

# STIGMA AND SILENCE: UNDERSTANDING MEN'S MENTAL HEALTH COMMUNICATION AND HELP-SEEKING IN KLANG VALLEY

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**Abstract.** In the realm of mental health discourse, considerable attention has traditionally been directed toward women's well-being, resulting in a significant gap in understanding and addressing the unique challenges surrounding men's mental health. This study aims to explore the factors contributing to the persistent stigma surrounding men's mental health in the Klang Valley, identify the communication barriers that discourage men from seeking help, and propose strategies to facilitate more supportive help-seeking behaviours. Employing a qualitative research design, this study conducted semi-structured interviews with ten male participants from the Klang Valley to capture rich, first-hand insights into their experiences and perceptions. Through thematic analysis, six major themes were identified: Toxic Masculinity Norms, Cognitive Barriers, Social Stigma Barriers, Structural and Financial Barriers, Narrative or Norms Shifts, and Supportive and Institutional Interventions. These themes reveal the complex interplay of cultural expectations, internalised stigma, and systemic barriers that shape men's reluctance to seek mental health support. Framed through the lens of Muted Group Theory, the study highlights how men's emotional expressions and help-seeking behaviours are frequently marginalised within dominant social narratives, often leaving them without the language, space, or societal permission to articulate their struggles. Participants in the study underscored the urgent need to reshape prevailing narratives by leveraging the influence of media, public figures, and grassroots community initiatives. They also stressed the importance of fostering greater support within families, workplaces, educational settings, and government institutions. This study contributes to public discourse by offering practical recommendations for media organisations, NGOs, and government agencies to design targeted mental health awareness strategies. It further underscores the need for continued research and sustained efforts to challenge harmful gender norms and promote help-seeking as a collective social responsibility.

**Keywords:** *men, mental health, stigma, masculinity ideology, health communication*

## Introduction

In the realm of mental health discourse, the focus has centred around women, leaving a significant gap in understanding and support for men's mental health and well-being. A recent study in the United Kingdom (Hinch, 2023) reveals alarming statistics, showing that 40% of men have never discussed their mental health with anyone, with 29% citing embarrassment and 20% mentioning the presence of negative stigma as reasons. In a study, it was found that for 26 years from 1995 to 2020, Malaysian male suicide rates have steadily outpaced female rates; the male-female relative risk (RR) is 1.89, suggesting that male suicide cases are more likely than female instances. Between 2014 and 2019, the suicide rates amongst men in Malaysia were 75.6% higher compared to women; however, the number decreased after a surge in female suicide cases surfaced (Goh, 2021). This rise has led society and many organisations to focus increasingly on addressing mental health issues among women, inadvertently leaving men's mental health well-being continually overlooked or disregarded. For example, the

Enliven Women's Retreat, organised by the Yoga for Mum organisation, specifically caters to women who feel neglected in terms of their emotional needs and mental well-being due to their motherhood responsibilities (MSC, 2023). According to Sagar-Ouriaghli et al. (2019), addressing the disparity in mental health service usage between genders necessitates further development of strategies tailored to encourage help-seeking behaviours among men, given the limited efforts in this regard, marked by a scarcity of public awareness campaigns and interventions specifically designed to improve men's engagement with psychological support services. Despite the evident need, there has been a lack of research conducted in the Klang Valley to understand further why men are more hesitant to seek help for their mental health well-being.

The researcher aims to understand the unique challenges men face when it comes to seeking mental health support, as the stigma surrounding men's mental illness, coupled with traditional masculinity ideologies, significantly influences men's attitudes toward depression and their willingness to seek help, creating a critical barrier to effective mental health support. The objectives of this study are:

RO1: To explore the factors contributing to the stigma surrounding men's mental health.

RO2: To identify the communication barriers that prevent men from seeking help for mental health issues in Klang Valley.

RO3: To propose communication strategies to facilitate help-seeking behaviours among men in Klang Valley.

