DCPsych thesis

First-generation Pakistani-Canadian men and their experiences with mental health therapy

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Doctorate in Existential Counselling Psychology and Psychotherapy

First-Generation Pakistani-Canadian Men and Their Experiences with Mental Health Therapy

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Doctoral Thesis

Submitted to the New School of Psychotherapy and

Counselling and Middlesex University Psychology Department

in partial fulfilment of the requirements for the Degree of

DCPsych in Counselling Psychology and Psychotherapy

Written by: **Samira Sulaiman Khan**

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November 2024, London, England

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Dr Simon Cassar

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Doctorate in Existential Counselling Psychology and Psychotherapy

First-Generation Pakistani-Canadian Men and Their Experiences with Mental Health Therapy

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Abstract

Background: First-generation Pakistani-Canadian men face unique mental health challenges as they navigate dual cultural identities and societal expectations. However, their experiences with seeking and engaging in mental health therapy remain understudied.

Aim: This study aimed to investigate the experiences of first-generation Pakistani-Canadian men who have sought mental health therapy in Canada, exploring their perceptions about becoming a consumer of therapeutic services, and the issues they faced as they engaged in these services.

Method: A qualitative study using Interpretative Phenomenological Analysis (IPA) was conducted. Semi-structured interviews were carried out with 10 first-generation Pakistani-Canadian men aged 30-45 who had immigrated to Canada between 1975 and 1990 and who had sought mental health support. Interviews were conducted via video conferencing, and were recorded, transcribed, and analyzed using IPA principles.

Findings: The analysis revealed several key themes: (1) Challenges faced by first-generation Pakistani-Canadian men, including struggles with dual identity and cultural expectations; (2) Barriers to seeking mental health support, such as stigma, cultural beliefs, and lack of culturally sensitive services; (3) Experiences of therapy, including both positive and negative encounters; (4) Navigating the challenges and complexities of the mental health care system; and (5) Navigating through trauma in individual journeys.

Discussion: The findings highlight the complex interplay between cultural identity, acculturation stress, and mental health for first-generation Pakistani-Canadian men. Participants faced significant challenges in reconciling their cultural heritage with Canadian societal norms, which often contributed to their mental health concerns. While some participants found therapy helpful, others encountered barriers related to cultural misunderstandings and lack of culturally appropriate care.

Conclusion: This study provides valuable insights into the mental health experiences of first-generation Pakistani-Canadian men and emphasizes the need for culturally sensitive mental health services. Recommendations include increased cultural competence training for mental health professionals, community outreach programs, and the development of culturally tailored interventions to better serve this population.

Future research may investigate the long-term mental health trajectories of first-generation Pakistani-Canadian men. Specifically, it should examine how factors such as employment status, family dynamics, and community integration influence mental well-being over time. Additionally, further studies could explore the effectiveness of tailored mental health interventions and online therapy platforms in overcoming the accessibility barriers identified in this research. By addressing these critical gaps, mental health professionals, policymakers, and researchers can work towards developing more inclusive and effective mental health care solutions for immigrant populations.

Keywords: First-generation immigrants, Pakistani-Canadian men, mental health, therapy experiences, cultural identity, Interpretative Phenomenological Analysis

Introduction

Doors afar
Left ajar
Out of reach
Help, I beseech
Storms relapse
Hopes collapse
Mind screams
Killing dreams
Where's my door
See nothing more
Sounds a plenty
Hear no more
Hurricane arrives
Never subsides
Turmoil awake
Life at stake
Knocks unanswered
Push away sleep
Anxieties await
Characters weep
Need to crawl out
Well so deep
Untold misery
Dares a peek

(Personal reflection November 2024)

Overview

The mental health experiences of first-generation Pakistani men living in Canada are under-researched. Studies show that these men often conform to masculine norms and attitudes, which can discourage them from seeking help or expressing emotions (Addis & Mahalik, 2003). A 2017 systematic review and meta-analysis revealed that masculine norms encompass attractiveness, dominance over women, heterosexuality, risk-taking, emotional constraint, and success as an inner individual-difference variable shaped by a culture's customs and ideologies (Y., Moon-Ho, Shu-Yi, & I., 2017). Traditional masculine norms, such as self-reliance and emotional control, have been shown to negatively affect men's willingness to seek mental health support (Addis & Mahalik, 2003). However, some studies suggest that certain aspects of masculinity can also act as protective factors. For example, Mahalik et al. (2003) argue that traits like perseverance and problem-solving can contribute to resilience in stressful situations. This presents a nuanced perspective: while strict adherence to masculine norms may discourage help-seeking, selectively embracing specific masculine traits could promote mental well-being. The challenge lies in distinguishing harmful aspects of masculinity from those that may be beneficial, an area that requires further empirical investigation. This insight also suggests that by leveraging the resilience, perseverance, and problem-solving skills inherent in some masculine norms, mental health interventions can be adapted to empower immigrant men while mitigating the barriers posed by rigid gender expectations.

Gender roles are the actions men and women exhibit in public and private contexts according to society's expectations of each sex group (Callahan & Singer, 2011). There is a significant lack of studies on South Asian males, particularly first-generation Pakistani men in Canada, within the already limited research on men's mental health. (Englar-Carlson & Stevens, 2006). South Asian males are significantly under-represented in several studies. The audience in this study does not have the stereotypical adult male's experience of mental health (Rao et al., 2011). Research on the mental health experiences of South Asian men, especially first-generation immigrants, is essential to understand how sociocultural expectations impact their behaviours and mental well-being. The lack of research on therapeutic engagement among first-generation Pakistani men in Canada highlights a critical gap in mental health literature. Western-based therapy models prioritize individuation, which may not align with the collectivist cultural values of South Asian communities (Weatherhead & Daiches, 2010). However, the assumption that collectivist frameworks would necessarily improve therapeutic outcomes remains underexplored. Some studies suggest that collectivism itself can reinforce stigma around mental health by prioritizing family reputation over individual well-being (Karasz et al., 2016). Thus, while incorporating cultural sensitivity is essential, a deeper investigation is needed to determine whether collectivist approaches alone are sufficient or if they inadvertently create new barriers to seeking help. This will help provide a comprehensive understanding of first-generation Pakistani men's emotional distress responses and produce culturally-adapted theoretical perspectives. This approach will help bridge the gap in the literature and improve therapeutic practices for these men.

According to Karasz et al. (2016), South Asian populations experience a greater prevalence of anxiety and mood disorders than immigrants from other parts of the world because of cultural and socioeconomic variables. According to CMH (2019), 85% of South Asian groups are less likely than white people to confront mental health issues or seek treatment. Moreover, research indicates that first-generation Pakistani men in Canada face significant mental health challenges but often hesitate to seek professional support (Ali et al., 2015). Although stigma is frequently identified as a major barrier, the extent to which stigma alone contributes to low rates of help-seeking is debated. Some scholars argue that financial constraints and limited access to culturally competent providers may be equally or even more influential (Kalsi, 2019). Additionally, while low- and middle-income countries (LMICs) continue to grapple with inadequate mental health infrastructure, recent global mental health initiatives have introduced community-based interventions that show promise in reducing stigma and increasing service utilization (Patel et al., 2018). These findings suggest that tackling stigma should be accompanied by structural improvements to enhance mental health accessibility. Mental health issues have not been recognized as a valid field of care internationally. It may be difficult for men reared in patriarchal cultures to get beyond this obstacle and ask for assistance (Addis & Mahalik, 2003). By comprehending the difficulties experienced by people in patriarchal countries, this study seeks to offer essential insights into the most effective strategies for addressing mental health stigma for Pakistani males in LMICs.

This study aims to better understand the unique challenges faced by first-generation Pakistani-Canadian men as they attempt to seek mental health therapy. It explores their lived experiences, focusing on aspects such as cultural stigma, emotional

struggles, and access to care. The central research question guiding this study is: How do first-generation Pakistani-Canadian men experience and navigate mental health therapy?

Personal Interest

I spent a significant portion of 2011-2015 in Pakistan, and during this time, my social interactions with men reintroduced me to the complexities of male behaviour. It became apparent that the behaviour I encountered was much more layered than I remembered. Returning to Pakistan after decades away resensitized me to the realities on the ground, particularly the shifting socio-political landscape and its impact on men.

The rise of jihadism in neighbouring Afghanistan brought the Global War Against Terror, which was led by the United States, to Pakistan's periphery. This led to a withdrawal of NATO troops, leaving political and social decay further destabilizing the region. The aftermath of the Arab Spring, a political tornado in the Middle East, also affected parts of South Asia. Meanwhile, nuclear-armed India and Pakistan remained locked in a dangerous war of attrition. Amid these geopolitical shifts, Pakistan, a patriarchal society, descended into deeper obscurantism. Feverish religiosity fueled rigid, dogmatic beliefs, making the situation even more complex. All of these factors contributed to the mental health beliefs and views of first-generation Pakistani-Canadian men, influencing how they cope with stress and seek help.

My interest in this topic comes from a combination of personal and academic experiences, particularly growing up in a Pakistani family where gender roles and expectations were distinctly defined. Watching my brothers and the way they interacted

with the women in our household sparked my curiosity about the dynamics of masculinity in Pakistani culture. When we immigrated to Canada in the 1980s, we suddenly faced a complete shift in societal norms. This created much internal conflict for the men in my family, which profoundly affected the women, including my mother. I began to realize that understanding the intersections of culture, identity, and mental health is crucial for unpacking the complex dynamics of masculinity and gender relations.

As a young girl, I often felt like I lived in two worlds. During the school day, I experienced the freedom and equality Canadian society encouraged, where I could dream and express myself openly. However, once I returned home, it felt like I was mentally transported back to Karachi, where the more conservative and patriarchal norms confined my thoughts and actions. This duality made me acutely aware of the double standards that existed for Pakistani men and women. It also led me to question the societal expectations that shaped my brothers' behaviour and how these norms might have influenced their mental well-being. These personal experiences have fueled my desire to understand how first-generation Pakistani men, like my brothers, navigate their identities and deal with the pressures of cultural expectations, particularly when it comes to their mental health.

During the contemplation period of my doctoral research, I reflected on these experiences and began to observe how stress was dealt with in the Pakistani-Canadian diaspora. I became fascinated by the unique challenges first-generation Pakistani men living in Canada face. My motivation stems from a deep curiosity and a personal connection to understanding the difficulties marginalized communities face, especially those rooted in cultural expectations and gender roles.

As a person of Pakistani descent, I am empathetic to the mental health struggles faced by Pakistani men. Through my research, I hope to highlight the mental health barriers they face, from stigmatization to difficulties in accessing culturally appropriate care. By exploring and investigating their experiences, I aim to contribute to advancing culturally sensitive mental health services that could improve their well-being and access to mental health resources.

In conclusion, my research attempts to explore the challenges faced by this specific demographic. Through my work, I hope to broaden the understanding of their mental health experiences and support the development of more inclusive mental health care solutions.

Research Question

The purpose of this study is to investigate the experiences of first-generation Pakistani-Canadians who have sought mental health treatment in Canada.

Aim

The investigation will explore, broaden the understanding, and gain insight into the experience of Pakistani men living in Canada who have sought mental health support.

Specific Objectives

1. How do first-generation Pakistani-Canadian men experience therapy?
    a) To explore the systemic barriers experienced by the demographic
    b) To understand a particular Pakistani individual's challenges as he journeys toward the Mental Healthcare Ecosystem.

c) To investigate the decision-making process from the point of establishing a mental health need to initial access, focusing on the process from initial recognition to actual need realization.

2. To investigate the experiences of Pakistani-Canadian men with mental health support. To investigate the participants' experience of therapy as opposed to other types of health support.

Clinical Relevance

The modern wave of immigration to Canada is unprecedented, with the country aiming for 2% of its population to consist of new immigrants annually as a stated policy. Among the diverse nations contributing to this influx, Pakistan is one of the top five feeder countries, with over 300,000 Pakistanis now residing in Canada ("Notice – Supplementary Information for the 2023-2025 Immigration Levels Plan - Canada.ca," 2022).

The proposed study is a qualitative exploration designed to engage with ten Pakistani men who have immigrated to Canada over the past two decades. These individuals, who have since become permanent residents or citizens, have had some interaction with Canada's mental health care system.

This research, however, does not seek to analyze cross-cultural currents and challenges in a broad sense. Instead, it focuses on understanding how these cultural dynamics impact the participants' experiences and decision-making processes when engaging with mental health services. The primary aim is to gain insight into the participants' journey from recognizing the need for mental health support, navigating access to services, and their post-treatment experiences. By concentrating on the unique cultural and social influences that shape these interactions, the study hopes to identify

areas where mental health services can be made more culturally sensitive and accessible to this demographic.

Understanding the participants' experiences during and after their engagement with the mental health system will shed light on the services' effectiveness. These insights will highlight potential barriers and inform strategies for creating a more supportive and comfortable environment within Canada's mental health ecosystem.

By exploring how first-generation Pakistani men adjust to Canada's socioeconomic landscape and interact with its mental health care system, this research aims to contribute to the development of more inclusive mental health services. Ultimately, these findings will serve as a foundation for future studies on improving mental health outcomes for immigrant communities.

Literature Review

Literature Search

When I set out to explore the mental health experiences of first-generation Pakistani men in Canada, I knew I needed a well-rounded approach to find the most relevant studies. I conducted searches using databases like Google Scholar, Science Direct, PsycINFO, PubMed, and Web of Science. I also looked into books that discussed men's mental health and help-seeking behaviours, mainly focusing on South Asian and Pakistani men, as I wanted to understand the unique challenges faced by this demographic.

The keywords I used in my search—such as "mental health," "men," "masculinity," "help-seeking," "therapy access," "psychological distress," "South Asian men,"

"Pakistani," and "Canadian"—were chosen to narrow my focus to the specific topics that aligned with my research question. My goal was to investigate how first-generation Pakistani men in Canada relate to their mental health and access to care. This focus grew from my lived experience and observations of the men in my family and community.

I set two key inclusion criteria to ensure I found the most relevant studies: (1) research articles published within the last 20 years and (2) studies specifically focused on men seeking help for mental health difficulties. I chose to exclude research that focused on women seeking mental health services, as my interest lies in how men navigate these challenges. Since I'm only fluent in English, I only reviewed materials published in that language. After identifying the articles, I carefully went through their full texts and removed any that did not directly discuss men's perceptions and experiences with mental health.

I quickly realized that while there is much research on mental health, very little focuses specifically on first-generation Pakistani-Canadian men seeking therapy. Only about two-thirds of the literature on this group has been published within the last five years, highlighting how much this area needs more attention. Most of the articles I reviewed were published within the last decade, which shows a growing interest, but it is clear that more work is needed to understand this group's unique challenges fully. This gap in research reinforced for me just how timely and necessary my work is in this space.

The more I delved into the literature, the more I felt connected to this research. It is personal for me because it touches on issues I have seen firsthand, and there is a real need to understand the mental health barriers that Pakistani men face in Canada. By

investigating this area, I hope to shed light on their experiences and contribute to better, culturally sensitive mental health support.

Overview

This literature review explores the mental health experiences of first-generation Pakistani men in Canada, focusing on help-seeking behaviour, coping behaviour, masculinity, and emotional life. The review aims to comprehensively understand the topic, highlighting the limited literature on this subject and how it differs between countries. It can be addressed through books, journal articles, and various resources.

Terminology

The South Asian community in Canada makes up 5.4% of the total population. According to Islam, Khanlou, and Tamim (2014), South Asian Canadians are either native to or have ancestry from South Asia, which includes India, Pakistan, Bangladesh, Afghanistan, Sri Lanka, Bhutan, Nepal, and the Maldives. According to Statistics Canada, the phrase “South Asian Canadian” refers to a subgroup of Asian Canadians, and it may be further classified by nationality, including Indo-Canadian, Bangladeshi-Canadian, and Pakistani-Canadian. South Asians are the second-largest pan-ethnic community in Canada. In British Columbia, Alberta, and Ontario, there are sizable South Asian communities. According to Islam et al. (2014), South Asian communities may be found in major Canadian cities such as Toronto, Vancouver, Calgary, Montreal, and Edmonton. Thus, I have used the term "born in Pakistan" to refer to first-generation Pakistani men. For the literature evaluation, I will include all South Asian males in HICs, even though the research focuses on first-generation Pakistani men in Canada.

Introduction

Conventional masculinity and gender role discourage working adult males from seeking traditional psychological treatments (McKelley & Rochlen, 2010). Since first-generation Pakistani males in Canada are known to be resistant to therapy, there is a substantial knowledge vacuum about their mental health (Kalsi, 2019). An insensitive and narrow-minded therapeutic environment may also contribute to this reluctance to treatment, as may the fear of public humiliation or social rejection (Nam et al., 2013). Additionally, cultural and religious factors may contribute to resistance to therapy among first-generation Pakistani men, as traditional beliefs and values often prioritize self-reliance and discourage efforts to seek external help for mental health issues. These factors further compound the challenges of addressing the mental health needs of this specific population (Ahmad & Koncsol, 2022). In order to address this gap, it is crucial to explore the intersection of cultural beliefs and mental health stigma within the Pakistani community and to develop culturally sensitive and inclusive therapeutic approaches that honour traditional values while also providing adequate support for individuals in need. To address this, culturally sensitive and inclusive therapeutic approaches should be developed, honouring traditional values while providing effective support. Mental health professionals should be educated about cultural factors contributing to resistance to therapy, ensuring more effective and inclusive support (Naz et al., 2019).

Over half of the South Asian community in Canada and other countries outside South Asia with mental illnesses do not seek help (Cruwys & Gunaseelan, 2016). Ashton and Fuehrer's (1993) study on undergraduate students at Miami University found that males are less likely to seek psychological support than females, highlighting the gender-

specific differences in seeking help. Komiya, Good, and Sherrod (2000), from a sample of 311 college students, suggest that gender (male), the realization of stigma, emotional discomfort, and lower psychological distress account for 25% of the divergence in attitudes between men and women concerning psychological support. The results indicate that only 1 out of 3 college-aged men were found to seek psychological help (Heath et al., 2017). These findings emphasize the importance of addressing barriers that prevent men from seeking psychological support, such as stigma and emotional discomfort. Mental health professionals must develop strategies tailored to male college students' specific needs to increase their willingness to seek help when needed. Gender variance research reveals that traditional masculine roles in men hinder help-seeking decisions, leading to decreased self-compassion and a decreased desire to seek help (Ashton & Fuehrer, 1993).

The patriarchal framework that governs Pakistani society uses strict binary classifications and stereotyped perspectives to define gender. According to this ideology, males are permitted in public spaces, but women must remain in the private sphere of their homes and families. Women are traditionally seen as victims in need of protection, whereas males are seen as guardians. Jafar (2005). The community puts pressure on men to behave in ways that conform to gender norms that are modelled for them. It is common to associate masculinity with being logical, courageous, violent, or dispassionate. These strict regulations demonstrate this patriarchal worldview's double standards (Rauha, 2021). These gender stereotypes not only limit women's opportunities for personal and professional growth but also place immense pressure on men to conform to societal expectations. As a result, individuals who do not fit into these predefined

gender roles may face discrimination and marginalization. Challenging and dismantling these rigid binaries is crucial to creating a more inclusive and equitable society for all genders (Hentschel et al., 2019).

Rules, social norms, and standards that specify the various tasks, duties, opportunities, interests, behaviours, and limitations granted by community members can be used to define gender roles. The urge to uphold traditional norms within the social hierarchy and categorize the populace into rigid masculine and feminine binaries has an impact on gender roles in Pakistan (Ali & Gravino, 2008). This perpetuates inequality and limits the potential for individuals to express themselves authentically. By challenging these rigid gender roles, society can move towards a more accepting and diverse environment where individuals can define themselves beyond societal expectations. Men are assigned the family provider role, while women are responsible for the household and children (Jalaluddin & Khan, 2008). These gender roles are deeply ingrained in the culture and reinforced through various institutions such as education, religion, and media. As a result, women often face limited opportunities for education and employment outside of the home, while men are expected to be the primary breadwinners. This patriarchal worldview not only perpetuates gender inequality but also restricts individuals from fully expressing their potential and pursuing their aspirations.

The media has seen a rise in gender-fluid discussions, moving away from stereotypical gender identities and the assumption of cisgenderness, promoting a world where gender nonconforming neutrality is possible. (Gosling, 2018). This shift has sparked meaningful conversations about inclusivity and acceptance of diverse gender identities. This debate challenges societal norms and encourages individuals to explore

their understanding of gender beyond traditional binaries. As these discussions continue to gain momentum, it is crucial to create spaces that foster understanding and support for people of all gender identities. By challenging traditional notions of gender, society can create a more inclusive environment where individuals feel validated and respected in their identity. This shift towards gender nonconformity opens opportunities for greater community acceptance and diversity. Moreover, by creating inclusive spaces, we can promote empathy and education, helping to break down the barriers that have historically marginalized gender-nonconforming individuals. This allows for greater acceptance and respect and paves the way for a more inclusive society where everyone's gender identity is valued and celebrated.

In summary, traditional gender roles and ideologies often discourage working adult Pakistani men from seeking conventional therapeutic services, leading to a significant gap in understanding mental health in first-generation Pakistani men living in Canada. This resistance may stem from fear of public shaming or becoming an outcast, as well as cultural and religious factors that prioritize self-reliance and discourage external help for mental health issues. To address this gap, it is crucial to explore the intersection of cultural beliefs and mental health stigma within the Pakistani community and develop culturally sensitive and inclusive therapeutic approaches. Over half of the South Asian community in Canada and other countries outside South Asia with mental illnesses do not seek help. By challenging these rigid gender roles, society can move towards a more accepting and diverse environment where individuals can express themselves authentically.

Help-seeking behaviour for mental health problems in men in general and how this differs between countries

In Canada, it is anticipated that one in five persons may have mental health problems each year. An estimated seven million individuals, or 20% of the population, may suffer from mental health disorders, and each year, 500,000 people lose productivity at work as a result of mental health problems. According to reports, men are less likely than women to seek treatment for mental health issues. With a 95% confidence range (0.5-0.7), male immigrants are less likely than female immigrants to experience emotional difficulties. The likelihood of immigrant men seeking assistance for emotional issues is significantly lower (Citizenship and Immigration Canada, 2015). It is crucial to address the barriers that prevent certain groups, such as immigrant males, from seeking help and to provide targeted support to ensure everyone has access to the necessary resources for their mental well-being. This disparity in help-seeking behaviour among immigrant males may be attributed to cultural norms, the stigma surrounding mental health, and a lack of awareness about available resources. By promoting culturally sensitive mental health services and raising awareness about the importance of seeking help, we can work towards breaking down these barriers and ensuring that all individuals receive the support they need.

Men of various ages, nations, ethnicities, and races are less likely than women to seek professional assistance, according to Addis and Mahalik (2003). Our knowledge of why men attempt to seek treatment from mental and physical healthcare professionals is limited by theoretical and methodological obstacles. More studies are required to identify the precise causes of this gap and provide focused strategies to alleviate it. Furthermore, expanding the availability of mental health treatments in diverse contexts might lessen stigma and motivate more men to get treatment when necessary.

Many males who are struggling with mental health issues continue to underuse traditional forms of assistance, according to Chatmon (2020). It is still difficult for psychologists to understand and deal with the wide range of men's behaviour. More work has to be done to modify mental health services so that males are more inclined to use them. Furthermore, promoting mental health awareness and education specifically tailored to men's needs can also help break down barriers to seeking help. By incorporating masculine-friendly language and approaches in mental health services, men may feel more comfortable and willing to engage in treatment. One potential adaptation is to incorporate gender-sensitive approaches in mental health services, which can address the unique needs and concerns of men. This may involve providing tailored interventions that align with masculine norms and values, such as promoting self-reliance and problem-solving skills. Additionally, destigmatizing mental health issues within society as a whole can also play a crucial role in encouraging men to seek help when needed (Sagar-Ouriaghli et al., 2023).

Research indicates that males are frequently reluctant to see medical specialists, especially when it comes to problems like substance addiction, depression, physical disability, and stressful life events (Addis & Mahalik, 2003). According to Hansen-Bundy (2018), masculine ideas frequently oppose self-reflection and the investigation of emotions, especially those deemed weak. Vulnerability is viewed as a weakness rather than a strength by men who get consumed with feelings of shame for showing weakness. Men's mental health may suffer from avoiding discussions about personal vulnerability, which can impede their capacity to seek treatment and result in a lack of emotional

support (Brown, 2016). Men are more likely to experience emotions of loneliness and suicide as a result of pressure to fit in with male stereotypes (McKenzie et al., 2022).

The term "normal male alexithymia" refers to the fact that males are less inclined to reveal their feelings during treatment. The persistent belief that seeking treatment is a sign of weakness seems to have caused males to suffer and to show their suffering via aggression, impatience, and hostility (Hamlett, 2019). There is research that explains the detrimental effects of normative male alexithymia. These studies have found that normative male alexithymia can lead to difficulties in interpersonal relationships, as men may struggle to effectively communicate their emotions and connect with others on an emotional level. Furthermore, this inability to express emotions healthily can also contribute to higher levels of stress and mental health issues among men. Men must recognize and address their struggles with expressing emotions to improve their overall well-being. Seeking support from mental health professionals or therapy can help men develop healthier coping mechanisms and communication skills.

