maintain his daily life; it was defined as anhedonia by the participant.

“It’s a little bit more like anhedonia, I don’t want to do any work, which is what I’m experiencing right now, especially if I’m going through something depressive.” (Mustafa)

A similar experience of anhedonia was also mentioned by another participant.

" I didn't enjoy life for a while. I didn't enjoy anything I did." (Ege)

Another participant's narrative explained that throughout the period of experiencing depressive and anxiety-related symptoms, he maintained his daily life by meeting generally basic needs and had a hard time carrying out other work and fulfilling his responsibilities.

“I had a period where I wanted to not do anything, like let go of everything, just living, eating, some basic pleasures, etc…. That’s why I couldn’t fulfill my responsibilities.” (Baran)

According to the narratives of the participants, having enough energy to sustain daily life was hard for them; they reported feeling chronically tired and nervous, as well as feeling like there is no way one can feel relaxed or rested. The participant likens this period to a “vegetative stage.”

“I was finding myself doing a lot of things, for example, I mentioned reading books, playing games, I am in a period where I can only do them recently. I wasn’t actually going out and doing anything in my free time. I was spending my free time completely like in a vegetative state. There might be Instagram reels, YouTube shorts, whatever, just short things like that, just to kill time, I could look and see that 2.5 hours passed without me even realizing it, I was in such a state and I wasn’t very happy about it, I was in a state where I couldn’t rest, I was constantly tired, very tense, I couldn’t enjoy anything, but I was trying to rest, this time I couldn’t rest, I found myself in such a state. There was such a cycle.” (Berk)

Another participant emphasized his unhappiness or boredom during social activities with his friends. He described the period of depressive and anxiety-related symptoms as one’s persecution against oneself.

“Actually, for me, it was like being aware of it and actually torturing myself. The things that made me realize this the most, apart from being aware of it, were my friends in my close circle. They were doing one-on-one things, going out. I either didn’t join in or I felt bad. Even if I did, I didn’t talk and acted badly. I felt bored.” (Ege)

Another dimension of the decreasing energy and motivation was participants’ narratives of “bad mood”. Some participants mentioned that, in addition to anhedonia and feeling tired or demotivated, they also felt sadness and unhappiness.

“I also started to say that nothing has an end unless life ends. Apart from that, of course, with this restriction, you go through stages of sadness, unhappiness, weakness, and even more restrictive feelings and thinking in that direction.” (Emre)

"I am not happy, and I can still say today I don't remember the last time I was happy clearly. I can't say that I remember much what happiness is anymore. And at that time, I was saying, I am not happy. Negative things are constantly going on in my mind. There is nothing that makes me happy." (Ahmet)

Therefore, according to the narratives of participants, their experiences of anhedonia, tiredness, demotivation, and unwillingness cause them to have a hard time maintaining their daily life routines and work. Besides, they stated that accompanying bad mood is also a challenging factor during this period.

4.1.3. Overthinking

Thinking about their problems and issues over and over, ruminating about them, and as a result, increasing anxiety and decreasing focus were commonly experienced among

participants. Many of them stated how their ambivalence, in other words, not being sure what the right decision is for them, caused them to think about the issues excessively.

"I don't know, I'm questioning all my choices, like, should I have done my doctorate? Should I have looked for a job? Or maybe I shouldn't have left Türkiye, etc. It feels like much more anxiety, and constantly questioning things." (Mustafa)

"I kept repeating the problems I had over and over in my mind, and that never came to a conclusion." (Ahmet)

For some of the participants, there was a certain triggering factor that increased their anxiety and caused them to repetitively think about the issue.

"I get stuck on something, I think about it in my head, I throw out a sentence. That sentence plays in my head once, plays a second time, plays a third time, gets cut in half in four, my attention gets distracted." (Ahmet)

Besides, as their anxiety and overthinking increased during this repetitive thinking period, it caused them to imagine catastrophic scenarios, which increased their anxiety and overthinking more. One participant explained his anxiety about losing loved ones.

"Let me explain anxiety first. It affects me a lot in life, the anxiety is on my mind 24/7. When I sleep, in my dreams, at breakfast, at dinner, at sports. When I sit with my friends, I don't know how to describe most of it. For example, this morning I went to the gym, and while I was going to the gym, a song was playing, okay, there was a little interruption in the song. What immediately comes to my mind is what if I lose, and by what I lose, I mean not a situation where I lose, but a scenario where I lose." (Mehmet)

Many of the participants suffered from anxiety and overthinking, which caused them to have problems with focusing. Therefore, it interfered with their daily lives. For example, one participant mentioned that when he is hanging out with his friends, he starts thinking over and over about something, and his mind is distracted.

"Well, I think a lot in general. Sometimes, even when I'm with friends, I can get lost at a certain point and think for 10 minutes. When they ask me what I'm thinking about, I can't say it directly. Because these are issues that everyone suffers from." (Emre)

Another participant mentioned that when his anxiety is high, he has difficulty focusing more, and this affects his daily work.

"It affects me when I'm anxious. For example, I had a doctor's appointment on Monday, I was going to give a few tests at work, and it was at 1 p.m. I was going to go during my lunch break, give the tests, and come back. But for example, I couldn't work from that moment until I went to the doctor because of the anxiety. I don't know if it was because of the anxiety that remained after I came home from the doctor, but I still couldn't focus

on work. So, I think instead of depressive symptoms, anxiety-related things are paralyzing me more right now, it's definitely more visible." (Mustafa)

Similarly, another participant experienced that there are pauses or mistakes in his speech because there are many topics to think about in his mind.

“It affects me like this, for example, I become very absent-minded. Although I am normally someone who can focus very well, my speech can be very disrupted. Because when you think about a few things too much and you have to think about a few things, after a while, your brain starts to make an error.” (Emre)

As a result, according to participants, their anxiety, overthinking, and focusing problems, which are experienced related to each other, have negative impacts on their daily activities and work.

4.1.4. Isolation

Not having enough energy or desire for social activities, and as a result of this, withdrawal, were mentioned topics in the context of participants' accounts of experiencing symptoms, especially depressive symptoms. One of the participants stated that he does not want to hang out with his friends and wants to be with himself. Therefore, it caused a significant decrease in his social life.

"I didn't go out, it reduced my social life to zero. Those were the results. I didn't communicate with many people. I kept to myself. I only talked to 3-5 friends about my problems. Those were the results." (Ege)

As mentioned above, the participant also did not want to go outside and had a desire to be home himself. Another participant also mentioned a similar case of isolation during his period of experiencing symptoms intensely, which he thought contributed to his bad mood in a negative way.

"It was a period when I was isolating myself a lot. I was at home most of the day, in fact, I would say 90% of the day, from the summer, it wasn't feeling good either, of course." (Berk)

Another participant mentioned his experience that as he withdrew from social life, it got harder to get used to social activities again. According to his narrative, it caused him to feel less self-confident in the social context. Therefore, this period made him feel like starting from scratch to build his social life again.

"Because it reduced my social life to zero, because I didn't communicate with anyone, it inevitably lowered my self-confidence. How can I say? It weakens communication with people because when you don't talk to anyone, it's like training in sports for me; the more you do, the more you add to it. Well, because the foundation was completely destroyed, it was like rebuilding from scratch for me. In other words, it was like starting from scratch." (Ege)

Some participants mentioned their tiredness, demotivation, and anhedonia during their symptomatic periods. Feeling less energetic, motivated, and willing to maintain daily life, as explained previously, also affected their social lives. A participant stated that no way he could ever feel rested and relaxed, so he wanted to be alone at home to be able to get rest.

"You know, those resting things were always activities that I did on my own, maybe I felt the need to be alone a lot because I couldn't rest, that was my interpretation. This also distanced me from people. Whereas those people were supporting me, it was like I had distanced myself from my support." (Berk)

In his narrative, it is also seen that withdrawing from social context and the desire to be alone reflected the need to relax and get rest; however, this way of coping also caused him to miss the opportunity of taking the support of loved ones. Parallel to this, he mentioned the importance of social life.

"I think social networking is definitely very important here. As I said, I interpreted being isolated as resting and I was in a very closed-off state here." (Berk)

To sum up, the narratives of the participants show that during the depressive periods, they have a need to withdraw from the social context and be alone, related to their need to get rest. On the other hand, it also has side effects in terms of not taking the support of their close ones as well as being estranged from social life.

4.2. Barriers to Disclosure

This theme depicts the factors that lead participants not to disclose their problems with their friends, family, partners, and a professional, or if they do, what leads them to hesitate about it. It also includes what restricts their help-seeking behavior. There are four sub-themes in this theme as fear of judgment, self-sufficiency, fear of being a burden, and ineffectiveness.

4.2.1. Fear of Judgment

Under the umbrella of the fear of judgment sub-theme, participants' fears and experiences of being stigmatized, blamed, belittled, underestimated, and seen as weak because of their symptoms are mentioned. Moreover, these fears and experiences are explained in the contexts of friends, family, and partners; however, as is observed below, this sub-theme is generally narrated in the context of family.

Being perceived as a weak person was one of the fears of participants when they thought about sharing their problems with others. Disclosing their symptoms meant portraying an image of not being able to handle their problems and being inadequate. One participant mentioned this for his friendships. After he broke up with his friend group, he expressed regret for sharing his problems with them in the past.

"I think I could have talked to them then too, but like I said, I regretted it later because I showed my weaknesses. And now it's like, you know, I gave a bunch of people a lot of information about myself, and then I ran away, and now they know about me and my weaknesses. Because they're all still friends and I'm not, and I don't like the idea of that." (Ahmet)

The participant also mentions that sharing his psychotherapy process was hard for him in the past. He describes it as a "weight on his shoulders."

"For me, this is a weight that I carry on my shoulders, for example, my friends would ask me where I am going on Tuesdays, I have work to do, I have classes. I didn't tell anyone for a year or two, maybe I told my closest ones that I was going to therapy." (Ahmet)

Another attitude that made participants feel judged was showing a blaming approach. It included having a blaming tone by stating that the conditions that the participant experiences are the result of his own decisions, so there is no way to complain. One participant mentioned how his partner shows an attitude that feels like blame.

"There have been moments where I've heard sentences like, 'Why are you sad? You're doing what you've been dreaming of right now. It was your decision, it was your choice. Isn't it a bit ridiculous that you're sad right now?' or sentences similar to these, although not exactly like that, several times." (Berk)

This participant explained that he gets a similar reaction from his family when he shares his depressive symptoms with them, which makes him think that his family does not care about his problems.

"My parents would belittle my problem a little more, blame me a little more, and sometimes I would find myself in a conversation where the subject would stray away from me in order to understand the situation a little more, and I would get reactions that made me feel like I wasn't cared about, and sometimes, as I said, I would feel blamed." (Berk)

The participant expressed that his experience of decreasing energy and motivation during his depressive periods is perceived as laziness by his family, which might be categorized as a type of blaming attitude.

"On the other hand, I got this laziness thing a lot, they interpreted the difficulty I had in starting the day as being very lazy." (Berk)

The blaming reaction the participant got from his family, unfortunately, made his mood worse and his internal voice harsher in terms of judging himself.

"I mean, it made me question myself sometimes. I can say that when I was already in a position where I was underestimating myself, obsessing about myself too much, feeling these things emotionally, getting reinforcement from my family reinforced the negative." (Berk)

Another dimension of fearing the judgment of others was the fear of stigmatization from family or relatives. In other words, according to the participants' narrative, when one has psychological disorders and problems or takes professional help, it could cause others to think he is "crazy" or "problematic," which causes one to refrain from sharing or help-seeking.

"You know the Turkish family structure, you have to constantly make excuses like, oh, he's psychologically disturbed, he's going to this place or something... But when we look from the outside, it's a very bad situation to be exposed to things like, is he going to a psychologist, is he having this problem, is he depressed, oh, he's fine, etc. I didn't want that either." (Emre)

Another participant suffered that when he shared his problems with his family, he felt that they were underestimated or invalidated, which may include a tone of blaming.

"For example, let me tell you about my mother's approach; we send you to school. We put money in your pocket. Your only responsibility is to study, so what could you possibly be worried about?" (Emre)

Another participant defined this attitude of underestimation as removing the meaning or essence of the problem that he suffered from.

"But sometimes she makes things so meaningless, she says something so rude that it drives you crazy… Like, I gave birth to your sister when I was your age." (Mustafa)

The aforementioned attitude also included a comparison of the "magnitude" of problems, which was also a part of underestimation or invalidation of one's problems.

Some participants mentioned another way of reacting that might cause them to feel judged by giving advice, telling them what "should" they do, and what is the "right" thing they do not know, and is the solution to their suffering. This was also a barrier to communication that made them feel like there was no room for their emotions.

"My grandfather and I sometimes talk and chat. He also makes a lot of suggestions. Of course, I don't like it when he makes a lot of suggestions. He gives a lot of advice and says, " Don't care, son, you care too much. He says things like this and that, and I say okay, then we chat and then we move on, usually." (Emre)

"I can say that they always turn to this advice, a comment that tells that I am not trying hard enough, but instead of hearing my feeling, they turn to this." (Berk)

Some participants had a hard time trusting others' good intentions or supportive and caring reactions. In other words, they expressed being suspicious about how others might react. Therefore, they felt more cautious about disclosure.

"There is also a trust factor there. There is a factor of examination, like if I tell it, will it be accepted well, or will it be useful for me? Will it provide a solution, or will different things happen or not, and then if I approve these factors in my head, I can open up about my problem, or I can say that I am trying to solve my own problem and my own thing in my own way." (Emre)

"But I never went into it so deeply, there was a possibility that maybe I would get a 'never mind' answer from them. Because I thought about this, I didn't like to go into the depths of events." (Ahmet)

"I actually have close friends. I don't really share it with them. I usually hide things from people. I mean, my own pain. That's what I usually do, but I sometimes tell them a little something to figure out their reactions." (Baran)

To sum up, different attitudes from stigmatization and underestimation to blaming and giving advice can make participants feel judged, which might cause them to get away from sharing their problems or seeking help for these. Besides, compared to friend and partner contexts, it can be said that the family context is the most commonly mentioned context in which participants encounter these attitudes.

4.2.2. Self-Sufficiency

The theme of self-sufficiency includes the factors that make the participants feel inadequate and weak, so they create barriers for participants to disclose their problems and seek help. Firstly, many participants mentioned that there is a desire to handle or solve their problems on their own; in other words, there is an internal voice saying it should be this way. One participant expressed his experience and thought that it is also related to his underestimation and belittling of his own problems, like it should not be such a big deal.

