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Masculinity Norms, Self-Stigma, and Reluctance to Seek Therapy Among Young Men in Urban India: A Mixed-Methods Study

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ABSTRACT

Mental health help-seeking among young men remains a significant concern in counselling psychology and public mental health because many men continue to delay or avoid professional psychological support even when they are experiencing distress. The present study examined the relationship between masculinity norms and reluctance to seek therapy among young men, with particular focus on the role of self-stigma in shaping attitudes toward therapy and help-seeking intention. It also explored how young men themselves describe masculinity, vulnerability, and therapy in everyday terms.

An explanatory mixed-methods design was adopted. The quantitative phase involved a cross-sectional survey of 55 self-identified men aged 18 to 35 years from urban educational and early-career contexts, with inferential analyses conducted on 54 complete cases. A researcher-developed questionnaire was used to assess masculinity norms, self-stigma related to therapy, attitudes toward therapy, and help-seeking intention. Descriptive statistics, reliability analysis, Pearson correlation, and regression-based mediation analysis were used for the quantitative data. The qualitative phase involved 10 semi-structured follow-up interviews, which were analysed thematically.

Participants reported moderate endorsement of masculinity norms ($M = 2.57$, $SD = 1.01$), relatively low self-stigma ($M = 1.99$, $SD = 0.91$), clearly positive attitudes toward therapy ($M = 4.07$, $SD = 0.73$), and moderate help-seeking intention ($M = 3.23$, $SD = 0.79$). Masculinity norms were significantly positively associated with self-stigma ($r = .620$, $p < .001$), and significantly negatively associated with both attitudes toward therapy ($r = -.569$, $p < .001$) and help-seeking intention ($r = -.574$, $p < .001$). Mediation analysis suggested that self-stigma substantially accounted for the relationship between masculinity norms and attitudes toward therapy and partially accounted for the relationship between masculinity norms and help-seeking intention. The qualitative findings yielded four major themes: masculinity as strength, composure, and responsibility; vulnerability as socially conditioned difficulty; therapy as both acceptable and uncertain; and growing openness among young men alongside continued barriers to help-seeking.

The findings suggest that young men are not uniformly opposed to therapy. Rather, therapy reluctance appears to arise from the tension between masculinity-linked self-concepts, internalised self-stigma, and uncertainty about personally seeking help. The study highlights the importance of male-sensitive counselling approaches that reduce self-stigma and frame help-seeking as compatible with strength, responsibility, and adaptive self-management.

Keywords: masculinity norms, self-stigma, therapy attitudes, help-seeking intention, young men, counselling psychology, mental health

1. INTRODUCTION

Young men's mental health has become an increasingly important concern in counselling psychology, not only because of emotional distress and psychological burden, but also because many men continue to delay or avoid formal support even when help may be needed. A recurring pattern across the literature is that men are less likely than women to seek professional psychological help. This difference cannot be understood purely as a matter of awareness or service availability. It is also shaped by identity, gender socialisation, and the meaning attached to vulnerability and support.

Research on men's help-seeking has moved beyond simplistic assumptions that men merely "do not talk" about emotions. A more developed body of work shows that many men are socialised to value emotional control, self-reliance, strength, and the capacity to manage problems independently. Within this framework, therapy may feel difficult not only because it requires disclosure, but because it can seem inconsistent with a masculine self-image organised around competence, composure, and independence. In this sense, help-seeking may be experienced as psychologically threatening rather than simply socially uncomfortable.

This issue is especially relevant among young men aged 18 to 35 years. This period often involves higher education, first jobs, financial pressure, social comparison, role transitions, and changing relationship expectations. These experiences can increase emotional strain while also reinforcing ideals of self-management and control. A young man may therefore recognise that therapy is useful while still feeling hesitant to seek it personally. This gap between approval and action is important because it helps explain why favourable attitudes do not always translate into actual readiness to seek support.

The Indian context gives further importance to this topic. Existing research in India has highlighted substantial treatment gaps, persistent stigma, and uneven mental health service access, yet comparatively fewer studies have examined masculinity as a specific barrier in therapy reluctance. Much of the available work has focused on stigma or mental health awareness in general rather than on how masculinity-linked beliefs influence self-stigma, therapy attitudes, and help-seeking intention among young men. This gap matters because it is not enough to know that barriers exist; it is also necessary to understand how those barriers are psychologically organised.

A particularly relevant construct here is self-stigma of seeking help. Public stigma concerns anticipated judgment from others. Self-stigma, by contrast, concerns the internalised belief that seeking therapy would imply weakness, inadequacy, reduced confidence, or diminished self-respect. This distinction is especially important for young men whose self-concept may be closely tied to self-reliance and emotional control. For such individuals, therapy may feel threatening not only because of how others might see them, but also because of how they might judge themselves.