Guvensel et al. (2017) investigated the connection between men's friendship traits, gender role conflict (GRC), and normative male alexithymia (NMA), with an emphasis on the effects of each on men's psychological health (N = 216). Men's general psychological functioning appears to be harmed by rigidly adhering to gender norms, especially when it comes to emotional expressiveness and restrictiveness. This study can assist researchers in acknowledging the significance of assessing, exploring, and treating men's ideologies and friendships, mainly because they have proven harmful to men's well-being. Understanding the interplay between GRC, NMA, and men's friendship qualities can provide valuable insights into the factors contributing to men's psychological well-being.

By recognizing the detrimental effects of conforming to rigid gender norms and maintaining unhealthy friendships, researchers can develop interventions and support systems that promote healthier masculinity and foster positive social connections among men. Ultimately, addressing these issues can lead to improved mental health outcomes for men (Guvensel et al., 2017).

A qualitative meta-synthesis of 26 international research on men's perspectives on common mental health issues was carried out by McKenzie et al. (2016). According to the findings, men who sought professional assistance did so as a last resort. Some males who have used talking therapies said that they were ineffective, while many men viewed them with suspicion. Some men described talking about emotions as difficult, and many men rejected such solutions that emphasized introspection or self-disclosure. Others refrained from asking for assistance out of concern about criticism. Avoiding help-seeking reduced the likelihood of stigma for these males. Overall, the studies highlighted the need for more tailored approaches to mental health interventions for men, taking into account their unique perspectives and barriers to seeking help. It is crucial for mental health professionals to address these specific concerns in order to effectively support men in managing their mental health. Additionally, the studies revealed that societal expectations and traditional gender roles played a significant role in men's reluctance to seek help for mental health issues. Many men felt pressure to appear strong and self-reliant, which hindered their willingness to open up about their emotions or seek professional assistance. Furthermore, cultural norms surrounding masculinity often discourage men from discussing their feelings, leading them to perceive help-seeking as a sign of

weakness rather than a proactive step towards better mental well-being (Staiger et al., 2020) (McKenzie et al., 2022).

Men are frequently under social pressure to maintain strict ideas of what it means to be a man. The belief that publicly addressing mental health is a sort of emasculation is widely held among conservative politicians and cultural critics (Staples, 2023). As a result, social media celebrities like Andrew Tate, who boldly identifies as a misogynist and has a history of aggression against women that dates back to 2016, have become more popular (Das, 2022). These influential individuals stigmatize mental health conditions and reinforce negative preconceptions. To help men feel supported and motivated to prioritize their mental health, society needs to challenge these damaging narratives and promote open conversations about mental well-being (Sagar-Ouriaghli et al., 2019).

Social media has made it possible for a lot of lonely young guys with mental health problems to connect with others. However, because they lack the resources to comprehend their mental health, these guys are influenced to hold the same beliefs as their predecessors. Tate's fan following continues to expand despite his recent 2022 sex trafficking conviction; his website, Hustlers Academy, has 127,000 active members, his Tiktok videos have had over 11 billion views, and his viewership includes guys as young as 13 years old (Das, 2022).

According to the Mental Health Commission of Canada, 75% of suicides are male and are caused by social isolation, drunkenness, untreated mental health conditions, and an unachievable manly norm. This highlights the need for services and assistance specifically designed for males in the mental health field. Addressing the underlying causes of these problems and offering readily available channels for assistance and

support are essential. These problems have gotten worse as a result of the epidemic, with more males than women attempting suicide globally. Mental health professionals feel that teaching males to be emotionally autonomous is a significant contributing factor to suicide and attempted suicide. However, thorough study and data on risk factors are lacking. The way mental health professionals offer help is impacted by their ignorance of how males behave while dealing with mental health concerns. Practitioners misdiagnose men's depression because symptoms, including anger, poor impulse control, and aggressive conduct, are not consistent with major diagnostic standards (Ahad et al., 2023).

In summary, mental health issues affect one in every five Canadians annually, with seven million people experiencing these concerns. Males are less likely to seek help for mental health problems than females, and immigrant males are even more unlikely to seek help for emotional problems. Masculine ideologies and normative male alexithymia contribute to men's reluctance to seek help. A contextual framework examining the impact of socialization and the social construction of masculinities can help connect the psychology of men and advocate novel methods to encourage adaptive help-seeking. Addressing these issues can lead to improved mental health outcomes for men, as 49.6 % of the Canadian population is male. It is crucial to address the barriers that prevent men from seeking help in order to promote overall well-being and reduce the stigma surrounding mental health. By fostering a more inclusive and understanding environment, we can encourage men to prioritize their mental health and seek the support they need.

Conceptualizations of mental health problems in men in general

Research indicates that males generally have a lesser perceived need for mental health services and that lower rates of help-seeking are predicted by men's lower estimates of symptom intensity. According to Bhui et al. (2007), denying mental health issues might be a barrier to receiving treatment. Additionally, Bhui et al. (2007) pointed out that reported distress is the primary determinant of men's treatment participation. Men often seek mental health assistance only when their distress reaches a crisis point, a pattern that aligns with existing theories on gender and health behaviours (McKenzie et al., 2016). However, this viewpoint may oversimplify the issue. Some studies indicate that cultural context significantly influences how symptoms are perceived and reported. For example, while Western research suggests that men tend to downplay mental health struggles due to societal expectations, studies focused on South Asian men show that distress may be expressed through physical symptoms (somatization) rather than through psychological terminology (Raguram et al., 2001). This implies that the underreporting of depression among men might not only be due to denial, but also to culturally specific ways of expressing symptoms. As a result, there is a need for more culturally appropriate diagnostic approaches. Men may be less likely to seek mental health treatment because of this sense of invulnerability. Additionally, males are frequently discouraged from expressing vulnerability or seeking emotional support due to cultural expectations and gender conventions, which further exacerbates the gender gap in help-seeking behaviours (McKenzie et al., 2022).

The demography of the current study is comparable to that of research done by McKenzie et al. (2016). They found that issues that males typically mention have to do with relationships, employment, family, and the aforementioned conventional view of

masculinity. Despite severe emotional suffering, men find it challenging to recognize when a problem exists. Research also shows that although males were intuitive enough to recognize physiological problems, they found it challenging to deal with mental and emotional health issues. This implies that men's hesitancy to seek mental health treatment may be influenced by cultural norms and expectations around masculinity. When working with male patients, healthcare practitioners should consider these characteristics to ensure they get the assistance they require. Men were occasionally able to identify and communicate their feelings or the nature of the issue. However, they frequently refrain from asking for assistance or talking about their feelings because of social norms and concerns about appearing weak or vulnerable. This unwillingness to confront their mental health issues may result in protracted suffering and worsen their effects on their general health. In order to encourage men to prioritize their mental health and seek treatment when necessary, it is imperative to provide safe places and advance a more inclusive definition of masculinity (McKenzie et al., 2022).

On the other hand, because they were not accustomed to these experiences, some men have had difficulty identifying the precise type of their emotions and mental anguish. Some men were aware of the more obvious physical changes, including exhaustion, chest discomfort, a deterioration in self-care, and issues with eating and sleeping (Ozbay et al., 2008). Despite talking about it as an "external agent" or an event they had no control over, several men classified their suffering as depression (Leong & Lau, 2001). Men often experienced more emotional anguish, sadness, and rage when they had a mental health issue. They described the discomfort or suffering as short-term or long-term, lasting throughout their lives. Overall, even though they could not associate

these men's negative emotions with sadness or discomfort, they could express them (Mckenzie et al., 2016).

To summarize, men are less likely to recognize and acknowledge mental health symptoms and the need for services. This results in lower help-seeking rates. Societal expectations and gender norms discourage men from expressing vulnerability and seeking emotional support. Addressing this requires safe spaces and promoting a more inclusive understanding of masculinity. Men may benefit from interventions that focus on promoting emotional literacy and destigmatizing mental health issues. By creating environments where men feel comfortable discussing their emotions and seeking help, we can work towards improving their overall well-being.

Relationship between masculinity and the emotional life of men in general

Some males are taught from an early age that it is not manly to show their feelings and that being strong, stoic, and emotionally silent are characteristics of conventional manhood. They were taught that to be true men, they had to keep their emotions to themselves. Emotional stoicism so emerged as a key component of the masculine gender role. Furthermore, many cultures see the "cool, calm, and collected" stereotype of masculinity as desirable. However, this suppression of emotions can lead to negative consequences such as increased stress, anxiety, and difficulty in forming meaningful relationships. Encouraging men to break free from these societal norms and seek support for their emotional well-being is crucial in promoting healthier masculinity. It also implies that hiding one's emotions from others means keeping them hidden from oneself by denying or denying their existence. Consequently, masculinity is often associated with a

lack of self-awareness regarding one's mental health and a lack of comfort with one's emotions (Shrira, 2019). Men's mental health may suffer as a result of this lack of self-awareness and emotional expressiveness. Suppressing emotions has been linked to higher levels of stress, anxiety, and even depression, according to research. In order to support general well-being, it is crucial to question social standards and inspire men to accept their feelings (Chatmon, 2020).

There is a lack of techniques and resources to deal with men's internalized rage and frustration since they have been taught for generations to reject traits like kindness and compassion. As a result, men may depend on women as their primary emotional support system. This reinforces the idea that men's wives and girlfriends must fulfil various duties, including being mothers to their male partners' children, lovers, closest friends, and emotional support system. It is believed that this cycle is stressful for women and harmful to males (Hamlett, 2019).

The prevalent cultural code of masculinity suggests that men should be dominant, achievement-oriented, self-sufficient, adventure-seeking, and emotionally restricted, avoiding anything perceived as feminine (Englar-Carlson & Stevens, 2006). These expectations can compromise men's mental health by discouraging emotional expression and vulnerability, which are essential for effective psychotherapy. As a result, many men find it difficult to seek and engage in therapeutic support.

According to a qualitative study of young people in an interconnected working-class neighbourhood in the Northeast of England, white guys at college felt pressured to conform to typical masculine performances that are required for both heterosexuality and sexual performance. Many believed that sadness was a disease that only women had. In

contrast, depression in men was viewed as a sign of weakness since it went against the prevailing idea of masculinity as strong and logical. They were perceived as a "loser," and their misery and melancholy were attributed to their failure to meet their male ideals (Richardson, 2010).

To summarize, traditional masculinity often assumes toughness and lack of emotional expression, leading to stress, anxiety, and difficulty in relationships. Encouraging men to break free from societal norms and seek emotional support is crucial for healthier masculinity. Men are trained to dismiss gentleness and sensitivity, leading to a lack of strategies to manage anger and frustration. This can result in men relying on women as emotional support, perpetuating the cycle of being best friends, lovers, and mothers.

Help-seeking behaviour for mental health problems in ethnic minority men living in western countries

Uncertainty exists over how each cultural identity affects attitudes and behaviours about seeking help. The information shows that various groups of males seek assistance at varying rates. Studies reveal that males from minority cultural origins are less likely than their majority counterparts to seek assistance. For instance, it is well documented that African American males underutilize mental health treatments in comparison to both general national samples and African American women (Parent et al., 2016). This implies that cultural variables significantly influence how ethnic minority males seek assistance. It is essential to comprehend these cultural impacts to provide mental health support among these groups effectively. According to Ahad et al. (2023), more investigation is

required to determine the precise obstacles and enablers that lead to minority men's underutilization of mental health care.

Parent et al. (2016) used a large national sample of American males to examine how identities and individual differences affect men's increased or reduced mental help-seeking behaviours from an intersectional viewpoint. The findings corroborated other studies that revealed white males, non-heterosexual men, single men, older men, and more depressed men to have significantly higher rates of help-seeking behaviour for mental health treatment. Nevertheless, there was notable relationship variance when examining linkages across racial/ethnic groupings. Additionally, research by Parent, Hammer, Bradstreet, Schwartz, and Jobe (2016) demonstrates that compared to white Americans, Black and Mexican Americans seek treatment less frequently and have less access to culturally competent mental health professionals, underscoring the need for interventions.

These results emphasize the necessity of developing initiatives to promote help-seeking, especially among racial and ethnic minorities and men. Additionally, it is critical to address the stigma and lack of access to culturally appropriate care that keeps some communities from seeking mental health help. We may endeavour to lessen the gaps in the use of mental health services among these populations by putting targeted interventions into place and raising knowledge of the available options.

Conceptualizations of mental health problems in ethnic minority men living in western countries

Cultural norms and expectations around masculinity may have an impact on these conceptualizations, which might result in the underreporting of symptoms and an

unwillingness to seek help. Developing successful treatments that connect with these people and meet their particular needs requires understanding these distinct viewpoints. It seems that different ethnic groups in the US have somewhat different perspectives on mental health issues. According to Carpenter-Song et al. (2010), European American participants tended to exhibit views about mental illness that were consistent with biological perspectives on the condition and frequently sought treatment from mental health experts. Although this clinical diagnosis is seen as potentially harmful, African American and Latino participants opted to attribute their mental health concerns to anxiousness, a disease that carries less stigma (Tribe, R., 2015).

According to a 2010 survey, the South Asian community in London reported the following six essential results as potential causes of the stigma and prejudice experienced by those with mental health conditions (Kalsi, 2019). First, "sharam" describes the stigma, dread, and secrecy around mental health. Since mental health concerns are taboo, they are not discussed. Second, a culture of secrecy often leads to a lack of understanding of the origins of mental health problems. Thirdly, because the community views mental health issues as non-medical disorders that need professional treatment, family members are seen as responsible for providing care for those who suffer from them. The reasons for mental health problems are frequently attributed to improper parenting, heredity, black magic, and God's will. Fourth, the South Asian population is under much pressure to conform to social and cultural standards. Fifth, getting treatment for mental health problems is frequently stigmatized, which causes people to suffer in silence and not get the assistance they require. Last but not least, overcoming stigma and fear of criticism is essential to treating mental health concerns in the South Asian community.

Furthermore, the South Asian community views those who suffer from mental health issues as "abnormal" and "stupid" (Richardson, 2010). Lastly, given that arranged weddings are typical, mental health issues may jeopardize or harm marriage prospects (Kalsi, 2019). Furthermore, stigmatization and prejudice against those who seek care might result from the South Asian community's lack of knowledge and comprehension regarding mental health. This makes mental health problems even worse since people may be reluctant to get professional help out of fear of being judged or shunned by their group (Prajapati & Liebling, 2021).

In conclusion, mental health attitudes vary among ethnic groups in the United States, with European American participants seeking mental health care and believing in biomedical perspectives. African American and Latino participants attribute mental health conditions to nervousness, a less stigmatized condition. In the South Asian community, stigma and discrimination are attributed to the term "sharam," misunderstandings of mental health causes, family responsibility, social pressure to conform to cultural norms, stigmatization of seeking help, and the need to break down barriers of shame and fear of judgment.

Relationship between masculinity and emotional life in ethnic minority men living in western countries

Gender roles, socialization, and masculinity are primarily focused on white European and American men and middle-class women (Susannah et al., 2016). However, the literature on masculinity among men of colour is limited, particularly regarding how these men navigate hegemonic masculinity assumptions (Derek, Katie, & Daphne, 2012). The concept of "masculinities" encompasses various cultural variables, such as race,

ethnicity, social class, sexual orientation, ability, and age. This diversity is crucial when considering multiple identities (Sam & Klara, 2023). New forms of masculinity are emerging, making it challenging for South Asian men in Canada to understand their identity. They may face conflicting ideas of masculinity and the dilemma of whether to embrace a South Asian model of masculinity or a more Western (white) model. A more extensive dialogue between mental health services and South Asian men is essential (Tina, Trudi, & Damien, 2016).

Male gender roles in socialization and male development, as well as their significance in explaining why males in the UK underutilize mental health services, were examined in research by Sullivan et al. (2014) using a sample of 581 men. Men with higher scores on measures of normative alexithymia, fear of intimacy, and conventional male ideology also had more negative views toward obtaining professional psychiatric treatment. Normative alexithymia acted as a mediator between the influence of intimacy fear and attitudes towards obtaining professional assistance. Men's attitudes about obtaining psychological assistance were shown to be connected with the hypothesized consequences of male emotional and interpersonal development as well as gender role socialization.

This demonstrates how socialization and gender norms are frequently perceived as primarily impacting middle-class women and white males in Europe and America. However, there is a dearth of studies on men of colour's masculinity, particularly when it comes to overcoming hegemonic presumptions. Understanding their identity is difficult for South Asian males in Canada due to the emergence of new types of masculinity. According to a UK study, males who had greater levels of normative alexithymia,

conventional masculine ideology, and intimacy anxiety also had more negative attitudes about getting professional treatment.

Implications of Low Socioeconomic Status on Mental Health

Mental and physical health are adversely affected by poverty, substandard housing, low income, and unstable employment. People in the centre of the social gradient and those with lower socioeconomic status are more likely to experience mental health problems. People with less education, poorer incomes, and unstable jobs have more severe problems and suicidal thoughts (Richardson, 2010). Stress, worry, sadness, and guilt are all exacerbated by unemployment, which can result in mental illnesses, drug abuse, and suicidal thoughts and actions. Poor living conditions, noise, and unhealthy physical conditions contribute to declining mental health (Vos et al., 2019).

Social determinants of mental health, such as social support and access to treatment, are also crucial for people's general well-being. Improving disadvantaged groups' mental health outcomes can be achieved by addressing these variables through policies and interventions. In order to better understand how unfavourable socioeconomic conditions lead to deteriorating mental health, several theories have been proposed. The influence on the mind is one issue. There are several ways that unemployment might result in social isolation. The inability to get credit or insurance and limited access to social services and community events can all be consequences of financial difficulties. Lack of control over one's fate also makes mental health issues worse because most people want control over their lives in order to feel well-adjusted. The nature and content of the job are also sources of stress. Because of their high expectations, lack of control, and lack of

compensation, lower-status jobs are linked to deteriorating mental health (Vos et al., 2019).

In conclusion, mental and physical health are adversely affected by poverty, substandard housing, low income, and unstable employment, with mental health problems being more common among those from socioeconomically disadvantaged backgrounds. Suicidal thoughts and more severe problems are more common among those with less education, poorer incomes, and unstable jobs. Stress, worry, sadness, and guilt are all exacerbated by unemployment, which can result in mental and substance illnesses. Declining mental health is a result of several factors, including ill physical circumstances, noise pollution, and poor living situations.

Men and existential issues

Irvin Yalom (1980) states that existential concerns frequently involve meaninglessness, freedom, alienation, and death. These subjects are included in the "ontological positions" category as they deal with life's abstract aspects. A person's state of being and the purpose of their being are the main topics of ontological concerns. This category, which is known as ontological anxiety, includes the conundrums that males who suffer from emotional issues encounter. Due to their societal training, men frequently feel uncomfortable when asked about their life's purpose (Craig, 2008). This unease results from cultural norms and expectations that specify what it means to be a male and what his job should be. Men may experience pressure to live up to these standards, which can cause existential distress and a sense of estrangement. Furthermore, males are frequently discouraged from showing vulnerability or from seeking treatment for emotional

problems due to social norms of masculinity, which exacerbates their ontological anxiety (Sagar-Ouriaghli et al., 2023).

According to mental health experts, the secret to living an honest life is facing our problems. People might experience ontological anxiety by facing existential concerns, and this anxiety shows up as personal development. Constrictive types of anxiety, the delusion of certainty, and self-alienation result from ignoring existential concerns (Ashton & Fuehrer, 1993). A person's health is related to your mission. According to Lemon (1992, p. 16), research on masculinity has caused a "crisis of masculinity" for males, which is typified by conventional roles that do not lead to a fulfilling existence (Kalsi, 2019). Social power, rivalry, work-family conflict, restrictive emotional and sexual conduct, and restrictive emotionality are frequently highlighted in these jobs (Nam et al., 2013). The battle to fit these roles causes men to wear a hard exterior shell, which exposes their weakness and causes feelings of shame and guilt, as well as to have a harsh inner voice criticizing themselves and seeking answers to their problems. The idea that they are inherently defective and, thus, are looking for a way to heal what is seen to be broken is a worry for these men. According to Ashton and Fuehrer (1993), these guys view life as a bottomless pit and try to find a solution.

Essentially, existential concerns like meaninglessness, freedom, alienation, and death are considered "ontological positions" in human life. Because of cultural standards and expectations that govern their duties and purpose, men frequently suffer from ontological anxiety. Alienation and existential distress may result from this anxiety. Mental health experts believe that facing existential concerns is essential to genuine life and personal development. Men are suffering inner self-criticism, seeking answers, and

feeling shame and guilt as a result of a "crisis of masculinity" that has led to conventional roles that do not lead to a fulfilling existence. These guys search for a way to improve their perceived shortcomings because they feel inherently imperfect, leading to a never-ending pitfall.

Black Existential Theories/Philosophy

According to Bassey (2007), the philosophy of questioning one's existence is universal about an individual's concerns, such as "freedom, anguish, responsibility, embodied agency, sociality, and liberation" (Bassey, 2007, p. 3). However, the ideology of existentialism is derived from European literature. Like European existentialism, Black existentialism (Africana critical theory) examines concepts like existence, consciousness, servility, and meaninglessness. However, Black existentialism is centred on the emancipation of Black people as a collective, whereas European existentialism is more concerned with individuals. Black philosophers talk about the almost universal hate of the Black identity and how Black people may live in a society that has accepted Black suffering for the sake of the Western/European world. A shared experience of slavery and colonialism and the collective emancipation of all Black people are the foundations of Black Existentialism (Iwamoto et al., 2012).

Bassey (2007) asserts that Black existentialism "is the philosophical discourse that critiques domination and affirms the empowerment of Black people" (p. 914). The Transatlantic Slave Trade produced a distinct experience for Africans. By establishing the "them vs. us" dynamic, European colonists provided a rationale for the enslavement and colonization of all Black people. Whiteness can exist as an individual, independent of a community, while Blackness is entrenched in the communal experience of Black

oppression (Bassey, 2007). This communal experience of Black oppression is deeply rooted in the historical context of slavery and colonization, which has shaped the power dynamics and social structures that continue to impact Black individuals and communities today. The concept of Black existentialism thus emerges as a philosophical response to these systemic injustices, aiming to critique and challenge the domination faced by Black people while affirming their empowerment and agency (Scott-Jones & Kamara, 2020).

Black existentialism focuses on how a person's sense of self may be impacted by experiencing life collectively, departing from the individualist viewpoint of European existentialism (Iwamoto et al., 2012). The experiences of first-generation Pakistani-Canadian men and the research population are comparable to this viewpoint. First-generation Pakistani-Canadian men often navigate the complexities of identity formation within the context of their community and cultural expectations. Their experiences highlight the significance of understanding oneself not solely as an individual but also as a product of collective experiences and societal structures. Exploring the intersections between Black existentialism and the experiences of first-generation Pakistani-Canadian men can provide valuable insights into how systemic injustices impact marginalized communities and inform strategies for empowerment and resistance. By examining the unique challenges faced by Pakistani-Canadian men through the lens of Black existentialism, we can better understand how race, culture, and societal expectations intersect to shape their identities. This intersectional approach can help foster solidarity among diverse communities and promote social change toward a more inclusive and equitable society.

Men’s Mental Health and Theories

Even though Ancient Greek philosophers understood mental disease the best at the time, they continued to hold that only physical illnesses could be cured (Ahonen, 2019). Since philosophers were not employed in the medical sector, philosophy was considered a valuable tool for treating mental health issues. Since they saw emotional tendencies as detrimental to human happiness and frequently referred to them as "...disease of the soul" (Ahonen, 2019, p. 4), philosophers adopted the moniker "Doctors of the Soul" (Ahonen, 2019, p. 3). The Stoic, Epicurean, and Pyrrohean schools of Hellenistic philosophy all highly valued therapeutic philosophy. People with mental illnesses would not be affected by these philosophical schools, which were still preoccupied with outside factors like stress, anxiety, and discontent (Ding et al., 2023; Martha Craven Nussbaum, 2018).

Even while mental health issues were acknowledged in antiquity, they were not seen as medical issues but rather as spiritual issues that affected both the body and the mind. People would seek medical assistance for physical diseases due to philosophers diagnosing them (Malla et al., 2015). The understanding of mental health in ancient times was rooted in the belief that it was a spiritual or moral issue rather than a medical one. Philosophers would diagnose individuals based on their soul's condition, leading them to seek assistance from medical professionals for physical ailments. This approach highlights the distinction between mental and physical health during that era (Malla et al., 2015). However, it is essential to note that these philosophical schools, such as Stoic, Epicurean, and Pyrrohean, primarily focused on external factors like stress and fears

rather than addressing mental disorders specifically (Ding et al., 2023; Martha Craven Nussbaum, 2018).