"Because it was a place where I always procrastinated, always tried to be self-sufficient, belittled the problem, in other words, I belittled myself, and that was actually one of the reasons why I didn't get support. It's like saying, you worry too much, you get affected too much, don't do it." (Berk)

Similar to this participant's experience, another participant emphasized that handling his problems without taking the support of others is like an issue of "ability." Therefore, he stated that thinking that not being able to handle his problems on his own might be a triggering factor in terms of questioning himself.

"I was thinking, 'Why can't I take care of something myself?' Although I still think that way a little bit. I mean, I generally choose to take care of it myself rather than bringing it up." (Emre)

Therefore, in such a case, avoiding people might be a relieving factor for him.

"I usually distance myself at that moment... I just say, wait a minute, friends, I'm going into an off mode, I say. I mean, I'm leaving." (Emre)

He also added that after trying to solve his problems with his own resources, it might be an option to disclose others.

"I usually try to handle it myself first. If I can't handle it, I resort to external processes." (Emre)

Another dimension of the desire for self-sufficiency was associated with the avoidance of the feeling of weakness and powerlessness. For some participants, sharing their problems with their close ones or requesting their support during the period they had hard times meant being a weak person who cannot handle their problems. Besides, showing their emotions about their problems also created a disturbing scene for them.

"I usually prefer to be alone. I don't think it's the right thing to do, but asking for help from someone, especially a relative, can sometimes feel like a bit of a weakness. I can't cry in front of someone, I mean, I need to be alone, I usually retreat to a place like that, I think about things all the time." (Baran)

The desire for self-sufficiency also showed up when the participants thought about getting professional help for the distress arising from their symptoms. One participant stated that seeking professional help meant admitting that his distress and problems are real and serious, and he needs professional help to cope with them. This, in turn, led to confrontation about his problems and made him feel weak, inadequate, and miserable. Therefore, for a while, he avoided admitting the reality of his symptoms as well as taking professional help.

"For me, going to therapy used to mean weakness. That's why I didn't accept all these illnesses, all these problems. Because it seemed like weakness to me. I mean, is my situation that bad? Am I in a miserable situation? Maybe I need help and can't cope with something on my own." (Ahmet)

According to another participant's narrative, he thought about getting professional help, but believed he could do what the psychotherapist would want him to do in his own way and methods. He believed that he does not need psychotherapy because his own ways of coping and relationships can substitute for psychotherapy. However, in his current case, he believed they do not meet his needs enough.

"There was a belief there, if you ask me, for example, right now that belief is a bit of an arrogance or an arrogant attitude. I can handle this myself. In other words, when I say I can handle it myself, I don't mean I can handle it alone. I was thinking about it in my own way, in my own mind, what therapy was trying to do. There are certain problems, there are certain things that require a certain approach, and I apply to a place to have such a space, I receive a service. In other words, it seemed to me that I could provide this myself. It seemed like I could do it myself by establishing honest communications with certain people to a degree similar to the one there, with people, with writing, etc." (Emrah)

As a result, the narratives of the participants show that the desire for self-sufficiency can create a barrier to disclosing their problems and seeking help for these. In other words, taking the support of others might make them feel weak and inadequate, which is not in accordance with their expectation of being self-sufficient and handling their problems by themselves.

4.2.3. Fear of Being a Burden

Under the theme of barriers to disclosure, there is another sub-theme as fear of being a burden. Although it was not as common compared to fear of judgment and desire for self-sufficiency, it still created worry in some participants. Throughout this sub-theme, when they think about sharing their problems or seeking help for them, participants' fear of being a burden to others and worrying them is explained from different perspectives.

One of the participants expressed that he feared worrying his partner if he disclosed his psychological problems. He was concerned that his partner might ruminate about his problems, and this might make her feel more anxious and distressed, which the participant feared because he stated that she also has her own problems, and he did not want to be an additional burden on her mind.

"I know that she is very concerned about even the smallest health problem I have. She already has her own problems, psychological problems. On top of that, I don't want her to accept my problems. I am actually doing this because I think of her. Because let me put it this way, she has his own problems. There are things she can't handle. I am always there for her, of course, she tells me everything, I have no doubts about her, but if I tell her, she will put her own problems aside and start caring for me. This will hurt her. I can't tell her right now because I am afraid of this." (Mehmet)

Besides, he believed that his partner could not regulate her emotions enough and cope with the distress she experienced. This also kept him away from disclosure.

"I'm afraid of upsetting her. I'm afraid because I think she'll get hung up on even the smallest thing because she's like that. How can she control her anger? Her sadness turns into anger. She can never distinguish between anger and sadness. She's also getting psychological support right now. If I tell her, I'll get even more upset, it'll make her worse." (Mehmet)

Moreover, when it comes to disclosing their problems to their family, some of the participants shared similar thoughts. In other words, they feared being a burden to their family and worrying them.

"Because it is something that affects them, they are also upset, a little bit too much, so I don't actually want to talk about it." (Baran)

"They get very worried, I know that… They worry about it a lot. By the way, I had a few health problems. They worry about it a lot, for example, when I have a cold, my mother tells me, Should I come to you right away? In the slightest way, for example, that's why I don't want to tell you this thing of mine." (Mehmet)

On the other hand, in addition to and beyond fear of being a burden for the family, some participants did not feel that there is room for their problems, or they were doubtful in terms of how their family can bear and cope with their problems. Therefore, in such a case, not disclosing their problems seemed to protect both themselves and their family, according to their narratives.

"Because I know they can't handle it. My sister is already much more serious and takes up a big space there, and I see that they can't cope with her, and by the way, it's not to do them any good. It's actually to protect myself a little bit because I want to protect myself or them, and I know they can't do it either, because I know they can't handle certain things, especially my father can't sleep at nights, I don't know, he worries a lot. That's why I don't share much." (Mustafa)

As a result, although not as common as fear of judgment and desire for self-sufficiency, fear of being a burden is also a factor that can cause participants to avoid disclosure. It includes being afraid of upsetting their loved ones and not feeling there is enough space for them.

4.2.4. Ineffectiveness

Under the theme of barriers to disclosure, there is another sub-theme named ineffectiveness. This sub-theme includes participants' thoughts that sharing their problems is not an effective way to resolve them or soothe their suffering. There is a restricted amount of narrative about this topic among participants; however, it has an important impact on some participants' experiences.

According to one participant's narrative, what is important was one's own characteristics, readiness to hear others' opinions, or being willing to change and transform. Therefore, unless one wants to utilize others' ideas or comments, it was not helpful to share problems; he believed that it is an individual journey.

"So most likely someone will say the sentence that I need the most right now, if I am not in a state to understand it, that is, I mean, I will not understand that it will be good for me or that it says do something like that, I will do it now. This is a very individual journey, and if it will be good for me, I go to it not because someone somewhere said it, but because it will make sense or because I will do it, that's why I don't have much faith that it resolves something." (Emrah)

He also added that his thoughts about the ineffectiveness of disclosing problems are not associated with any specific experience with a person or in a relationship, but his incompatibility with the practice of disclosure itself.

"In terms of the person, at first, it was like that, a belief that communication was being broken, and therefore, a trust was being broken there. My problem now is actually with that practice." (Emrah)

According to another participant's experience, sharing his problems and suffering with others did not change anything about the problem; however, this might ease the process of getting used to the problem. Therefore, because talking about problems cannot solve the problems itself, it seemed a bit senseless to the participant.

"But I don't think sharing something completely solves the problem. People usually say things like, you know, tell me and you'll feel better. The support you get is important, of course. I feel like there's no turning back from some things. I just think you get used to it. Yes, that's how it is." (Baran)

As a result, some participants find sharing their problems ineffective because they believe that either it does not change the problem itself or unless the person is ready to change, nothing will change. Therefore, this factor is a barrier to disclosure for them.

4.3. Masculinity Norms About Mental Health

In this theme, participants', their friends', families', and partners', as well as the community's views about men experiencing mental health problems, are explained through the narratives of the participants. It is mentioned how expectations and norms of the micro (e.g., friends, family, and partners) and macro (e.g., community) contexts affect men's experiences of mental health problems. Therefore, it shows both participants' perspectives and their thoughts about others' perspectives. There are three sub-themes of this theme as the expectation of being powerful, lesser salience of power, and the underestimation of men's problems.

4.3.1. The Expectation of Being Powerful

This sub-theme explains attributions to men that are mainly related to power expectancy from them. It includes many features such as being far from emotions, independent, confident, constructive, and tough. Overall, these qualities portray a powerful person who is as solid as a rock, does not get affected by anything around oneself, and is distanced from indicators of weakness. Participants generally agree on the community's expectations and norms. In this sense, although there are different experiences, some of the families are similar to the community to a degree, while friends and partners are generally different from the community's views on power and masculinity.

According to participants, the community expected men to be far from emotions, especially the ones related to "weakness" such as sadness, worry, and fear.

"According to the society, a man should never be sad. A man should not cry, a man should be strong. Whether it is for his family, his friends, his environment. I think that's how they think." (Mehmet)

"Not being afraid of anything. Not being sad, not crying, not worrying too much, being relaxed." (Ahmet)

Besides, a man's emotionality could be acceptable if his experience is in extremes.

"I think it has to be a very extreme event for it to be normal to society. Otherwise, it's simple things like, you know, are you offended by this or are you upset about this?" (Baran)

However, beyond a healthy emotion regulation capacity, this might end up denying or compressing their emotions totally.

"Let me give an example of a father of a family. A father of a family is like this; he is having a very bad day, he is very upset, his business is going very badly. But when he comes home, he has to be cheerful." (Mehmet)

In addition, according to the narratives of the participants, experiencing and showing emotions were related to femininity in the community.

"You know, in primary school, middle school, high school, we were all in various places together, and when I think about the communication there, I also heard crying like a woman in high school, etc." (Emrah)

Besides, another dimension of being far from emotions was the expectation of toughness; in other words, being solid and not being affected by difficulties of life easily.

“I say that manhood is like this, be strong, that emotional resistance is high, not being affected by anything, for example, we have a saying that men don't cry, in the simplest terms.” (Berk)

Another point that was related to power was to expect men to be dominating, building, and constructing. In other words, according to the masculinity norms, men should be able to provide financial resources for their family, protect them, and solve problems for them.

“From a society perspective, making money, running things, being great, leading the way, being able to get things done. That’s what it means.” (Mehmet)

“I think what it means to be a man in terms of society is to stand on your own two feet, to have a certain dominance or to be able to dominate, right now it is more like hard work, this job, that job, etc.” (Emre)

One participant shared an experience in that he planned to marry his partner. However, he thought that he does not have enough financial resources to fulfill the expectation of setting up a home. Besides, as he felt that people expect him to carry out a builder/constructive position, he also expected these from himself, although he believed that he does not explicitly adopt masculinity norms.

“When I imagine this, what happens is that I mean, I don’t know, we’re going to get married, let’s say we’re going to move into a house, we’re going to rent a house, I’m not in a position to play as much a role in these things as she is financially. When I think about my encounters with people who don’t have the same mentality as me, who don’t have the same masculinity as I do, it feels like I have to do certain things, like her family. I mean, not having the tools and equipment to do that, and because these tools and equipment are expected from a man, I’ve just started to experience certain difficulties about it.” (Emrah)

He also mentioned that not fulfilling the expectation of being dominant, builder, and constructive might make the masculinity of a man doubtful in the eyes of the community.

"Whenever a man, I mean a biological man, hears the words 'you are not a man', I think he hears such accusations, I mean when he is weak-willed, impotent, and cannot provide anything for himself, for those around him, or his family. Whether it is material or spiritual, when he cannot provide anything, when he is not strong, I think he hears such things." (Emrah)

Another attribution to men that was related to the power expectation was being self-confident. This might be an important factor in the desired powerful and solid image, according to one participant. Therefore, there was no room for slowing down, thinking, or examining.

“It’s about power. Now you have to stand firm. I think there’s an image about these, an image, to be strong. He has to be self-confident; he has to stand firm. You can’t do that. You can’t sit back and think about what I’m going through, how I’m going through it. You have to keep going. I think there’s something like that, manhood, that identity is filled with these, I think in general.” (Emrah)

Related to self-confidence, it was also expected to be a successful person.

“Because people expect more success from you. They expect more confidence in the job.” (Emre)

This participant shared an experience related to the expectation of success. His narrative showed how people expect men to be more successful and, in the forefront, as well as women to be more in the background and not to overtake men, even when they are more successful than men, which clearly displays how gender-based discrimination is created and maintained.

“My uncle and my aunt are married, and they got involved in politics. In this politics, the male figure is brought to the forefront. However, my aunt is better at speaking and politics, she has to guide her husband. In other words, for the sake of her family, she gives up her own position and tries to guide her husband and bring him to a more polished position.” (Emre)

When it comes to participants’ thoughts on how their family approaches masculinity norms, there are different experiences. Some of them thought that their family also adopts these norms.

"It (his family’s adoption of masculinity norms) has a positive tendency towards society. I am from the Black Sea region, and in the Black Sea region, their approach is if you are a man, you can handle it, you have to handle it." (Emre)

On the other hand, some participants had different experiences in this sense. One participant explained that while his nuclear family does not maintain these norms, in his extended family, it is a bit different.

“The general view is that men are much stronger, tough, manly, macho, etc. It is not like that in my nuclear family. My father is also a very emotional person, and I think he is sometimes depressed. But when I look at my extended family… Yes, I mean, there is an expectation of power, for example.” (Mustafa)

According to one participant’s experience, although his family was more or less in the same line with the community, this transformed into a more conscious position after his experiences of depressive and anxiety-related symptoms and his process of disclosure.

“I think he is more conscious compared to the average of society. Again, my father, for example, he is not someone who shares his feelings very much, let me say I have never seen him cry a lot. Feelings are not talked about much with my father, I talk about them more with my mother. But after they realized and accepted these needs, especially this seriousness, their attitudes are a place where I really felt that awareness a little more, where I felt that I was in a better position compared to society. But before that seriousness, there were those situations of condescension, normalization efforts. I felt that.” (Berk)

In his narrative, it is also observed that when it came to disclosing problems and emotions, he felt that talking with his mother rather than his father might be a better option. Similarly, another participant mentioned this kind of experience, which shows that his mother is more supportive and conscious during his process of getting professional help.

“My father looks at it in terms of this stigma. If there is a problem, he will fix it. In other words, I think my father was supportive of sending me to therapy after my mother pushed me. Because while I am currently going to therapy, my father still asks me, “Son, are you not getting better?” Because I don’t go because I have a problem anymore, I go because it is a part of my life and I know it is good for me, but for example, after every therapy session, my father asks me, “Have you wised up?” I say, “I have wised up,” and laugh. In other words, have you wised up? Have you not gotten better yet? You are not sick, so why are you going?” (Ahmet)

He also added that his mother and sister have a conscious view about men taking professional help; however, he believed that they are a minority in the community in this sense.