### ***Literature review***

#### ***Social stigmatisation and masculinity ideology surrounding men's mental health***

Two forms of stigma are particularly relevant to Staiger et al. (2020) findings: public stigma, which includes stereotypes, prejudice, and discrimination held by the general public (e.g., "all men with depression are weak and unmanly"), and self-stigmatisation, where individuals with mental illness internalise negative stereotypes and apply them to themselves. To highlight the importance of social stigmatisation, a study by Raaj et al. (2021) has estimated that only 20% of Malaysians with a mental disorder will access professional care, with social stigma a major explanatory factor for this. In Malaysian communities, there is a strong emphasis on boys as they grow up that they need to remain strong and never show any weaknesses. For instance, when a small boy cries after falling, a mother might comfort him by saying, "You shall not cry; you are a boy", and boys are expected to grow up as leaders and as the men of the family. This perspective is also supported by Abdullah and Brown (2020), who found that family expectations to uphold a strong front discourage men from acknowledging their mental health struggles and seeking help. In some cases, mental health issues are attributed to a lack of faith or spiritual weakness, which contributes to stigmatisation against men. In their study, McKenzie et al. (2022) discuss how religious interpretations of mental health can vary, with some communities offering strong support networks while others may reinforce stigmatising attitudes. In addition, the traditional notion of masculinity, which emphasises stoicism, strength, and self-reliance, often discourages men from expressing vulnerability or seeking help.

#### ***Self-stigmatisation of men in mental health***

Self-stigmatisation stems from societal stigma and masculine norms, reinforcing negative beliefs that deter men from seeking help. Studies report that greater levels of public stigma led to increased self-stigma for affected individuals (Mehta et al., 2009; Pompili et al., 2003), and the way mental health issues are perceived and constructed by society significantly influences public attitudes and behaviours toward individuals experiencing such challenges (Pirus et al., 2025). McKenzie et al. (2022) review of seven studies from various researchers that documented internalised stigma experiences of men with mental illness, including studies by Ferguson et al. (2019), Oliffe et al. (2019), Clark et al. (2018), Wagstaff et al. (2018) as well as Samuel (2015). Based on the number of studies citing this phenomenon, it is understood by the researcher that self-stigmatisation also plays an important role in men's cognitive beliefs surrounding mental health well-being where it undermines the motivation to seek help and the shame that comes with it if they do seek help. Many were fearful of their peers finding out about their anxiety or that they were receiving help, and that their social status would be compromised, and they would be subjected to bullying, derision and exclusion (McKenzie et al., 2022). In studies focused on young men, feelings of fear and shame were common, not only for having a mental illness but for being seen to engage with mental health professionals (Clark et al., 2018; Samuel, 2015). This contributes to men deterring from reaching out to a counsellor, therapist, or psychologist to discuss their mental health well-being.

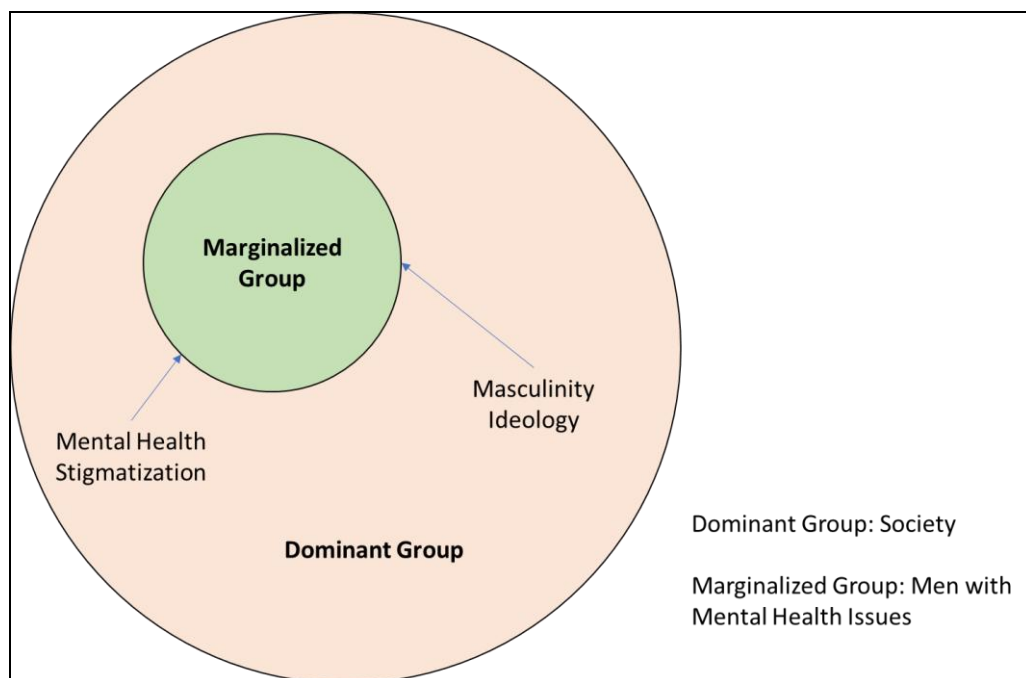
### ***Help-seeking behaviours and barriers for men in mental health***