Men's mental health was largely ignored in the early decades of the 20th century, with most experts attributing their own experiences to being male. Feminism in the 1970s concentrated on women's interactions with psychiatry. It frequently supported the anti-psychiatry movement, which may have been a reaction to psychology's historical use of women as a constraint. Irving Zola postulated in 1972 that medicine is a "surveillance tool" for underprivileged populations (Broom & Tovey, 2009). Psychiatric medications were first made available in the 1960s. Although the feminist movement opposed the pathologization of women's bodies, it failed to acknowledge the connection between males and medicalized mental health. According to research, men's extremely low treatment participation was viewed as unproblematic since medications were thought to be a means of controlling feminine emotions. A guy was regarded as a "dummy subject" if he participated in a trial for a mental health medication (Broom & Tovey, 2009). These studies demonstrate that males were not even included in the empirical research on mental illness since they mention men utilizing alcohol as an emotional suppressant. Instead of being perceived as the societal norm, as was the case in the United States, men's violent conduct was evaluated in Scandinavian medical publications from 1975, 1985, and 1995 as abnormal (Broom & Tovey, 2009). This investigation into hypermasculinity has gradually followed us into the present era. Due to the widespread perception of violent action as a rite of passage and the widespread disregard for the impacts on mental health, warfare contributes to hypermasculinity. With the inclusion of post-traumatic stress disorder (PTSD) in the DSM-III in 1980, there has been a recent

push to comprehend better post-combat stress (Tribe, R., 2015). Vietnam soldiers refused to call themselves mentally sick since it was a feminized term, even though they needed medical help for mental health problems (Kramer, R., 1995).

Integrating Cultural Humility in Mental Health Research and Practice: A Reflexive Approach

Cultural humility has emerged as a tenet of more inclusive mental health procedures in recent years, especially when meeting the needs of culturally varied groups. Cultural humility was first described by Tervalon and Murray-García (1998) and is characterized by a dedication to lifelong learning, constant self-reflection, and an awareness of power disparities. This method departs from the more prescriptive idea of cultural competency by emphasizing openness and adaptation in cross-cultural encounters rather than mastery. Cultural humility presents a promising technique to build genuine connections and trust with clients from non-Western backgrounds in mental health care, where Western norms have traditionally dominated therapeutic frameworks.

The concept of "cultural safety," as applied in New Zealand, highlights the value of challenging one's cultural presumptions and promoting cultural inclusivity, especially in settings where colonial histories have influenced client-practitioner interaction. Phenomenology, which promotes putting aside preconceptions and listening to clients' viewpoints without enforcing one's cultural expectations, aligns with this approach.

Cultural humility vs. cultural competence: A critical perspective

The shift from cultural competency to cultural humility shows a substantial change in the provision of mental health care. Developing particular abilities or knowledge about

various cultures has historically emphasized cultural competence. This focus is frequently based on generalized information that does not adequately represent the complexity and diversity within those cultural groups (Greene-Moton & Minkler, 2020). Though it ignores the uniqueness of clients within those cultures or the intersections of several cultural, social, and personal identities, this method assumes that doctors can thoroughly understand any given culture. On the other hand, cultural humility highlights the practitioner's importance as a lifelong student and encourages a continuous analysis of one's prejudices and presumptions (Tervalon & Murray-García, 1998).

The emphasis in mental health research and practice has shifted from "knowing" about cultures to "engaging" with clients as subject-matter experts. The "Western, Educated, Industrial, Rich, and Democratic" (WEIRD) bias that permeates psychology research is criticized by Henrich, Heine, and Norenzayan (2010), and this model aligns with their findings. Their analysis emphasizes the dangers of extrapolating results from a small sample to larger, culturally diverse groups without considering different worldviews, customs, and beliefs.

The phenomenological approach: suspending assumptions and embracing client perspectives

Phenomenology aligns with the ethos of cultural humility by promoting a non-directive approach that seeks to understand clients' lived experiences without judgment or bias. A phenomenological stance allows practitioners to bracket or suspend their own cultural assumptions, asking instead, "What does a good life mean for this client?". This question frames therapeutic interactions as a collaborative exploration rather than an imposition of predefined ideals or mental health norms.

Practical Applications in Cross-Cultural Therapy and Supervision

Using cultural humility in a phenomenological framework requires particular approaches from researchers and mental health professionals. Lee et al. (2022) emphasize that cultural humility in therapy encourages practitioners to use micro skills like broaching and bridging. These abilities include achieving epistemic fairness, where clients' cultural knowledge and beliefs are acknowledged as equally valid, freely discussing cultural differences within sessions, and affirming clients' cultural viewpoints.

Implications for Mental Health Policy and Practice

Policies related to mental health are significantly impacted by the trend toward cultural humility and safety, especially in multicultural nations with sizable immigrant populations. Healthcare professionals are encouraged to reflect on themselves, undergo training that tackles unconscious prejudices, and support culturally inclusive therapeutic settings through policies that promote cultural humility (Greene-Moton & Minkler, 2020). Furthermore, cultural safety-promoting policies acknowledge that the healthcare system needs to consider structural and historical injustices impacting marginalized communities. For instance, clients who manage complicated cultural identities, especially first-generation immigrants, are better served by mental health providers who include cultural humility in their treatment.

Conclusion

According to Tummala-Narra (2011), there is an apparent vacuum in the study of the experiences of first-generation Pakistani men in Canada concerning their mental

health. By gathering and analyzing an expanding corpus of work, this literature review successfully uncovered important themes from a sizable body of work, proving previously established foundations for new study. Seeing so many new publications is also encouraging, and this trend is expected to continue in the future (Bhui et al., 2007). Furthermore, this literature review highlights the importance of addressing the intersectionality of gender and cultural identity in understanding mental health experiences. Focusing specifically on first-generation Pakistani men in Canada sheds light on a population that has been underrepresented in previous research. This research contributes to a growing body of work that aims to provide a more comprehensive understanding of mental health among diverse populations (Bansal et al., 2022).

There is a need for improvement in the literature review since studies that describe treatment and life experiences from the viewpoint of first-generation Pakistani-Canadian men in Canada have not yet been made available (Marbley, 1998). The fact that this study was conducted in Canada may help explain why greater variety is required. It is important to note that although South Asian civilizations have certain commonalities, each group has distinct traits. These groups' distinctive cultural experiences may be undermined if they are grouped under the general heading of "South Asian" (Bhui et al., 2007). First-generation Pakistani males in Canada face certain cultural pressures and attitudes peculiar to their identity. These experiences may affect their trust in their therapist and their willingness to seek mental health care. In the past, while establishing rapport, therapists were urged to stress intercultural competency. However, while helping patients from certain demographics, mental health practitioners need to be cognizant of their distinctive experiences (Marbley, 1998).

Thus, this study aims to improve and share more in-depth information about the therapeutic experiences of first-generation Pakistani-Canadian men in Canada. This information can be crucial in ensuring fruitful future therapeutic engagements (Jenmorri, 2006; Lebowitx & Wigren, 2005; Hellman, 2016; Flo Arcas, 2018). Additionally, more recent studies (Bhui et al., 2007) show the advantages of investigating the therapeutic experience of South Asian men in general. The study aims to understand the therapy experiences of first-generation Pakistani-Canadian men, thereby enabling therapists to tailor therapeutic methods to meet their needs better. It also aims to provide insights into culturally sensitive therapeutic practice, ultimately improving mental health outcomes and reducing barriers to seeking therapy. By acknowledging and addressing cultural nuances, therapists can create a more inclusive and supportive environment for South Asian men.

METHODOLOGY

Qualitative Research versus Quantitative Research

This study utilizes qualitative research in accordance with Willig's (2013) guidelines, as qualitative methods enable a deeper understanding of lived experiences. Although a quantitative approach was initially considered, it was ultimately deemed inappropriate due to the deeply subjective nature of mental health experiences, which cannot be fully captured through predefined survey questions or statistical measurements (Creswell, 2012). While quantitative research can identify patterns in mental health service use, it does not explore the meanings individuals attach to their experiences—a primary focus of this study (Denzin & Lincoln, 2011).

Given that mental health stigma and cultural expectations influence how first-generation Pakistani-Canadian men perceive and seek therapy, a qualitative approach offers richer insights into their challenges and decision-making processes (Karasz et al., 2016). Furthermore, this study does not aim to test a hypothesis or establish causality; instead, it seeks to explore and interpret the perspectives of participants, making qualitative research the most suitable methodological choice.

This understanding can help practitioners provide tailored advice rather than forcing patients into a one-size-fits-all mental health framework. The research focuses on the mental health of first-generation Pakistani-Canadian men, a topic for which there is limited existing knowledge. The researcher intends to remain open and curious, avoiding hypotheses or predictions, to gain a more nuanced understanding of the mental health experiences of this population. This approach will lead to more effective and culturally sensitive interventions. The researcher plans to engage with community members and stakeholders to incorporate their perspectives into the findings.

According to Elliott (1995), rather than validating earlier findings or hypotheses, the main goal of qualitative research is to offer a process of reexamination and enrichment of understanding. This leads Elliott’s study to conclude that qualitative research aims to comprehend and depict people's experiences and behaviours as they come into contact with, interact with, and endure situations. Based on the perspectives of the persons being examined, the researcher aims to develop knowledge of the phenomenon being studied. It is challenging to completely separate one's perspective, as qualitative researchers are aware (Bansal & Corley, 2011), however, the self-reflective process to "bracket" their personal values and current theory is thought to help them better understand their

participants' experiences and behaviour while offering the best possible support (Patton, 2014).

The purpose of this study is to examine the experiences of first-generation Pakistani men who reside in Canada and seek mental health treatment there.

Using a qualitative research approach, the researcher might learn more about the target audience's ideas and processes on this subject. Qualitative research will produce descriptive data rather than predictive data. While systematic observations and surveys are the foundation of a quantitative research strategy, a qualitative approach enables the emergence of a profound and significant story that may be used to gather data (Patton, 2014). Additionally, a qualitative analysis could be noticeably more successful because there has been little previous study on the subject. According to Yauch and Steudel (2003), the proposed approach will also enable a more profound comprehension and interpretation of the topic's cultural values and presumptions.

In summary, this study used a qualitative research technique to investigate the mental health experiences of first-generation Pakistani-Canadian men. It strongly emphasized interacting with stakeholders and the community to include their viewpoints in the results. Instead of validating preexisting ideas or findings, the study sought to re-examine and deepen our grasp of the reality of the participants. A deeper understanding of the participants' experiences and behaviours was obtained through descriptive data collection, allowing for a more nuanced assessment of their cultural beliefs and values.

Interpretative Phenomenological Analysis

Edmund Husserl and Martin Heidegger established the phenomenological method

to investigate living human experiences and how objects are experienced and seem to the consciousness (Smith et al., 2009). Smith et al. (2009) thoroughly explained Jonathan Smith's creation of Interpretative Phenomenological Analysis (IPA).

Interpretative Phenomenological Analysis (IPA) was chosen for this study because it prioritizes how individuals make sense of their lived experiences (Smith et al., 2009). While other qualitative methods could have been used, IPA offers the most appropriate framework for capturing the complex, culturally-embedded nature of mental health experiences among first-generation Pakistani-Canadian men.

Several qualitative approaches were considered before selecting IPA:

1. Thematic Analysis (TA) – While TA (Braun & Clarke, 2013) is a flexible approach to identifying themes, it does not emphasize the interpretation of individual lived experiences in the same manner and to the same extent as IPA. This study seeks to understand how participants interpret mental health therapy rather than merely categorize themes, and, therefore, IPA was believed to be more appropriate.

2. Grounded Theory (GT) – Grounded Theory (Glaser & Strauss, 1967) is often used to develop theories about social processes, making it helpful in studying group behaviours and interactions. However, since this study does not aim to construct a general theory but rather explore individual meaning-making, IPA was the better fit.

3. Narrative Analysis – Narrative Analysis (Riessman, 2008) examines how people tell their stories rather than why they interpret their experiences in a certain way. While useful for studying storytelling structures, Narrative Analysis is less

concerned with the subjective meaning of experiences, making IPA more appropriate.

By using IPA, this study captures not only what first-generation Pakistani-Canadian men experience in therapy but also how they make sense of these experiences within the context of cultural identity, acculturation stress, and stigma. IPA's double hermeneutic approach, where the researcher interprets participants' meaning-making, was applied in a way that remained participant-led. Rather than imposing external interpretations, the study prioritized participants' narratives, allowing them to guide discussions while the researcher identified patterns and underlying themes. This approach ensured that the analysis remained grounded in participants' lived experiences while also engaging with the broader cultural and societal influences shaping their perspectives (Smith, 2004).

This methodical reflection may be used to examine any event to determine its essential characteristics and structures (Hickes & Mirea, 2012). Epoché offers a chance to see how and why material items manifest in specific ways. At this point, we begin to recognize our own constitutive role in the way the objects are revealed and in their meaning, which eventually makes it possible to analyze philosophically the relationship between subjectivity and objectivity, as well as the relationship between ourselves and the world (Zahavi, 2019, pp. 32-38).

In contrast, IPA defines bracketing as a specific interviewing and transcript analysis method in which researchers momentarily silence and conceal their ideas about the subject in order to understand the meaning of the participant's story (Gyollai, 2020). IPA departs from the descriptive and concentrates on understanding occurrences to assist a customer. It seeks to reveal the hidden meanings and experiences that influence

a person's viewpoint to comprehend their subjective world better. Researchers can approach the data in a new way and prevent bias in their study by using bracketing as a methodological technique.

The foundation of descriptive phenomenological research is taking all customers at face value, without prejudice or presumptions about their existence. Although this approach aims to offer an objective viewpoint, some experts contend that to comprehend how to assist a person, one must be able to connect all facets of identity to experiences. For this reason, interpretative phenomenological analysis is regarded as the methodology employed as a specific hermeneutic or method of interpretation (Willing, 2013). By delving deeper into the experiences and viewpoints of the person, interpretative phenomenological analysis enables researchers to get a more complex picture of their lived world. A more thorough and nuanced analysis can be produced by combining the researcher's interpretation with the subject's subjective experiences.

Interpretative Phenomenological Analysis (IPA) was chosen for this study because it effectively facilitates both phenomenological description and interpretative analysis, making it particularly suitable for understanding the complex experiences of first-generation Pakistani-Canadian men. Unlike Thematic Analysis, which mainly focuses on identifying broad patterns, IPA places a greater emphasis on meaning-making and lived experiences. While Grounded Theory aims to generate new theoretical models, IPA recognizes that human experiences are deeply personal and influenced by existing cultural frameworks (Smith, 2009).

Furthermore, IPA’s hermeneutic and idiographic approach makes it ideal for exploring the intricacies of mental health stigma, masculinity, and acculturation within

South Asian communities. Given that Pakistani-Canadian men may be reluctant to discuss mental health issues due to cultural stigma, an IPA approach allows for a nuanced exploration of how they rationalize, resist, or accept therapy within their social and familial contexts.

By selecting IPA, this study ensures that the experiences of each participant are examined in depth rather than generalized, providing a culturally-sensitive and contextually-rich understanding of therapy-seeking behaviour in this demographic.

Mental health practitioners should be aware that the data gathered may alter when new information becomes available. This is hermeneutic phenomenology's central tenet. Mental health practitioners can better comprehend the complexity of the human experience and offer more effective support and therapies by acknowledging the changing nature of participants' viewpoints. This method makes it possible to delve deeper into people's lived experiences, which results in a more thorough comprehension of mental health problems.

Heidegger (1962) coined the word "hermeneutic," which refers to the transition from descriptive to interpretative phenomenology in collecting psychological facts. It is nearly difficult to dismiss any of our previously acquired information since scientific cognition is both preceded by and derived from our being in the world, as Heidegger (1962) was the first to establish. Consequently, a more holistic viewpoint that considers each person's particular perspective and circumstances is made possible by a hermeneutic approach to understanding mental health. Psychologists can better customize their therapies to each person's unique requirements by integrating interpretative phenomenology into psychological research.

The Heideggerian hermeneutics philosophical framework best fits the research, emphasizing the value of details or lived experience and thought. It is based on particular experiences rather than broad observations because it enables a thorough examination of every instance. Using this method, researchers can gain a more profound knowledge of the phenomena they are studying by revealing the underlying meanings and patterns of people's experiences. By concentrating on participants' distinct viewpoints and interpretations, researchers might acquire essential insights that would not be obtained by utilizing only conventional descriptive approaches.

Epistemology, the theoretical knowledge that concentrated on how the subject understood and acquired reality, was rejected by Martin Heidegger in 1962. Descriptive phenomenology, which emphasizes the ontological (beingness) above the ontic (contents of being), is frequently associated with epistemology. Heidegger created interpretative phenomenology and expanded the philosophy of interpretation, which has now evolved into hermeneutics. He placed more emphasis on "being in the world," where one looks for significance woven into ordinary events, than on comprehending the world. The central question throughout his life was, "What is being?" Reiners (2012). According to Heidegger's philosophy, understanding how people live in the world and how they interpret their experiences is crucial. Modern philosophy has been dramatically impacted by this change in emphasis from classical epistemology to interpretative phenomenology.

The goal of a phenomenological approach is not to discover the objective reality of a situation but to offer an epistemological viewpoint on an individual's existential experience or self-constructed story. Subjective techniques that are better tailored to the individual are needed for data inquiry (Hickes & Mirea, 2012).

The primary goal is to emphasize comprehending the participants' existential struggles and lived experiences more than how they might fit into preconceived notions (Creswell, 2012).

From an epistemological perspective, one may enquire: How do we know? How can the research process reach and explore reality? How do we learn? Where does information come from? What are the characteristics of justification and truth? Is there anything we can be sure of? Mirea and Hickes (2012). These enquiries are crucial for helping researchers assess their presumptions and prejudices critically, resulting in a more complex comprehension of the participants' viewpoints. Researchers can produce more significant and influential study findings by embracing an epistemological stance honouring subjectivity and unique experiences.

Since my study's objective is to gather information that will help guide and motivate future investigations into the existential problems that first-generation Pakistani-Canadian men face, I have allowed myself the latitude to comprehend this specific participant group and conduct research that focuses on the depth and quality of lived experiences.

Heidegger (1962) argues for ontology's significance and questions epistemology's prioritization. Instead of making people fit into the limited parameters of techniques, he proposes that people should be researched by examining every facet of their everyday lives. This philosophy's central claim is that humans exist because of their surroundings. Therefore, a person's existence has meaning and comprehension according to their geographical, chronological, historical, and cultural context. According to Heidegger, humans cannot be thought of outside of these bounds, as we are compelled to comprehend other people against our will. Heidegger essentially rejects separating

people from their environment by highlighting the interdependence of people and their surroundings. He questions conventional methods of studying people and promotes a more thorough comprehension of human nature by considering the holistic perspective of human existence.

Heidegger's theory of 'Being in the world' was extended by Hans-Georg Gadamer (1900–2002), who made connections between language, experience, and understanding. According to Gadamer's theory, people form preconceived opinions about the world based on prior experiences. Therefore, people's comprehension of any circumstance or event is constrained by their views of reality. People can fuse their projections; even though they project their understanding, these understandings constantly evolve. According to Gadamer, this occurrence is the "fusion of horizons," in which two people may unite and develop a shared perspective on the world (Gadamer, 1989). Gadamer's focus on tradition and the part played by historical preconceptions detractors counter might result in a conservative and culturally biased approach. Furthermore, it has been argued that Gadamer's theory of the hermeneutical circle—which holds that comprehension entails shifting between the parts and the whole—may result in circular thinking. Furthermore, his work has been criticized for giving little thought to gender and identity concerns. Some contend that by emphasizing tradition and historical biases, he may perpetuate gender biases and ignore the perspectives of marginalized people. Furthermore, some argue that Gadamer's hermeneutical approach can fail to address the intricacies of societal power relations and intersectionality. In summary, although his work has significantly advanced the field of hermeneutics, its applicability to gender and identity issues must be considered.

Gadamer's ideas must take into account a variety of viewpoints and voices in order to provide a more inclusive interpretation. By doing this, we may develop a more thorough and sophisticated method of hermeneutics that considers the many facets of gender and identity in society. The "fusion of horizons" was a phenomenon that Gadamer ascribed to the development of language. Humans need language to represent their understanding of the world and to navigate it, and this interpretation can only be vocally communicated, according to Gadamer (Gadamer, 1989).

There are limits to how well scientific methods can explain the veracity of an experience. Through man's thrownness, language brings selfhood and humanity into life, providing the second half of the image needed to completely comprehend an individual's existential experience. The book "Truth and Method" by Gadamer (1989: p. 443) articulates this concept.

In addition, Paul Ricoeur (1913–2005) contributed to theories of interpretative phenomenological analysis that highlight the importance of language in understanding an individual's existential experience. Ricoeur, like Gadamer, expands on the idea of hermeneutics and describes people as "meaning-makers" who make sense of the world by interpreting experiences using preexisting notions (Ricoeur, 1970). Gadamer and Ricoeur emphasize how interpretation shapes our perception of the world, stressing the significance of language and preconceptions in this process. Their contributions to hermeneutics have profoundly impacted how we view and interpret human experiences.

Ricoeur's work emphasizes the critical significance of the hermeneutical process and draws a crucial difference between language and discourse. It is believed that language is a system that may form discourse and is a creative tool created by humans

that is only made visible via interpersonal interaction. By seeing human behaviour as text, Ricoeur offers a novel notion that researchers might use hermeneutic phenomenology more thoroughly when analyzing existential difficulties (Ricoeur, 1970).

Ricoeur used "meaning-recollection" and "hermeneutics of empathy" to refer to an interpretative methodology that stresses figuring out a person's existential experience by revealing hidden and implicit meanings. In order to uncover more profound levels of meaning, this method entails careful inquiry and sympathetic involvement with the subject's lived experience (Ricoeur, 1970). Researchers can better grasp existential dilemmas and dive further into the complexity of human life by concentrating on the hermeneutics of empathy and meaning recollection. This approach makes it possible to understand human behaviour as text more sophisticatedly, producing insights that might not be immediately obvious through superficial study.

I have considered how my experience as a Pakistani-Canadian woman has shaped my research and motivated me to concentrate on this subject and how it affected my interviewing method. As a result of this reflection, I now have a greater knowledge of the value of empathy and comprehension in deciphering other people's experiences. My research has been enhanced by this personal connection, which has also given me the ability to approach my subjects with more empathy and understanding.

'We always have a perspective from someplace' (Ricoeur, 1984) is a statement that comes to mind when thinking about how I was able to link my courageous participants and project. This reminded me to be open and honest about my background during the data collection and analysis process. My experiences and beliefs have influenced how I listen, question, and interpret participant narratives and the data generated. I have

avoided certain prejudices and presumptions because of this knowledge, which has eventually resulted in a more complex and sympathetic comprehension of the study material. I can better interact with other people's experiences in a meaningful and polite manner when I acknowledge my viewpoint.

Our inner world is reflected in the mirror, which is reality. Western theoretical viewpoints have been known to inhibit first-generation Pakistani males in Canada; as a result, attempts to describe their varied experiences have not yet been fully explored by the Western theoretical perspective. This investigation will be guided by a phenomenological theoretical framework, employing a qualitative methodology to comprehend the mental health experiences of first-generation Pakistani men residing in Canada (Addis & Mahalik, 2003). The experience of first-generation Pakistani males in Canada, a group regarded as a minority, will be examined and given voice and legitimacy via a philosophical hermeneutics framework. Because first-generation Pakistani men's experiences in Canada are so unique, a phenomenological approach based on the qualitative research tradition is more appropriate. According to Finlay (2011), phenomenology provides a thorough comprehension of experiences from a lived viewpoint.

Interpersonal phenomenological analysis has thus been chosen to carry out the qualitative inquiry. This aligns with the researcher's epistemological viewpoint and aims to gather the thoughts, values, and beliefs of the chosen first-generation Pakistani-Canadian men in order to develop strategies for educating this group about mental health. Additionally, IPA enables a thorough investigation of the distinct social and cultural elements that can affect this particular group's experiences with mental health. By

employing this method, the researcher hopes to document these men's complex and unique viewpoints in order to provide culturally aware treatments and support services. The study's objective is to enable the public to access mental health services, realize the importance of mental health, and fully grasp what mental health is (Reiners, 2012).

Additionally, Reiners (2012) outlined the critical narrative analysis technique. Clardinin and Connelly (1990) state that this idea examines "the ways humans experience the world" (p. 2). It gives the researcher a knowledge of the phenomena (Creswell, 2012). This is relevant to my study area since it might expose the underlying beliefs about behaviour related to seeking help. In contrast to the present and future, I was not interested in delving into or highlighting accounts of previous experiences or occurrences. I did not want to be limited by prior experiences. In order to have a more thorough grasp of the issue, I was more interested in investigating the current and prospective viewpoints on help-seeking behaviour. Using this method would enable me to record a wider variety of viewpoints and maybe uncover fresh information that could guide future initiatives or regulations.

The 'Being-in-the-world' theory of Hans-Georg Gadamer, in short, links language, experience, and understanding. Gadamer's hermeneutical circle, however, has come under fire for failing to sufficiently address gender and identity concerns and for using circular thinking. Paul Ricoeur's Interpretative Phenomenological Analysis emphasizes the significance of language in comprehending existential experiences. Using a phenomenological theoretical framework, the author examines the experiences of first-generation Pakistani men in Canada while reflecting on her past as a Pakistani-Canadian woman. These men's complex viewpoints are captured using Interpersonal

Phenomenological Analysis (IPA), which aims to guide culturally aware treatments and support services. Although the author concentrates on the present and future, critical narrative analysis may uncover underlying ideologies.