"My mother has very serious thoughts about getting help on this issue and that men should get help. My sister does too, but their thoughts are few in society." (Ahmet)

For some participants, their experiences in this sense were more positive; they felt room for disclosing their problems with their family and believed that they do not maintain masculinity norms as the community does in this regard.

“There are no such problems in my family. Because everyone shares their troubles and worries. Problems are approached with a solution-oriented approach. In other words, such things are not met with negativity. All problems are always met with tolerance. Instead of making the problem bigger, we focus on solving the problem. There is no negative approach, in other words, we sit down, evaluate the pros and cons, and discuss with the family.” (Ege)

“My family is a little calmer in these matters, my family is a little more understanding in this situation, both my mother and my father.” (Mehmet)

4.3.2. Lesser Salience of Power

When it comes to their experiences with their friends and partners, almost all participants expressed more positive, supportive, and understanding approaches in this sense. Besides, it was generally mentioned that masculinity norms in the context of men experiencing mental health problems are usually not adopted. Therefore, participants' tendency to disclose was higher in the friend and partner contexts compared to the family context.

"My own friends in my generation I think are more open to it because these things are starting to be talked about more and more, and they seem to be everywhere, people know that these are not such ridiculous concepts." (Mustafa)

"My friends are not like that (not adopting masculinity norms) actually, they struggle with things like that (masculinity norms) too. I have friends like that (adopting masculinity norms) too, by the way, but I'm generally friends with people who can express their feelings well, who are generally better than me in this regard. I think I'm a little lucky because there are people who don't have such thoughts." (Baran)

"For example, when I disclosed my own issues, I talked to people with mental health issues or things that could be grouped under this heading, the people I went to, my friends, etc., did not find it strange that I was bringing this up as a man, in terms of their responses and attitudes." (Emrah)

They had similar experiences with their partners, as mentioned.

"Usually, this actually becomes a criterion for me, you know, it puts me in a frame of whether we are from the same world or not. When choosing, I usually try to choose someone who is compatible with these mindsets (having similar worldviews), and I try to talk so that we don't break each other's hearts when such situations occur." (Emre)

"There is actually an attitude that is the exact opposite of that (opposite of masculinity norms). You should explain that (problems), men don't have to be like that." (Baran)

One participant experienced that although his partner's view is not as conscious as his friends, it was still a more conscious and supportive view compared to the community's view.

"My partner's attitude may not be as conscious as my friends', but he is also in a very high place compared to society. Although I feel that he belittles some things from time to time, it is not too much, I mean, I feel that support more intensely. His attitude is also very good compared to society." (Berk)

In terms of participants' self-views of masculinity norms about mental health, there are various perspectives. Some of the participants mentioned that they do not adopt a

normative approach in this regard. One participant expressed that being a man should not require different qualities compared to being a human being.

“For me, being a man means what being a human means. We can have problems. We can get hung up on things more than girls do. We can care about certain things much more than other people. I have thoughts in line with this generalization. When a man encounters a problem, he should be able to get help about it, but he should be able to overcome it, I think this is true every person. I think being a man is the same as being a human in general. This is what it means to me.” (Ahmet)

Besides, other participants stated that men experiencing mental health problems or expressing emotions should not be found strange.

“I don’t know, crying, telling something like that to someone, I feel so weak, I feel so helpless, etc. has never been a problem for me, I mean I think these sentences would be found strange for a man to say, or I mean I have seen it found strange. No one has found me strange, but I have seen it found strange.” (Emrah)

"So, a woman can have a mental health disorder. A man can have a mental health disorder. I think both are quite natural." (Mehmet)

On the other hand, some participants mentioned that some qualities related to power expectation from men are also adopted by them to a degree, although their views were not one-to-one in accordance with the community’s views.

“For me, being a man, of course, some of the things that society insists on are an undeniable reality. Because people expect more success from you. They expect more self-confidence at work. Basically, I am moving in a slightly positive direction with these.” (Emre)

“For me, being a man is actually almost the same as society. Let me put it this way, being a man means being strong, yes. Because men have to be a little more protective because of the nature of women… I think it can mean being constructive, what I mean by constructive is that in any fight, in any argument, they have to take it easy. You know, they say, there will be a lot of things that men should be very harsh, very rude, something like that, I think it is wrong. It is wrong, there is no need for such things. If a man says he is a family man, he is a man, he should be able to do certain things, and he should be able to respect people.” (Mehmet)

It was also emphasized that a man is influenced by the community's power-related expectations to a degree, even if it happens implicitly.

"This is where what I generally call powerlessness comes from, in fact, a bit like a man shouldn't do such things. He continues on his way; in other words, it's an image that nothing affects him. If it does, he's powerless, he's like this, he's like that. No matter how much you say you don't think about such things, it's inevitable that you're under the influence of society anyway." (Baran)

Two participants identifying their sexual orientation as gay remarked that being gay influences one in terms of how they interpret and adopt power-related masculinity norms. Therefore, this shaped their experiences in their relationships as well.

"I think there is a distinction there, I mean I have a lot of queer male friends, I mean we talk to each other, but I think it has something to do with it, being queer opens a door of insight for you. Because you realize that you are the other in society and it pushes you to think about yourself." (Mustafa)

"I think it has something to do with the fact that there are not many heterosexual men in my circle of friends. These kinds of topics (topics about problems or emotions) are always talked about. As I said, my friends are always open to these kinds of sharing, and they share them. Naturally, in my eyes, they are in a much higher place than society." (Berk)

As a result, power-related masculinity norms have many dimensions, and each dimension creates different expectations from men, which also affect their experiences of mental health problems and their willingness to disclose or seek help. Although participants have various experiences with their families' views about these norms, their friends and partners generally have a different standpoint from the community. It is also mentioned that their own ideas and adaptations vary in this sense.

4.3.3. The Underestimation of Men's Problems

The third sub-theme of the theme of masculinity norms in the context of mental health is the underestimation of men's problems. This includes people's attributions to men about insensitiveness and superficialness, in other words, lacking depth. To a degree, this is also related to the attribution of being far from emotions, which is mentioned in the previous section.

One participant stated that men are perceived as they do not care about anything and they go on all the way. This was also named as being heartless or emotionless in the participants' narratives.

"If you have a problem, I think about it a little, cover it up. Maybe I'll sleep with another woman and do something, and that problem will disappear. They think that they can immediately erase a specific problem by doing something else about it. As I said, if it's a relationship problem, finding someone new. If it's a work problem, finding a new job. If it's a financial problem, changing and getting a new one. I think men, in general, think

that changing and getting a new one will solve the problem. That's why they don't see the need for help, I mean." (Ahmet)

He also emphasized that men adopt this way of thinking as well. He added that according to the community's view, men should be simple, non-grifted, and shallow.

"It (being a man) means being shallow because men in society are thought to be like this, a man should be shallow, simple, straight." (Ahmet)

Another participant stated that according to his observations, heterosexual men are generally solution-focused or think about more practical and functional solutions. This might also be in accordance with the community's expectation of being simple and non-complicated.

"So generally, my cishetero male friends, I think cishetero men in society don't talk about these kinds of things (emotions) much. They tend to go for more practical and, how to say, functional solutions." (Mustafa)

Another narrative supported this experience of men being expected to be simple and straightforward.

" I think they look at a man as being straight, problem-free, this and that. That's why no one has any idea what's going on behind the scenes. Plus, I think men think that way too, not just what others think." (Ahmet)

According to the narratives of the participants, a possible outcome of the expectation of being shallow, carefree, and simple was an underestimation of men's problems. Therefore, it caused people to neglect the possibility that men can also experience mental health problems, have a hard time with these, and need the support and help of others, which might continue as a vicious cycle. In other words, as the community expected men to be non-problematic and simple, men had a hard time showing their problems or needs and vice versa.

"I think society finds this strange. They don't do this, for example, they see it as something necessary for a woman to have mental health problems, but they never see the mental health problem in men as a big problem, that's how I observe it, I don't know if it's wrong or right. I don't know how to give an example, but while it's quite natural for a woman to have poor mental health, it's not considered natural by society for a man to have poor mental health." (Mehmet)

"The fact that men having mental health problems, or not just mental health problems but physical health problems, is generally not considered very important because we are in a patriarchal society." (Emre)

Moreover, according to the accounts of the participants, the underestimation of men's problems causes people to perceive them as beings who are overly independent and do not need any support or help. Therefore, this might result in isolating men in coping with their problems, which men also adopt and maintain.

"I think, as I said, since men are seen as not having any problems, they are seen as not needing support, and since taking care of your own business is a sign of masculinity, I think that's why men see it that way." (Ahmet)

"You know, people don't ask how you're doing, what's wrong with you, or come and sit down and talk, or do this, or do that. Of course, this problem leads people towards victimization." (Emre)

Another participant emphasized that men do not have enough convenient space for disclosing their problems or emotions. Even if they do, this is not taken seriously and is evaded by jokes.

"The pressure to stand on your own two feet, to be independent, inevitably leads to a little bit of something, a pressure not to seek support. It seems to me that men are being individualized a lot. That's why they are also being distanced from the social support network a little bit. Although I don't have much of my own experience, from what I've heard, my friends are conscious about this, but from what I've heard from other men, there's not even an environment where they can share serious emotions with their friends. Almost everything is made fun of. It's made fun of and passed over. That's how it is." (Berk)

Besides, according to the accounts of the participants, in addition to the underestimation of men's problems, the power expectation from men also makes them isolated in coping with their problems because needing the support of others seems ridiculous and indicates a man's inadequacy.

"They are looked upon as ridiculous again, and we approach them with a pitiful feeling that perhaps they are too weak to solve their own problems and are expecting support from others." (Emre)

"I think it's seen as a weakness. When a man thinks like that, when he gets support from someone, they usually look at that man as weak. They look at him as if he can't handle something, as if he can't do something." (Mehmet)

To sum up, attributing men qualities like insensitiveness and superficialness might have the outcome of underestimating their possible troubles. Therefore, this prevents them from disclosing their problems and emotions as well as seeking help for these, which makes them isolated in coping.

4.4. Coping with Symptoms

This theme explores how participants try to cope with their depressive and anxiety-related symptoms. There are many different ways of coping that participants use; however, they are categorized into two sub-themes: reaching out for help and solitary activities.

4.4.1. Reaching Out for Help

This sub-theme includes participants' methods of coping with their symptoms in non-solitary ways. Therefore, these ways vary from hanging out with friends to getting professional help.

For the participants who disclosed their troubles with their close ones, spending time with them made them generally feel better. One participant emphasized that he openly states his need for support to his friends when he has hard times with his problems.

"It was very good to be with my friends, that social support was really good for me because I would ask for help, for example, I would reach out to people. What are you doing, I am bad, etc." (Mustafa)

Many participants thought that finding convenient and supportive connections and utilizing them are significant factors because being and feeling alone makes problems worse in this period. Therefore, they emphasized the importance of relationships. One participant defined the role of his friends as "life savers."

"I think the support of the people in my life, I mean I'm not someone who says it a lot, but I think their support, whether it's family or a girlfriend, was important. I mean, you see that it's actually worth living for when you see their interest in you." (Baran)

"Being able to share is an important thing. I mean, feeling ready to share, not being so closed off to the outside world, and also the possibility of people helping him when he shares, in other words, not being left alone, I think is a very important thing in this process because the more he is left alone, the more intense those complaints become, I think." (Ahmet)

"Spending time with loved ones or listening to their problems, you know. They have something going on today as well. We are not the only ones going through something, and I think the most important advice is to be a little bit more involved with society and people close to them. If they just shut themselves away, it turns into a bad situation." (Baran)

According to some participants' experiences, meeting new people or establishing fresh relationships and new ways of communication made their moods better.

"My preference was to continue on my journey and meet new people, a social life was a more logical option." (Ege)

"I think the best thing is the new communication. Because at the end of the day, like I mentioned, all the other things are activities that I do very alone, like running and stuff. So, a communication with someone or a new state of being with someone who is already my friend, a new state of being in contact with someone, a new state of being in conversation, I think that's what helps me the most." (Emrah)

One participant mentioned that experiencing various activities with his friends is pleasant for him.

"I think it's like some team sports, I mean team activities. You know, with friends that you trust and know, or something like an amusement park where you can go with a team or in pairs." (Baran)

One of the participants who mentioned that expressing his emotions, disclosing his troubles, or seeking help about these are not easy stated that he feels better when someone understands his problems without telling or gives support without asking for it.

"I think it is definitely the support of someone very close to you, but support without you asking for it, that is, support from someone before you say you need help. I think it is good when someone understands and notices." (Baran)

As another dimension of reaching out for help, among the participants, there were three participants who were currently going to psychotherapy. It is significant to note that all participants going to psychotherapy remarked that psychotherapy is one of the most beneficial actions they took during their period of experiencing depressive and anxiety-related symptoms.

"I can say that talking about myself this much was good for me. Because I saw how blind I was to myself and how much I had deficiencies and excesses, and how I had a wrong perspective on myself… I mean, masculinity and all that should be put aside, and I think everyone should go to therapy. Because as I said, the harder it was for me to accept this at first, the better it was for me to accept it later." (Ahmet)

"It makes me feel good about myself because therapy is an important thing, you know, and you don't need to go through a lot of traumas or anything like that. You can actually learn a lot about yourself. That excites me a little bit, what I'll discover about myself, what I'll learn. That's why it makes me feel stronger in my daily life." (Mustafa)

"As this process became more self-centered, I went much deeper on myself and it was a process where I was able to get to the root of my anxieties, maybe my depression, and as I said, it was beautiful." (Berk)

As a result, social interactions and professional help are important ways of coping for many participants during their symptomatic periods. It indicates that relationality is a key factor in terms of coping with mental health problems.

4.4.2. Solitary Activities

When coping with the distress arising from depressive and anxiety-related symptoms, participants also use individual/solitary ways of coping, in addition to social ones. Many participants explained that spending time with their hobbies and interests improves their mood. There were various types of activities that participants did. One participant mentioned that theatre provides an opportunity to express himself.

"Starting theater in high school saved me a lot. Starting theater in high school saved my life. I would recommend something like that to younger people. You know, starting a club at school, going to a sports club, something, but there is something like that, for example, theater was a very important field for me because it was a very beautiful field because it was a field where I could express myself a lot." (Mustafa)

Similarly, another participant noticed that writing poems makes him feel more relaxed because, in this way, he could express his emotions.