Past research has demonstrated that many people with psychological problems are reluctant to seek help from mental health professionals, with young men being the least likely of all demographics to seek help (Nam et al., 2010; Biddle et al., 2007; 2004; Barney et al., 2006; Mackenzie et al., 2006). Beyond stigma, other contributing factors warrant exploration. Ellis (2018) identified three key barriers to men's help-seeking behaviour: gender ideology, avoidance and self-reliance, and perceptions of healthcare professionals and services. Gender ideology aligns closely with masculinity norms discussed earlier, while avoidance and self-reliance are often rooted in internalised stigma. At the same time, Staiger et al. (2020) found that men with depression reported experiences towards help-seeking and service use on four different levels: attitudes towards depression, perception of societal views on depression, experiences within the family context and experiences with mental health services. Additionally, Malaysia faces a significant shortage of mental health professionals, with only 1.27 psychiatrists per 100,000 population (Raaj et al., 2021). While stigma and masculinity ideology remain central barriers, structural limitations such as service availability also play a critical role in help-seeking reluctance.

### ***Muted Group Theory***

Muted Group Theory (MGT), a framework within communication theory, was developed by Edwin Ardener and later expanded by Shirley Ardener. It posits that certain groups, often those with less societal power, struggle to express themselves within dominant communication structures. Although MGT was initially applied to women's experiences, Ardener's concept extends beyond gender to include other marginalised groups, such as men facing mental health. In the context of men's mental health, MGT helps explain how dominant societal norms, particularly those rooted in

masculinity, can suppress men's emotional expression. These norms often discourage vulnerability, framing emotional openness as weakness. As a result, men may internalise these expectations, leading to silence or avoidance when facing psychological distress. Sharp et al. (2022) observed that men's attempts to express vulnerability are frequently muted by societal expectations, reinforcing the idea that emotional expression is incompatible with masculine ideals. This silencing effect contributes to the underrepresentation of men's mental health struggles in public discourse and policy initiatives. *Figure 1* presents the researcher's visualisation of how the Process of Silencing model of MGT's by West and Turner (2024), is applied in this study. The dominant group in the visual represents the society, and the marginalised group represents men who have help-seeking barriers. Masculinity ideology and stigmatisation reflect societal norms that silence these men. Owusu (2016) highlights that Muted Group Theory was developed to address issues of unequal power distribution between dominant groups and those who are silenced. By applying MGT, this study highlights how communication barriers rooted in cultural norms and gender expectations contribute to men's reluctance to seek help. Understanding these dynamics is essential for developing strategies that empower men to articulate their mental health needs and access appropriate support.



**Figure 1.** Muted Group Theory Framework with the Application of Stigmatisation and Masculinity Ideology

## Materials and Methods

This study is grounded in an interpretivist paradigm and adopts a qualitative phenomenological approach to explore men's mental health communication in the Klang Valley. Ten adult male informants aged 18 to 60 were recruited through convenience sampling. Data were collected through semi-structured, in-depth interviews conducted either face-to-face or via Microsoft Teams. Interviews lasted between 35 and 50 minutes and were carried out in participant-selected settings to ensure comfort and

confidentiality. A pilot study was undertaken to refine the interview protocol for clarity and cultural sensitivity. The researcher served as the primary instrument of inquiry, engaging in reflexivity and maintaining a reflective journal to ensure interpretive awareness. Ethical approval was granted by the university's research ethics committee, and all participants provided informed consent with assurances of confidentiality and cultural respect. Data were analysed using thematic analysis supported by NVivo 14 software. An inductive coding process comprising open, axial, and selective coding facilitated the emergence of key themes grounded in the informants' narratives. Data collection concluded upon thematic saturation. The study's trustworthiness was reinforced through peer debriefing, cross-verification of codes, transparent documentation, and the inclusion of direct participant quotations.