Introduction to Interpretative Phenomenological Analysis (IPA)

Jonathan A. Smith was also essential in popularizing qualitative research and, more significantly, his interpretive phenomenological analysis (IPA), a unique experiential, qualitative method in psychology (Smith, 2009). Smith and Osborn (2003) proposed interpretive phenomenological analysis as a valuable method for investigating how people interpret their social and personalized environment. The IPA provides a theoretical framework and a comprehensive procedural guide, making it a distinctive method for qualitative research in psychology (Smith, 1996). It has gained recognition as a reliable theoretical and procedural framework for qualitative analysis in the last ten years and has been used in various psychological investigations.

In addition to acknowledging that research is a dynamic process, IPA is phenomenological in that it concentrates on individual narratives rather than objective reporting. The IPA assumes that "access depends on and is complicated by the researcher's conceptions" (Smith, Jarman, & Osborn, 1999, p.218). In order to create an analytical account, the researcher and participant must reflect on the interpretive phenomenological analysis process.

IPA's objective is to examine how participants thoroughly interpret their own experiences. The participants' descriptions of their experiences are examined to do this,

and an assumed universal propensity for self-reflection is sought (Smith, 1996). The current study aims to investigate the experiences of first-generation Pakistani men who have sought therapy for mental health concerns while residing in Canada.

IPA uses a fluid data-collecting strategy because it necessitates a detailed analysis of the participants' perceptions and the interpretation of the occurrence that affects them. Although there are several ways to gather pertinent information for IPA analysis (such as personal narratives), Smith (1996) contends that semi-structured interviews are the best approach, which this study will employ. The researcher and responder can converse throughout a semi-structured interview, and the original questions are changed in light of the participants' answers. The investigator can explore intriguing and crucial surface topics (Smith, 1996). Instead of controlling exactly what is to happen, the interviewer's job is to facilitate and direct it. According to Smith (1996), a sample of eight to 10 people is appropriate.

Idiographic, inductive, and interrogative are the three characteristics that define IPA (Smith, 2004). In order to develop personal knowledge, the idiographic combines the participant's lived experience with a reflective interpretation process. This procedure requires explicitly the researchers' objective and trained viewpoint (Reid, Flowers, & Larkin, 2005). Every interview is methodically examined, and a list of themes is generated for each; further analysis will not start until the interviewer has achieved closure. Finding similarities and differences by cross-referencing is the final step. Since no initial attempts are made to formulate hypotheses, IPA's inductive nature differs from that of quantitative research. Because of the text's interpretative character, it appears that the themes and patterns that have been extracted are related to traditional psychological theories through

critical analysis and discussion, meaning they are not isolated.

IPA was chosen as the research methodology because it enables participants to voice their concerns and the researcher to comprehensively understand the issue being studied. In order to better comprehend the participants' issues and the context in which they are given, the researcher will try to interpret them. Since IPA is concerned with revealing knowledge about the experiences of each participant and can finally tell something in depth about the participant group, its idiographic nature is in line with the goals of this study. A more profound and complex study may be produced by using this approach, which also enables the investigation of individual characteristics and distinctive viewpoints within the participant group. By emphasizing the participants' subjective experiences, IPA might offer insightful information that other research methods might miss.

Reflexivity

My study interest stems from my South Asian ancestry and experiences. I grew up in Canada, yet I could not help but think of Pakistan. I was greatly impacted and was able to have a better knowledge of Pakistani-Canadian guys because of my community origins. During my time in Pakistan, I spoke with many local guys and concluded that there was a critical need for a forum where men could freely discuss their feelings and worries about mental health. I became aware of the difficulty males have in expressing their feelings and the fact that personal confessions were not expected. Moreover, there is a widely held belief that mental illness is taboo and rarely discussed in Pakistani culture. By sharing such potentially stigmatizing information, Pakistani-Canadian males are

unable to receive assistance. These views are, therefore, advantageous to the researcher and a possible source of insight. Understanding them as possible blind spot causes is also essential. Developing successful interventions and support networks for Pakistani-Canadian men dealing with mental health concerns can be facilitated by an understanding of these cultural hurdles. We can break the cycle of silence surrounding mental illness in the community and provide a safe place for men to seek treatment by recognizing and addressing these taboos.

I understand that my ethnic heritage is reflected in my interest in this subject. As I work to understand the people in my neighbourhood, my research topic is crucial. I may go into the study with certain preconceived notions about Pakistani-Canadian guys who have mental health concerns because this enthusiasm is essential to finishing my dissertation research. Nonetheless, I am determined to approach the study objectively and let the information inform my judgment. I can ensure that my conclusions are as accurate and impartial as possible by being aware of my prejudices. Being self-aware will enable me to avoid potential blind spots and offer more thorough and perceptive research on this crucial subject.

Additionally, participants' responses to the researcher may be influenced by their gender. Because I am a South Asian woman conducting the interview, participants may judge me based on my gender. Researchers of various sexes may see male subjects in different ways. It has been shown that males may talk differently to women than to one another, especially when talking about mental health. This might make it challenging to get in and establish a relationship with participants. To guarantee reliable data gathering, researchers must be conscious of these possible biases and modify their methodology

accordingly. Furthermore, considering how participant gender affects replies might result in a more sophisticated examination of the information gathered. Furthermore, the interviewer and interviewee collaborate to create a narrative throughout the phenomenological process, and gender may impact this process. Gender could be a significant factor in the study process (Sallee & Harris, 2011).

The influence of a researcher's gender on the interview process was first investigated by Hyman et al. (1954). Their findings showed that respondents' responses to male and female researchers differed. Herod (1993) contends that the interviewer's gender can influence replies on any subject. On the other hand, Yang and Yu (2008) clarify that better-educated people are not affected by gender as they are exposed to inter-gender relationships more often. More educated people are more comfortable with people of the opposite gender (Padfield & Procter, 1996), according to Huddy et al. (1997).

I have decided to take a reflective approach to conducting the study in order to preserve a certain amount of self-awareness. In addition to using supervisory discussion and attention to the gathered facts, I will reflect in a diary. By being mindful of "bracketing" and limiting the use of my own opinions to pique interest and encourage investigation of the material that will surface, I want to reduce the influence of any bias during the data analysis process. Using this technique, I can list my preconceived notions, beliefs, and assumptions. Thanks to the chance for critical reflection, I will be better able to consider my function as a researcher and any potential effects it may have during the study.

In conclusion, I know that my background and time spent in South Asia, especially Pakistan, are the primary sources of my research interests. Growing up in Canada, I

understood the need to provide a forum for males to discuss mental health issues, but I also understood that in Pakistan, where mental illness is frequently stigmatized, personal admissions were uncommon. Although I am aware of my ethnic background and my preconceived notions about Pakistani-Canadian males who have mental health problems, I am determined to approach this research objectively and let the facts inform my findings. I am aware that participants' reactions to me may be influenced by their gender since various genders may cause male participants to express themselves differently. In order to guarantee reliable data gathering, I will continue to be conscious of these potential biases and modify my strategy. My research draws on my experiences and background while attempting to maintain objectivity and flexibility regarding how gender affects participant interactions.

Recruitment Strategy and Demographic Overview on Mental Health Perceptions among First-Generation Pakistani-Canadian:

Participants had to be first-generation immigrants from Pakistan, men who arrived in Canada between 1975 and 1990, between the ages of 30 and 45, Canadian citizens, landed immigrants or those who had previously experienced emotional (psychological) distress in their home country or in Canada. They also had to have sought some sort of support from a mental health professional, support group, or another individual for any issues about emotional (psychological) distress. The participants had to be proficient in English, meaning they can respond to the interviewer's questions by speaking and understanding the language. Additionally, this will guarantee that participants are aware of the study and can give their informed permission. Before the interview, eligibility was

assessed (past tense) using demographic questionnaires. Age, gender, and how long they had been in Canada or their home country were among the demographic questions. This data was utilized to confirm that the participants fulfilled the study's requirements and could offer insightful accounts of their experiences seeking mental health assistance.

Due to modern access to mental health knowledge, first-generation Pakistani-Canadian men are thought to be more open to/comfortable discussing the study's topics. This will allow the researcher to identify the attitudes of individuals embedded in the host country (Canada) while maintaining ties to Pakistan. In other words, how does this particular demographic confront new challenges while retaining the values and practices of their own Pakistani culture? Knowing how first-generation Pakistani-Canadian men navigate the intersection of their cultural heritage and their experiences in Canada can help the researcher better understand their mental health needs. The study examines how they strike a balance between traditional values and contemporary influences in order to provide suggestions for culturally competent mental health care that is suited to this particular group.

The participants in the discussion have experienced emotional (psychological) discomfort during acculturation. The difficulty and strain communities experience navigating a new culture's norms, values, and lifestyles is sometimes referred to as acculturative stress (Berry & Sabatier, 2011). As a result, the interviewees answered the questions based on their experiences using mental health services and offer personal ideas about mental health. These difficulties emphasize how crucial it is to provide culturally competent mental health care that can successfully meet the particular requirements of this demographic. Mental health practitioners can better assist people in

overcoming cultural stress and attaining general well-being by comprehending and integrating their cultural values and customs into therapy techniques.

Recruiting first-generation Pakistani-Canadian men for a mental health study presented unique challenges, mainly due to stigma, cultural perceptions of therapy, and potential reluctance to discuss emotional distress. Given the sensitive nature of the topic, careful consideration was given to ensuring that the recruitment process was respectful, culturally sensitive, and accessible.

Several recruitment methods were employed, including targeted online outreach through Facebook and LinkedIn, particularly within south Asian Canadian health and social groups, where discussions on mental well-being occasionally surface. However, relying solely on online recruitment posed challenges, as discussions around mental health in these spaces tend to be limited and often dominated by women. This highlights a gendered aspect of help-seeking behaviour within South Asian communities, where men may be less likely to engage in online mental health discourse.

To broaden recruitment, outreach was extended to local community centers, South Asian mosques, cultural organizations, and academic institutions known to serve Pakistani immigrants. Flyers were placed in South Asian supermarkets and community hubs, where casual, non-medicalized engagement might make the study seem less intimidating to potential participants. Trusted community leaders encouraged referrals through word of mouth, recognizing that South Asian men may feel more comfortable participating when introduced by a known and respected figure.

Despite these efforts, gaining trust remained a significant hurdle. Some individuals

expressed concerns about confidentiality, fearing that participating in a mental health study could lead to judgment within their communities. To address this, explicit privacy assurances were communicated, emphasizing that interviews were confidential, anonymized, and conducted in private settings. Participants were also given the option to withdraw at any time, reinforcing the study's commitment to voluntary participation.

This underscores the importance of trust-building and cultural awareness in recruitment, mainly when working with communities where mental health remains a taboo topic. Future research might further explore culturally-specific engagement strategies, such as partnering with South Asian healthcare professionals or integrating mental health discussions into broader community wellness initiatives to reduce stigma and encourage participation.

Furthermore, flyers were spread and displayed in places that Pakistani-Canadian males regularly go, such as South Asian supermarkets and South Asian cultural gatherings. Anyone interested in participating and needing further information was able to contact the researcher. To be more precise, the researcher contacted Toronto's Centre for Addiction and Mental Health (CAMH), which recently revealed intentions to provide additional mental health services for South Asian populations. I have also received interest in my research from several psychologists who have volunteered to help with the recruiting process.

My goal was to comprehend the experiences of first-generation Pakistani-Canadian men, ages 30 to 45, who came to Canada between 1975 and 1990. Those looking for mental health care, landed immigrants, and Canadian citizens were among the participants. Questions about demographics were used to assess eligibility. The study

investigated the opinions of people who had assimilated into Canadian culture while yet having Pakistani links. Recruitment was done through social media outreach, internet ads, and relationships with educational institutions, community centres, and recreation centres.

Sampling Strategy

The study recruited first-generation Pakistani-Canadian men who had sought therapy, using purposive sampling to ensure that participants had direct experiences with mental health care. Initially, eight participants were selected; however, two additional participants were later included to determine if any new themes would emerge. The analysis confirmed that the core themes remained consistent, indicating that data saturation had been reached. This finding supports the principle in qualitative research that data collection can conclude when additional interviews do not yield new insights (Guest et al., 2006).

While qualitative research does not require large sample sizes, the priority in this study was to ensure depth over breadth. Smaller, homogeneous samples are standard in Interpretative Phenomenological Analysis (IPA), which values rich, detailed personal accounts over broad generalizability (Smith et al., 2009). The selected sample size was adequate to capture a range of diverse yet deeply personal narratives while maintaining analytical depth and providing a comprehensive understanding of the participants' lived experiences.

Analytic methods

Reviewing narratives of data is the researcher's goal when using phenomenological theory's methods of interpretation. The researcher must know their perspective, reflexivity, and preconceived notions. The primary analytical objective of the reflexive process of "bracketing," which involves the researcher putting aside preconceived notions and information, is to immerse oneself in the participant's narratives with an open mind. Throughout the study, the researcher keeps notes and frequently consults with mentors and colleagues as part of the reflective practice, enabling the researcher to track and monitor their own bias. A more profound comprehension of the facts and the evolution of the original ideas are the results of this process (Starks & Brown Trinidad, 2007).

Furthermore, the researcher has to be conscious of how their position and point of view may have influenced their thinking throughout the analysis process. Researchers may ensure their interpretations are as impartial as feasible by admitting and correcting their biases. This self-awareness may result in a more accurate and perceptive interpretation of the gathered data. Using the information, the researcher will present an analysis that lets the reader consider the evidence. By seeing how the interview data has been used to support the researcher's hypothesis and offer a compelling explanation, readers may assess the reliability of the study. Therefore, transferability and transparency are established in robust qualitative research by giving the readers proof (Reiners, 2012). The research process's transparency makes it possible for others to duplicate the study and confirm its conclusions. Researchers may increase the legitimacy of their work and further the body of knowledge on their subject by providing a concise and thorough analysis.

Generally speaking, phenomenological studies yield rich theme narratives that help reasearchers understand the significance of the lived event under investigation. In addition, phenomenology has evolved from descriptive phenomenology, which emphasizes the "pure" account of a person's experiences, to hermeneutic phenomenology, which focuses on the interpretation and significance of such experiences. Thematic stories and anecdotes help reasearchers understand a certain experience, including how someone could interpret a tragic occurrence (Starks & Brown Trinidad, 2007).

In summary, phenomenological theory calls on researchers to identify bias, seek advice from mentors, bracket their knowledge and presumptions, and approach data analysis with an open mind. This procedure makes it possible to assess how reliable the hypothesis is. Phenomenological analyses provide significant theme narratives that shed light on the lived experience under study. By emphasizing the interpretation and significance of experiences, hermeneutic phenomenology aids reasearchers in comprehending specific experiences, such as traumatic incidents.

Data will be analyzed according to the following steps:

The study will use field notes, summaries, and transcription to examine each participant's experience repeatedly. All misconceptions will be dispelled, and recurring themes will be found. Invariant elements will be categorized using reliability and inductive coding. The experiences of South Asian males will be better understood through a supervisor's discussion of themes, categories, and narratives.

To get an objective assessment of the participant's experience and the meaning they have attached, each session and the participant's transcription will be reviewed several times.

To paint a picture of each participant's experience, the analytical procedure will entail listening to and transcribing the audio and employing field notes and summaries.

Several readings of the material will enable the categories to be revised and any misunderstandings to be corrected again. According to Willig (2001), the data may reveal common themes and categories among the participants. The objective is to have a thorough grasp of the experiences of Pakistani males and to spot any trends or patterns that could appear in the data analysis. Researchers may ensure that the participant narratives are wholly and accurately represented by carefully reviewing the transcriptions and field notes.

The study will use inductive coding to identify and classify invariant elements. Lastly, intercoder reliability, audio recording, triangulation, and bracketing will be used to establish validity and reliability in order to cluster categories into themes (Willig, 2001). An inter-rater agreement process was implemented to ensure reliability, involving independent coding by multiple researchers, comparison of coded transcripts, and consensus-based resolution of discrepancies. Final reviews ensured alignment with research objectives, minimizing subjectivity and enhancing the credibility and rigour of thematic analysis. This process strengthened the trustworthiness of findings by validating themes through multiple perspectives. A supervisor will review and validate the procedure. In order to develop an understanding of the experience of South Asian males further from the analysis, the interviewer and supervisor will talk about any themes,

categories, and narratives that surface from the data (Willig, 2001).

Interview Process

The study was conducted via Zoom video conferencing among first-generation Pakistani-Canadian men in Canada, mostly in Toronto. Participants in the interviews were guaranteed confidentiality, unhindered access, and a secure internet connection at the nterviewer's private home office. The interview hours were communicated to them beforehand in order to provide a relaxed atmosphere and reduce anxiety brought on by stereotypes related to the study subject. The goal was to alleviate participants' potential tension related to the study's subject. Semi-structured interviews were used to collect data; the recordings were digitally captured, moved to a secure computer, and encrypted. The interviewer's remarks were then added to the transcription of the tape. The IPA's tenets were applied in a phenomenological analysis of the data. Participants were guaranteed anonymity and confidentiality throughout the study to promote candid and open replies. The results illuminated the subtleties of the participants' viewpoints on the research issue and provided deep insights into their lived experiences.

According to this concept, any interpretation of the conversation must align with the participant's intended meaning. Van Duerzen, 2014; Moustakas, 1994). It should be within the natural intuition of researchers to identify the appropriate and significant interpretation of the discourse. Also, researchers are supposed to constantly consult their text for validation. During participant questioning and data analysis, personal meanings are not to be applied, and any meaning is to be investigated using heuristic devices (Moustakas, 1994; Van Duerzen, 2014). This method guarantees that the researcher

stays faithful to the viewpoints and experiences of the participants, improving the validity of the study's conclusions. By following these guidelines, researchers can successfully convey the spirit of the discussion and get valuable insights from their data.

The researcher evaluated the questions before the sessions to ensure cultural sensitivity about the issue of South Asian males, and they were the same for all participants.

The researcher established rapport with the chosen participants by outlining the study's goal at the beginning of the session. After obtaining demographic data, a privacy and confidentiality explanation was given. A consent form had to be signed by each participant before the interview could begin. The participants' confidentiality and anonymity were further described in the permission form. The researcher further clarified that up to two weeks following the interview, individuals have the unrestricted right to discontinue participation in the study. Several concepts were examined within a framework. Semi-structured interviews and observations were used to collect the data, and the researcher asked five to ten questions during each. The participants' viewpoints and life experiences were the main subjects of the interview. The participants were urged to openly discuss any experiences that were pertinent to them. Every participant took part in a single, 60-minute session. The participants were then given a comprehensive verbal and written debrief of the project and any available resources.

Participants were asked the following questions:

Please note that some of these questions center around the main question, while others are considered prompt questions - to keep the topic on track.

- Describe a time when you felt that you needed help emotionally.
- What steps did you take?
- What led to you reacting or not reacting?
- What was the moment when you decided to seek therapy? / What prompted you to seek therapy?
- What has been your experience with mental health services? / How would you describe your experience of mental health services?
- Can you tell me more details about your mental health experience?
- How did the experience affect you?
- What changes do you associate with the experience?
- What feelings were generated by the experience?
- What bodily changes or states were you feeling at the time?
- What thoughts or feelings stood out for you?
- What services would you like to see?
- Describe and compare your experience of mental health and well-being in Pakistan and Canada.
- Is there anything else you would like to share with me?

Limitations, Ethics, and Value of Study

A group resistant to traditional therapy may benefit significantly from the proposed

study. Due to the difficulties in locating guys ready to open up to the researcher, the recruiting method may have some limits for this study. The question of whether the guys who are participating would be open to a female interviewer is more significant because of the gender gap. The gender gap may hamper the researcher's capacity to establish rapport with the subjects. Gender could be a significant factor in the study process (Sallee & Harris, 2011).

Additionally, the advantages of this research might spread to other facets of both personal and professional life, enhancing people's general well-being (McKelley & Rochlen, 2010). Any knowledge gathered from this study may offer insightful information for future services that cater to the demands of this demographic (South Asian guys, for example). The study could provide methods for improving men's use of mental health services (McKelley & Rochlen, 2010).

I now have a greater grasp of existential issues and philosophy. I can use the skills I've learnt to establish a positive rapport. I can customize my service delivery to meet the specific requirements of each participant since I am an existential therapist. In my practice, I try to be conceptually informed. I can provide South Asian males with more individualized and successful treatment by integrating existential themes and philosophy into my work. Ultimately, this can improve results and boost resource utilization by bridging the gap between conventional mental health treatments and the unique requirements of this community.

Ethical consideration

Given the sensitive nature of discussing mental health among first-generation Pakistani-Canadian men, ethical considerations played a central role in the study's design. Confidentiality, informed consent, and emotional well-being were key priorities, to ensure that participants felt safe, respected, and were fully aware of their rights throughout the research process. This study adhered strictly to the 2019 British Psychological Society (BPS) Code of Ethics and Conduct.

To uphold ethical integrity, participants were provided with a detailed consent form outlining the following:

- The study's purpose, objectives, and methodology
- Confidentiality measures (including data anonymization and secure storage)
- Their right to withdraw at any time without penalty
- Potential emotional risks associated with discussing mental health experiences
- Contact details for mental health support services in case of distress

Due to the stigma surrounding therapy in South Asian communities, extra precautions were taken to ensure psychological safety. Participants were explicitly informed that they were not required to disclose profoundly personal or traumatic experiences unless they felt comfortable doing so. They were given the opportunity to pause or stop the interview at any point if they experienced emotional discomfort.

A significant ethical concern was the researcher's position as a South Asian woman interviewing South Asian men. Gender dynamics in South Asian culture can sometimes create hesitancy for people when discussing personal struggles, particularly regarding topics like mental health and emotional vulnerability. Participants may have felt the need to conform to masculine norms during interviews, downplaying emotional distress to align

with cultural expectations. The researcher employed a neutral, non-directive interviewing style to mitigate this bias, allowing participants to set boundaries as to what they felt comfortable discussing. Reflexivity was also maintained through journaling and supervision, ensuring that researcher biases did not influence data collection or interpretation.

Regarding data protection, all interview recordings and transcripts were encrypted and stored on a password-protected device in compliance with General Data Protection Regulation (GDPR) guidelines. Identifying details were removed to protect participant anonymity, and no data was shared with third parties. Participants were also informed that after the study's completion, their data would be securely stored for five years before being permanently deleted, following the institution's data retention policies.

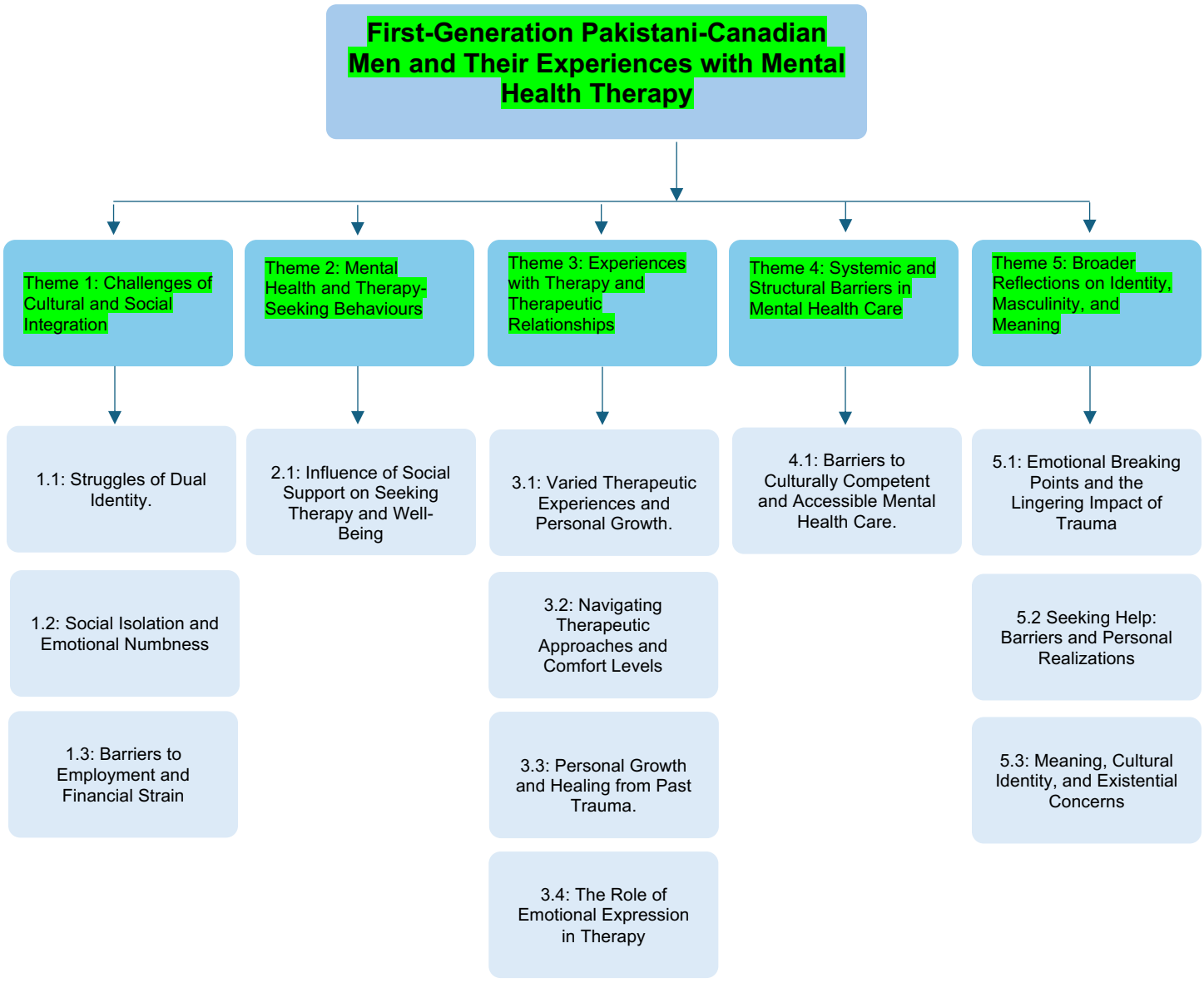
This ethical framework ensured that participants were fully informed, emotionally safeguarded, and given complete control over their participation. Future research could further explore how gender and cultural identity influence participation in mental health studies and develop best practices for ethically engaging underrepresented groups.