"I realized that could write very beautiful texts by combining my feelings and describing them in a very poetic way. By writing such texts, for example, let's say I feel anxiety. I write a text about it, but the person who reads it does not understand that it is anxiety. Because I mix it with beautiful feelings by using beautiful descriptions and creating a blend. But both I feel relaxed and the person in front of me says, you have written something beautiful." (Emre)

Some participants remarked that taking a walk is a beneficial activity for them in terms of resting their minds.

"I feel the effect of walking more. I'm talking about a walk alone, I can relax." (Berk)

He also added that changing his focus and conscious avoidance of the troubles in his mind through his hobbies has a relaxing impact on him.

"Reading books and playing computer games are also good for me in this way, I said I worry too much about things, I may see it as an escape, but I feel like I can focus my brain

and thoughts somewhere else, I feel like I have moved to another world, and while I am doing these things, that state of being in another world relaxes me a little. I am in a state where I am not so tired." (Berk)

Another participant explained his coping strategy as trying to distract himself and focusing on what he is doing.

"As much as possible, I try to focus on what I'm doing. Whether it's my studies or what I do in my daily life. I try to focus on those things." (Mehmet)

To distract himself, another participant tried to examine his problems from different perspectives.

"I really believe that when thinking about a problem so much, when a problem is on your mind all the time, you should first stop, take a breath, take a step back, maybe two or three steps back. And first, look at the big picture." (Ahmet)

Besides, trying to look at the positive or hopeful sides of situations was also used as a coping strategy by some participants.

"I think it's more important to remember the parts that made me happy and move on with my life rather than remembering the parts that will make me sad." (Ege)

"I used to not be able to tell myself to forget about it, but now I can tell myself that this really small thing on an incredibly large scale shouldn't upset me, and that's how I cope now." (Ahmet)

As a result, in addition to social ways of coping, solitary ways are also adopted by participants. They are to spend time with their hobbies and interests, changing their focus, distracting themselves, and trying to focus on the positive sides of the situation.

4.5. Feeling Supported

In this theme, the experiences in which participants feel safe, supported, valuable, accompanied, or considered in the relational context are explained. In the theme barriers to disclosure, it is mentioned what factors cause participants not to disclose their problems and seek help for these. On the other hand, in this theme, opposite experiences of participants are explained; in other words, experiences that ease their disclosure or help-seeking. Therefore, this theme might be considered the opposite of the theme of barriers to disclosure. There are two sub-themes of this theme as non-judgmental attitude, and active solutions and advice-seeking.

4.5.1. Non-Judgmental Attitude

This sub-theme includes the relational experiences that make participants feel not judged and criticized due to their depressive and anxiety-related symptoms. There are various experiences, such as feeling safe, supported, and considered.

Many participants mentioned that they feel the support of their friends during this period, which contributes to their well-being. Therefore, they felt thankful for their support.

"First of all, they all supported me objectively because they were my friends, and then they thought of my well-being and that I should recover as soon as possible. None of them did any harm. It's a good thing they did that. That's why I thanked each and every one of them for being there for me." (Ege)

" I shared it with them. They are very conscious people on this issue; they are very supportive, as I said, both emotionally and if I ask for any advice, they support me on that issue. There was something I shared, and I received support from them on this issue." (Berk)

One participant called their friends as chosen family because he believed that their support and accompaniment made their bonds more intimate.

"This chosen family thing I mentioned comes from here. I mean, when the other person accepts the invitation when you extend a hand or when you hold their hand, you become closer." (Mustafa)

He also added that he feels safe and trustful that there is no judgment in friendship. Therefore, it gave him a space to disclose and be more authentic.

“It’s a really safe space, where we listen to each other a lot. Where there’s no judgment, where there’s maybe concern, where there’s concern for you, but I wouldn’t call it judgment. It’s a space where I can really call egalitarian, where there’s no hierarchy. And where you always prioritize the other person’s well-being, a friendship, and it’s fun. It’s really fun because when you can be yourself with someone, you also enjoy the time you spend.” (Mustafa)

Another participant emphasized that the support he receives from his friends makes him feel more valuable and considered and less lonely, which also contributes to him noticing that isolating himself is not beneficial for his well-being. Therefore, supportive and safe friendships provided a way for his symptoms to decrease as well.

"I felt valued and cared for. I felt like I wasn't alone. I needed to be isolated so much, but it also made me realize that being isolated was actually hurting me." (Berk)

Besides, some participants expressed that trusting their friends' availability when they need their support and accompaniment was also a relaxing factor during their experience of depressive and anxiety-related symptoms. For them, it also indicated that they are valuable to their friends.

“One of the things that made me feel the best was when I was having a really hard time, they left everything they were doing to spend time with me on Face Time, on Zoom, talking. It made me feel cared about, they left everything they were doing to spend time with me, I felt valued.” (Berk)

" (When he needs the support of his friend) If she's sitting at home at around 11 o'clock in the evening, I'll tell her to come over and go straight to her house. It's really like that, it's very mutual for each other, but we're there for each other." (Mustafa)

Another participant mentioned that his best friend's availability and accompaniment when he needs his support were important to him. He likened it to the feeling that God accompanies him and witnesses his life.

“I don’t believe in God, but for me, the saddest part of giving up belief in God was that when we believe in God, we have a belief in something. There is someone inside of us who sees everything I do, watches me while I do it, and knows both my bad intentions and my good intentions. There is someone who knows all of this. For example, after I stopped believing in God, what I was looking for the most was the feeling of knowing this. In a sense, his (his friend) existence is something very, very close to God for me because, well, he has known me since I was six years old, he knows everything that has happened to me.” (Emrah)

In addition to their friends, participants also mentioned the importance of the support and accompaniment of their partners, as well. Some participants emphasized that their partners encouraged them to go to psychotherapy.

"She helped me when I didn't want to go to therapy, when I’m saying I'm depressed, and I don't want to believe it. Because she wouldn't speak harshly to me. She would always answer me in a soft and accepting way, in a loving way. So, I was able to share about that, and it felt good to me." (Ahmet)

“He was actually the person who saw the difficulties I was going through most closely because he was the person I saw most often physically. Naturally, he would say things like, ‘You’re not very well,’ and he encouraged me a lot in this regard. Because I saw his encouragement, when I made such a decision (going to psychotherapy), we looked directly and together, like who I could go to.” (Berk)

Another participant explained that he feels the accompaniment of his partner and her support and reactions, even if she does not know what to do, makes him feel more alive.

"I actually got the most emotional reactions from her. She made me feel alive, like there was a life. I saw her being sad or emotional about me, not knowing what to do. But I mean, her spending time with me, her interest. She was really there for me." (Baran)

According to one participant's experience, his partner was the most supportive person during his period of experiencing depressive and anxiety-related symptoms. He mentioned that his partner supports him in coping with his symptoms without judging and blaming him and makes him feel valuable and considered.

"In such cases (during his symptomatic periods), he also knows that I am isolated, and when I started to be isolated, he tried to prevent it a lot. Like, let's go out, take a walk, come here, look, I bought tickets, and let's go to the theater. Apart from that, there was a lot of emotional support, for example, we used to see each other once a week, when I was really bad, he would come and stay longer. Sometimes he would take a break from his work and call me right away, he would make time for me, etc. Apart from that, as I said, I also received a lot of emotional support. I felt cared about. Again, because he listened to me without any accusation or judgment. My biggest supporter was my partner in this process because, as I said, he was both the one who had the most informed person about the process and the one who was closest to me, both emotionally and physically. And since he was also involved in the process, I really felt his support in this way." (Berk)

He also added that experiencing this period together also strengthens their relationship and intimacy.

"It felt very good, I can even say that it strengthened my perspective on the relationship. It strengthened my perspective on my partner. His support in such a difficult situation reminded me of the importance he gives to me." (Berk)

When it comes to their experiences with their families, participants had experiences in which they felt the support of their families. One participant mentioned that after his decision to go to psychotherapy, his family adopted a more conscious and understanding approach and behaved in a less blaming and judging way about his symptoms.

" After starting the process, I think they also became more aware. They became less accusatory, and although it was not at the level I wanted, they started to open up the space to listen to feelings a little more. Slowly, of course. They are gradually increasing that support, I feel that too." (Berk)

Another participant expressed that his mother generally emphasizes the positive sides of the situations and focuses on his strong sides.

"My mother also gives very empowering speeches like, you are this, you are that, you are still young, this, that, etc." (Mustafa)

One participant's mother was a psychotherapist, and according to his narrative, having a psychotherapist mother made it easier for him to disclose his troubles and seek help.

"I can say that I am very lucky in that regard because I can share with my mother the things that I could not share with anyone and that I was not even ready to share with my therapist at that time, and it was a great relief for me to have her give me some information about that." (Ahmet)

He also added that his mother and father have different mentalities and approaches from each other. Therefore, he generally preferred to talk with his mother about his mental health problems. He felt thankful for her understanding and non-judgmental approach.

"I can say that I am very lucky in this regard because, as I said, my father is a bit more traditional. My mother is more modern and thinks about psychology. I am very lucky that I know that even one of my parents can understand me and will not judge me because I usually go to my father with my daily life problems, and when I do, I never touch on the psychological part." (Ahmet)

To sum up, under the umbrella of the non-judgmental attitude, participants' experiences of feeling safe, supported, accompanied, and understood are mentioned. It seems that in the contexts of friends, family, and partners, when they feel a non-judgmental and supportive approach and the availability of their close ones, they are more willing to disclose their troubles and seek help for these. Besides, these attitudes also generally contribute to their well-being.

4.5.2. Active Solutions and Advice-Seeking

In this sub-theme, it is explained how taking advice and solution-focused approaches make participants feel supported as well as contribute to their mood.

Some participants emphasized that rather than sharing and discussing their emotions or the meanings behind them, hearing different perspectives and solutions, as well as evaluating their mindset, are more beneficial and supportive for them.

"You say this, but there is a validity to this, like this. There is a way. Yes, you are right. Then it is like you are not doing this, you are doing that (mentioning his discussion process with his friend about the problems); in other words, it makes me very happy because it is a more transparent, solution-oriented, and thought-provoking process." (Emre)

According to another participant's narrative, in the context of close friendships, their relationship had the capacity to openly express their ideas, comments, and advice. Then, they found different solutions for the problems. He thought that in a relationship that is not as intimate as this relationship, such a dynamic might not be possible to maintain. This type of support might be evaluated as a more rational and more thinking-focused type.

"He tells me very clearly what is wrong and what I should do, with an attitude that someone else would call very impudent and bold, and this is not something that I or anyone else could do easily in any other communication, that's why I say he may seem very bold from the outside. He says these things, I think about it this way, we talk about it, and then we drop the subject; in other words, the subject moves on." (Emrah)

Similar to the aforementioned narrative, other participants also explained that open communication, honesty, confrontation, and realistic views, even if they are tough, are factors that contribute to their consciousness about their problems as well as solutions.

"I'm not that ambitious, I was saying I'm going to be successful. I'll never forget what he said that day, he said, why don't you want to be successful for yourself, but you want to be successful for someone to see you as successful?... For example, something really big happened here. I thought it was valid and questioned the reasons for it. My friend seems a little hurtful at first because he approaches it so realistically, but when I think about it later, I say, yes, he's right. And even if he's wrong, I can say, no, you're wrong, there's actually a way around this… So, since we can have a healthy discussion, this makes me very happy." (Emre)

This also included trust in their good intentions and willingness to communicate openly.

"It doesn't seem bad to me at all when they say something I don't agree with. Because I can say I don't agree with it. Or for example, I'm not looking for bad intentions or anything annoying like that." (Mustafa)

"Of course, we had different ideas. There were also conflicts of opinion, but ultimately I knew that none of them wanted me to suffer any harm, so of course after that, when we resolved these issues and talked again, we said that there was no problem." (Ege)

As a result, in addition to sharing emotions and validating them, some participants also benefit from constructive and well-intentioned criticism, confrontation, solution-focused approaches, and thinking-based support.

DISCUSSION

The current study was conducted with the purpose of investigating and exploring the experiences of male college students with depressive and anxiety-related symptoms, as well as the position of traditional masculinity norms during this period. By utilizing the ecological perspective, the current study examined the experiences of male college students both in micro (e.g., friends, families, and partners) and macro (e.g., Türkiye) contexts. The results of the study revealed five main themes as expression of symptoms, barriers to disclosure, masculinity norms about mental health, coping with symptoms, and feeling supported.

The first theme, expression of symptoms, includes the participants' expression of depressive and anxiety-related symptoms and has four sub-themes as inadequacy, decreased energy and motivation, overthinking, and isolation. Many of the participants narrated their feelings of inadequacy and fault; some of them experienced these as symptoms of depression, while others experienced these as their reactions to the symptoms. Besides, not having enough energy and motivation to maintain their daily life routines or other work was frequently reported. Furthermore, many of the participants experienced thinking about their problems over and over again, as well as socially isolating themselves because of not having the desire to socialize.

The second theme, barriers to disclosure, includes the factors that complicated the participants' sharing their problems or seeking help for these. There are four sub-themes of this theme as fear of judgment, self-sufficiency, fear of being a burden, and ineffectiveness. Many participants narrated their fear when they think about sharing their problems or seeking help for these, whether they are judged by others (e.g., being perceived as a weak or needy person, being blamed, or being belittled) or their problems make others feel sad or worried. Besides, they desired to handle their problems on their own without needing others' help. Some participants also found the disclosure as an ineffective way in terms of solving their problems.

The third theme, masculinity norms about mental health, involves participants', their close ones', and the community's ideas, expectations, and norms in the context of men experiencing mental health problems. There are three sub-themes of this theme as the expectation of being powerful, lesser salience of power, and the underestimation of men's problems. There are a lot of narratives emphasizing the attribution and expectancy of power from men (e.g., being firm, stable, self-sufficient, or constructive, etc.), and they are also valid for the context of mental health. On the other hand, there are also experiences where participants felt that these are not expected of them or at least, less expected. Moreover, many participants remarked on the underestimation of men's problems; in other words, not considering that men also have troubles and worries throughout their lives.

The fourth theme, coping with symptoms, includes how participants try to handle their mental health problems and has two sub-themes as reaching out for help and solitary activities. Some participants coped with their symptoms through social interactions, sharing, or seeking help both informally and professionally. In addition, many participants also implemented individual activities, such as doing sports or spending time with their interests.