## Results and Discussion

Through the application of an inductive coding approach, six major themes were identified which aligns with the study's three research questions. The themes derived from the data analysis of this study are social stigma barriers, cognitive barriers, structural and financial barriers, toxic masculinity norms, supportive and institutional interventions and the narrative for norms shifts. *Table 1* presents the themes, sub-themes (codes), and the frequency of each theme, while *Table 2* outlines the six core themes and their corresponding sub-themes that emerged from the qualitative analysis, each supported by detailed descriptions illustrating how they relate to men's mental health help-seeking behaviours.

**Table 1.** List of Key Themes, Sub-themes and Their Frequency Derived from Data Analysis.

Themes	Sub themes (code)	Frequency
Social stigma barriers (RQ2)	Emotional invalidation	4
	Intra gender stigma	2
	Self-Stigmatisation	2
	Total: 8	
Cognitive barriers (RQ2)	Doubt in help seeking	3
	Individual ego	2
	Perceived weakness to women	3
Total: 7		
Structural and financial barriers (RQ2)	Costly professional help	2
	Lack of awareness efforts	4
Total: 6		
Toxic masculinity norms (RQ1)	Gender role pressures	5
	Generational masculinity ideology	5
	Traditional upbringing	5
Total: 15		
Narrative for norm shifts (RQ3)	Celebrity and social media influencers as role models	2
	Representation in entertainment content	3
	Individual openness	5
Total: 10		
Institutional Intervention (RQ3)	Careline	3
	Early age exposure	7
	Free counselling	3
	Partner as a supportive listener	2
	Support group gathering or programme	9
	Supportive upbringing	3
Total: 27		
Grand total		66

**Table 2.** Codebook Summary of Themes, Sub-Themes, and Descriptions.

Theme	Description	Sub-themes (code)	Description
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Social Stigma Barriers	External pressures that caused men to be more reserved and not have the courage to speak up, or may have spoken up but received limited encouragement.	Emotional Invalidation Peer/Intra Gender Stigma Self-Stigmatisation	Men receive rejection or a negative response when they seek help from their close ones Men were discouraged by their male group of friends when sharing issues or stress-related matters Internalising negative societal stereotypes about mental illness, leading to shame or self-blame.
Cognitive Barriers	Men's own beliefs or negative perceptions of the implications upon them if they choose to speak up	Doubt in Help Seeking Individual Ego Perceived weakness to women	Men perceive help-seeking as just ranting out and not an actual solution Men do not want to seek help due to ego and pride Men fear women/partner's response if they seek help
Structural and Financial Barriers	Other obstacles faced by men other than from society or individuals.	Lack of Targeted Awareness Costly Professional Help	There is not enough awareness effort by the media, government and NGOs in Malaysia Therapy and counselling are not affordable
Toxic Masculinity Norms	Socially enforced beliefs equating masculinity with emotional suppression and self-reliance through gender role pressure, the masculinity ideology of how men should behave through traditional upbringing	Gender Role Pressure Generational Masculinity Ideology Traditional Upbringing	Men are supposed to be the provider, head of the family or lead women. Men are supposed to behave or look a certain way Masculinity ideology and gender role pressures are taught since small
Institutional Interventions	Strategies that organisations, the government or family can impose to facilitate mental health literacy and support.	Free counselling Care Line Early Age Exposure Support Group Supportive Upbringing	A program, event or roadshow that offers free counselling sessions for men A specific hotline for men to call when they need help Mental health literacy to be taught in school Support group program to help improve men's help-seeking behaviour and encourage self-stigmatisation The family institution is responsible for changing the way boys are being brought up
Narrative or Norms Shifts	Efforts to redefine masculinity and normalise help-seeking.	Celebrity and social media influencers as role models Individual openness Representation in entertainment content	Usage of public figures to accelerate awareness Men need to be more open and vocal instead of waiting for external parties to change the narratives More content in Media, TV, Films or OTT that represents men's mental health issues

### ***Theme 1: Social stigma barrier***

This theme described the profound impact of social stigma on their willingness to seek help for mental health challenges. Informants shared that when they opened to their partner or family about their struggles, they responded by telling them that they needed to solve their problems.