Results

This section presents the study's key findings, organized into five major themes and sub-themes identified through the data analysis. The analysis revealed several interconnected challenges faced by first-generation Pakistani-Canadian men, including struggles with dual identity, experiences of social isolation, emotional numbness, and difficulties navigating mental health services. Participants also discussed their journeys toward seeking therapy and the barriers they encountered.

A thematic framework was developed to illustrate the five main themes and sub-themes emerging from the data. The schematic below provides a visual representation of these themes, offering an overview of the core issues explored in the study. This figure has been titled accordingly and is introduced here to guide the reader through the findings in a structured manner.

The following subsections discuss each theme in detail, supported by participant narratives. By outlining these themes at the outset, this section ensures a clear and logical flow of information, making it easier to follow the experiences and insights shared by participants.



Theme 1: Challenges of Cultural and Social Integration

Struggles of Dual Identity

Pakistani-Canadian participants face an identity challenge as they reconcile their cultural heritage with Canadian societal expectations. This involves language, traditions, and values which can lead to internal conflict and existential concerns. The complex interplay of cultural identity, internal conflict, and existential questions significantly impacted their experiences. Identity can be a complicated and multifaceted aspect of an individual's life. Living in Canada as a Pakistani-Canadian male, often sets up struggles to reconcile cultural heritage and the expectations of Canadian society. These struggles raised questions about language, traditions, and values, leading to a search for a harmonious blend of participants' Pakistani roots and their new Canadian identity.

The theme explored the challenges faced by Pakistani-Canadian males in reconciling their cultural heritage with Canadian societal expectations. The challenges include language, traditions, and values, and lead to internal conflict and existential concerns. Zuhaib, a Pakistani participant, experienced emotional distance from his parents, resulting to guilt, anger, frustration, and feelings of loneliness. He also struggled to maintain connections with loved ones while establishing a sense of belonging in a foreign environment. Zain's cultural identity shift affected his relationships, causing feelings of identity loss and confusion. The clash between Pakistani cultural expectations and Canadian cultural norms created relationship challenges, particularly between participants and their spouses. The study highlights the importance of challenging and

redefining traditional gender roles to foster a more inclusive society and emphasizes the need for knowledgeable and accepting therapists to provide effective support for clients.

Dual identity is another common issue, as participants navigate the norms and values of both cultures, often experiencing internal conflict, as stated by six of the participants:

"I was splitting into two (SAAD, 105)".

Existential issues like losing meaning in life are another way identity crises were manifested among participants, e.g.,

"Feeling lost, a lot of the time in my life, like what am I doing?" (SHAHID, 75).

Zuhaib reported the strain and the emotional distance he experienced in his relationship with his parents who were still living in Pakistan while he had immigrated to Canada. The separation from his parents and the perception that his parents were unhappy significantly impacted his emotional well-being. This created a deep sense of guilt that appeared to have intensified his anger, leading to increased frustration and affecting overall mood and mental state. Additionally, Zuhaib expressed feelings of loneliness and isolation as he navigated the challenges of living in a new country without the support of his family. These emotions contributed to his struggle with his sense of self and belonging, exacerbating his identity crisis. The emotional distance and strained relationship between the participant and his parents, combined with the burden of guilt, had created a complex and challenging emotional dynamic, as reported:

"I wasn't connecting well with my parents either - they were back home in Lahore - and were unhappy for having been left behind - I think I was carrying great guilt - making me angrier by the day." (ZUHAIB: 30)

"Am I being selfish?" was another common feeling. Participants expressed a sense of missed opportunities and regret regarding their income, feeling they should have used it to help others. There was a desire to make a positive impact or contribute to the well-being of others back home. Participants also struggled with feelings of isolation and loneliness, as they navigated their new lives in a foreign country. The desire to maintain connections with loved ones back home while also establishing a sense of belonging in their new environment added to the emotional distress they were experiencing. However, participants felt their current focus was primarily on personal advancement and setting themselves up for the future.

Zain experienced a cultural identity shift as he adapted to Canadian society. This process impacted relationships as participants navigated feelings of identity loss, confusion, or a desire to preserve their cultural heritage. Partners or family members who migrated to Canada had different levels of acculturation, leading to potential conflicts in understanding and acceptance. The clash between Pakistani cultural expectations and Canadian cultural norms created relationship challenges, particularly between participants and their spouses. It was important for participants to find a balance between their cultural background and the new societal norms in order to maintain healthy relationships. Communication and mutual respect were key in bridging the gap between differing cultural expectations. When Zain described "drifting apart," he suggested the marital bond is weakening over time, creating a gradual distance between him and his wife. The mention of "fortunes" implied that the emotional connection and shared aspirations or circumstances are strained. This could indicate financial difficulties, career challenges, or other external factors contributing to the strain on the relationship.

"Wife and I were drifting apart - our fortunes and our bond getting stretched by the month" (ZAIN: 45).

Zain also reported the distressing state of his relationship, with increasing emotional distance, strain, and the looming possibility of separation. The situation was exacerbated by external pressures impacting the bond with his wife and a sense of emotional upheaval and confusion. Zain expressed feeling lost and unsure as to how to navigate the growing distance between himself and his wife, as well as how to manage the external factors causing strain on their relationship. He acknowledged the need for communication to address these challenges before they escalated further. Other participants also reported being emotionally or mentally unsettled, possibly experiencing confusion, dissatisfaction, or a lack of alignment with their thoughts, feelings, or identity, leading to problems with their partners and family. e.g.,

"She was planning to leave me - Things were spinning around me faster than I could fathom" (ZAIN: 145).

Differences in values, gender roles, and approaches to family dynamics also led to misunderstandings and conflicts between family members, as stated by one of the participants when talking about his family:

"Everyone around me is so emotional, so crazy" (ZAIN: 60-61).

In addition to this for Zahid gender role created a sense of shame or inadequacy in him as he did not conform to traditional gender roles, leading to further strain on relationships. This pressure to fit societal expectations can resulted in his feeling isolated and misunderstood by their loved ones.

"Sometimes a man's supposed to act a certain way, be strong, less emotional and I was feeling embarrassed about how someone might see me (Zahid, 110)."

Moreover, Abullah highlighted the pressure individuals may feel to conform to societal expectations of masculinity, leading to internal conflict and shame. This internal conflict can manifest in various ways, such as anxiety, depression, or low self-esteem. It is important for individuals to challenge and redefine traditional gender roles in order to foster a more inclusive and accepting society. Additionally, he emphasized the importance of therapists being knowledgeable and accepting of diverse sexualities in order to provide effective support for clients.

"I think that's quite important for me, that someone is aware of what diverse sexualities are. Why would it matter if personally I was not okay with gay people, but is it coming through in therapy and all of that?" (Abdullah, 208-210)

Social Isolation and Emotional Numbness

The theme of social isolation and emotional numbness underscores the profound challenges faced by four participants who migrated from Pakistan to Toronto. They struggled to adapt to a new culture and find their purpose, leading to social isolation. The lack of a supportive community in a new country can leave individuals feeling disconnected and questioning their life’s purpose. The participants' experiences were intertwined with practical challenges, such as lack of familial support and financial resources. The concept of numbness, which suggests emotional detachment or a reaction to overwhelming circumstances, is evident in their emotional responses. Seeking therapy or joining support groups can help cope with feelings of isolation and improve mental well-being.

Social isolation was a significant challenge for all participants, profoundly impacting their mental health and emotional well-being. One participant described his experience of migrating from Pakistan to Toronto, saying,

" If I meet a person, they always ignore me." (Shahid 36-41).

Saad said, "Every time I move to Toronto, I can't make any friends. I always have negativity," highlighting the recurring difficulty in forming relationships in Canadian society. The phrase "every time" suggested a persistent trend, indicating that this is not an isolated incident. This ongoing struggle with social isolation may have contributed to feelings of loneliness and alienation for Saad, potentially exacerbating his mental health challenges. It is important for individuals, like Saad, to seek support and resources to help navigate these difficulties and build connections within their community. Saad associated his experiences with negativity, suggesting that negative emotions or outcomes have predominantly characterized interactions in Toronto. This perception that a hostile reception in Canada is the norm, may impact the willingness of Pakistani-Canadian men to connect with others and establish meaningful relationships.

Seeking therapy or joining support groups can provide Saad with tools to cope with his feelings of isolation and improve his mental well-being. By challenging his negative perceptions and actively seeking out positive social interactions, Saad can begin to feel more connected and supported in his new environment. The transcripts reflected migration's emotional and psychological impact. Participants reported feelings of isolation, loneliness, and low self-confidence, which led to mental health concerns. The lack of a supportive community and social connections in a new country can leave individuals feeling disconnected from others, questioning the meaning and purpose of

their existence, and struggling to find a sense of belonging. One participant statement highlighted the day-to-day struggles of participants.

"No one was there to listen - or had I forgotten the art of conversation" (Saad: 201-205)

Two participants' experiences of social isolation were intertwined with practical challenges related to their immigration and settlement in Canada. Participants discussed having to navigate complex systems without any support. Mustafa discusses this experience,

“I was guiding myself through every second... I did not have an older brother, I did not have a father, and I did not have any financial support from anywhere.” (MUSTAFA: 373-378).

Social isolation affected the participants ability to function in society. The quote above encapsulates the experiences of participants as they navigate the challenges of migration, adaptation, and social isolation. The essence of their experiences touches upon the core existential questions of identity, purpose, belonging, and the very nature of existence in unfamiliar surroundings. The lack of familial support and financial resources compounded the difficulties faced by these participants, highlighting the immense resilience and strength required to overcome such obstacles. This sheds light on the profound impact of social isolation on one's sense of self and ability to integrate into a new society.

The concept of numbness is apparent in how the participants discussed dealing with their emotions. Zuhaib described his coping mechanism for emotional distress before seeking professional assistance. He explains,

“So, it was a matter of suppressing and establishing within myself that keeping my shit together is more important…” (Zuhaib, 55- 58).

Moreover, Zuhaib reported a peculiar sensation of numbness, suggesting a lack of emotional responsiveness or an inability to experience emotions fully. This numbness could indicate emotional detachment, a defense mechanism, or a reaction to overwhelming circumstances.

“All kindness had evaporated - I had no direction - I felt a strange numbness (Zuhaib, 63-65).”

Barriers to Employment and Financial Strain

Pakistani-Canadian immigrants faced different challenges including finding suitable employment, unemployment, mental health issues, and sleep disturbances. Three participants, Junaid, Mustafa, and Saad, experienced frustration due to a mismatch between their qualifications and job demands, leading to financial strain and feelings of purposelessness. Moreover, Six participants reported mental health issues, including depression, anxiety, PTSD, ADHD, childhood trauma, panic attacks, and suicidal ideations. These issues were present before migration, exacerbating the participants' adjustment.

Junaid's experience highlights the common challenge of unemployment, where individuals struggle to find suitable employment opportunities despite their efforts. This mismatch between qualifications and job demands can lead to frustration and prolonged periods of joblessness. In addition, Junaid's story sheds light on the importance of mental health support for migrants facing multiple challenges in their new environment. Access

to resources and services that address these underlying issues is crucial for successful integration and well-being.

"I was hunting for a job, and I could not find a job." (JUNAID,6-10)

Mustafa shared that he could not fit into traditional job roles due to a mismatch in his qualifications or experience. He mentioned being rejected due to underqualification or overqualification:

"I went around looking for work; I was either rejected as underqualified (for managerial gigs) or overqualified (for basic call-center-type jobs)" (MUSTAFA, 20).

Junaid painted a picture of the difficulties faced by an individual in finding employment, contributing to financial strain. He expressed his worry about adequate support for his family, e.g.

"I was too stressed because I was running out of my money, I was running out of my capital that I had brought here to Canada, and my family needed my support" (JUNAID, 10-13).

Moreover, Saad's experience highlights the mental toll that unemployment can take on an individual, leading to feelings of purposelessness and isolation during challenging times. Saad shared how he struggled with feelings of purposelessness and isolation during his period of unemployment, emphasizing the importance of mental health support in such situations. These personal stories shed light on the multifaceted challenges faced by individuals seeking employment in a competitive job market.

“I went under job-neurosis - I felt purposeless” (Saad, 30).

Six participants reported mental health issues, including depression, anxiety, Posttraumatic Stress Disorder (PTSD), Attention-Deficit/Hyperactivity Disorder (ADHD),

childhood trauma, panic attacks, and suicidal ideations. Some of these issues, like childhood abuse, PTSD and ADHD, were present before migration, exacerbating the participants' adjustment. For example, one of the participants had been formally diagnosed with PTSD and ADHD. He also sought therapy specifically for these conditions, with the therapy often uncovering multiple layers of trauma. These pre-existing mental health issues added an additional layer of complexity to the participants' adjustment to their new environment. The therapy sessions aimed to address these underlying issues in order to facilitate a smoother transition and improve overall well-being.

"I was diagnosed with PTSD more formally alongside ADHD (Abdullah, 18)."

Abdullah reported his trauma to be multi-layered "I think every time I've been to a therapist, it's been to deal with severe panic attacks. Moreover, often, that opens like a can of worms, if you like, because there are so many layers to the trauma, it's been a work that has been ongoing for over a decade (Abdullah, 108)."

" That is when I sought a particular therapist who is more solution focused. (Zain, 89)"

Participants also reported sleeping excessively during intermittent angry outbursts, possibly indicating disrupted sleep patterns.

"I was sleeping a lot during my intermittent, angry outbursts - I thought I was not being chirpy enough" (Juniad, 120).

On the other hand, the participant complained about not getting proper sleep and rest:

"We are getting sick of it. Also, we work without sleeping, without resting, because worrying about our daughter, what she was going through." (Faisal, 205)

The participants expressed frustration with their lack of proper sleep and rest, attributing it to worrying about their daughter's well-being. This suggests a significant impact on their mental and physical health due to the ongoing stress. Sleep disturbances were reported with episodes of exhaustion, a preference to stay in bed, and sudden bursts of energy accompanied by a sense of claustrophobia.

"I felt having very strange, unexpected shots of energy, compounded with a sense of claustrophobia that made me leave the house" (Saad, 125-130).

One of the participants frequently reported mood swings with sudden and intense changes in emotional states, such as screaming in the house, accompanied by episodes of anger or outbursts of anger, suggesting difficulties with anger management.

"My daughter had begun to complain about my screaming in the house." (IMRAN: 130)

One of the participants expressed that he contemplated ending his life, indicating a profound level of distress and hopelessness:

"To be honest, there was this one day I thought, you know, I should just leave this, you know, this world and, you know, just put an end to it, you know" (FAISAL: 145-148).

Another central theme related to mental health problems was panic attacks. Participants reported that upon arriving in Canada from Pakistan, they experienced extreme panic attacks. These panic attacks were often triggered by feelings of isolation and uncertainty in their new environment. Seeking help from mental health professionals was crucial in addressing these challenges and improving their overall well-being. Seeking mental health support during these episodes was vital to developing coping mechanisms and to managing the frequency and intensity of panic attacks.

“When I came from Pakistan to Canada for the first time, and this is when I was having extreme panic attacks" (ABULLAH: 10-15)

“So, I think that, when I kind of seek support, mental health support, whether it's emotional or otherwise, it's usually at a time when I find myself at a limit. And often this happens when I'm experiencing severe panic attacks.” (ABULLAH: 40-42)

“And sometimes, it becomes, in kind of more stressful times, what happens is that they kind of last longer than 3 or 5 hours, and that's where my energy becomes completely depleted.”. (ABULLAH: 18-20)

Another theme that affected the mental health of Pakistani-Canadian participants included in this study was intrusive negative thoughts that were persistent and distressing. Negative thoughts caused participants to feel self-critical and pessimistic, contributing to unhappiness and hopelessness. These thoughts often played a significant role in exacerbating depressive and anxious feelings and perpetuated a cycle of negative emotions, impacting participants’ self-esteem and overall mental state.

“It was like drinking, not being happy, just the thought, thoughts of like, bad thoughts, going through my head.” (SHAHID: 75)

Participants mentioned experiencing feelings of anxiety and depression. Depression involves persistent sadness, loss of interest, low energy, changes in sleep patterns, and difficulty concentrating. Conversely, anxiety is characterized by excessive worry, restlessness, and unease (Dan et al., 2020). These symptoms can significantly impact an individual's self-esteem and overall mental state, leading to a cycle of negative emotions. It is important for individuals experiencing these feelings to seek support and professional help in order to improve their well-being. These conditions often coexisted,

and their symptoms reinforced each other. Participants explained that anxiety resurfaced during stressful times, leading to a feeling of being different from their usual impression of themselves. It also led to excessive and persistent worry, fear, and heightened physiological responses. It was their stressful life events triggering or exacerbating the anxiety symptoms.

“I wasn't feeling like myself, and anxiety started rising again with the stresses of life.”

(ZUHAIB: 45-50)

“I start having my anxiety or feeling depressed.” (ZUHAIB: 125)

Theme 2: Mental Health and Therapy-Seeking Behaviours

The study examines five individuals who sought professional therapy for emotional and mental challenges, either independently or or at the urgence of family or friends. The participants realized the benefits of sharing emotions and receiving professional advice . The study highlights the significance of a strong therapeutic relationship for individuals seeking help with issues like anger, existential crisis, identity anxiety, and stress. The experience of therapeutic intervention varied for each participant, with some feeling uncomfortable and disconnected from the therapist. The study also highlights the need to find a therapist who is the right fit for an individual's specific needs and preferences. Collaboration between medical and mental health professionals is also crucial. One participant used online resources to manage stress, emphasizing the importance of seeking help to address mental health needs and improve overall well-being. The study highlights the necessity for supportive and reliable therapeutic relationships to facilitate the successful treatment of emotional issues in Pakistani-Canadians

Moreover, participants were encouraged to seek treatment by their spouses, with two respondents highlighting the role of their partners in their decision to seek professional assistance. Abdullah and Mustafa gave their wives credit for starting them on the path to mental health care. In order to handle relationship issues cooperatively, Abdullah's wife not only recommended treatment but actually attended sessions with him:

"My wife and I decided we should go for counselling" (Abdullah, 45).

In order to promote therapy for the sake of both individual and relational well-being, Mustafa's wife actively sought out a therapist and offered personal assistance, demonstrating the profound commitment that partners may make. This teamwork, especially in the form of combined therapy sessions, emphasises how important spousal support is for mental health treatment.

Imran's journey to treatment started when his symptoms were recognised by medical authorities, who, after ruling out physical illnesses, recommended that he see a therapist. The significance of integrated treatment in tackling mental health issues is evident in this medical collaboration. Imran's mental health journey was sparked by the referral, which highlighted the importance of doctors' roles in recognising psychological issues:

"The third doctor basically said that I was experiencing extreme panic attacks and they suggested that I need to go to a therapist." (Imran, 15-20).

Furthermore, some participants discovered treatment through self-discovery; one participant used internet resources to research stress-reduction strategies prior to consulting a professional. Junaid played a proactive role in his search for intervention,

providing an example of the way individuals can be engaged in the process of finding the best possible care for their particular needs.

"I started seeking some help, you know, some with a professional help with a shrink"

(Junaid, 105).

Influence of Social Support on Seeking Therapy and Well-Being

Six participants reported the importance of seeking support from friends, family, and friends when seeking therapy for emotional issues. By focusing on the positive outcomes of therapy, they could better navigate their own struggles and improve their overall well-being. The theme of the impact of family on this therapeutic process was explored through the experiences and emotions of five Pakistani-Canadian men who sought therapy for their emotional struggles. The participants had mixed views on the effectiveness of therapy, with some finding specific sessions helpful and others finding specific approaches beneficial. Some participants experienced personal growth and positive changes resulting from therapy, such as adopting a more positive mindset, feeling relief from self-blame, and improving sleep, eating habits, and stress management. Others reported positive changes in their daily lives, such as maintaining a consistent gym routine and improved sleep. Mustafa, who had experienced a difficult time, found enjoyment in things again, indicating improvement in emotional well-being. Lastly, Mustafa experienced a positive transformation in his overall well-being, feeling relaxed and experiencing inner peace. The study highlights the importance of sharing emotions with someone who can guide and offer support in addressing emotional struggles.

One participant said that a pivotal moment occurred when a friend confronted him about his situation, prompting him to realize the need for support. His friend connected him with a psychotherapist in downtown Toronto, motivating him to seek therapy actively.

“A friend confronted me - I guess, it was much needed - this is when I decided to seek help- he connected me with a psychotherapist in Toronto downtown” (MUSTAFA, 50)

Another participant became motivated to seek therapy by observing positive outcomes in people around him who were already in therapy. A friend recommendation further encouraged him to consider trying it out.

“When I started talking more to people, they were in therapy, and how it helps them. I thought**,** I should give it a shot, like a friend recommended it, because she was in therapy for a while” (Zahid-15)

Zahid also mentioned that, in his mid-20s, he started to recognize the benefits of therapy as he engaged in more conversations with others who were undergoing therapy and experiencing its positive effects. He decided to try it, partly influenced by a friend's recommendation, as his friend had been in therapy for a significant period.

"I was in mid 20s, that's when I start realizing, when I started talking more to people, they were in therapy, and how it helps them. I thought, I should give it a shot, like a friend recommended, because she was in therapy for a while." (Zahid, 15-20)

Moreover, the participant mentioned his efforts to find a suitable therapist; he relied on the support and assistance of his family and friends to help him to this end.

“I always just asked, always just asked family or friends to help me find somebody.” (Zahid, 142-144)

In the end, this participant said he found contact information for a therapist; he took the initiative to call, set up an appointment, and book himself for therapy, displaying his commitment to addressing his emotional struggles and well-being.

"I called; they gave me their contact information. I reached out and I booked myself." (Zahid-150)

One of the participants mentioned that he realized the importance of sharing his emotions with someone who could guide him through his challenges and offer support, further motivating him to pursue therapy.

"I started to realize that there is perhaps a need to start sharing my emotional feelings with someone who could talk me through it and help me deal with whatever was going on emotionally, I think." (Zuhaib, 50)

Data from five participants provided insights into the thoughts, experiences, and emotions of these Pakistani-Canadian men. Participants shared mixed views on the effectiveness of therapy. Some mentioned that certain sessions were helpful, while others found specific approaches or strategies beneficial. Others discussed personal growth and positive changes resulting from therapy. Imran reported that some sessions did work for him, but the results needed to be more consistent. There were moments of progress and effectiveness, but there were also sessions that did not address his needs adequately.

"It did good, it did in few sessions, few sessions worked, few did not work." (IMRAN, 157-158)

Imran also stated that he found sessions beneficial, although, at times, they made him feel uncomfortable.

“And so, these kinds of approaches I found to be very beneficial, sometimes uncomfortable, I think.” (IMRAN, 307-309)

Mustafa started to think positively. He had consciously adopted a more positive mindset, possibly as a coping mechanism or as part of his personal growth and self-improvement journey. This change in mindset positively impacted his overall well-being and outlook on life.

“And I started getting these sleep and I was feeling better in my in my health all of a sudden. And I started to think positive..” (MUSTAFA, 280-282)

Junaid reported feeling relief after therapy, expressing that he had previously experienced self-blame due to his move to Canada, which he felt had been released, allowing him to move forward.