The present study therefore examined four connected constructs: masculinity norms, self-stigma related to therapy, attitudes toward therapy, and help-seeking intention. It treated attitudes and intention as related but distinct outcomes. A young man may believe that therapy is useful, legitimate, or beneficial in general while still not feeling ready to seek it for himself. The study also included a qualitative component to explore how young men describe masculinity, vulnerability, therapy, and barriers to help-seeking in their own words. By combining quantitative and qualitative evidence, the study aimed to produce a more

grounded understanding of therapy reluctance among young men and its implications for counselling practice.

2. RELATED RESEARCH WORK

Research on men's help-seeking has consistently shown that masculinity-related beliefs influence how distress, disclosure, and support are understood. Addis and Mahalik (2003) argued that help-seeking should be understood as a gendered social act rather than as a purely private health decision. Their perspective remains influential because it explains why therapy may feel acceptable to one man and identity-threatening to another. For men who strongly value emotional restraint, independence, and control, seeking help may feel inconsistent with masculine self-definition.

Subsequent work has shown that masculinity should not be treated as a single undifferentiated construct. Some masculine norms appear more strongly tied to help-seeking reluctance than others. Emotional control and self-reliance, in particular, have repeatedly emerged as important barriers. Wong et al. (2017), in their meta-analysis, found that conformity to masculine norms was associated with poorer mental health-related outcomes, including less favourable attitudes toward seeking psychological help. Seidler et al. (2016) likewise concluded that traditional masculine norms can interfere with symptom recognition, emotional disclosure, and willingness to seek care.

A second major line of research concerns self-stigma of seeking help. Vogel et al. (2006) conceptualised self-stigma as a distinct and measurable construct involving self-devaluation in response to the idea of seeking psychological support. Vogel et al. (2007) further showed that self-stigma can mediate the relationship between public stigma and willingness to seek counselling. More recent evidence has reinforced the importance of this internal pathway. Yu et al. (2023) found that when public stigma and self-stigma are both considered, self-stigma remains the more proximally associated factor for help-seeking attitudes and intention. This makes self-stigma especially relevant in research on young men, for whom therapy may challenge not only public image but also self-respect.

The literature also makes clear that attitudes toward therapy and help-seeking intention are not the same. Attitudes refer to how positively or negatively therapy is evaluated. Intention refers to whether a person would actually seek help if needed. A man may support therapy conceptually while still avoiding it personally. This distinction is important because masculinity-related barriers may not produce outright rejection of therapy; instead, they may create hesitation between accepting therapy as useful and deciding to access it.

In the Indian context, the evidence base remains comparatively limited. Available studies have identified stigma, low mental health literacy, and service-related barriers, but fewer have directly examined masculinity-linked influences on therapy reluctance among young men. This creates a clear need for context-sensitive work that investigates not only whether help-seeking reluctance exists, but how masculinity norms, self-stigma, and therapy-related outcomes are connected. The present study contributes to that gap by examining a focused pathway model among young men in urban educational and early-career settings in India.

3. RESEARCH METHODS

3.1 Research Design

The study adopted an explanatory mixed-methods design with a quantitative primary component and a

qualitative follow-up component. The quantitative phase used a cross-sectional survey design to examine relationships among masculinity norms, self-stigma related to therapy, attitudes toward therapy, and help-seeking intention. The qualitative phase consisted of semi-structured interviews intended to deepen and interpret the survey findings.

3.2 Participants and Sampling

The descriptive sample consisted of 55 self-identified men aged 18 to 35 years. Inferential analyses were conducted on 54 complete cases. Participants were recruited from urban educational and early-career contexts through accessible educational, professional, and peer networks. The sample was weighted toward men in the 26–35 age range and toward working professionals. In addition, 40.0% of participants reported prior therapy attendance and 50.9% reported that they had seriously considered therapy in the past. These features are important because they suggest that the sample was not composed solely of therapy-naïve or strongly treatment-avoidant men.

The study used a combination of purposive and convenience sampling. It was purposive because it targeted a defined population of young men. It was convenience-based because recruitment relied on accessible networks within the practical limits of a master's dissertation.

3.3 Measures

The quantitative phase used a literature-informed researcher-developed questionnaire assessing four domains: masculinity norms, self-stigma related to therapy, attitudes toward therapy, and help-seeking intention. The masculinity norms items focused on emotional control, self-reliance, vulnerability avoidance, and the belief that seeking emotional help may signal weakness. The self-stigma items assessed shame, weakness, self-judgment, disappointment in self, and reduced confidence linked to therapy. The therapy attitude items assessed whether therapy was viewed as useful, reasonable, beneficial, and positive. The help-seeking intention items assessed likely future help-seeking from a psychologist or counsellor, psychiatrist, close friend, family member, or no one.

Most items used a 5-point Likert response format, and composite mean scores were calculated for each domain. Because the instrument was researcher-developed rather than fully standardised, the scales were interpreted cautiously and supported by internal consistency analysis.