The fifth theme, feeling supported, includes the experiences in which participants felt the support, understanding, and acceptance of others. There are two sub-themes of this theme as non-judgmental attitude, and active solutions and advice-seeking. For many of the participants, the moments they felt the support, non-judgmental attitude, and understanding of their close ones were valuable. Besides, they sometimes needed active solutions or advice that their close ones shared with them.

Thus, in this part, these themes and sub-themes will be discussed in the context of related literature. Furthermore, implications of the study for clinical and preventive applications, limitations and strengths of the study, and ideas for future studies will be shared.

5.1. Discussion of the Themes

5.1.1. Expression of Symptoms

During their depressive periods, feeling inadequate, weak, and faulty was common among participants. According to their accounts, this could show up as feeling like they cannot make the right decisions for their life or academic issues. Therefore, feeling indecisive was also accompanied by the feeling of inadequacy. Hubbard et al. (2018) reported that having academic or job-related worries, such as questioning their level of performance and success, is common among college students. Similarly, Arnett (2000) emphasized the transitional nature of the period between ages 18-25 because there are many decisions that college students have to make during this period. Questioning their adequacy resulted in comparing themselves to their peers and feeling like everyone handles their life issues successfully, while they cannot do this.

Another dimension of feeling inadequate is related to the symptoms of participants; in other words, experiencing depressive and anxiety-related symptoms made participants feel faulty, weak, and inadequate as well. One participant mentioned that experiencing and admitting symptoms is difficult because it conflicts with his perfectionism and his expectation of being a perfect person. This narrative is also in accordance with Arnett's statement that trying to do their best in many areas of life can create distress in emerging adults (2000). From the perspective of masculinity norms, Tekkas-Kerman and Betrus (2019) found that a sample of male college students in Türkiye define masculinity as being strong, superior, and not vulnerable. Therefore, it can be argued that experiencing depressive and anxiety-related symptoms might be challenging in terms of triggering them to question their strength, endurance, and superiority. Furthermore, according to one participant’s account, expression of anger can be a way to create a shield for his feelings of inadequacy due to the symptoms. Mckenzie et al. (2016) mentioned a similar point that, for some men, anger can be an outbreak of their inner challenging feelings and pain.

Many participants experience a decline in their motivation and energy to maintain their work. As a part of their depressive symptoms, doing their responsibilities or basic daily

life tasks was difficult for them. Besides, some participants described this situation as anhedonia because, in addition to not having enough energy for responsibilities, they also experienced unwillingness to do anything; even if they did, they did not feel joyous. One of the reasons participants stated for their decreased energy is their feelings of tiredness and restlessness that cannot get better even if they take a rest. Thus, all these experiences increased their bad mood, in other words, feeling sad and unhappy.

As another dimension of decreased energy and motivation, many participants mentioned their desire to be alone and not to have enough energy for social interactions, which makes them more isolated when trying to handle their troubles. This can be regarded as a coping way with their distress; Stallman et al. (2022) stated that avoiding people is one of the unhealthy ways of coping seen among college students. In addition to not having enough energy, they also sometimes do not want to share their problems with their close ones. One potential perspective on this phenomenon is that masculine gender roles expect men not to be emotional or not to be expressive about their emotions (Good & Wood, 1995). Similarly, Barragán (2024) explained that both men themselves and the community perceive men as beings who do not have any problems and difficulties or can continue their lives without taking a break, which might make them think that they should ignore their troubles and emotions. Therefore, participants' desire not to share their problems or to be isolated during their symptomatic periods can be associated with their underlying expectation of not displaying their difficulties and worries to others.

Suffering from overthinking is also common among participants. Some participants mentioned that they constantly question their choices about their life and the correctness of these; therefore, they think about their choices over and over, which sometimes brings a feeling of inadequacy, as mentioned above. Because participants are college students, many of their thoughts are related to their academic life and possible future job options. Jones et al. (2018) revealed that as college students get more concerned and distressed about their academic life, they are more likely to suffer from anxiety. Therefore, there can be a similar scene; as they ruminate about their choices and their correctness, they get more anxious, and this causes them to ruminate more about them. Similarly, many of the participants narrated that having a continuously active and questioning mind causes them

to focus on their activities with much more difficulty; this activity can be a dialogue in a social context or their work that they try to do at that moment. Thus, overthinking sometimes leads to disruptions in their work and socialization, in other words, in their functionality as well.

To sum up, participants generally experienced feelings of inadequacy, a decrease in their energy, social isolation, and overthinking. It seems that the symptom profile of the participants reflects their developmental and gender-related experiences. Arnett (2000) highlighted the transitional nature of emerging adulthood and stated that emerging adults can question their adequacy related to the fact that there are many areas of life they try to handle. In their meta-synthesis including 26 studies, Mckenzie et al. (2016) stated that men generally suffer from distress, social isolation, and a decrease in their energy during their experiences of mental health problems. Therefore, the symptoms and sufferings of the participants in the current study seem parallel with these studies.

5.1.2. Barriers to Disclosure

When participants felt they were judged by others or feared to be judged by them, this created a significant barrier to the disclosure of their problems and seeking help for them. Perception of judgment contains various accounts of participants, such as being stigmatized, belittled, or blamed. Besides, their fear towards the probability of experiencing these created an obstacle; in other words, the probability of being judged restrained them from disclosure.

As a general term, fear of stigmatization played an important role in participants' accounts. Some participants experienced this fear after they shared their mental health problems with their close ones, while others experienced it before sharing and decided not to disclose their problems to prevent any stigmatization. This finding is consistent with the study of Akcay (2016). He revealed that men are afraid of being stigmatized by other people (e.g., their family, friends, or colleagues) due to their mental health issues, so they tend not to share their problems with their close ones. Similarly, if they get professional help for their mental health problems, they worry whether other people

would judge and stigmatize them for seeking professional help for their problems. There are many studies supporting this finding. In their study, Dyrbye et al. (2015) reported that almost 50% of college students have worries about other people's stigmatizing attitudes towards their problems and help-seeking for them. Besides, Gultekin and Durmus (2024) stated that Turkish male college students tend to worry about the stigmatizing attitudes of other people compared to female college students.

Considering the power, status, and endurance-related expectations and norms of hegemonic masculinity at the societal level, making sense of the barriers to disclose mental health issues is possible; that is, as the masculinity norms emphasizing the power, status, and endurance increase, men can be more vulnerable to the negative opinions and attitudes of others because masculinity norms might make them more sensitive about the image they have in the minds of other people. Supporting this, Tekkas-Kerman and Betrus (2019) revealed that male college students' descriptions of masculinity involve not being vulnerable but being a protective and strong man. Moreover, many participants explained their experiences of feeling that they are blamed and belittled, and seen as a weak person when they share their mental health problems. For example, one participant's narrative mentioned that his family interpreted his difficulties in doing his daily work during his depressive period as a sign of laziness, and this attitude increased the harshness and judgmental tone of his internal voice. Another participant remarked on his family's comparison of the magnitude of their problems, which has an underlying tone of underestimation, invalidation, and belittling of his difficulties. Similarly, one participant emphasized that his family belittled his problems by stating that they were meeting his financial and school-related needs, and there should not be another issue for him to feel worried about. All these narratives show that when participants tried to share their problems and seek help for them, they felt that there was no room for their needs, worries, and emotions.

From the perspective of hegemonic masculinity, one explanation for these unhelpful attitudes might be that people expect men to be in a powerful and firm position in which they should not complain about anything in their lives, suffer from any problems, or have a hard time with their challenging emotions. Barragán (2024) revealed that men

themselves, as well as other people, expect men to maintain their work and duties without any emotional challenges. Similarly, Emslie et al. (2006) stated that when men experienced mental health problems, they heard many expressions indicating their weakness and vulnerability; besides, they were called "gay" due to experiencing depressive symptoms. Furthermore, Connell and Messerschmidt (2005) explained that hegemonic masculinity represents the idealized form of masculinity, which signifies that other types of masculinity are perceived as hierarchically lower. This might be an explanation of why men who have incompatible experiences with hegemonic masculinity are exposed to belittling.

Another dimension that creates barriers to the disclosure of participants was their desire to be self-sufficient. While fear of judgment is generally related to participants' fear or experiences of being judged by others, desire to be self-sufficient can be evaluated as the participants' own judgements or stigmatizations towards their needing support from others. DeBate and Gatto (2018) revealed that male college students show high levels of self-stigmatization in terms of seeking professional help for their mental health problems. Similarly, in the current study, many participants mentioned that when they suffer from mental health problems, they question their adequacy in terms of why they cannot solve their problems by themselves. Therefore, they tried not to receive help from others to protect their feelings of self-sufficiency. For example, one participant mentioned that, according to his perspective, seeking professional help confirms that he is problematic and in a miserable state, which means that he is too weak to handle his problems on his own. Some participants stated that because sharing their problems and needing the support of their close ones makes them feel weak, they withdraw from relationships and prefer to be alone. Another participant explained that he tried to solve his problems by himself and belittled his own troubles through his internal voice, saying he exaggerates his problems and worries too much.

In their study about men's experiences of depression and getting professional help for their problems, Shepard and Rabinowitz (2013) remarked that men are predisposed to feel shame based on feelings of inadequacy. In 2016, Mckenzie et al. found quite similar findings in their study. They remarked that in the coping process of men experiencing

mental health problems, the notion of self-sufficiency is an outstanding factor, so men tend to hide their difficulties and mask their challenging emotions from others; however, this plays an increasing role in their feelings of isolation (Mckenzie et al., 2016). Besides, Sagar-Ouriaghli et al. (2020) highlighted that seeking help for their mental health problems creates a threat to self-sufficiency and the power expectations of men of themselves. Similarly, Sileo and Kershaw (2020) stated that men's showing less help-seeking behavior is associated with their adherence to the masculinity norms, signifying the strength and firmness of men. Thus, from the masculinity perspective, participants' desire to be self-sufficient and avoidance of seeking help when dealing with their mental health problems can be connected with the hegemonic masculinity norms.

Another factor that creates barriers to disclosure of participants is their fear of being a burden on their close ones, although this worry is not as significant as fear of judgment or desire to be self-sufficient. According to the accounts of some participants, when they suffer from mental health problems and need the support of their close ones, they hesitate to share their troubles and seek help because they fear that this makes their close ones feel worried, anxious, and sad. In addition to this, they are not sure that their close ones can stay with their challenging emotions and regulate them; instead, they believe that their close ones cannot regulate their emotions arising from the worry about participants' troubles. Therefore, they prefer not to disclose their problems for the purpose of protecting their close ones. This phenomenon can demonstrate that fear of being a burden to their loved ones led participants not to share their problems with them and to refrain from seeking help from them; they felt that they should protect their well-being, although they have mental health problems of their own. This can be a sign that they did not perceive enough space in which they have a right to experience mental health problems, and their emotions or problems can be included and regulated.

From the perspective of masculinity, this urge to be the protective one can be related to their internalized masculinity expectations of themselves. For example, Tekkas-Kerman and Betrus (2019) revealed that not being vulnerable but being strong and protective is one of the qualities that Turkish male college students linked with masculinity. Moreover, Bolak-Boratav et al. (2017) remarked on men's expectation of themselves to be protective

towards their loved ones. Similarly, in 2003, Mahalik et al. (2003) stated that being able to control their emotions is one of the dimensions of the traditional masculinity norms. These studies can support the idea that men might feel the requirement that they should have control over their troubles and the emotions arising from them, for the sake of their protective position, in which they do not get help but are expected to give it.

The final factor that creates a barrier to the disclosure of the participants is their disbelief in the effectiveness of sharing their problems with their close ones. It is not as common as other sub-themes; nevertheless, it contributes to some participants' obstacles in terms of disclosure. The participants who believe in the ineffectiveness of sharing their problems remarked that the disclosure itself does not solve their suffering and difficulties because the problems that worry them happened, and there is no comeback for them, so sharing their suffering can only be good for their process of getting used to the difficulties. Besides, another participant mentioned that the process of dealing with the problems is mostly an individual process in terms of one's own mentality, approach, and actions, so sharing the problems and receiving reasonable advice might not be efficient. According to the accounts of the participants, it can be thought that they generally pay attention to the problems and their solutions, or concrete events, and their feelings of despair towards them. This can be regarded as a more solution-focused approach, which provides limited space for their emotions, inner dynamics, or reflections about their suffering. Supporting this approach, there are studies showing that male college students generally prefer to use less emotion-based or social ways of coping with their problems (Graves et al., 2021; Meeks et al., 2023; Theodoratou et al., 2023).

To sum up, fear of judgment, desire to be self-sufficient, fear of being a burden, and disbelief in the effectiveness of sharing are factors that created barriers to the disclosure of participants. There are studies emphasizing the essential role of fear of being stigmatized by others due to their mental health problems in the disclosure and help-seeking processes of men (Akcay, 2016; Gultekin & Durmus, 2024). Besides, protecting the feeling of self-sufficiency is an important factor affecting the coping and help-seeking processes of men (Mckenzie et al., 2016; Sagar-Ouriaghli et al., 2020; Sileo & Kershaw, 2020). Similarly, in the current study, both fear of judgment and desire to be self-

sufficient led the participants to refrain from or hesitate over disclosure and help-seeking about their mental health problems. Moreover, similar to the men's fear of being a burden and desire to protect their close ones from their problems in the current study, there are studies emphasizing the masculinity norms' dimension of being protective (Bolak-Boratav et al., 2017; Tekkas-Kerman & Betrus, 2019). In addition, disbelief in the effectiveness of disclosure was another factor that prevents men from disclosure in the current study; relatedly, there are studies reporting that men do not tend to use emotion-focused ways of coping with their problems (Graves et al., 2021; Meeks et al., 2023; Theodoratou et al., 2023).

5.1.3. Masculinity Norms About Mental Health

Men experiencing mental health problems are one of the topics that conflict with the traditional masculinity norms. In their narratives, participants mentioned various approaches to men's mental health problems they held or observed in the community, their families, their friend groups, and their romantic relationships. Some of the experiences were first-hand, while others were heard or witnessed in different contexts. Nevertheless, their narratives jointly remarked on an essential part of the hegemonic masculinity; that is, the expectation of power from men and how this expectation shaped men's experiences with disclosure and help-seeking in different contexts, defined by the ecological systems model. The term power includes various qualities from being far from emotions to being confident; however, all these qualities endeavor to emphasize the powerful and dominant position of men and to prevent this position from being perceived as weak and impotent. As Connell and Messerschmidt (2005) explained, hegemonic masculinity represents an ideal form of masculinity and regardless of whether it is the most common type of masculinity in a community, it should be taken as an example and followed by men; otherwise, any form of masculinity out of the hegemonic form can be hierarchically lower than the hegemonic masculinity and be dominated by it.