“I think it gave me a little bit of release like I was in a pressure cooker of like blaming everything on myself, didn't make the right decision coming to Canada”. (JUNAID, 275)

Saad and Faisal described a personal reflection on therapy:

"we decided to go for the counseling, and it did help." (Faisal, 230)

"My therapy provided me with a hand that pulled me out of a deep well - I think I’m out of the well but not yet out of the woods - It's a long drawn out process - but the good news is that I'm making decent progress" (Saad, 530)

Two more participants reported positive changes in their daily lives, such as improved sleep, better eating habits, and an ability to handle stress more effectively after starting the therapy. Saad talked about his gym routine and how it had become established and consistent. He also mentioned that he was eating well again, indicating

that he had likely made positive changes to his diet, possibly to support his fitness goals or overall well-being.

“My gym routine had set in - and I was eating well again.” (SAAD, 450)

Mustafa shared his experience of a difficult time. He mentioned that during this period, he was constantly thinking, which could imply that his mind was preoccupied with various negative or overwhelming thoughts. As a result of this mental state, he lost his appetite, indicating that his emotional well-being might have been affecting his eating habits. However, he continued, there was a positive shift in his mental state. He mentioned that he started to gain interest, which suggested that he began to find enjoyment or motivation in things again. This shift could indicate improvement in emotional well-being, potentially leading to a healthier mindset and a better relationship with food and overall interests.

“I was constantly thinking, you know, and not to mention I lost my appetite. I lost interest in everything. And I started to gain interest.” (MUSTAFA, 265-267)

Moreover, Mustafa described a positive transformation in his overall well-being. He expressed feeling very relaxed in his mind and body, suggesting a sense of calmness and inner peace. This relaxation may indicate a reduction in stress, anxiety, or other mental burdens that he might have been experiencing. Furthermore, he mentioned that this positive change directly impacted his sleep quality. He started having a good night's sleep. This improvement in sleep patterns was often a positive indicator of better mental and emotional health.

“I started feeling very, you know, relaxed in my mind, in my body. I started having good night's sleep.” (MUSTAFA, 260-26)

Theme 3: Experiences with Therapy and Therapeutic Relationships

Varied Therapeutic Experiences and Personal Growth

Participants described a wide range of therapeutic experiences; some found immediate relief while others struggled to connect with their therapists. Imran, for instance, noted that some sessions were beneficial while others did not meet his needs, illustrating the complex and individualized nature of therapy. In contrast, Saad and Mustafa shared reports of significant personal growth, describing improvements in their overall well-being, eating habits, and sleep patterns. Mustafa highlighted the transformative power of a strong therapeutic relationship:

"I started feeling very, you know, relaxed in my mind, in my body. I started having good night's sleep." (Mustafa, 260-265)

Family members, particularly mothers and spouses, played a critical role in encouraging participants to seek therapy. However, not all referrals led to positive outcomes. Zain, for example, sought therapy through a doctor recommended by his mother but struggled to connect with the therapist:

"Mom knew something was wrong, but I wasn't saying what happened. So, I basically said that I wanted to talk to someone and then she connected me with a doctor, who happened to be doing mental health counselling, but when I went to meet her, I didn't feel comfortable. I just didn't feel like I was connecting with her." (Zain, 15-20)

Similarly, Faisal's mother referred him to a therapist in Pakistan, who was also a relative. He found the experience unhelpful and ultimately sought therapy elsewhere:

"First person in Pakistan then, was not necessarily right for me, for a variety of reasons. It was someone my mother had recommended; it was a relative as well." (Faisal, 75-78)

In contrast, other participants actively sought therapy across different regions, demonstrating a commitment to improving their well-being. Faisal, for instance, pursued therapy in Pakistan, Finland, and Canada, highlighting the global nature of his search for effective support:

"I've worked with therapists for long durations, in Pakistan, in Finland, and in Canada." (Faisal, 30)

Support from a spouse was also a significant factor in long-term therapy engagement. Two participants credited their wives for encouraging and participating in their mental health journeys. Abdullah described his wife's proactive approach to seeking therapy for their relationship:

"My wife and I decided we should go for counselling." (Abdullah, 45)

"It was actually my wife's idea." (Abdullah, 51)

Similarly, Mustafa shared how his wife took an active role in ensuring he sought professional help:

"My wife insisted—she offered to find me a shrink—to take me there herself." (Mustafa, 240)

Some participants accessed therapy through medical referrals, underscoring the collaboration between healthcare and mental health professionals. Imran, for instance, sought medical help for his distress before being directed to therapy:

"I decided to go to the doctor to figure out what was going on, and the first few doctors could not identify what I was experiencing. Then the third doctor basically said that I was experiencing extreme panic attacks and suggested that I need to go to a therapist." (Imran, 15-20)

"I was referred to a therapist." (Imran, 40)

Beyond traditional referrals, participants also explored independent methods of seeking therapy. Junaid, for example, used online resources to understand his mental health needs before deciding to seek professional help:

"I was looking up on Google to find out ways to minimize stress levels, and I realized I needed a psychotherapist." (Junaid, 173-179)

"I started seeking some help, you know, some professional help with a shrink." (Junaid, 105)

These varied pathways into therapy highlight the complex and deeply personal nature of participants' mental health journeys. While some relied on family support, others sought professional guidance independently, or followed a traditional medical referral path, illustrating the diverse ways individuals engage with mental health treatment.

Navigating Therapeutic Approaches and Comfort Levels

Six participants emphasized the importance of a clear plan, comfort, validation, and a safe space for open discussion during the therapeutic process. Some therapists focused on specific topics, while others focused on general topics. The participants found that feeling comfortable and trusting the therapist was crucial for positive therapy experiences. They appreciated therapists who were non-judgmental, created a safe space for open discussion, and provided practical strategies for managing specific issues. The therapists also provided reassurance and support, helping participants identify triggers and personal and environmental factors contributing to their anxiety. In conclusion, the participants appreciated the therapists' ability to validate feelings, provide practical strategies, and offer reassurance and support.

Junaid and Zain mentioned that he did not feel judged by the therapist. It seemed to him that the therapist had heard similar stories before, and nothing he said was considered unusual or shocking.

“I didn't feel judged by him. To me, it seemed like he's heard all of this before and that nothing I was saying was so unusual.” (ZAIN, 135-137)

Junaid reflected on how he had not felt judged by the therapist in the past, especially regarding his sexuality. He felt that the therapy space was safe, allowing him to be open about his feelings and experiences related to his sexuality. He appreciated that the therapist did not impose his or her beliefs on him and that his or her personal views did not interfere with the therapeutic process.

“I think in the past it's just that I haven't felt judged in terms of my sexuality, in terms of all of that. I think I feel that it is a safe space like that, and I feel like this person isn't

trying to influence me or their beliefs are not influencing therapeutic processes."

(JUNAID, 372-378)

Moreover, Imran, Zahid, and Zain discussed the importance of finding a therapeutic approach that worked for them. They mentioned that specific sessions were more beneficial than others, indicating that not all therapeutic strategies or therapists were equally effective for their needs. Imran shared his thoughts on therapy and his experience with different therapists. He felt that many therapists would let him talk freely during sessions, allowing him to discuss things that felt important to him. However, he also mentioned that some therapists took a different approach by leading the sessions, focusing on specific topics like his father or other subjects. He found this approach interesting because it led him to talk about things he might not have discussed otherwise.

"I feel like a lot of therapists would let me talk. Some therapists, however, have taken in certain sessions the lead was let's talk about your father. Let's talk about so and so. And I think that's an interesting approach for me because there are things that I talk about usually, and then there are things that I don't." (IMRAN, 233-239)

Zahid viewed one therapist as more of a coach or a supportive guide for his emotional well-being rather than a traditional doctor. He saw this person as someone who would help him navigate his emotional challenges and support his growth.

"I looked at him as a coach and a guy that'll help me instead of like a good doctor or something. This is my coach that will help me and my emotional health." (ZAHID, 365)

Zain mentioned that he would ask the therapist about common experiences or feelings during therapy sessions to make the discussions more natural. He sought

reassurance and validation to feel more at ease and understood during the therapy process.

"I would ask if certain things were common or not common to make things feel a little more natural." (ZAIN, 155-156)

A significant factor in positive therapy experiences was feeling comfortable and trusting the therapist. Faisal, Mustafa, and Shahid appreciated therapists who were non-judgmental and created a safe space where they could openly discuss their thoughts and feelings. Faisal mentioned that they (presumably counsellors or therapists) were comforting him and others, and they had a plan to support their well-being. They advised him to go to bed on time and get six to eight hours of sleep. They reassured him not to worry and that things would work out.

"They were comforting us, and they had a plan……. You go to bed in time. Try to sleep. We try to have good six to eight hours sleep. Don't worry, things will happen." (FAISAL, 230-233)

Mustafa shared that a specific person, possibly a therapist, made him feel so comfortable that he was able to start talking openly about his thoughts and feelings.

"She made me so comfortable that I was able to start talking." (MUSTAFA, 427)

Shahid described his experience in the past as good and welcoming, possibly referring to a therapeutic environment or a support group where he felt accepted and at ease.

"It was good and welcoming." (SHAHID, 180)

Therapists who validated feelings and experiences were seen as helpful by Imran and Shahid. Having feelings heard and understood contributed to a positive therapeutic

relationship. Imran mentioned that she (presumably a therapist or counsellor) would validate his feelings, thoughts, and experiences, and this validation was helpful for him at that time. He appreciated having someone who acknowledged and confirmed his emotions, which likely made him feel understood and supported during challenging moments.

“She would validate that. And that's also been helpful at that time.” (IMRAN, 263)

Shahid expressed the importance of receiving reassurance from the therapist in the past. This reassurance involved affirming that certain things were not his fault and that some circumstances or events were not in his control. Additionally, the therapist encouraged him not to give up and to persevere through challenges. This support likely helped boost his confidence and resilience.

“It's very important. It reassures. That’s not your fault. Certain things are not meant for you. or just stay at it. Don't quit.” (SHAHID, 206-209)

Shahid revealed that he found talking to the therapist and receiving text messages from her to be beneficial. He appreciated her presence and support and did not expect to encounter someone like her. This suggests that her presence in his life, whether during therapy sessions or through communication, positively and unexpectedly impacted him.

“I sometimes like talking to her, having text from her. I didn't think people like her were around.” (SHAHID, 295)

Imran found value in therapists who provided practical strategies for managing specific issues, such as time management, procrastination, or dealing with panic attacks. Junaid described how the therapist supported him during panic attacks. He mentioned that he would have panic attacks, and the therapist would go through his day, minute by

minute, examining every aspect to help identify the triggers or factors contributing to the panic attacks. He appreciated that the therapist took such a detailed approach to understanding the underlying causes of his anxiety. Moreover, during their sessions in the past, the therapist would identify certain activities or tasks that left him feeling exhausted. In response, he mentioned that the therapist advised him not to engage in those specific activities or tasks which were his triggers. This likely helped him manage his panic attacks and emotional improve his well-being.

"If I was having panic attacks, she literally went through my day, minute by minute, every aspect, to kind of help identify what aspects that were happening. If there were things that I was doing in the day and then was being left exhausted, to not do a certain work that I wanted to do." (JUNAID, 286-289)

Imran mentioned that in the past, the therapist helped him address his struggles with procrastination. When he found it challenging to complete a paper, the therapist would work with him to map out his day. By providing structure and guidance on approaching the task, the therapist supported him in overcoming procrastination and finding a more manageable way to tackle his academic responsibilities.

"We could look at procrastinating. If I'm not able to do a paper, she would help me map out my day." (IMRAN, 285)

Two participants mentioned that therapy allowed them to see different perspectives and challenge their thoughts and beliefs. Zahid mentioned that he started seeing both points of view. He had learned to consider and understand different perspectives on some issues. This suggests that he had developed a more open and

balanced approach to analyzing situations or issues, allowing him to broaden his understanding of various viewpoints.

"I started seeing both points of views." (ZAHID, 317)

Zain reflected on how someone having challenged his thoughts had benefited him in the past. His therapist engaged him in discussions that prompted him to rethink and evaluate his beliefs and assumptions. By being challenged, he gained more profound insights into his thinking patterns and had the opportunity to refine his perspectives.

"I think it benefited me to have someone challenge my thoughts." (ZAIN, 185)

Personal Growth and Healing from Past Trauma

Therapy has proven to be a powerful tool for personal growth and trauma healing, according to four participants. The participants reported improvements in self-awareness, emotional connection, and comfort during intimate encounters. Therapy helped them become more present, and experience greater emotional safety and connection. Overall, participants felt that therapy promoted a more profound relationship with themselves and enhanced their understanding of their thoughts, behaviours, and relationships.

Zahid expressed his efforts to explore and understand more about himself. He mentioned that self-awareness became a significant focus, suggesting that he actively engaged in introspection and self-reflection to better understand his thoughts, emotions, and behaviours. Self-awareness can lead to personal growth and a deeper connection with oneself.

"I tried to determine more stuff. And like, self-awareness was the big thing." (ZAHID, 298)

In addition to this, Imran discussed a specific approach that helped him open up and delve into his relationship with his father. He mentioned that if someone provided him with a direction or topic to discuss, it prompted him to open up more quickly. During those discussions, he discovered good aspects of his relationship with his father. Additionally, he mentioned the realization that certain aspects of this relationship might have been unresolved or unprocessed, indicating that there were underlying emotions or issues that he had not fully addressed in the past.

"If you give me a direction, I will start talking about it and they will start opening up. And usually when that happens, it has revealed an interesting aspect about my relationship with my father, and even the realization that it is unprocessed." (IMRAN, 243-246)

In addition to self-growth, another participant, Zain discussed how therapy helped him heal from past traumas and improve his emotional well-being, leading to positive changes in various aspects of his life. He described a change in his emotional state. He mentioned that he did not feel so numb or experience a zoning-out after the therapy. This suggested that he had made progress in dealing with emotional disconnection or dissociation, and he was then more present and engaged in his experiences.

"I didn't feel so numb or zoning out kind of thing." (ZAIN, 212)

In addition to this, another participant, Shahid talked about his improved comfort level during sexual experience experiences. He stated that sex was more comfortable for him, and he did not zone out during those intimate moments. He expressed that he could relax and not be triggered to return to memories of past abuse. This indicated a positive development, as he was able to be more fully present and experience greater emotional safety and connection during intimate encounters.

“Sex is more comfortable for me now, I don't zone out, like, it is much easier for me to be relaxed and not zone back to when I was abused.” (Shahid, 250)

The Role of Emotional Expression in Therapy

This theme highlights the importance of emotional and mental health in overall well-being. Five participants shared their experiences with therapy, highlighting its positive impact on their emotional well-being, resilience, and problem-solving skills. Therapy helped them manage stress, release emotional burdens, and approach problems pragmatically. Prioritizing problems that can be overcome, rather than those beyond one's control, improved their emotional management and overall resilience. The study underscores the significance of emotional and mental health in a stable life, with Saad's journey from feeling lost to realizing that life is worth living, despite struggles and failures, a prime example of this impact. This transformational process of regaining a sense of purpose and hope for the future is a testament to the life-changing power of therapy.

“It was essentially a journey from the sensation of ‘losing all control' of my life - back to a realization that life was definitely worth a try - worth living for - worth the struggles and worth all its failures.” (SAAD, 460-465)

Shahid expressed how much he had been helped him in the past when somebody wanted to talk to him. He used to feel like nobody in Toronto wanted to interact with him and that he was somehow seen as a failure. However, the positive interactions with his therapist provided him with much-needed support and helped change his perspective about his social worth.

“It helped me a lot. It just helped me a lot because somebody wants to talk to me. I thought, nobody wants to talk to me in Toronto, and I'm some kind of loser or something like that. So, it just really helped me that there are positive people.” (SHAHID, 160-165)

Zahid acknowledged that emotional and mental health is crucial for living a stable life. This indicates his recognition of the significance of caring for his mental and emotional well-being to achieve overall stability.

“Emotional and mentalhealth is really important to live a stable life.” (ZAHID, 423)

He further mentioned that he felt calmer, more relaxed, and better equipped to handle challenges than in the past. This suggests that therapy positively impacted his ability to manage stress and emotions.

"I think I am calmer. I get calm. I can relax a little. I can handle a lot better." (ZAHID, 531-533)

Mustafa described how therapy helped him release emotional burdens and let go of the "rock" he felt inside. He found the experience fruitful and helpful in overcoming difficulties and approaching problems pragmatically.

"I do not feel that rock inside me anymore. Yeah. It was like I was holding back lots of things naturally because if there is nobody out there to speak or I can discuss openly. I can speak with, or I can discuss, you know, and I don't know, God knows, whatever the magic these people do. But my shrink I don't know a psychologist or psychiatrist, she helped me with these kinds of things, and it was very, very fruitful." (MUSTAFA, 380-390)

He further reflected on how therapy in the past helped him discover an inner strength that enabled him to face problems and find solutions. This newfound strength allowed him to approach challenges with a more practical mindset.

“This is some inner strength that has enabled me inside to overcome, you know, and pragmatically approach the problems and to find out the solutions that actually was not able to I don't know, some magic happened because it's the same mind that I have right now as I had before.” (MUSTAFA, 350-355)

Imran mentioned that he had to prioritize the problems he could overcome rather than fixating on those beyond his control. This indicates a shift in his problem-solving approach, focusing on actionable solutions and managing his expectations.

“I have to first figure out the problems that I can overcome rather than, you know, things that are in my control.” (Imran, 325)

Theme 4: Systemic and Structural Barriers in Mental Health Care

Addressing the challenges and intricacies of the mental health care system underscored the importance of funding to guarantee that individuals in need can access effective and supportive care.

Barriers to Culturally Competent and Accessible Mental Health Care.

Shahid emphasized the significance of trust and finding someone with whom he can openly communicate. He mentioned that he had trusted numerous people in his life but had been let down by them, likely leading to difficulties in forming new trusting

relationships. However, he expressed that his therapist stands out as someone he could rely on and confide in.

"she seems like someone that you can trust and talk to. I have trusted many people in my life, and they keep on screwing me over. So, this was important." (SHAHID, 367)

Zahid provided insights into the therapeutic approach he experienced with his therapist. He mentioned that female therapists exhibited a more calm and nurturing approach during sessions. This suggests that he appreciated a gentle and supportive style of therapy. Furthermore, Zahid highlighted that the therapist he worked with encouraged him to find answers and solutions through conversation. The therapist's approach appears facilitative, guiding individuals to explore their thoughts and feelings and reach conclusions.

“The female therapist was more calm, more nurturing approach.” (ZAHID, 175)

“They will just talk, and they'll help you come up with your own answers, like, what you need to do.” (ZAHID, 185)

Zahid also mentioned that male therapists may adopt a "straight shooter" approach. This suggested that male therapists might be more direct and assertive in their communication style during therapy sessions. Moreover, Zahid describes the therapeutic dynamic with male therapists as a "masculine man-to-man kind of thing." This may refer to an interaction style with a sense of understanding and camaraderie based on shared gender identity.

“This is why they'll just be straight shooters', right? And said, 'Okay, you need to sort this out' 180 male it is like a masculine man-to-man kind of thing rather than just being embarrassed" (ZAHID, 195)

Zahid also believed that male therapists might be more understanding about specific experiences because they share a similar gender identity. He suggested that male therapists might have gone through or dealt with similar issues, leading to increased empathy and relatability.

“I think men will be more understanding about certain things you do because they are men, and they might have done something similar.” (ZAHID, 200)

Zain highlighted the significance of funding for mental health care, especially for accessing therapy or support groups. He mentioned waiting for funding, which suggests he was seeking mental health support or therapy through a program that relies on financial assistance or funding for him as a client. Obtaining funding seemed particularly challenging for him, indicating there might be limitations or bureaucratic hurdles in securing financial support for mental health services.

“I waited for a funded group, so, to get funding I think was more challenging.” (ZAIN, 95-98)

Zuhaib also reinforced the significance of having funding available for mental health initiatives. He expressed his belief that it is essential that mental health programs have adequate funding in place.

"I think it is important to have funding". (ZUHAIB, 200)

Zain also reflected on the extended waiting period he endured while trying to access mental health services via funding. He recalled feeling like he waited for six to eight months.

“I feel like it was like, 6, 8 months or something. I felt like it was a long time.” (ZAIN, 103-105).

Theme 5 - Broader Reflections on Identity, Masculinity, and Meaning

The accounts of the participants show how their experiences with trauma have influenced their emotional and psychological health in very specific and distinctive ways. Their stories reveal the interaction of family relationships, cultural norms, prior traumas, and the diverse paths to self-awareness and assistance. Each narrative is a potent illustration of the continuous challenge of negotiating complicated familial ties, dealing with unresolved emotional anguish, and defying social standards in the name of personal recovery.

Emotional Breaking Points and the Lingering Impact of Trauma

Participants described reaching their emotional limits and feeling overwhelmed by unresolved trauma and life's pressures. Many struggled with childhood neglect, family conflict, and the burden of unprocessed emotions. These past experiences often resurfaced in adulthood, influencing their mental health and coping mechanisms.

"I find myself at a limit." (Abdullah)

"It has been a long journey." (Abdullah)

Several participants traced their emotional distress back to childhood experiences of neglect or instability. For example, Junaid described the pressure of being the eldest child in a home affected by divorce, while Imran recalled how witnessing a frightened child triggered his own memories of fear.

"Because I was the eldest child, I was always responsible for everybody around the house." (Junaid)

"The child was traumatized and afraid of parents, like I was as a child." (Imran)

The constant strain stemming from memories left some participants in a heightened state of stress, with Imran describing his body as being stuck in "fight or flight" mode. These experiences underscore how unresolved childhood trauma continues to shape emotional responses in adulthood.

Seeking Help: Barriers and Personal Realizations

While many participants recognized their struggles, seeking help was often accompanied by fear, hesitation, and cultural stigma. The decision to seek mental health support was described as both necessary and overwhelming, influenced by personal experiences and cultural perceptions of vulnerability.

"When I seek mental health support, it's usually at a time when I find myself at a limit." (Imran)

"I need help because I can't function like this." (Zain)

For some, therapy provided an opportunity to express emotions freely, despite initial reluctance. Junaid emphasized his desire for a space to speak openly without fear of judgment.

"I just want to go and tell you everything and not worry about it... I'm not crazy. That's the truth." (Junaid)

At the same time, participants noted a lack of awareness about mental health within the Pakistani-Canadian community, making it harder to seek support.

"You know, I never realized that this thing ever existed." (Mustafa)

Meaning, Cultural Identity, and Existential Concerns

This theme highlights the tension between cultural expectations, masculinity, and personal identity. Participants reflected on how societal and familial pressures shaped their self-perception, often suppressing emotions to conform to rigid definitions of masculinity. Many questioned their role in their struggles, their purpose, and how their upbringing influenced their sense of belonging.

Zahid described feeling pressured to give the impression of strength and show little emotion, which conflicted with his inner self.

"Sometimes a man's supposed to act a certain way—be strong, less emotional—and I was feeling embarrassed." (Zahid)

Similarly, Zuhaib pointed to the fragility of masculinity in Pakistani culture, noting that men often refuse to acknowledge their vulnerabilities.

"The biggest issue in our culture is the men, who have such fragile egos, but are not willing to admit it." (Zuhaib)

While some participants felt constrained by cultural expectations, others sought independence and self-expression. Junaid, for example, described the freedom that comes with being self-reliant.

"Independence is such a beautiful thing—to be independent, to have freedom." (Junaid)

For others, their mental health struggles were closely linked to existential concerns, such as finding meaning in life and questioning their role in their own suffering. Saad expressed uncertainty about whether he was contributing to his own hardships.

"Life is a bitch—I concur—but was I really adding to the miseries that life brings?"

(Saad)

Participants also reflected on the influence of cultural and religious identity on their sense of belonging. Zuhaib, for instance, described how his family's evolving religious beliefs shaped his worldview, wondering whether a stronger religious foundation might have provided him with a greater sense of community.

"It would have been better if you raised us super religious because at least we would have had that sense of belonging." (Zuhaib)

Meanwhile, Junaid emphasized his preference for confidential, informal discussions as a means of processing his thoughts, highlighting a desire for alternative approaches to therapy.

"I would rather be on a phone call with somebody, where there's no recording, and I can just sit and blab." (Junaid)

Summary of Key Findings

This section presented the key findings in response to the research question: How do first-generation Pakistani-Canadian men experience and navigate mental health therapy? Through thematic analysis, five major themes were identified, reflecting participants' struggles with dual identity, social isolation, emotional suppression, barriers to mental health services, and broader reflections on masculinity and meaning.

Discussion

This study sought to answer the question: How do first-generation Pakistani-Canadian men experience and navigate mental health therapy? The findings reveal that participants encounter significant emotional and cultural barriers, including stigma, challenges in accessing therapists who practice cultural humility, and internal conflicts related to masculinity and vulnerability. These insights highlight the importance of improving culturally relevant mental health services and fostering open discussions about therapy within the Pakistani Canadian community.