*“...I don't really have any good experience sharing with anyone outside my family, which is my partner or my friends because when I did back then. I see I take examples I used to express or tell my problem to my partner. My financial problems and that leads to the judgment by her. I have been judged as a not man enough and I believe it's not everyone wants to hear your problem. Everyone has their own problems. So yeah, I have a negative negative experience. But yeah, the outcome is never good. So, I learn from mistakes. So, what... what my father*

*taught me or how I was raised I think is true. So, I need to stick up to that mentality...*" (Informant F, Page 4, Line 108 – 116)

Rather than receiving empathy or understanding, their vulnerability was met with a reinforcement of traditional gender expectations, leaving them feeling dismissed and unsupported.

*"...I've been. I've been in the circle of environment where people or even partners will tell me, 'look, if you're going to be like this, if you're not going to solve your own problems, I can't be with you. I need a man to solve my problems, not me solving the man's problems'..."* (Informant C, Page 4, Line 126-129)

Furthermore, when asked about his opinion on what or who else could have played a part in making him more reserved in matters involving mental health and well-being, one informant noted that he experienced social stigma through his male group of friends.

*"...I will say the men from the men's group itself, because for them, all men should be the same person. They should keep it to themselves and enjoy doing all the hard work and just make it through all the problems. So, when one of them like 'oh, I cannot take it'. So, some of those noises will come from the same gender group as well. They would on their own think that person is just too sensitive. ..."* (Informant E, Page 9-10, Line 305-312)

The findings suggest that help-seeking is shaped by community norms and peer influence that continue to stigmatise mental health challenges among men which may lead to the second theme.

### ***Theme 2: Cognitive barriers***

The second theme highlights the internal struggles that often prevent men from seeking help to manage their stress and mental well-being. The researcher found that men tend to hold themselves back, constrained by their thoughts and mindsets, which discourage them from reaching for support when needed.

*"...because man usually share with other men and everyone has their own problem. So, one is it's not comfortable because it seems like when we share things, it's like burdening our peers. Burdening our friends or families with our own problems. So, and plus it's not solving anything when you try to share. I mean, most of the times when we share our problems, we want to find solution, be it be a quick fix or a long term one. But, since we're sharing, it's not. Maybe it's a first step to solving a solution to find a solution, but most of the time it's just it's just ranting out..."* (Informant A, Page 2, Line 39-45)

In addition, an informant shared that they feared being seen as "weak", particularly by the opposite gender, whether by their partners or friends. Fear of judgment discourages emotional openness and reflects how societal expectations around masculinity continue to shape men's willingness to seek help.

*"...instead of me sharing with another girl, of course, I don't do not want another girl to know all my problems because I have to show that I'm OK..."* (Informant H, Page 3, Line 77-78)

One informant highlighted feeling embarrassed when sharing personal problems with family members.

*"...Not to family. Why not to family? Yeah, I think it's quite. It is embarrassing. But you're shy to to, you know, express that side of you are always know your. Yeah, this month to your mom, this father ever. But you cannot be the. Yeah. Some issue like talking for a bit weird that..."* (Informant J, Page 2, Line 65 -68)

The dissonance between recognising vulnerability and the desire to uphold societal expectations of emotional toughness created internal conflict, often resolved through avoidance of help-seeking.

### ***Theme 3: Structural and financial barriers***

Systemic obstacles restrict men's access to mental health support or diminish their awareness of available resources. Many informants shared that mental health campaigns by non-governmental organisations (NGO), the media, and government agencies rarely speak directly to men or address the unique realities of men's mental health struggles.

*"...usually if you saw on TV or anywhere lah now mostly for women..... where usually for any NGO, anything TV or what, social media usually they only specifically for women. Domestic violence in marriage. Mental health ahh usually more to people who are married lah and also got lah some some about because of family about money. Usually more towards nowadays for mental health more towards people who are married, but for women lah. So for men, men got their own problem. Men also got their menopause, men also got their own problem. Ah how? usually like maybe their income is not enough but they need to spend for family for kids, for wife to go shopping, from there they bottle up all their problem. Ah that's why can take extensive measure to just end it all..."* (Informant D, Page 4-5, line 135-147)

Informants expressed those existing initiatives often lack relevance to men's lived experiences. As a result, many men continue to feel overlooked and unsupported, further reinforcing the barriers to seeking help when it is most needed. In addition to these informational barriers, informants highlighted financial challenges as significant deterrents. The cost of professional counselling was frequently mentioned, with some informants expressing that even when help is desired, the financial burden makes it inaccessible.