In their accounts, many participants emphasized that when men express their emotions, specifically the ones related to so-called weakness (e.g., fear, worry, or sadness), they can receive reactions indicating they are weak and impotent, which generally leads to

suppressing their emotions or denying them completely not to be belittled. Thus, masculinity norms expect men to be tough and firm and not to be impacted by any emotions. It was stated that men's expressions of emotions are perceived as a sign of being feminine as well; one participant shared his experience of hearing the phrase "Crying like a woman." Supporting the narratives of the participants, the study of Mahalik et al. (2003) demonstrated that having an emotional control ability is one of the dimensions of the masculinity norms, and it requires men not to be emotional and to have control over their emotions. Relatedly, Mckenzie et al. (2016) stated that when dealing with troubles, men can have a hard time identifying and naming their feelings. They remarked that to be able to meet the power and toughness-related masculinity norms, men can feel obliged to suppress their emotions, especially if there are people around them (Mckenzie et al., 2016).

Another dimension of the power expectation arising from the hegemonic masculinity is attributing to men qualities signifying being a building, constructing, managing, and dominating man. This involves being able to stand on one's own two feet, provide the financial resources and other necessities of a house, fix the problems properly, lead the people, and work hard. In addition, it is expected of men to do these successfully and self-confidently without taking the support of anyone. It is important to note that even if men do not consciously adopt and maintain masculinity norms, there can be internalized norms emphasizing that they should be in a provider and builder role, which the environment around them might trigger as well. For example, one participant narrated that during his period of marriage, he felt the requirement that he should provide financial resources (e.g., paying the rent of the house) and set up the house. He stated that he does not perceive himself as a person adopting traditional masculinity norms; however, feeling the expectations of other people (e.g., the family of his partner) makes him question his ability to set up a house. Moreover, he mentioned that not being able to provide financial resources causes men to be questioned about their "manhood" by the community. Therefore, these qualities can be determinants of how much other people respect and admit a man.

According to the study of Mahalik et al. (2003), some dimensions of the masculinity norms are the pursuit of status, winning, primacy of work, and dominance. These dimensions emphasize that men should be in a position in which they are powerful, successful, superior, and providing money for their house, and because of these, are admired and respected by other people, as well as they protect their status in the community (Mahalik et al., 2003). Similarly, in the study of Bolak-Boratav et al. (2017), it was found that men expect themselves to be dominant in terms of making decisions, admired by others, and maintaining their high status and honor in the given community. Thus, dominating, providing, and constructing qualities of hegemonic masculinity seem to be significant in terms of sustaining the status of a man in the eyes of other people. Considering the accounts of the participants, in the context of mental health problems, these high expectations might decrease the space for feeling tired, unwilling, or lost, and the probability of the containment of their mental health troubles by other people as well. Paradoxically, these high standards can bring a disposition to feel tired, unwilling, or lost; in other words, men can tend to experience these feelings due to the high standards they constantly try to meet; however, they might have a hard time noticing these because of these high standards again. In this sense, it is important to emphasize the term gender role conflict and examine its impacts on men's mental health. In his study examining 232 studies about gender role conflict, O'Neil (2008) discussed that men's experiences of gender role conflict are essential in terms of their mental health sufferings.

In the context of family, many participants narrated that they encounter similar masculinity norms as in the community. Participants implicitly or explicitly received the message that men should have the ability and power to handle their problems on their own, and challenging emotions arising from their suffering might not be contained and regulated in the family context. On the other hand, one participant mentioned that his experience of mental health problems triggered a process of transformation in his family; in other words, at first, his family had a hard time understanding and supporting him in terms of his troubles, but in time, as they observed the serious suffering of him, they began to stand in a more understanding and aware position in terms of men's mental health problems. Besides, some participants stated that if they need to share their problems and emotions, they generally prefer to disclose to their mothers because talking

about their emotions and suffering with their fathers is harder. Connell and Messerschmidt (2005) highlighted that hegemonic masculinity is the superior and hierarchically uppermost version among different masculinities. From this perspective, one interpretation might be that they can feel that another man is more likely to judge or find their difficulties and challenging emotions strange because of the maintenance of the hegemonic masculinity. Moreover, in their study investigating Turkish fathers and their types of fatherhood, Tol and Taskan (2018) examined the different types of fatherhood and their relationships with hegemonic masculinity. They reported that although there are changes and transformations, the most common types of fatherhood are traditional fatherhood and new traditional fatherhood, which are in accordance with the norms of hegemonic masculinity, such as being a distant and authoritarian father (Tol & Taskan, 2018).

On the other hand, in participants' accounts, there are narratives indicating lesser salience of power in terms of men experiencing mental health problems. It seems that although there were exceptions, participants generally encountered more traditional masculinity-related attitudes in the context of family, while the emphasis on masculinity norms decreased in the contexts of friends and romantic partners. Thus, according to their narratives, they were more predisposed to disclose their challenging emotions and mental health difficulties to their friends and partners compared to their families. Many participants narrated that in their generation, concepts like hegemonic masculinity declined compared to previous generations, so talking about their emotions and problems is more common among them, and they feel more supported, accompanied, and understood by their friends and partners. Supporting this, there are studies indicating that in the context of Türkiye, definitions of the masculinity seem to change and transform in different contexts in time; especially, for men having higher levels of education, egalitarian definitions of masculinity seem more possible (Boratav et al., 2014; Ustunel & Yalcinoz-Ucan, 2024). Besides, one participant emphasized that in terms of his romantic partners, it is a criterion that they should have similar standpoints and mentalities to be able to form a relationship. Therefore, this can be an explanation of why participants encountered more supportive, understanding, and positive reactions about their mental health problems and emotional disclosures in the contexts of friends and

partners; they had a chance to select people who have similar mindsets with them while their families and mentalities of them can be considered more "assigned."

In addition to their friends', partners', and families' viewpoints, participants themselves held different ideas about masculinity norms. According to their accounts, it seems that they generally did not maintain traditional masculinity norms, at least on a conscious level. They narrated that being a man should not require special and different qualities from being a human. Besides, they mentioned that there should not be a problem in terms of men expressing their emotions, feeling helpless or weak, and experiencing mental health problems. One explanation might be that men in the current study have relatively high educational status, and this can ease the probability of encountering different values indicating egalitarianism rather than traditional masculinity norms. Supporting this, there are studies indicating the relationship between higher educational status and changing and more egalitarian definitions of masculinity (Boratav et al., 2014; Ustunel & Yalcinoz-Ucan, 2024). Furthermore, two gay participants jointly highlighted that being gay and so being "other" in the community have impacts on their interpretation and adaptation of the masculinity norms. They stated that it creates a space to be able to reflect on these norms. Connell and Messerschmidt (2005) explained that all types of masculinities other than the hegemonic masculinity are hierarchically lower than it. Besides, in 2005, Connell stated that marginalized masculinities indicate the groups which are excluded by the hegemonic ideals and in addition to subordinated by hegemonic masculinity, gay men are positioned as in this group because of the marginalization. Therefore, as participants emphasized, their experiences can be associated with their identity conflicts with the expectations of hegemonic masculinity, and this can give them an opportunity to observe the masculinity norms and their impacts more directly. In other words, being gay and so having an identity that stays out of the idealized man definition of hegemonic masculinity norms might make them question these norms.

However, although they did not maintain the community's masculinity expectations one-to-one, some participants had some traditional masculinity expectations of themselves. They remarked that it is impossible to totally avoid the expectations of the community. For example, they mentioned that as men, they expect themselves to be powerful,

successful, self-confident, constructive, and protective. It seems that these qualities are in accordance with the masculinity dimensions Mahalik et al. (2003) defined in their research. According to the accounts of the participants, it can be argued that authority-related and traditional definitions of the power changes; however, qualities like being successful, confident, and protective still signify the power-related position of men. Furthermore, one participant emphasized the dimension of being a family man, which requires not being harsh and rude but being strong, protective, constructive, and respectful to other people. This statement seems to be in accordance with the study of Bolak-Boratav et al. (2017) remarking that being a family man is one of the essential dimensions of the hegemonic masculinity and it is related to the power of man in the house, such as providing the financial resources of the house or protecting the honor of the family.

The final point of the theme of masculinity norms about mental health is the underestimation of men's problems. According to the accounts of many participants, people generally tend to underestimate the troubles and suffering of men as well as to perceive them as emotionless, insensitive, non-grifted, and shallow beings. They mentioned that men are expected to solve their problems, if any, easily and without feeling distress or worry. For example, one participant explained that if a man breaks up with his partner, he can handle it by immediately sleeping with another woman, but he is not expected to experience worry, sadness, or pain about this separation. Supporting this, Barragán (2024) revealed that both men themselves and other people suppose that men do not have a hard time with their emotions and problems, which leads to more suppression of emotions. Similarly, some participants mentioned that because men are not expected to have any problems and distress, they are likely to suffer from mental health issues, which leads to neglecting possible difficulties men experience and the needs they might have during this period.

It seems that there is a vicious cycle; as men are expected to be shallow, emotionless, and insensitive, they tend to hide their problems and refrain from seeking help for these; however, as they hide their suffering, they continue to be perceived as emotionless and insensitive. Besides, another participant spotlighted the point that while women's experiences of mental health problems are perceived as more normal and expected, men's

experiences of mental health problems are not perceived in a similar way. Considering the emphasis on power in the context of hegemonic masculinity, it can be thought that not expecting mental health problems from men or the underestimation of their problems might be related to the desire to protect men's powerful, superior, and dominant position towards women. In other words, by attributing “weakness” and “craziness” to women, they try to protect their power, as well as position themselves far from “femininity.”

To sum up, it can be argued that the experiences of the men in the current study changed according to the context, and utilizing an ecological perspective in this study provided a more contextual approach to the experiences of men. They encountered traditional masculinity norms in the context of Türkiye and power-related messages in the context of family. These messages emphasizing traditional masculinity norms are similar to previous research (Bolak-Boratav et al., 2017; Mahalik et al., 2003; Mckenzie et al., 2016). Considering these experiences of men, the term gender role conflict should be noted; as O’Neil (2008) stated, adoption of hegemonic masculinity norms might create a risky situation in terms of the mental health of men. On the other hand, they encountered more supportive and egalitarian messages in the contexts of friends and partners. As mentioned, this might be related to the changing qualities of masculinity in time and according to the educational status (Boratav et al., 2014; Ustunel & Yalcinoz-Ucan, 2024). Therefore, it seems that they experienced a conflict between disclosing and not disclosing or normalizing their experiences and judging them.

5.1.4. Coping with Symptoms and Feeling Supported

During their periods of experiencing mental health problems, participants utilized different coping strategies, but basically, they can be categorized as relational and individual ways of coping. At one point, many participants decided to reach out for help when they suffered from depressive and anxiety-related symptoms. Their ways of seeking others' help are various. For example, some participants narrated that spending time with their friends and having meaningful and supportive connections were important for them in terms of not isolating themselves during their symptomatic periods. One participant defined his friends as life savers because of their support during his experience of mental

health problems. Besides, one participant emphasized that the willingness to disclose one's problems and reach out for help is an important determinant of the coping process because he thinks that symptoms get worse as one isolates oneself. Supporting this, Mckenzie et al. (2016) reported that men's tendency not to seek help due to the fear of seeming weak and desire to sustain their sense of self-sufficiency leads their feelings of loneliness to rise.

Another participant remarked that through social interactions, hearing about other people's experiences is helpful for him in terms of not feeling that he is the only person experiencing problems in life. Supporting the narratives of the participants, Stallman et al. (2022) emphasized the importance of healthy ways of coping, in which utilizing social interactions is included as well; they showed the positive connection between unhealthy ways of coping, including avoidance of people, and mental health symptoms. Moreover, some of the participants reached out for help by utilizing professional mental health help. All the participants utilizing professional help remarked how getting professional support plays an essential and positive role in their process of coping with mental health problems. One participant who at first had a hard time accepting his mental health problems and his need for professional help narrated his positive transformation with psychotherapy, and highlighted that people should put traditional masculinity norms aside and be willing to get professional help. Similarly, Emslie et al. (2006) stated that accepting and expressing mental health problems can create a refreshing experience for men.

In addition to reaching out for help, participants also coped with their mental health problems via solitary activities. Many of the solitary activities they did include spending time with their interests (e.g., writing poems, playing computer games, or theatre) and doing sports, especially walking. They narrated that these activities help them in terms of changing their focus and distracting themselves. Research showed that spending time with leisure activities is a healthy way of coping and might be associated with an increased level of mental health (Campbell et al., 2022). Besides, participants emphasized that creative activities such as writing poems give them an opportunity to express their feelings, especially challenging ones, and people reading them do not necessarily notice what this emotion is. From the perspective of masculinity, this can be interpreted as they

created a space in which they could express their emotions safely without fear of being judged or seen as a weak man. Furthermore, some participants tried to cope with their problems by looking at them from different perspectives or holding a more positive and hopeful attitude.

While participants suffered from mental health problems and tried to cope with them, they had experiences and relationships in which they felt the support of others. An important dimension of participants' experience of feeling supported was the non-judgmental attitude of others. Therefore, it includes different feelings, such as feeling understood, safe, considered, accompanied, and valued. Many participants narrated that when they disclose their suffering, what makes them feel supported is getting reactions in accordance with their needs and feeling that the other person wants their well-being sincerely and tries to help. In addition, they remarked that knowing the availability of their loved ones when they need their accompaniment was an essential part of feeling supported. Also, getting non-blaming reactions was another point that the participant emphasized in terms of feeling supported. These results are in line with previous research that shows the positive impacts of informal support in alleviating symptoms (Alsubaie et al., 2019; Bukhari & Afzal, 2017; Yelpaze & Ceyhan, 2019).

From the perspective of traditional masculinity norms, it can be said that as others expressed less masculinity-related expectations for men experiencing mental health problems, such as being powerful, self-sufficient, or far from emotions, participants generally took less blaming and judging and more supportive and inclusive reactions. Besides, it is important to note that participants narrated their moments of feeling supported, accompanied, or considered for the contexts of friends and partners in general. This complements the observation that participants mentioned less traditional masculinity-related expectations for these contexts. Moreover, participants expressed their gratitude for the non-judgmental and supportive approaches of others, as well as emphasizing that, thanks to this process, their relationship got more intimate and stronger.