This study explored the multifaceted challenges encountered by first-generation Pakistani-Canadian men, shedding light on themes such as unemployment, financial strain, guilt, regret, cultural disconnect, and emotional drift. These individuals navigate the complexities of dual identity, grappling with internal conflict and existential questioning as they strive to reconcile their Pakistani heritage with Canadian societal expectations. Marital strains and social isolation further compound their struggles, leading to feelings of isolation and the questioning of life's purpose. Coping mechanisms like emotional numbness and suppression exacerbate their challenges, contributing to mental health issues like depression, anxiety, and PTSD. The narratives delve into their efforts to seek therapy, influenced by various factors such as family, friends, and medical professionals. While some participants find therapy beneficial for personal growth and healing, others express reservations about its effectiveness. Nevertheless, a common emphasis is placed on the importance of the therapeutic relationship and emotional expression in addressing individuals' emotional struggles and well-being. The study highlights the intricacies of navigating the mental health care system, emphasizing challenges in accurate diagnoses, access barriers, and the need for culturally relevant and specialized

therapy. Throughout their narratives, participants in this study reflect on their experiences of trauma, cultural identity, and existential contemplations, underscoring the significance of addressing mental health concerns and seeking support within the context of specific cultural backgrounds and personal journeys. Overall, the study offers a nuanced exploration of personal challenges, cultural influences, and the quest for mental well-being and self-understanding among first-generation Pakistani-Canadian men.

Participants reported that they experienced social isolation, invisibility, and rejection in social interactions. This led to a profound sense of alienation and disconnection from their community. A lack of companionship and support further amplified feelings of loneliness and detachment. The participants' introspection suggested a potential erosion of social skills or confidence, as they contemplated the art of meaningful conversation. Immigration-related problems, like finding work, a place to live, and social support networks are probably a contributing factor to immigrants' deteriorating mental health (Dunn and Dyck, 2000). People can overcome obstacles and protect their mental health problems with the help of social support, which is defined as "the subjective perception that help is available when needed and that one is valued by others" (Puyat, 2013, p. 598). According to Lou and Beaujot's 2005 study, immigrants report having fewer close friends and family members than Canadian-born people, and their self-perceived mental health is more strongly influenced by their levels of social support. According to the authors, "acculturative stress," which is brought on when immigrants feel cut off from opportunities in their new country as well as from their family and ethnic group, is what led to these findings. According to a related study, immigrants with low social support are more likely to report mental disorders than those with moderate

or high support, with recent immigrants showing the strongest correlation (Puyat, 2013). The study contends that immigrants' mental health may suffer because of a lack of social support. It emphasizes the significance of offering sufficient social support systems to aid immigrants in navigating the difficulties of acculturation to lower their risk of developing mental illnesses. The study revealed that as the population of the study adapted to Canadian society, they experienced emotional drift and marital strains, leading to conflicts over cultural differences. Social isolation exacerbated their challenges, leading to feelings of disconnection and a reassessment of their life's purpose.

Moreover, participants reported a profound impact from unemployment, which caused financial strain, emotional stress, and disillusionment. Junaid's account highlighted the frustration and helplessness experienced in the job search, while Mustafa's experience emphasized the challenges resulting from the divergence between qualifications and job demands. Their narratives underscore the need for support and resources to address these challenges. This sense of pressure contributes to the overall stress levels of Pakistani-Canadian men, aligning with literature. For example, Aycan and Berry (1996) reported that immigrants typically have lower employment rates in Canada at levels for which their education and training have prepared them. Asian immigrant families often lose their previous careers or professions and are forced to accept low-paying jobs (Espiritu, 1999).

Adverse job-related circumstances like status loss, discrimination, unemployment, and underemployment have a detrimental effect on both psychological wellbeing and Canadian adaptation (Aroian, Norris, Patsdaughter, & Tran, 1998). According to a review of the literature on migration and well-being, sociodemographic and acculturation-related

factors (such as age, gender, education, income, length of stay in the host country, reasons for migration, similarity between the host and the original country, and willingness to migrate) influence how happy or distressed immigrants are (Andrews & Withey, 1976; Diener, 1984; Mehta, 1998; Simich, Hamilton, & Baya, 2006). Research suggests that non-demographic traits, particularly personality traits like sense of coherence (Antonovsky, 1987), resilience (Costa & McCrae, 1980), and coping mechanisms or styles, may also be significant (Folkman & Lazarus, 1988). However, little is known about their relative significance or how significant they are in relation to demographic factors. Research is needed to understand how personal characteristics, such as sense of coherence, coping mechanisms, and social support contribute to immigrants' success (Jibeen and Khalid, 2010). Understanding how individual traits affect immigrants' psychological health is essential to explaining their success. For instance, it has been found that a person's sense of coherence, which refers to his/her capacity to understand and deal with challenging situations, has a positive impact on general adjustment as immigrants (Jibeen and Khalid, 2010).

Another major issue which was reported by the participants was the complex emotional and relational challenges they face in navigating their identities and relationships. Zuhaib's narrative highlighted guilt and self-doubt, leading to anger and internal turmoil. Shahid's reflection on his feelings of loss and uncertainty, is likely due to the clash between cultural heritage and societal expectations. Saad's account highlighted the internal conflict he faced while reconciling Pakistani heritage with Canadian societal norms. Suphanchaimat et al. (2015) described individuals with internal conflicts as having a complex and difficult emotional dynamic due to emotional distance, strained

relationships with their parents, and the weight of guilt. Moreover, the clash between Pakistani cultural expectations and Canadian cultural norms creates challenges in relationships as individuals navigate feelings of identity loss, confusion, or a desire to preserve their cultural heritage (Weber et al., 2017).

Zain's experience portrayed emotional drift and marital strains, as he expressed, "Wife and I were drifting apart - our fortunes and our bond getting stretched by the month" (Zain, 45). He further revealed the intensity of his emotional turmoil, stating, "She was planning to leave me - Things were spinning around me faster than I could fathom" (Zain, 145), while also observing the emotional state of those around him, "Everyone around me is so emotional, so crazy" (Zain, 60-61). Partners and family members have different levels of acculturation, leading to potential conflicts in understanding and acceptance (Kuo, 2014). The conflict between Pakistani cultural norms and Canadian cultural expectations leads to difficulties in relationships, with external pressures affecting the bond between husbands and wives and creating a sense of emotional upheaval and confusion (Kuo, 2014). These challenges can manifest in various ways, such as disagreements over gender roles, expectations around marriage and family dynamics, or even conflicts regarding religious practices (Kuo, 2014). Additionally, the lack of support from social networks or communities can further exacerbate the emotional turmoil experienced by individuals in these relationships. Ultimately, finding a balance between preserving cultural heritage and embracing Canadian cultural norms becomes crucial for fostering healthy and fulfilling relationships (Gall et al., 2021).

For the participants, living in Canada as a Canadian-Pakistani immigrant frequently involved a struggle to reconcile their cultural heritage with the expectations of Canadian society. Saad's account of feeling bifurcated highlights the internal conflict he experienced as he reconciled his Pakistani heritage with Canadian societal norms. He articulated, "I was splitting into two" (Saad, 105), revealing the struggle of maintaining dual identities. Identity can be a complex and multifaceted aspect of an individual's life. A search is made for a harmonious fusion of Pakistani roots and new Canadian identity because of this balancing act, which raises questions about language, traditions, and values (Robinson, 2009). This problem arises when people attempt to live up to the standards of both cultures while frequently experiencing internal conflict. Identity crises can also be caused by existential problems, such as losing meaning in life. These existential problems can stem from various factors, such as a lack of fulfilment in one's career or personal relationships. When individuals feel disconnected from their purpose or struggle to find meaning, it can lead to a crisis of identity (H.M., 2012). Societal pressures and expectations can further complicate the search for identity, as individuals may feel compelled to conform to certain norms or ideals that may not align with their true selves (H.M., 2012).

Participants shared experiences of social isolation. As Shahid said, "If I meet a person, they always ignore me" (Shahid, 36-41), expressing a sense of neglect and exclusion. Additionally, Saad articulated his struggle with forming connections, saying, "Every time I move to Toronto, I can't make any friends. I always have negativity." He also reflected upon his lack of meaningful conversations, stating, "No one was there to listen - or had I forgotten the art of conversation" (Saad, 201-205). People find it more difficult

to obtain the necessary emotional support when they are socially isolated and have no supportive networks. According to research, social scientists have long hypothesized that a person's social environment promotes mental health (Wechsler & Pugh, 1967). (Pickett & Wilkinson, 2008). The wellbeing of immigrant groups may be supported by similarity and identification with one's social environment (such as speaking the same language, sharing similar cultural practices and values, or using the same services). Research suggests that a higher density of ethnic groups can reduce racism and discrimination in racialized communities, potentially enhancing mental health. (Bécares et al., 2009; Bennett et al., 2020). Immigrants in England reported less racism in areas with higher ethnic diversity, suggesting that racial discrimination may act as a mediator in the relationship between ethnic diversity and health (Das-Munshi et al., 2010; Shaw et al., 2012). According to Wilson et al. (2005), the accessibility of healthcare for Canadian immigrants is positively correlated with the presence of own-language physicians in neighbourhoods. Other health-related features, like doctors who speak participants' language, could lower barriers to medical comprehension (Deri, 2005; Leduc & Proulx, 2004). There are probably several interconnected psychosocial pathways related to density and ethno-cultural background that have an impact on the mental health of immigrant populations. Some contend that these environmental characteristics may be harmful to mental health in contrast to the presumptive psychosocial benefits of ethno-cultural density because of things like segregation from mainstream society, concentrated socioeconomic disadvantage, a feeling of isolation from the larger mainstream society, and/or so-called ghetto effects. Residents of immigrant, refugee, ethno-cultural or racialized group are overrepresented in poorer areas in the US, but this pattern is less

pronounced in Canada (Hou, 2006). Residential segregation of racialized groups is a context-specific phenomenon that differs between and even within countries. A prime example of this was how Jim Crow laws in the United States kept African Americans in a state of forced segregation until the mid-1960s (Williams & Collins, 2001). Qadeer & Kumar (2007) use Toronto as an example to demonstrate how local preferences can also affect the residential segregation or spatial distribution of specific cultural groups. Toronto is a highly multicultural metropolitan area in Canada. Recent decades have seen an increase in the number of immigrants settling in suburban areas of metropolitan areas (Walks & Maaranen, 2008), while there is little evidence of immigrant-formed ghetto neighbourhoods in Canada (i.e., an almost exclusive concentration of one racialized group; Walks & Bourne, 2006).

Shaw et al. (2012) conducted two meta-syntheses about the relationship between adult mental disorders and ethnocultural density. They found some indications of protective associations, with 39 out of 113 analyses showing evidence of protective associations, 71 showing no association, and 4 showing adverse associations. In a review of the relationships between adult mental health and ethno-cultural density, Bécares et al. conducted a meta-analysis on a sample of 12 articles. The study found protective relationships between ethno-cultural density and mental health in immigrant populations, with clear patterns in suicidality and psychoses, while common disorders showed mixed patterns.

Most of the participants in this study had important people in their lives, such as mothers, wives, and friends, refer them to therapy. They advised the participants to seek

professional assistance after realizing something was wrong. However, in some instances, having a therapist recommended by someone else prevented the participants from feeling at ease and connected during therapy, which made it difficult for them to fully open and share their struggles. Independently, some participants realized they needed support for their emotional and mental health problems. They made the decision to research stress management options online or with doctors. Some people came to this realization after seeing others who had received therapy achieve success or after speaking with those who had experienced therapy's positive effects.

The scientific literature on newcomers and mental health has identified families and parental involvement as protective factors, particularly for young adults who are experiencing stressful life transitions as they immigrate. Having a social support system has been linked to better well-being among immigrants and refugees (Wong et al., 2007). As such, immigrants may be more likely to use their social support network to cope with problems than seek professional support. Family support remains a dominant and important value in collectivist cultures such as Pakistan, as they can provide various types of support, including encouragement and emotional support, as well as informational support (Gyan et al., 2023). For instance, a study of refugees in Canada found that the information they received from settlement service providers and immigration officials was frequently incomplete and inaccurate, which forced the refugees to rely on other people who had gone through a similar situation. Another study with immigrants and refugees found that families and friends were the main sources of support for Somali and Chinese newcomers to Canada. Some even turned to informal sources due to the discrimination they experienced when seeking professional assistance. Given their shared experience

and understanding, immigrant and refugee youth may lean towards seeking support from more personal sources, such as their friends and family, to meet their needs, even though professional services may provide mental health wellbeing and informational support (Beiser et al., 2022).

The fact that some participants actively sought assistance in several different nations shows how much importance they placed on finding the ideal therapist and taking care of their personal and mental health issues. Finding the right therapist and inspiring participants to continue with therapy were matters in which participants were assisted by family and friends. Overall, this theme showed the variety of experiences and factors that led participants to seek medical attention for a range of emotional and mental health problems.

Eight participants talked about the impact of social isolation on mental health and emotional well-being. Migrating from Pakistan to Toronto, they faced challenges forming meaningful connections and friendships. The lack of a supportive community and social connections in a new country lead to feelings of isolation, loneliness, and low self-confidence. Participants also faced practical challenges related to their immigration and settlement in Canada, such as navigating complex systems without support. Social isolation was not just an internal experience but also affected their social functioning. The participants' experiences of their lived experiences highlight the need for support and understanding when navigating through the complexities of immigration and societal adjustment.

The data presented highlighted several themes and subthemes related to participants' experiences with mental health services. The complexities and challenges faced by participants' while navigating the mental health care system are evident, e.g., participants described situations in which their mental health conditions were given delayed or unclear diagnoses. Sometimes, medical experts were unable to determine the exact cause of the problems, leaving people seeking assistance with prolonged uncertainty and concern (Vakil et al., 2023). Participants of this study also stressed on 'Finding therapists who shared the cultural background and knowledge. Similarly, participants of Vakil et al., (2023) believed that a therapist's training and experience helped foster a deeper bond and understanding, but they also saw the drawbacks when therapists lacked the required credentials.

Long wait times for appointments and trouble obtaining services were among the participants' complaints about the mental health care system. Participants also expressed frustration with the lack of continuity of care and limited availability of specialized treatment options. These barriers often resulted in individuals feeling neglected and unsupported in their journey towards mental wellness. Another issue was the scarcity of mental health resources, which prevented people from getting the timely assistance they required. First-generation Pakistani immigrants inability to access healthcare services and medications in their host countries may be related to systemic issues in the healthcare system, including complicated admission processes, significant travel distances between the immigrants' homes and healthcare facilities, and protracted wait times (Henderson et al., 2013). Poor transportation options, high service costs due to a lack of health insurance coverage, and poor access and affordability all have a negative

impact on how often this population uses healthcare services. Even though they have health insurance coverage, Pakistani immigrants avoid seeking mental healthcare services due to higher cost and hard to access services, which contributes to their greater mistrust in it. To overcome the barriers to access and affordability, some first-generation immigrants compare the cost of medications with those in their home country before making a purchase, if the expense is out of pocket. They then choose to use traditional and alternative medicines that are more cost-effective than conventional medications (Henderson et al., 2013).

There has been evidence that one of the biggest obstacles to getting help is the stigma associated with mental illness. Participants described how this stigma caused them to feel alone and misunderstood by others, which made it difficult for them to talk about their problems and ask for help. According to the literature (Thompson et al. 2015; Tiwari and Wang 2008), immigrant and refugee youth underuse mental health services when compared to their Canadian-born peers. While many newcomers are willing to seek mental health services, my research suggested that many are also hesitant. Language barriers and discrimination could be some of the reasons for this hesitancy (Rossiter et al. 2015; Smith et al. 2022). Furthermore, the likelihood of receiving mental health support differs depending on culture, age, gender, and socioeconomic status (Thompson et al., 2015; Tiwari & Wang, 2008), which may also account for the differences in participants' responses when asked whether they would seek mental health support. For instance, the stigma attached to mental health issues can prevent immigrant women and/or seniors from seeking mental health support (Thompson et al. 2015). As a result, there may be a reluctance to ask for outside assistance, and consult with family and friends for support

instead. (Thompson et al. 2015). In addition to this the results Thompson et al., (2015) revealed that young immigrants and refugees preferred to rely on their families over outside assistance. For example, one of the participants of my study shared his experience of immense suffering due to the stigma surrounding mental health, and the limited availability of support. He believed that if mental health services were less stigmatized and more accessible, his struggles could have been significantly alleviated. The stigma surrounding mental health issues has made it difficult for him to openly discuss his struggles, fearing judgement from others. This isolation and lack of understanding have only added to his suffering. The limited availability of mental health resources made the journey even harder. Not knowing where to turn or how to access the help he needed felt overwhelming at times. This participant believed that if mental health were more openly discussed and supported, and if there was easier access to professional help, his path to recovery would have been smoother.

One of several possible words used to describe shame in Pakistan is “Sharam.” However, anthropological research indicates that, depending on the context, Sharam can have a variety of meanings, such as shame, concealment, modesty, or embodied self-control (Alvi, 2013). Sharam is, at the very least, linguistically intertwined with ideas of morality and proper conduct. Pakistani immigrants in Canada face the unusual challenge of balancing Canadian attitudes towards shame with their own conceptualizations of shame. In fact, social constructionist researchers have offered preliminary evidence that, because of continuous interpersonal interactions with members of the majority culture, immigrants' emotional reactions to situations may become, over time, more in line with

the emotions experienced by members of the new culture (De Leersnyder et al., 2011; Mirdal, 2006).

Participants' varied interactions with therapy and therapists resulted in conflicting opinions about their effectiveness. Some participants expressed dissatisfaction with their counselling experiences because they felt misunderstood and frustrated when their therapists failed to address the reasons they sought therapy. While some participants found therapy to be helpful which resulted in positive changes. Participants who found the therapeutic process beneficial noted improvements in their daily functioning, including better sleep, healthier eating, and better stress management. Therapy was helpful in overcoming past traumas, and in promoting relaxation and personal development. Participants valued therapists who offered consolation, validation, and a safe environment for candid conversations. Reflection and perspective were valued, as well as a positive therapeutic relationship, active listening, challenging thoughts, and feeling understood. These components were crucial in fostering personal growth and facilitating positive change. The combination of these elements helped individuals gain insight into their emotions and behaviours, leading to lasting transformation. The significance of emotional and mental health was also acknowledged by the participants who had a good experience, with therapy having a positive effect on psychological health, resilience, problem-solving abilities, and general outlook on life. Overall, participants valued the comfort that came through a good therapeutic relationship, and the useful strategies provided to them for dealing with mental health issues.

According to Newbold (2005), immigrants may encounter several obstacles when trying to access the medical system once they arrive in Canada, something which was also reported by the participants of this study. For example, recently-immigrated individuals may face significant difficulties due to their unfamiliarity or discomfort with the medical system. A medical system that does not offer care that is sensitive to cultural differences may also present new difficulties. For instance, participants' description and interpretation of symptoms are different between ethnicities and cultures, despite the fact that mental illnesses have symptoms that are similar across cultures (Canadian Mental Health Association, Ontario, 2010). These differences could result in a medical professional making an improper diagnosis and failing to treat a patient's mental health issue. According to the buffering hypothesis, social and personal resources serve as moderating forces that influence stress exposure, which in turn may have an impact on one's mental and physical health (Turner and Lloyd 1999). "Both personal characteristics and contextual factors will play a role in immigrant adaptation," claim Levitt et al. (2005). The developmental stage of the person's life and their ethnicity are considered personal factors.

Participants faced challenges in independence, personal development, and coping mechanisms, including mental and emotional support, gender-related issues, self-reflection, and breaking free from control-based patterns. According to FentA et al. (2004), having fluency in the language of the host nation, ethnic pride, and social resources, like family and ethnic community support, are all linked to better mental health. Social support improves coping, moderates the impact of stressors, and promotes health (Simich et al., 2005). The authors also point out that receiving social support helps people

deal with and overcome obstacles in their lives, in addition to having protective effects. Data from the Canadian Community Health Survey (CCHS) was used by Ali (2002) and Lou and Beaujot (2005) to examine the mental health of immigrants and Canadian-born people. Ali looked at six cohorts of immigrants to see if there were any differences in the rates of depression and alcoholism between immigrants and Canadian-born people. Recent immigrants had the best mental health overall, according to research: "immigrants who had entered Canada within the previous few years had the lowest rates of both depression and alcohol dependence" (Ali, 2002; P3). When it came to depression, however, "those who had immigrated 10 to 14 years earlier or more than 20 years earlier were not significantly different from the population of Canadian birth" (Ali, 2002; P5). Additionally, Ali discovered that, compared to more recent immigrants, immigrants who had lived in Canada for a longer time reported a slightly higher rate of alcohol dependence. This suggests that factors like acculturation and adaptation to Canadian society may have an impact on the mental health of immigrants. To ensure the general wellbeing of immigrant populations, it is crucial for policymakers and healthcare professionals to take these findings into account when developing targeted interventions and support systems. These interventions should consider the unique challenges faced by immigrants in adapting to a new culture and society and provide culturally sensitive support services. By addressing these factors, policymakers and healthcare professionals can better promote the mental health and overall wellbeing of immigrant populations in Canada.

Conclusion

The study explored the mental health struggles of first-generation Pakistani-Canadian men, highlighting the impact of migration-related stressors such as unemployment, financial strain, and social isolation on their emotional and psychological state. The participants struggled to reconcile their Pakistani heritage with Canadian societal expectations, leading to internal conflicts, identity crises, and existential contemplations. The study emphasizes the importance of social support systems in mitigating mental health struggles among immigrant populations, such as family, friends, and community networks. However, cultural stigma surrounding mental illness and barriers to accessing culturally competent care pose significant obstacles. Culturally sensitive mental health services and resources tailored to the unique needs of immigrant communities are crucial in addressing these challenges. Additionally, increasing awareness and reducing stigma around mental health within immigrant populations can help individuals feel more comfortable seeking help when needed.

The findings emphasize the need for a comprehensive and integrated approach to supporting the mental well-being of immigrants communities. Policymakers and healthcare professionals must prioritize the development of culturally sensitive interventions, promote inclusive environments, and combat stigma. Ensuring access to specialized therapy and fostering therapeutic alliances based on trust, understanding, and cultural competence are crucial steps towards addressing the unique challenges faced by immigrants populations. Moreover, collaboration with community organizations and leaders can help bridge the gap in mental health services for immigrants. By

acknowledging and addressing the cultural, social, and economic factors that impact mental health, we can work towards more equitable and effective care for all individuals.

Stakeholders can enhance the resilience and well-being of diverse immigrants communities by recognizing and addressing the intricate interplay of personal, cultural, and systemic factors. The study highlights the intricacies involved in navigating the mental health care system, emphasizing challenges in accurate diagnosis, access barriers to mental health facilities, and the need for culturally relevant and specialized therapy. Additionally, the study underscores the importance of training healthcare providers in cultural competency to better serve the needs of diverse populations. Ultimately, improving mental health outcomes for migrants requires a multifaceted approach that considers social determinants of health and promotes inclusive and accessible care.

Strategies for Improving Counselling Services and Addressing Mental Health Barriers: A Focus on First-Generation Pakistani-Canadian Men

1. **Cultural Humility Mental Health Services**: Cultural humility mental health services acknowledge the connection between cultural identities and mental health experiences. Practitioners can receive training on case studies based on first-generation Pakistani-Canadian men's narratives. To promote comfort and connection, service providers can offer culturally appropriate treatments, such as support groups with Pakistani language and cultural components.
2. **Promote Policy Reforms:** Policy reforms are crucial to address the challenges faced by first-generation Pakistani-Canadian male population especially who are seeking mental health services. Issues with credential certification, such as

obtaining work that matches their education and skill set, make it difficult for immigrants to find suitable jobs. Culturally sensitive healthcare services are essential to meet the mental health needs of immigrant groups. Advocacy activities should focus on more funding for mental health programs that serve these populations. Promoting expedited procedures for evaluating foreign-based credentials and providing retraining opportunities can also help immigrants overcome job obstacles and begin to contribute to society. To improve the integration and well-being of first-generation Pakistani-Canadian men, legislative reforms are needed to address structural obstacles like credential recognition and culturally sensitive healthcare services, fostering a more welcoming and supportive environment.

3. **Initiatives for Community Integration:** Community-based initiatives, including support groups and community centres, can give newcomers a secure setting in which to interact, exchange stories, and find formal and informal resources. Community organizations can plan frequent social activities and peer support groups that are especially catered to the requirements of first-generation Pakistani-Canadian men, since the themes from this study highlight social isolation and loneliness as factors contributing to poor outcomes among people in this group. For instance, a community centre may hold debate groups or cultural events where people can meet and get unofficial support from those going through comparable struggles.

4. **Evaluation and Longitudinal Research:** To monitor the long-term effects of initiatives meant to assist first-generation Pakistani-Canadian men, longitudinal

research is required. Evaluation studies can focus on the efficacy of different programs and provide guidance for evidence-based policies related to the mental health of immigrants. For example, to track changes in mental health outcomes over time, researchers might interview individuals who have participated in counselling or support groups via follow-up questionnaires.