*"...and then yeah, if you seek help, do you know that it's fucking costly, you know, for mental health? Assistance and treatment. I mean just one session, it can cost you up to 500. So, I think I think that is another perspective that we need to consider as well only so. 500 and then plus it's like every week, every month or something. That's that's put a dent in. That's that's putting a dent in your your monthly budget, definitely..."* (Informant A, Page 4, Line 110- 115)

Beneath these concerns lies a deeper reality where for many men, the journey toward seeking help is not solely a matter of personal choice but is profoundly shaped by systemic challenges involving affordability, visibility, and accessibility.

#### ***Theme 4: Toxic masculinity norm***

Masculinity ideology plays a significant role in shape men and society attitude toward mental health. Informants' narratives revealed that values rooted in traditional upbringing contribute to the belief that men should embody strength, independence, and emotional control. From an early age, many informants were taught both directly and indirectly that to be a man means to remain unshakable, to carry burdens quietly, and to show resilience at all costs.

*"...I can say that my father taught me how to be.. as a boy you cannot cry as a boy. You need to be strong, and you need to man up. Because I I I'm witness it myself I never see my father show his emotions. And being a being a family, what do people say, head of family. You need to be able to control your emotions. So that's how me and my brothers are being raised. And I don't think it is. It is wrong. I don't think it is wrong because I believe men in the past or in the future, we are all the same. No matter what's the timeline. Yeah, I, I don't. I, I and I believe when you as a man, you. Show your emotions or you share your problems to others it show your weakness..."* (Informant F, Page 2, Line 46-54)

One informant shared that although he was fortunate to have a supportive upbringing by his single mother and siblings, he became increasingly aware that not everyone around him shared the same experience.

*"...I do have friends' like that as well, they have this belief like oh, men are supposed to be like leaders of the household. We're supposed to be the ones wearing the pants, so if emotion we shouldn't be showing it what what all that. Umm, so yeah, I do feel like that stigma does exist. Umm, even even in the more well-educated T20 have families also there are people like that who feel like we are the leaders of the family, we shouldn't be.. we shouldn't be weak because some families or some people perceive showing emotion or like giving in your emotion as being weak also..."* (Informant I, Page 2, Line 54-61)

As an informant reflects on his upbringing, he notes that from an early age, the ideology of masculinity was subtly embedded in his mind. Another informant recounts his experience during secondary school in which he was given gender norms remarks for requesting to join a class that is usually for girls.

*"...then there's a cooking class so I asked teacher teacher can I join cooking class. Then teach say cannot. Boys should learn woodworking cannot cannot learn cooking cooking..."* (Informant G, Page 3, Line 79-81)

### **Theme 5: Narrative for Norms Shifts**

Informants expressed that the way society, media, and even their immediate environment define what it means to be a man continues to shape how they view themselves and how they approach emotional struggles. They noted that the use of celebrities, key opinion leaders, and social media influencers can play a powerful role in reshaping public perceptions and opening conversations about men's mental health.

*"...organise a concert or something and also TV show. Maybe they pick like I mentioned just now they pick one. A particular celebrity figures from each of demographics, maybe, for example, in one TV show we have a frontman of Masdo Band. So that section we already take music, music, fans and also youngsters. So, for those a bit of boomer side, maybe we can have like maybe Rosyam Nor because Rosyam Nor also he have fans. So we know the market for him. Both, very different in terms of background, but when there are two public figures share a same story and stuff, maybe even though they have two different backgrounds of fans, they will find a fine line between them regarding this topic and somewhat relate to this public figures that they also face something and could change their views on this stigma..."* (Informant E, Page 12, Line 393-403)

In relation to TV shows, other informants also mentioned that we need more men struggling with mental health issues represented in the content produced.