In addition to the non-judgmental attitude of others, several participants emphasized the importance of taking advice from their loved ones for possible solutions to their problems. According to their accounts, this generally includes a desire to take realistic, solution-

focused, and objective advice from others. They remarked that taking such advice might be confrontational and tough, but it increases their consciousness more than sharing their emotions and talking about them. Considering the impacts of masculinity norms and gender socialization of men on their expressing emotions, it is important to note that current findings might be related to men's preference for more solution-focused support rather than focusing on their emotions. Supporting this, in their review, Ustunel and Yalcinoz-Ucan (2024) discussed that men might take advantage of relatively more direct or solution-focused approaches in the context of professional mental health help. Thus, in the light of this study, a similar tendency of men can be argued for the context of informal help as well. It can be said that this signifies the various needs of participants and the importance of getting reactions and support compatible with their needs.

5.2. Practical Implications of the Current Study

The current study investigated how Turkish male college students experience depressive and anxiety-related symptoms in light of the hegemonic masculinity norms. Firstly, the results of the study implied the common depressive and anxiety-related symptoms of college students and how they experience them. Secondly, their coping strategies with mental health problems as well as their help-seeking behavior were explained. Their narratives implied the importance of relationality in terms of coping with the symptoms. Many participants experienced a period during which they did not want to share their mental health problems and challenging emotions with their close ones, and they were not willing to seek their support. On the other hand, they jointly narrated that isolating themselves during their symptomatic periods made their symptoms worse, but both formal (e.g., psychotherapy or psychiatric medication) and informal (e.g., friends, families, or partners) ways of help contributed to their well-being. Thirdly, considering the importance of relationality, it is important to note that the experiences of the participants varied among different contexts. For example, they generally encountered more masculinity-related approaches and more moments in which they felt the judgment of others in the context of family; however, in the contexts of friends and partners, they usually got fewer masculinity-related comments and felt more supported, considered, and

accompanied. Therefore, results implied what the barriers to disclosure participants encountered are and what the factors that eased their disclosure are in different contexts. Fourthly, the current study implied that the norms of hegemonic masculinity shape participants' experiences of mental health problems, their process of coping with them, and their help-seeking behavior. Besides, it was seen that even if they do not explicitly adopt traditional masculinity expectations, they can still observe how these expectations are implicitly related to their experiences.

Considering the practice implications of the current study, as a general suggestion, when designing prevention studies or informative talks about the mental health of male college students, it is important to have a perspective including the hegemonic masculinity norms and their shaping impacts on male college students' mental health experiences. For example, focusing on the points, such as the masculinity norms they encounter or adopt, possible impacts of these norms on men's mental health, the troubles men generally experience when they try to cope with their problems, and how masculinity norms shape men's attitudes for seeking help might be important and helpful in terms of making them more conscious about the impacts of masculinity norms on their mental health experiences. Considering the ecological perspective and the impacts of different contexts on men's mental health experiences, it is essential to be context-sensitive and provide implications in this sense. In terms of the macro context of Türkiye, it has impacts on men's perception of their own and other men's mental health problems, even if they do not explicitly adopt masculinity norms. Therefore, prevention studies and informative talks should focus on raising awareness of the stigmas about men's mental health problems and the underestimation of them. Moreover, considering the accounts of participants about their experiences in the family context, raising awareness of men's mental health in this context is another point. Thus, it seems significant to inform families about how gender roles and gender role conflict might negatively influence men's mental health experiences and how they can support a male family member experiencing mental health problems.

Similarly, the current study has several implications for clinical settings, especially for the psychological counseling centers of the universities. Findings of the study indicated

the important role of feeling of inadequacy in participants' depressive and anxiety-related symptoms. In addition to feeling inadequate as a part of their symptoms, they felt inadequate due to experiencing mental health problems as well. Thus, being aware of the role of inadequacy and trying to understand it via a context-sensitive lens can be helpful. Moreover, considering the risks of social isolation, examining help-seeking tendencies, possible barriers to disclosure and help-seeking, and different support systems of clients can be beneficial. Besides, the results of the study implicated that male college students' experiences of mental health problems are shaped by the hegemonic masculinity norms. Therefore, when working with them in clinical settings, considering the cultural expectations arising from the masculinity norms and how the client might be influenced by them can be significant in terms of trying to understand the client in the macro context. Moreover, at the micro level, it is also important to explore the impacts of the masculinity norms on the client's inner dynamics, desires, fears, or conflicts as well as his relationships. Besides, considering the college students' vulnerability in terms of mental health problems, it is important to be informed about masculinity norms when working with male college students; however, considering the masculinity norms is significant when working with women and men outside of college settings as well because these norms shape whole community's experiences both in micro and macro levels.

5.3. Strengths, Limitations, and Future Research

The current study investigated Turkish male college students' experiences of depressive and anxiety-related mental health problems, considering the impacts of the hegemonic masculinity norms. Explaining the mental health experiences of male college students through the lens of the hegemonic masculinity norms is one of the strengths of the current study, as the study highlights that mental health experiences and outcomes are not only based on internal dynamics and factors but are also always situated in context. Besides, to be able to hear the experiences of the participants in different contexts, the current study adopted the ecological perspective, so both micro level (e.g., participants themselves, their friends, families, and partners) and macro level (e.g., the community norms in Türkiye) experiences of the male college students were examined. Moreover,

by implementing a qualitative design, the current study had the chance to hear the various perspectives and experiences of the participants from different stages of life in detail.

When it comes to the limitations of the current study, it can be said that although the participants are from different stages of life, many of the participants are students at the universities in the metropolises of Türkiye. Therefore, they might have similar dynamics and similar norms in their social environments. In this sense, relational experiences of a student in a smaller, more homogenous, and more conservative Anatolian city might show different relational dynamics and norms. Besides, two participants are currently living abroad; however, they were recruited because most of their mental health-related experiences happened while they were living in Türkiye. Nevertheless, this can be a limitation because they are currently living in a different macro context, which can implicitly shape their ideas and perceptions about masculinity. Moreover, mental health symptoms of some participants are more situational and related to their one specific experience (e.g., experiencing depressive symptoms after a breakup or having a specific theme that triggers their anxiety). Therefore, their narratives are more situation-specific and more restricted; in other words, their symptoms generally shape a few specific domains of their life. Therefore, relatively, their mental health troubles seem like reactions to the phenomenon they experience, rather than generalized symptoms.

When it comes to the suggestions for future research, there are several points. In the current study, depressive and anxiety-related symptoms were evaluated based on the self-report of the participants. Future research can investigate the experiences of male college students who have a psychiatric diagnosis. Considering that psychiatric diagnosis requires a more severe and generalized experience of symptoms, hearing the experiences of this population can show different perspectives. In addition, how the mental health symptoms or diagnosis influence men's ideas about masculinity can be examined in future research. For this line of future work, a new scale developed in Turkiye by Turkoğlu and Sakalli (2024) can be used in terms of measuring the level of participants' adaptation of masculinity expectations. In this scale, masculinity attitudes are measured as four factors such as disdain for gay men, emotional restriction, dominance, and responsibility/respectability (Turkoglu & Sakalli, 2024). Besides, in terms of examining

different impacts of getting professional mental health help, future research can focus on differences between experiences of participants getting and not getting professional help. Moreover, considering the experiences in contexts of family, friends, and partners in the current study, future research can focus on how mental health experiences influence the relationships and dynamics in these contexts to be able to hear more contextual experiences of mental health problems. Besides, in terms of examining diverse experiences, future research can examine male college students from different cities in Türkiye. Furthermore, future studies can explore the cultural backgrounds and family dynamics of the participants in terms of examining the different impacts of culture. Another important setting that was not included in this study is educational settings. Future work adopting an ecological-systems model can explore male students' experiences in college settings in relation to their peers, advisors, and instructors, and examine how these experiences influence their mental health and adaptation. Moreover, in the current study, there are two gay male college students, and they remarked that being gay impacts their interpretation of hegemonic masculinity norms because it conflicts with the fundamental "requirements" of hegemonic masculinity. In the light of their accounts, it can be said that future research can focus on hearing the experiences of people with diverse sexual orientations.

CONCLUSION

The current study investigated male college students' experiences of depressive and anxiety-related symptoms and their ideas about the masculinity norms by implementing a qualitative design. With the purpose of examining participants' diverse experiences and their impacts on them, the ecological perspective was utilized; their experiences in both micro (e.g., families, friends, and partners) and macro (e.g., Türkiye) contexts were examined. Besides, the current study utilized the notion of hegemonic masculinity, so it provided the chance of making meaning of the experiences of male college students from a masculinity-informed approach. There are five themes derived from the narratives of the participants as expressions of symptoms, barriers to disclosure, masculinity norms about mental health, coping with symptoms, and feeling supported. These themes tried to include and capture various experiences of participants through the lenses of hegemonic masculinity. The study implicated that masculinity norms have an essential role in male college students' experiences of mental health problems, in their coping strategies, and in their help-seeking behavior. Besides, the role of masculinity norms varies among different contexts (e.g., families, friends, and partners). Thus, focusing on the masculinity norms and their possible impacts on men when working with them in clinical or other practical settings might be beneficial in terms of trying to understand and better meet their mental health needs. Besides, future research can focus on the experiences of diverse groups of men with the purpose of examining the different roles of the masculinity norms in men's lives.

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APPENDICES

Appendix A. Result of the Evaluation by the Ethics Committee

Result of the Evaluation by the Ethics Committee is available in the printed version of this dissertation.

Appendix B. Consent Form

Bilgilendirilmiş Onam Formu

Araştırmayı Destekleyen Kurum:	İstanbul Bilgi Üniversitesi
Araştırmanın Adı:	Erkek Üniversite Öğrencilerinin Depresif ve Anksiyöz Semptomları Deneyimleme ve Destek Arama Süreçleri: Nitel Bir Çalışma
Araştırmacının Adı:	Abdullah Cankut Gültüter
Araştırmacının E-mail Adresi ve Telefonu:	
Araştırmanın Danışmanı:	Dr. Öğr. Üyesi Anıl Özge Üstünel Balcı
Danışmanın E-mail Adresi ve Telefonu:	

Bu araştırma, İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı öğrencisi Abdullah Cankut Gültüter tarafından Dr. Öğr. Üyesi Anıl Özge Üstünel Balcı danışmanlığında yürütülmektedir. Bu araştırmanın amacı, üniversite öğrencisi erkeklerin depresif ve kaygıyla ilişkili semptomları deneyimleme ve semptomlarla ilgili destek arama süreçlerini anlamaktır. Araştırma, erkeklerin bu süreçlerde kendi iç dünyalarında ve sosyal çevrelerinde neler deneyimlediklerini, ne gibi baş etme ve destek arama yolları kullandıklarını ve erkekliğe dair düşüncelerinin bu süreci nasıl şekillendirdiğini anlamayı hedeflemektedir. Bulguların üniversitelerde öğrencilerin psikolojik iyi oluşunu desteklemek için yürütülebilecek çalışmalara da katkı sunacağı düşünülmektedir.

Bu araştırmaya katılmayı kabul ettiğiniz takdirde, size 14 soruluk kısa bir form gönderilecek ve bu formu doldurmanız beklenecektir. Yanıtlarınız değerlendirildikten sonra, katılımınız araştırma kapsamına uygunsa yaklaşık 45-60 dakika sürecek bir bireysel görüşmeye katılmanız beklenecektir. Bu görüşmede, depresif ve kaygıyla ilişkili semptomları nasıl deneyimlediğinizi, bunlarla ilgili yardım arama süreçlerinizi ve erkeklikle ilgili düşüncelerinizi öğrenmek için sizden bazı sorulara yanıt vermeniz istenecektir. Yanıtlarınız, sonraki analizlerde kullanılmak üzere ses kaydına alınacaktır.

Bu araştırma bilimsel bir amaçla yapılmakta ve katılımcıların kişisel bilgilerinin gizliliği esas alınmaktadır. Ses kayıtları araştırma süresince araştırmacıya ait bir bilgisayarda, şifre korumalı bir biçimde, beş yıl boyunca muhafaza edilecek; kayıtlara yalnızca araştırmacının, yardımcı araştırmacının ve danışmanının erişimi olacak; bu süre sonlandığında ise kayıtlar silinecektir. Araştırma bulgularının sunumu ve raporlamasında kişi isimleri kullanılmayacak, bulgular görüşmelerde ifade edilen ortak konuları özetleyecektir. Görüşmede paylaştığınız görüş ve deneyimlerinize ilişkin örnek cümlelere bulguların raporlanmasında yer verilecek, bu cümleler isminizle ilişkilendirilmeden anonim şekilde bilimsel yayınlarda kullanılacaktır.

Bu araştırmaya katılmak tamamen isteğe bağlıdır. Görüşmeye katılmanın üzerinizde herhangi bir olumsuz etki yaratması beklenmemektedir. Ancak görüşme sırasında yanıt vermek istemediğiniz, size kendinizi rahatsız hissettiren sorular olursa bu soruları yanıtlamadan geçebilirsiniz. Görüşme sırasında dilediğiniz zaman kaydın durdurulmasını isteyebilirsiniz. Görüşme başlamadan önce, görüşme sırasında veya sonrasında dilediğiniz zaman soru sorabilirsiniz. Katılmayı kabul ettiğiniz takdirde çalışmanın herhangi bir aşamasında herhangi bir sebep göstermeden araştırmadan çekilme hakkına sahipsiniz. Araştırmadan çekildiğiniz durumda verdiğiniz bilgiler değerlendirmeye alınmayacaktır.

Görüşmenizin sonuçları, araştırma sonlandırılmadan önce gözden geçirmeniz için tercihinize bağlı olarak sizinle e-posta ya da telefon yoluyla paylaşılacak ve geri bildiriminiz doğrultusunda gerekli değişiklikler yapılacaktır. Burada amaç, sizin görüşlerinizin ve deneyimlerinizin en doğru şekilde anlaşılmasını sağlamaktır.

Araştırmayla ilgili bilgi almak, soru sormak veya yorumlarınızı paylaşmak isterseniz, araştırmacı Abdullah Cankut Gültüter ile iletişime geçebilirsiniz.

Eğer araştırmaya katılmaya onay veriyorsanız, aşağıdaki kutucuğu işaretleyiniz.

☐ Bu çalışmaya tamamen gönüllü olarak katılıyorum. Bana anlatıları ve yukarıdaki açıklamaları anladım. Çalışmaya katılmayı ve verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum.