5. **Education and Awareness:** To tackle the stigma associated with mental health difficulties among first-generation Canadian males of Pakistani descent, it is imperative to conduct focused educational initiatives within this community. These initiatives must focus on promoting open communication and increasing public knowledge of mental health concerns that are unique to this group to lessen the stigma attached to seeking assistance. First-generation Pakistani males frequently have difficulties receiving healthcare treatments because of cultural obstacles and the stigma associated with mental illness, as demonstrated by Thompson et al. (2015). By offering specialised teaching materials and awareness campaigns, we can encourage these men to prioritize their mental health and get help when they need it. Additionally, first-generation Pakistani-Canadian males can be encouraged to seek assistance by adding testimonials from community members and culturally appropriate messaging that helps de-stigmatize mental health care.
6. **Family Support Services:** It is crucial to provide family support services that include therapy and mediation to assist first-generation Pakistani-Canadian men in resolving intergenerational disputes and marital difficulties. The study highlights the importance of family support services and therapy in helping these men resolve intergenerational disputes and marital difficulties. It emphasizes the need for

improved understanding and communication within families, especially in cases of cultural stigma and shame-related attitudes. Culturally appropriate counselling and mediation can help families communicate honestly and openly, enhancing understanding and support for those dealing with mental health concerns. This ultimately improves the wellbeing of first-generation Pakistani-Canadian men and their families.

7. **Trauma-Informed Treatment:** The study emphasizes the importance of trauma-informed treatment for first-generation Pakistani-Canadian men. My two participants highlighted the impact of trauma, such as childhood abuse. It emphasizes the need to recognize and treat trauma in a therapeutic setting to support recovery and healing. Therapists can create a safe space to explore and work through traumatic experiences by implementing trauma-informed practices. Trauma-focused therapies, like eye movement desensitization and reprocessing (EMDR) or cognitive-behavioural therapy, can help clients process and integrate their experiences. This approach also allows therapists to customize their therapies and understand how trauma affects behaviours and coping mechanisms.
8. **Online Therapy:** The study has highlighted the importance of expanding access to online resources for first-generation Pakistani-Canadian men to help them overcome mental health care barriers, such as geographical distance, limited transportation, and stigma. The study found that these barriers discourage regular treatment. By providing a more convenient way to receive support, teletherapy and internet tools can help break down these obstacles.

9. **Reducing Wait Times and Improving Accessibility:** The study emphasizes the importance of reducing wait times and improving accessibility to mental health care services for first-generation Pakistani-Canadian men. Issues, such as long appointment wait times and difficulties finding services, can exacerbate mental health issues. Participants reported delays receiving mental health diagnoses and treatment, causing uncertainty and distress. Efficient referral processes and reduced wait times are needed to maximize the likelihood of positive outcomes.
10. **Enhancing Patient-Centric Approaches:** The study highlights the importance of patient-centric approaches in mental health treatment systems to better support the diverse needs of first-generation Pakistani-Canadian men. It emphasizes the significance of compassion, comprehension, and responsiveness in therapeutic relationships, which positively impact treatment outcomes. Patients found that therapists who prioritized empathy and comfort were perceived more positively, leading to greater trust and engagement in therapy. Patients can offer feedback on their experiences, which can enhance communication and improve the quality of care. By identifying areas for improvement and tailoring services to address the needs of their diverse clientele, mental health professionals can better meet the mental health needs of their diverse clientele.
11. **Gender-Inclusive Mental Health Services:** Gender-inclusive mental health services are crucial for addressing the unique needs and experiences of first-generation Pakistani-Canadian men. Participants expressed the need for comprehensive mental health services that acknowledge and respect diverse gender identities. These services should give equal consideration to gender

identity, masculinity, and societal norms. Offering information, support groups, and treatment modalities specific to different gender identities can create a safe space for individuals to feel understood and accepted.

Recommendations for Future Research

This study provides an in-depth exploration of the mental health challenges faced by first-generation Pakistani-Canadian men, but several areas warrant further investigation to build upon these findings.

- Longitudinal Studies on Mental Health and Acculturation

  Future research may adopt a longitudinal approach to examine how the mental health experiences of first-generation Pakistani-Canadian men evolve. Tracking participants over several years would provide insight into whether mental health outcomes improve, remain stagnant, or worsen as they further integrate into Canadian society. This could also help assess the long-term effectiveness of coping mechanisms, social support systems, and mental health interventions.

- Comparative Studies Across Generations and Ethnic Groups.

  Further studies need to compare first-generation Pakistani-Canadian men with second-generation Pakistani-Canadians to explore whether mental health struggles and identity conflicts persist across generations or shift due to increased exposure to Canadian culture. Moreover, comparative research across other South Asian or immigrant communities could help identify common challenges and culturally specific stressors.

- The Role of Gender and Masculinity in Mental Health

  Given that many participants in this study described struggles with masculinity, emotional suppression, and cultural expectations, future research might delve deeper into how traditional gender roles influence mental health help-seeking behaviours among South Asian men. Examining how masculinity is constructed and challenged across different South Asian subcultures could provide further insights into mental health stigma and emotional well-being.

- Effectiveness of Culturally Adapted Mental Health Interventions

  Research could evaluate the effectiveness of culturally adapted mental health interventions for Pakistani-Canadian men. This could include studies on faith-based therapy, peer support groups, and community-driven mental health initiatives incorporating cultural and religious values, as well as understanding which approaches could inform policy changes and improve mental health service accessibility.

- The Intersection of Socioeconomic Status and Mental Health

  Many participants in this study identified financial strain and unemployment as major stressors. Future research might examine the link between economic hardship, job insecurity, mental health outcomes, barriers, accessibility and best therapeutic modality within immigrant communities. Investigating the impact of government policies, employment programs, and financial support systems on

immigrant mental well-being could offer practical solutions for addressing economic stressors.

- Barriers to Therapy and Alternative Support Mechanisms

  Since several participants reported difficulties accessing mental health services, further research could explore barriers to therapy, such as cost, stigma, and cultural mismatch with therapists. Studies on alternative support systems, such as online mental health services, informal community networks, and peer-led initiatives, could provide insight into more accessible mental health support strategies.

While this study has contributed to understanding the mental health struggles of first-generation Pakistani-Canadian men, further research is needed to explore long-term mental health trajectories, intergenerational differences, and effective intervention strategies. Expanding research in these areas will help develop more inclusive, culturally competent mental health services and reduce the stigma surrounding mental health within immigrant communities.

Reflection

Motivation and Connection to the Research Topic

Reflecting on my research journey, I am deeply moved by the challenges and nuances of studying mental health within the first-generation Pakistani-Canadian male population. This project has provided valuable insights into how cultural identity, societal expectations, and mental health services intersect in the lives of immigrants. This

research holds a strong emotional connection for me. With ties to both Pakistani and Canadian cultures, I identify with the themes of cultural identity and mental health.

Personal Connection: A Shared Cultural Identity

The internal conflict between maintaining one's Pakistani roots and adapting to Canadian society often leads to feelings of guilt, isolation, and identity loss. Many participants shared these struggles, highlighting the challenge of balancing traditional values with the pressures of a new cultural environment. My approach to this research was influenced by my experiences, allowing me to empathize with participants.

Embracing Reflexivity in Research

Given my shared cultural background with participants, I recognized the need for continuous reflexivity to ensure my personal perspectives did not overshadow the participants' voices. Reflexivity was embedded throughout the research process in several ways:

1. Journaling and Self-Reflection: Throughout data collection and analysis, I maintained a research journal to document my thoughts, emotional reactions, and initial interpretations. This helped me identify and challenge any assumptions that might shape my understanding of the data.
2. Debriefing with Supervisors and Peers: I regularly debriefed with my academic supervisors and peers, who provided varying perspectives to help critically evaluate my interpretations. These discussions allowed me to remain aware of personal biases and refine my analytical approach.

3. Member Checking for Validation: To ensure an accurate representation of participants' experiences, I used member checking, inviting participants to review their transcripts and key findings. This feedback process reinforced the authenticity of their narratives and helped minimize misinterpretation.
4. Diverse Perspectives in Data Analysis: Thematic analysis was conducted in multiple rounds, ensuring that themes emerged directly from participants' accounts rather than from my expectations. By revisiting transcripts and refining codes, I maintained an objective and iterative approach to data analysis.
5. Cultural Sensitivity in Interviews: As a female researcher interviewing male participants, I was aware that gender dynamics could influence how participants expressed vulnerability. I adjusted my interview approach to foster a safe, non-judgmental space, that would encourage participants to share more openly. Using neutral prompts and active listening, I ensured that discussions remained participant-led.

By integrating these reflexive strategies, I ensured that the research process was transparent, ethically grounded, and centred on participants' lived experiences. Reflexivity was not a single step but an ongoing process, continuously shaping how I approached, analyzed, and interpreted the findings.

Ethical Considerations in Sensitive Research

Ethical considerations were at the heart of this research. Given the sensitivity involved in discussing mental health and the cultural stigma surrounding it, I prioritized informed consent and confidentiality at every step. Each participant was thoroughly briefed on the study's objectives, and I anonymized identifying information to protect each

participant's privacy. I was also mindful of the emotional toll the interviews might take. Many participants shared deeply personal and, at times, traumatic experiences. To safeguard their well-being, I provided resources for psychological support after each interview, ensuring they felt heard, respected, and safe.

Navigating the Interview Process

The interview process was both rewarding and challenging for the researcher. Cultural and gender dynamics influenced the way participants engaged with me. In Pakistani culture, men are often expected to be emotionally reserved, which initially raised concerns about whether participants would feel comfortable discussing personal struggles. However, I found that many were unexpectedly open, possibly because speaking to a female researcher created a different kind of dialogue that felt less confrontational than conversations with male peers or therapists.

I also continuously reflected on how my cultural familiarity might shape how I framed questions or interpreted responses. To mitigate this, I focused on prompting participants to elaborate on their experiences rather than interpreting their responses through my own lens. This approach ensured that their narratives remained central, allowing them to define their perspectives and meanings without external influence.

Cultural Sensitivity in Mental Health Discussions

Cultural sensitivity was a critical aspect of these interviews. Several participants voiced frustrations about the lack of cultural understanding from their therapists, which highlights the importance of culturally competent mental health care, especially for

immigrants dealing with unique pressures such as family expectations and the challenges of integrating into a new society and cultural humility.

Being an Insider in Culture: A Door to Trust and Empathy

My cultural background played a significant role in fostering trust and openness. While Pakistani-Canadian males may face challenges expressing themselves with a female researcher, some participants appeared more at ease discussing deeply personal matters because of our shared cultural understanding. To ensure objectivity, I regularly reviewed my interpretations with peers and academic advisors, allowing for external perspectives that helped mitigate potential biases. This approach enabled me to engage empathetically while maintaining a critical and balanced analysis of their narratives.

At the same time, I was mindful of the risks of over-identification, ensuring that I did not impose my perspectives onto their experiences. Reflexivity helped me balance my insider perspective with the rigour of academic research, ensuring that participants' voices remained at the forefront of the study.

Gender Dynamics in Research

Gender dynamics shaped my interactions and influenced how openly participants discussed personal issues. While our shared cultural ties might have fostered a sense of trust, gender differences introduced subtle barriers. In Pakistani culture, there is a strong expectation for men to embody masculinity in ways that discourage vulnerability. Speaking to a female researcher may have discouraged expressions of vulnerability, as some participants might have feared judgment due to cultural norms around gender.

However, speaking to a woman, for some men, created a different kind of openness. They seemed to feel safer discussing feelings and struggles in this context—topics they might not have been comfortable sharing with male peers or even male counsellors.

Navigating Gender as a Female Researcher: Understanding Masculinity from a Different Angle

As a female researcher studying men's experiences, I initially feared that my gender might make the participants more guarded, especially around sensitive issues like mental health. However, as our conversations unfolded, I realized that my gender may have facilitated a different kind of openness. Speaking to a female researcher allowed some participants to explore their emotional vulnerabilities without the implicit competition or need for stoicism that might have arisen with another male. Some shared that talking to a woman felt less confrontational and more compassionate, which led to a deeper exploration of themes like loneliness, frustration, and hope for change within family and community attitudes. This gender difference added another layer to my reflection, as it allowed me to be a gentle outsider to traditional expressions of masculinity.

Importance of Cultural Sensitivity and Reflexivity

Reflexivity became an essential practice during the interviews. I consistently checked my preconceptions, ensuring that my language was neutral and allowing participants to define their experiences on their own terms. To maintain this objectivity, I had regular debriefings with professors and colleagues. I also used member checking, allowing participants to validate their responses and ensure their voices were accurately represented. This approach taught me the critical need for cultural sensitivity, active listening, and self-reflection to capture participants' voices authentically.

Being an Insider in Culture: A Door to Trust and Empathy

My cultural background gave me a unique perspective on their lived experience, allowing me to empathize with their struggles and emotions. Sharing similar values, experiences, and cultural roots, I could truly understand the weight of familial obligations and the ingrained sense of duty they spoke about. This cultural understanding helped me connect with their stories on a deeper level and built a sense of trust between us. Participants seemed more open and reflective, discussing challenges they might have hesitated to share with outsiders. Despite coming from a culture that values emotional stoicism, they saw me as someone who would not judge them for expressing doubts or fears. This connection has strengthened my resolve to advocate for change and foster empathy within our shared cultural community.

Exploring the Impact of Family and Cultural Norms on Mental Health

My research examined how cultural stigma, family dynamics, and the immigrant experience impact counselling journeys. Family expectations and traditional roles were deeply intertwined with personal reluctance to seek counselling, as participants faced pressures from both their families and cultural norms. A central tension was navigating Western therapeutic settings while balancing home culture values, creating significant internal conflict. It became clear that these themes collectively influence participants' decisions and experiences in seeking mental health support.

Challenges and Growth as a Researcher

This research journey has deepened my understanding of the complexities surrounding mental health, masculinity, and cultural identity within Pakistani-Canadian communities.

By prioritizing reflexivity, I navigated potential biases, cultural nuances, and ethical considerations, ensuring that the study remained participant-centred. I hope this research contributes to greater awareness, de-stigmatization, and improved mental health resources for South Asian immigrant men.

The research has significantly impacted my commitment to advocating for improved mental health services, especially for marginalized and immigrant communities. It highlighted the need for culturally sensitive mental health care and allowed me to reflect on my cultural identity and the complexities surrounding mental health discussions in my community. The research has been a profound growth experience, as it allowed me to connect with personal accounts of resilience, struggle, and courage in the face of stigma.

I hope this work will inspire others in the Pakistani-Canadian community to approach mental health struggles among South Asian males with greater compassion and urgency. The research was not just about documenting experiences but also initiating a journey toward a more inclusive and supportive dialogue.

I feel honoured and inspired to continue advocating for mental health awareness in my community, hoping that each conversation moves closer to breaking down stigma and fostering understanding.

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APPENDICES A

Interview Schedule

- Describe a time when you felt that you needed help emotionally?
- What steps did you take?
- What led to you reacting or not reacting?
- What was the moment when you decided to seek therapy? / What prompted you to seek therapy?
- What has been your experience of mental health services? / How would you describe your experience of mental health services?
- Can you tell me more details about your mental health experience?
    - How did the experience affect you?
    - What changes do you associate with the experience?
    - What feelings were generated by the experience?
    - What bodily changes or states were you feeling at the time?
    - What thoughts or feelings stood out for you?
- What services would you like to see?
- Describe and compare your experience of mental health and well-being in Pakistan and Canada?
- Is there anything else you would like to share with me?

APPENDICES B

Informed consent

61-63 Fortune Green Road,
West Hampstead,
London, NW6 1DR

The Burroughs,
Hendon,
London, NW4 4BT

Middlesex University School of Science and Technology

Psychology Department

Written Informed Consent

Title of study and academic year: **The experience of first-generation Pakistan men, who have sought mental health therapy in Canada – 19/20 & 20/22**

Researcher: **Samira Khan (samira.khan@smd15.qmul.ac.uk)**

Supervisor's name and email*:* **Primary Supervisor: Dr. Simon Cassar (admin@nspc.org.uk)**

- I have understood the details of the research as explained to me by the researcher, and confirm that I have consented to act as a participant.
- I have been fully informed by the researcher of the risks and benefits of my participation.
- I have been given contact details for the researcher in the information sheet to keep.
- I understand that my participation is entirely voluntary, that all reasonable steps will be taken to ensure the data collected during the research will not be identifiable, and I have the right to withdraw from participating in the project give a time-frame without any obligation to explain my reasons for doing so.
- I understand that I can ask for my data to be withdrawn from the project and destroyed until data analysis begins in February 2023.

- I agree to the audio-recording of the interview and the storage of my data for 10 years on an encrypted memory stick or in a locked cabinet in the researcher's own home.

- I further understand that the data I provide may be used for analysis and subsequent publication, and I provide my consent that this may occur. Including in doctoral thesis, research papers, journal articles, books and teaching and conference material.

_____ _____

Print name Sign Name

date: _____

To the participant: Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Science and Technology Ethics committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: _____

ID	Gender	Age	Birth Place	Age at Immigration	Years in Canada	Marital Status	Main issues faced
Abdullah	Male	35	Pak	27	8	Married	CBT for ADHD and PTSD
Faisal	Male	43	Pak	29	14	Married	Counselling for Mental health Stress
Imran	Male	38	Pak	26	12	Married	CBT for panic attacks, ADHD and PTSD
Junaid	Male	44	Pak	25	19	Married	Therapy for anxiety and panic attacks
Mustafa	Male	39	Pak	27	12	Married	Mental health Stress and Suicidal Ideation
Saad	Male	49	Pak	29	20	Unmarried	Mental health Stress and Substance Use
Shahid	Male	37	Pak	28	9	Married	Cognitive restructuring for emotional stress
Zahid	Male	44	Pak	30	14	Married	Existential issues
Zain	Male	41	Pak	25	16	Married	Childhood Trauma and emotional distress
Zuhaib	Male	40	Pak	27	13	Married	Sexual Identity confusion

APPENDICES C

Participant information sheet

61-63 Fortune Green Road,
West Hampstead,
London, NW6 1DR

The Burroughs,
Hendon,
London, NW4 4BT

PARTICIPANT INFORMATION SHEET

Research Title: First-Generation Pakistani-Canadian Men and Their Experiences with Mental Health Therapy

Researcher: **Samira Khan (samira.khan@smd15.qmul.ac.uk)**

Supervisor's name and email*:* **Primary Supervisor: Dr. Simon Cassar (admin@nspc.org.uk)**

Date: February 2022

My name is Samira Khan and I am an Existential Counselling Psychology Doctoral student at the New School of Counselling and psychotherapy affiliated with Middlesex University, London. I am also a registered Psychotherapist in Toronto, Canada. You are being invited to take part in a research study. Before you decide to participate, it is important for you to understand why the research is being done and what it will involve. Please take your time to read the following information carefully, and discuss it with others if you wish. Take your time to decide whether or not you wish to take part.

What is the purpose of the research?

This study is being carried out as part of a Doctorate in Existential Counselling Psychology and Psychotherapy with NSPC Ltd and Middlesex University.

The focus of the study is to explore the experience of first-generation Pakistani men living in Canada who have sought therapy for mental health issues. I am also interested in understanding and gaining insight into the nature of their experience of therapy while in Canada. Since it is challenging to access specifically the population in Pakistan. It is hope that this study will not only provide understanding of Pakistani men living in Canada but also give inside to men that are unreachable and reluctant to seek therapy.

It is hoped that the findings will promote and better equip psychologists, psychotherapists, counselors and similar professionals to work therapeutically with first-generation Pakistani men in Canada; thus, provide enhanced mental health services available to them.

Why have I been chosen?

You have been chosen because your experience is valuable to the contribution of knowledge and raising awareness on how first-generation Pakistani men living in Canada experience therapy. You have also met all the criteria above and feel excited to be a part of this project.

What will happen to me if I take part?

If you wish to participate you will initially provide me (the researcher) with your contact details. I will then contact you to arrange a mutually convenient time and location for an informal interview that will last approximately 60 minutes and not more than 90 minutes. Before the interview I will conduct a brief assessment with you by way of a short, strictly confidential, questionnaire to monitor and manage any risk in the event that you become distressed. Should this happen you will be free to stop the interview at any time. You will also be offered a list of agencies and services available to you should you wish to seek further help or support. During the interview, you will be invited to speak as openly as you feel comfortable to do and you will be asked to reflect on your experience of therapy for mental health issues. A tape recording of the interview will be taken, and I will personally transcribe and anonymise the data myself. After the interview, you will have the opportunity to debrief during which I will re-explain the intentions of the study and what will happen to the results of the data.

What are the possible disadvantages to taking part?

You are also invited to alert me to any distress you may be feeling at any time and the interview will be drawn to a close at your request. An additional disadvantage to taking part in this research project would seem to be the time commitment you would need to make.

What are the possible advantages of taking part?

Being interviewed about your experiences may have no direct benefits. However, you may find that reflecting on your experiences and having the opportunity to express how you feel may have some psychotherapeutic value. As a trainee counselling psychologist and psychotherapist, I will be able to respond professionally to any distress you may be feeling. Professionally, I would hope that what you have to say will provide valuable insights and that the information then can be relayed to training professionals to enable them better to prepare Counselling Psychologists for working with first-generation Pakistani men living in Canada.

Consent

Through complete transparency every step of the way you will know what you are consenting to. Only once you have fully understood everything and raised any questions you may have will consent be obtained from you. You will be given a copy of this information sheet for your personal records.

Participation in this research is entirely voluntary. You do not have to take part if you do not want to. If you decide to take part you may withdraw at any point up until the data has been analysed in January 2021.

Who is organising and funding the research?

Although my research is being completed through New School of Psychotherapy and Counselling and is overseen by this training institution, I am organising and self-funding my research.

There is no commercial gain from this project and there is a genuine interest in the research topic.

What will happen to the data?

I will be personally transcribing all the data which will then be anonymised and transferred onto an encrypted USB stick for storage purposes. The file will then be deleted from the tape recorder. All of the information that you provide me will be identified only by a project code and stored on the encrypted USB stick. I will keep the key that links your details with the project code separately and in a locked filing cabinet.

The data generated will be used for my doctoral thesis, and for other academic purposes including journal articles. Neither your name nor any identifying details will be used.

The data will be stored in a password protected file on a password protected computer for up to 10 years by myself and Middlesex University, and will be treated as confidential. If my research is published, I will make sure that neither your name nor other identifying details are used. Data will be stored according to the Data Protection Act 1998 and the Freedom of Information Act 2000.

Although all material is treated with the utmost confidentiality, I must specify that there are certain situations in which I am legally required to break this confidentiality. Under the Children's Act 2004, I am obliged to report any information that associates you with risk. Under the Terrorism Act, 2000, I am obliged to report any information that associates you with terrorist activities.

Who has reviewed the study? All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The NSPC Ethics Sub-Committee have reviewed this proposal.

Concluding section

This research feels important and could potentially improve the life of many individuals. If there is anything else you would like to know or get greater clarification on, please get in touch what me and I will do my best to answer your questions.

Thank the participant for taking the time to read this participant information sheet.

APPENDICES D

Debrief Sheet

61-63 Fortune Green Road,
West Hampstead,
London, NW6 1DR

The Burroughs,
Hendon,
London, NW4 4BT

DEBRIEFING SHEET

Researcher:

Samira Khan Tel: 1 416 779 1775

email: samira.khan@smd15.qmul.ac.uk

Supervisor:

Simon Cassar

NSPC, 61-63 Fortune Green Road, London NW6

Tel: 0207 6240471 email: **(admin@nspc.org.uk)**

RESEARCH TITLE:

First-Generation Pakistani-Canadian Men and Their Experiences with Mental Health Therapy.

Thank you for taking the time to participate in this research project and for making a valuable contribution to our knowledge about first-generation Pakistani men living in Canada who have sought therapy for mental health issues.

This research was designed to explore, broaden the understanding and gain insight into the nature of their experience of therapy.

I hope you have understood the overall aim and purpose of this study and enjoyed your participation in it. Should you be left with any areas of doubt or confusion as to your participation or have any queries regarding the research, please feel free to contact me (tel: 1 416 779 1775 email: samira.khan@smd15.qmul.ac.uk.

Your data will now be transcribed by me, anonymized and stored on a protected computer. The file will then be deleted from the audio recorder. Any quotes from your data may be published in my final thesis but you name or any other identifying details will not be used. Your consent forms and anonymized data will be kept for at least 6 months after the research is completed and will be treated as confidential information.

Information will be destroyed after the research and all electronic copies will be deleted form my computers hard drive.

You have a right to access your personal data collected about you my making a request to the address at the top of this form. You can also choose to withdraw your data before the data analysis takes place one week form the date of this interview. Furthermore, if you would like a copy of the findings when research is complete I am happy to do so, please send a request for the findings to my email address at the top of the page.

Should you wish to explore any issues that have arisen for you as a result of participation in this research, below are a list of recourses and organizations should you wish to explore any issues that have arisen for you as a result of participation in this research;

1. First, contact your GP. They are your first port of call if you are feeling worse, both physically and mentally, or if you feel you require medication or need to change your medication.

1. Psychologists in private practice can provide individual and family therapy. The Ontario Psychological Association provides an online search engine to locate a psychologist based on location and therapy type (http://www.psych.on.ca/Utilities/Find-a-psychologist.aspx)

Centre for Addiction and Mental Health (CAMH). Through specialized treatment, community services, research, education and prevention, CAMH works to improve the quality of life for people who are struggling with mental illness or addiction and to support their families and friends.