*"...Netflix, if you remember, they they had this TV series called taking reasons why, of course event that was highlighting like all these issues you got maybe have and that was quite a success you got having a few more of those TV shows I think would help as well..."* (Informant I, Page 5, Line 166-171)

Several informants shared that meaningful shifts must begin at the personal level, where men themselves take the initiative to speak more openly about their emotions and mental well-being.

*"...I think the hardest part is admitting that you are not okay. I think at one point I was very at a low, low part of my life where it was quite a health risk and I think something within me just went, 'look, you need to seek help. You are not okay. You need at least someone to be aware and guide you out of this.' So, it was more of. I guess in a way it's a self-care of love subconsciously..."* (Informant 156, Page 5, Line 156- 160)

### **Theme 6: Institutional intervention**

Informants also expressed the need for accessible and non-judgmental spaces where men feel safe to share about their struggles, whether through a careline or a support group programme by NGOs or government agencies.

*"...Can start with careline first, because if you if you start doing like a group or meeting, I don't know how many people will turn out. Just a phone line to see what's the response like..."* (Informant H, Page 6, Line 175-177)

While support group gatherings or programmes can be organised, it is important to recognise that men may still be reluctant to participate due to the barriers explored in the earlier themes.

*"...so, I think when it comes to this kind of some like two days retreat or something for a mental health. It will give a huge particular impact, but even that we must focus on mental health programs. Exclude all those singing ke, apa ke, extra activity that is nonsense. Oh, so you just focus really focus betul dekat mental health. You don't have to select yang ada mental health je. You can also select those who have mental health and also those who are normal, because those who thought that they are normal, maybe yes, they are normal. But, when they attend that course, maybe he can apply to when it comes to his their relative when it comes to their, I mean their distant relative also have this problem..."*  
(Informant E, Page 14, Line 453-462)

Therefore, it becomes essential to either ensure anonymity or offer individualised solutions, such as providing access to carelines, which may feel safer and more approachable for some men. At the same time, by making mental health support more accessible and affordable, these efforts can help ensure that financial concerns do not stand in the way of men receiving the support they need.

*"...maybe some roadshows or campaigns, but featuring again related to cost, some free. Free counselling sessions kind of thing..."* (Informant J, Page 5, Line 106-108)

It is also important to note that early exposure to mental health awareness can shape healthier mindsets. Thus, institutional interventions through family, workplace, and community support create safe spaces that challenge stigma, foster open communication, and empower men to express their mental health needs.

*"...uh, OK, for the government, I feel like it can go. It goes back to education. You got something can be done probably in the school level. Growing up, I think teachers have a part to play to play as well. So about, you know, as kids, we go to school Monday to Friday from like what 7:00 AM until probably 1:00 to 2:00 PM every day. And then we are seeing the same teachers on a daily basis. So, I believe like if the government can push for our educators to educate our students on next generation method to remove stigma towards like men's mental health, then that can definitely improve the future starting with the current young generation..."*  
(Informant I, Page 4, Line 118-126)

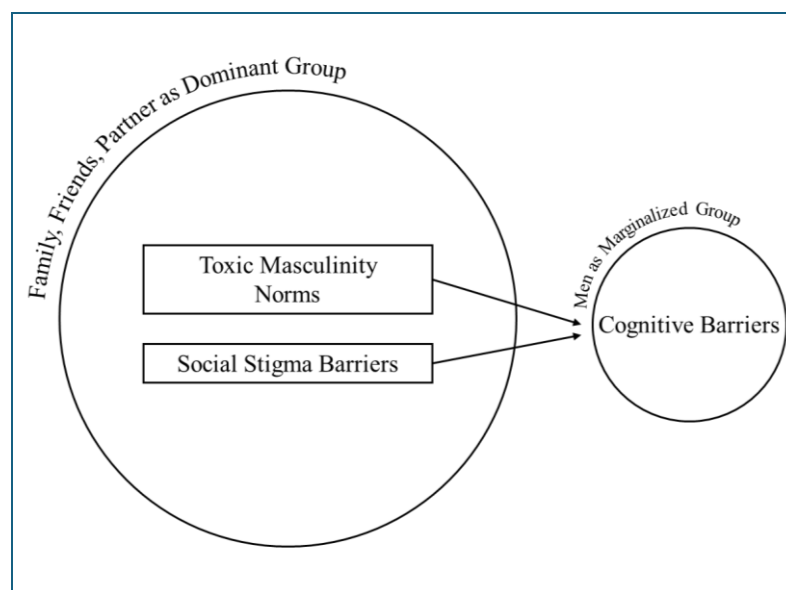
### ***Thematic connections and reflections***