Appendix C. Sociodemographic Form

Demografik Bilgi Formu

1. Cinsiyetiniz

2. Cinsel Yöneliminiz

3. Yaşınız

4. Yaşadığınız İl

5. Şu anda üniversite öğrencisi misiniz?
   a. Evet
   b. Hayır

6. Güncel olarak depresif ve kaygıyla ilişkili şikâyetleriniz var mı?
   a. Evet
   b. Hayır

7. Ne gibi şikâyetleriniz var?

8. Ne kadar süredir bu şikâyetleri deneyimliyorsunuz?

9. Depresif ve kaygıyla ilişkili bu şikâyetleriniz işlevselliğinizi (yani; günlük hayatınızı, işlerinizi ve ilişkilerinizi sürdürebilmenizi) ne derecede etkiliyor?
   a. 1 (çok az)
   b. 2 (az)
   c. 3 (orta)

d. 4 (fazla)
e. 5 (çok fazla)

10. Güncel olarak intihar etmeye yönelik herhangi bir düşünceniz ya da planınız var mı? Hiç böyle bir eylemde bulundunuz mu?
    a. Evet
    b. Hayır

11. Güncel olarak bu şikâyetlerle ilgili ya da başka bir nedenle herhangi bir profesyonel destek (örneğin; psikoterapi, psikiyatrik ilaç kullanımı veya psikiyatrik muayene) alıyor musunuz? Alıyorsanız lütfen süreci kısaca açıklayınız.

12. Geçmişte bu şikâyetlerle ilgili ya da başka bir nedenle herhangi bir profesyonel destek (örneğin; psikoterapi, psikiyatrik ilaç kullanımı veya psikiyatrik muayene) aldınız mı? Aldıysanız lütfen süreci kısaca açıklayınız.

13. Daha önce herhangi bir psikiyatrik tanı (örneğin; majör depresyon, kaygı bozukluğu veya travma sonrası stres bozukluğu) aldınız mı? Aldıysanız tanıyı ve süreci lütfen kısaca açıklayınız.

14. Eğer daha önce psikiyatrik bir tanı aldıysanız bu tanının tedavisi için herhangi bir profesyonel destek (örneğin; psikoterapi veya psikiyatrik ilaç kullanımı) aldınız mı? Aldıysanız lütfen kısaca açıklayınız.

Appendix D. Some Centers of Professional Help for Mental Health

Ruh Sağlığı Hizmeti Veren Bazı Merkezler

- İstanbul Büyükşehir Belediyesi Psikolojik Danışmanlık Merkezi Maltepe Şubesi

Adres: Gülsuyu Mah. Fevzi Çakmak Cad. No: 31-33/A Maltepe/İSTANBUL

İletişim: Alo 153 Çözüm Merkezi

- İstanbul Büyükşehir Belediyesi Psikolojik Danışmanlık Merkezi Üsküdar Şubesi

Adres: Valide Atik Mah. Nuhkuyusu Cad. No: 65 Üsküdar/İSTANBUL

İletişim: Alo 153 Çözüm Merkezi

- İstanbul Büyükşehir Belediyesi Psikolojik Danışmanlık Merkezi Beyoğlu Şubesi

Adres: Halıcıoğlu Mah. Tokaç Sok. No: 4/1 Beyoğlu/İSTANBUL

İletişim: Alo 153 Çözüm Merkezi

- İstanbul Büyükşehir Belediyesi Psikolojik Danışmanlık Merkezi Fatih Şubesi

Adres: Kalenderhane Mah. Cemal Yener Tosyalı Cad. No: 10 Fatih/İSTANBUL

İletişim: Alo 153 Çözüm Merkezi

- İstanbul Bilgi Üniversitesi Psikolojik Danışmanlık Merkezi

Adres: Emniyettepe Mah. Kazım Karabekir Cad. No: 2/13 Eyüpsultan/İSTANBUL

İletişim: 0212 311 76 74/76

- İstanbul Beşiktaş İlçe Sağlık Müdürlüğü Merkez Sağlıklı Hayat Merkezi

Adres: Cihannuma Mah. Barbaros Bul. Veli Sok. No: 3 Beşiktaş/İSTANBUL

- İstanbul Zeytinburnu İlçe Sağlık Müdürlüğü Sağlıklı Hayat Merkezi

Adres: Seyitnizam Mah. Mevlâna Cad. No: 81 Zeytinburnu/İSTANBUL

- İstanbul Kadıköy İlçe Sağlık Müdürlüğü Yeldeğirmeni Sağlıklı Hayat Merkezi

Adres: Rasimpaşa Mah. Misak-ı Milli Cad. Talimhane Sok. No: 1 Kadıköy/İSTANBUL

- İstanbul Pendik İlçe Sağlık Müdürlüğü Merkez Sağlıklı Hayat Merkezi

Adres: Doğu Mah. İnce Sok. No: 12 Pendik/İSTANBUL

Note: If the participant lives in a city other than Istanbul, appropriate options will be explored.

Appendix E. Semi-Structured Interview Guide

Yarı-Yapılandırılmış Görüşme Rehberi

1. **Giriş**
    a. Biraz kendinizden bahseder misiniz?
    b. Rutin bir gününüz nasıl geçer, neler yaparsınız?
    c. Üniversite eğitiminiz nasıl gidiyor? Üniversitenizden, bölümünüzden memnun musunuz?
    d. Arkadaşlarınızla ilişkileriniz genel olarak nasıldır? Birlikte neler yaparsınız, nasıl zaman geçirirsiniz?
    e. Bir partneriniz var mı, biraz bahseder misiniz?

2. **Depresif ve Kaygıyla İlişkili Şikâyetler**
    İlk olarak yaşadığınız şikâyetleri konuşarak başlayabiliriz.
    a. Kendinizde ne gibi depresif ve kaygıyla ilişkili şikâyetler gözlemliyorsunuz?
        - Birkaç örnek vererek açıklayabilir misiniz?
        - Bu şikâyetler günlük yaşamınızı etkiler mi? Nasıl?
    b. Bu şikâyetleri ilk nasıl fark ettiniz?
    c. Ne kadar süredir bu şikâyetleri yaşıyorsunuz?
    d. Bu şikâyetleri fark ettikten sonra neler düşündünüz?
    e. Bu şikâyetleri yaşamak size kendiniz hakkında neler düşündürdü?

3. **Şikâyetlerle Başa Çıkma ve Profesyonel Destek**
    Herkes yaşadığı şikâyetlerle ilgili farklı baş etme yolları kullanır. Sizin için bu süreç nasıldı, anlamak isterim.
    a. Bu şikâyetlerle baş etmek için neler yaparsınız?
    b. Bu şikâyetlerle baş etmede size en iyi gelen şeyler neler?
    c. Profesyonel destek almayı hiç düşündünüz mü, denediniz mi?

d. Profesyonel destek almaya/almamaya nasıl karar verdiniz? Nasıl bir süreçti?
e. Profesyonel destek almak sizin için ne anlama geliyor?
    - *(Profesyonel destek aldıysa/alıyorsa)* Aldığınız profesyonel destekle ilgili size iyi gelen, memnun olduğunuz şeyler var mı? Neler?
    - *(Profesyonel destek aldıysa/alıyorsa)* Aldığınız profesyonel destekle ilgili memnun olmadığınız, keşke farklı olsaydı dediğiniz şeyler var mı? Neler?

4. Şikâyetlerle İlgili İlişkisel Deneyimler

a. Yaşadığınız şikayetleri başkalarıyla konuşmak ve paylaşmak konusunda ne düşünüyorsunuz?
b. Çevrenizde yaşadığınız şikayetleri konuşup paylaşabildiğiniz kimler var?
c. Bu kişilerle ilişkilerinizi nasıl tarif edersiniz?
d. Paylaştığınızda bu kişiler size nasıl tepkiler verdiler?
e. Bu tepkiler size nasıl geliyor, neler düşündürüyor?

Aile

a. Yaşadığınız şikâyetleri ailenizle paylaştınız mı?
b. Profesyonel destek aldığınızı *(alıyorsa)* ailenizle paylaştınız mı?
c. Bunları ailenizle paylaşmaya/paylaşmamaya nasıl karar verdiniz? Nasıl bir süreçti?
d. Paylaştıysanız ailenizden bu konuda nasıl tepkiler aldınız?
e. Ailenizden aldığınız tepkiler size nasıl geldi, neler düşündürdü, neler hissettirdi?
f. Yaşadığınız şikâyetler hakkında ailenizden destek istediniz mi? İstemeye/istememeye nasıl karar verdiniz?
g. Ailenizden ne gibi destekler aldınız?
h. Bu destekler size nasıl geldi, neler düşündürdü, neler hissettirdi?

Arkadaşlar

a. Yaşadığınız şikâyetleri arkadaşlarınızla paylaştınız mı?

b. Profesyonel destek aldığınızı *(alıyorsa)* arkadaşlarınızla paylaştınız mı?
c. Bunları arkadaşlarınızla paylaşmaya/paylaşmamaya nasıl karar verdiniz? Nasıl bir süreçti?
d. Paylaştıysanız arkadaşlarınızdan bu konuda nasıl tepkiler aldınız?
e. Arkadaşlarınızdan aldığınız tepkiler size nasıl geldi, neler düşündürdü, neler hissettirdi?
f. Yaşadığınız şikâyetler hakkında arkadaşlarınızdan destek istediniz mi? İstemeye/istememeye nasıl karar verdiniz?
g. Arkadaşlarınızdan ne gibi destekler aldınız?
h. Bu destekler size nasıl geldi, neler düşündürdü, neler hissettirdi?

Partner (varsa)

a. Yaşadığınız şikâyetleri partnerinizle paylaştınız mı?
b. Profesyonel destek aldığınızı *(alıyorsa)* partnerinizle paylaştınız mı?
c. Bunları partnerinizle paylaşmaya/paylaşmamaya nasıl karar verdiniz? Nasıl bir süreçti?
d. Paylaştıysanız partnerinizden bu konuda nasıl tepkiler aldınız?
e. Partnerinizden aldığınız tepkiler size nasıl geldi, neler düşündürdü, neler hissettirdi?
f. Yaşadığınız şikâyetler hakkında partnerinizden destek istediniz mi? İstemeye/istememeye nasıl karar verdiniz?
g. Partnerinizden ne gibi destekler aldınız?
h. Bu destekler size nasıl geldi, neler düşündürdü, neler hissettirdi?

5. Erkeklikle İlgili Fikirler

Kaygı, depresyon gibi şikayetleri olan erkeklerle ilgili ailede, arkadaşlar arasında, toplumda, farklı sosyal ortamlarda çeşitli görüşler olabiliyor. Sizin bu konudaki gözlem ve düşüncelerinizi öğrenmek isterim.

a. Erkeklerin bir ruh sağlığı şikâyeti olmasına sizce toplumda nasıl bakılıyor?
b. Erkeklerin duygularıyla ilgili başkalarından destek aramasına sizce toplumda nasıl bakılıyor?

c. Bu konularda ailenizin tutumu nasıldır?
d. Bu konularda arkadaşlarınızın tutumu nasıldır?
e. Bu konularda *(varsa)* partnerlerinizin tutumu nasıldır?
f. Size göre erkek olmak toplum açısından ne anlama geliyor?
g. Erkek olmak sizin için ne anlama geliyor?

6. Kapanış

a. Sizinle benzer şikâyetleri yaşayan gençlere baş etme konusunda nasıl önerileriniz olur?
b. Gelecekle ilgili planlarınız, istekleriniz neler?
c. Bu görüşme sizin için nasıl bir deneyim oldu?
d. Konuştuklarımızla ilgili benim sormadığım ama sizin eklemek istediğiniz bir şey var mı?
e. Konuştuklarımızla ilgili sizin sormak istediğiniz bir şey var mı?

Appendix F. Document for Member-Checking

Çalışma Bulgularının Özeti

1. Semptomların İfade Edilişi

Bu temada katılımcıların depresif ve kaygılıyla ilişkili semptomları anlatılmıştır. Bu bölümde katılımcıların semptomlarının neler olduğu ve bunları nasıl deneyimledikleri ele alınmıştır. Bu temanın 4 adet alt teması bulunmaktadır: "yetersizlik", "düşük enerji ve motivasyon", "aşırı düşünmek" ve "izole olmak".

2. Kendini Açmanın Önündeki Bariyerler

Bu temada katılımcıların yaşadıkları problemler konusunda kendilerini aile, arkadaş, partner veya bir profesyonel gibi kişilere açmalarının önünde ne gibi engeller olduğu; kendilerini açsalar dahi tereddüt etmelerinde hangi faktörlerin etkili olduğu ve başkalarından yardım istemek konusunda onları nelerin kısıtladığı anlatılmıştır. Bu temanın 4 adet alt teması bulunmaktadır: "yargılanmaktan korkmak", "kendine yetme isteği", "başkalarına yük olmaktan korkmak" ve "kendini açmayı etkisiz bulmak".

3. Ruh Sağlığı Meseleleri Hakkındaki Erkeklik Normları

Bu temada hem katılımcıların hem onların aile, arkadaş ve partnerlerinin hem de toplumun ruh sağlığı problemi yaşayan erkekler hakkındaki fikir ve düşünceleri anlatılmıştır. Hem mikro düzeydeki (örn., aile, arkadaş ve partner) hem makro düzeydeki (örn., toplum) erkeklikle ilgili beklenti ve normların erkeklerin ruh sağlığı ile ilgili deneyimlerini nasıl şekillendirdiğinden bahsedilmiştir. Dolayısıyla bu tema katılımcıların perspektiflerini ve onların diğer kişilerin perspektifleri hakkındaki düşüncelerini içermektedir. Bu temanın 3 adet alt teması bulunmaktadır: "güç", "güce olan vurgunun azalışı" ve "erkeklerin problemlerinin azımsanması".

4. Semptomlarla Baş Etmek

Bu tema katılımcıların depresif ve kaygıyla ilişkili semptomlarıyla nasıl baş ettiklerini anlatmaktadır. Katılımcıların birçok farklı baş etme yolu olsa da bu yollar 2 başlıkta

toplanabilir, dolayısıyla bu temanın 2 adet alt teması bulunmaktadır: “yardım istemek için başkasıyla temasa geçmek” ve “bireysel aktiviteler”.

5. Desteklenmiş Hissetmek

Bu temada katılımcıların değerli, güvenli, desteklenmiş, eşlik edilmiş ve önemsenmiş hissettikleri deneyimler anlatılmıştır. Bu temada katılımcıların kendilerini açmalarını veya başkalarından yardım istemelerini kolaylaştıran faktörler anlatıldığı için bu tema “kendini açmanın önündeki bariyerler” temasının zıttı olarak kabul edilebilir. Bu temanın 2 adet alt teması bulunmaktadır: “yargılamayan tutum” ve “aktif çözüm ve tavsiye arayışı”.