Figure 2 illustrates how toxic masculinity norms underpin social, cognitive, and structural barriers that discourage help-seeking and reinforce emotional suppression. Unless these ideals are actively challenged, efforts to improve men's mental health may remain limited. Addressing this requires multi-level strategies, including new narratives that promote flexible understandings of masculinity and institutional interventions across media, workplaces, schools, and healthcare. By fostering inclusive norms and improving access to support, these efforts can dismantle stigma



### *Application of MGT to Key Themes*

Figure 4 illustrates the application of MGT on how toxic masculinity norms and social stigma silence marginalised men facing cognitive barriers to help-seeking. Family, peers, and partners often act as dominant groups whose expectations reinforce emotional suppression. These interrelated themes reveal how rigid gender roles and traditional upbringing shape internalised beliefs, leading to cognitive dissonance where emotional needs conflict with masculine ideals. Informants described this tension as shame, fear of judgment, and avoidance, compounded by societal attitudes that discourage vulnerability. MGT frames these dynamics as systemic silencing, showing that men's reluctance to seek help is not merely personal but rooted in cultural norms, stigma, and limited support. Addressing these barriers requires collective action across families, institutions, and media to foster environments where men's emotional well-being is recognised and supported.



**Figure 4.** Representation of Three Key Themes in The Lens of MGT

### **Conclusion**

This study explored stigma, communication barriers, and strategies related to men's mental health communication and help-seeking in Klang Valley, using Muted Group Theory (MGT) to frame how men's voices are often silenced within dominant societal narratives. The qualitative approach captured rich, lived experiences, revealing emotional and cultural barriers that shape men's attitudes toward mental health. Six key themes emerged: social stigma barriers, cognitive barriers, structural and financial barriers, toxic masculinity norms, institutional interventions, and narrative shifts. These findings show how internalised stigma, rigid gender expectations, and limited avenues for open expression contribute to men's reluctance to seek help. The study adds to the growing discourse on gender and mental health in Malaysia, where such conversations remain limited. It underscores the need for awareness, education, and gender-sensitive interventions to normalise help-seeking. The research deepens understanding of how masculinity ideology influences men's help-seeking behaviours. It highlights barriers such as internalised stigma and pressure to conform to traditional masculine ideals,

which discourage vulnerability and emotional openness. By identifying these barriers, it offers actionable insights for media organisations, NGOs, healthcare providers, and policymakers. Understanding how stigma and masculinity norms deter help-seeking enables these stakeholders to design gender-sensitive interventions. Tailored strategies can improve engagement and retention in mental health services, ultimately supporting men's well-being more effectively.

However, several limitations may have influenced the scope of this study. Recruitment was challenging, as many men were hesitant to discuss mental health openly, potentially limiting the diversity of perspectives. Geographical reach was also limited. While informants in Klang Valley came from different states, the absence of nationwide representation may affect the generalisability of findings. It is recommended that future studies should aim for broader demographic representation, including informants from all major ethnic groups and regions across Malaysia. This would offer a more comprehensive understanding of how cultural and geographical contexts influence men's mental health experiences. In addition, researchers may apply Cognitive Dissonance Theory (CDT) to further examine the internal conflicts men face between societal expectations and personal emotional needs. CDT could provide deeper theoretical insight into how these tensions affect help-seeking behaviours.

### **Acknowledgement**

The researcher extends sincere gratitude to the individuals who participated in this study. Their willingness to share personal experiences and entrust their narratives provided the foundation for this research and shaped its depth and direction. This dissertation is dedicated to all who continue to struggle silently with their mental well-being, in hope that their voices may be recognised with empathy and understanding.

### **Conflict of interest**

The authors hereby declare that there are no conflicts of interest associated with this publication. No financial, professional, or personal relationships have influenced or could be perceived to have influenced the content, interpretation, or presentation of the findings reported in this study.

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