3.4 Reliability

The researcher-developed scales demonstrated strong internal consistency for three domains: masculinity norms ($\alpha = .903$), self-stigma related to therapy ($\alpha = .930$), and attitudes toward therapy ($\alpha = .879$). Help-seeking intention showed comparatively lower internal consistency ($\alpha = .673$). This lower value likely reflects the fact that the intention items covered different help sources that may not represent a highly homogeneous construct.

3.5 Procedure and Ethical Considerations

Participants were presented with an information and consent section before completing the survey. The questionnaire included socio-demographic items followed by the four main domains. At the end of the survey, participants could optionally volunteer for a follow-up interview by sharing contact details separately from their survey responses.

The qualitative phase involved 10 semi-structured follow-up interviews exploring masculinity, vulnerability, therapy, and help-seeking barriers in greater depth. Participation in both phases was voluntary. Informed consent was obtained before the survey and again for interviews. Participants were informed that they could skip questions or withdraw without penalty. Care was taken to use non-

judgmental wording given the sensitivity of the topic, and confidentiality was protected by separating contact information from the main survey data and anonymising qualitative extracts in reporting.

3.6 Data Analysis

Quantitative data were analysed using descriptive statistics, reliability analysis, Pearson product-moment correlation, and regression-based mediation analysis following the Baron and Kenny framework. Because the data were cross-sectional, the mediation findings were interpreted as theory-consistent indirect associations rather than causal proof. The interview data were analysed using thematic analysis to identify recurring patterns related to masculinity, vulnerability, therapy, and help-seeking.

4. RESULTS AND DISCUSSION

4.1 Descriptive Findings

The descriptive findings showed a differentiated pattern rather than a simple anti-therapy profile. Participants reported moderate endorsement of masculinity norms ($M = 2.57$, $SD = 1.01$), relatively low self-stigma related to therapy ($M = 1.99$, $SD = 0.91$), clearly positive attitudes toward therapy ($M = 4.07$, $SD = 0.73$), and moderate help-seeking intention ($M = 3.23$, $SD = 0.79$). These results suggest that the sample did not strongly endorse rigid traditional masculinity beliefs at the overall group level, nor did it show high average self-stigma.

The most striking descriptive pattern was the gap between therapy attitudes and help-seeking intention. Participants, on average, viewed therapy positively, yet were notably more moderate in imagining themselves actually seeking help. This suggests that many young men may be able to endorse therapy as useful in principle while still finding it difficult to claim for themselves in practice.

4.2 Correlation Analysis

The correlational findings showed that masculinity norms were positively associated with self-stigma related to therapy ($r = .620$, $p < .001$), indicating that stronger endorsement of masculinity-linked beliefs was associated with stronger self-devaluative responses to the idea of seeking therapy. Masculinity norms were negatively associated with attitudes toward therapy ($r = -.569$, $p < .001$) and help-seeking intention ($r = -.574$, $p < .001$). These findings suggest that masculinity-related beliefs were linked not only to how therapy was evaluated but also to willingness to seek help.

Self-stigma was strongly negatively associated with attitudes toward therapy ($r = -.798$, $p < .001$), which was the strongest relationship in the matrix. This suggests that when therapy is experienced as lowering self-worth, confidence, or strength, attitudes toward therapy become substantially less favourable. Self-stigma was also negatively associated with help-seeking intention ($r = -.500$, $p < .001$). Attitudes toward therapy were positively associated with help-seeking intention ($r = .438$, $p < .001$), but the relationship was moderate rather than strong enough to treat the two constructs as interchangeable.

4.3 Mediation Analysis

Mediation analysis was conducted to examine whether self-stigma functioned as an explanatory pathway linking masculinity norms with the two help-seeking outcomes. For attitudes toward therapy, the total effect of masculinity norms was $b = -.411$, $p < .001$. When self-stigma was included in the model, the direct effect reduced to $b = -.087$, and the indirect effect was -.325. This pattern suggests that self-stigma accounted for a substantial portion of the relationship between masculinity norms and therapy attitudes.

For help-seeking intention, the total effect of masculinity norms was $b = -.450$, $p < .001$. After including self-stigma, the direct effect reduced to $b = -.336$, and the indirect effect was -.114. This indicates a more

partial pattern. Self-stigma accounted for part of the relationship between masculinity norms and help-seeking intention, but less strongly than in the case of therapy attitudes.

This difference is important. It suggests that self-stigma may be especially central in shaping what therapy means to the self and how therapy is evaluated. However, readiness to actually seek help appears to depend on additional factors beyond self-stigma alone, such as self-reliance, uncertainty about what therapy involves, skepticism about usefulness, or preference for informal support.

4.4 Qualitative Findings

Thematic analysis yielded four major themes.

Masculinity as Strength, Composure, and Responsibility: Participants commonly described masculinity in terms of staying strong, remaining composed, handling difficulties, and carrying responsibility. Masculinity was associated not only with toughness, but also with control, reliability, and functioning under pressure.

Vulnerability as Socially Conditioned Difficulty: Participants often framed men's difficulty with emotional openness as socially learned rather than naturally fixed. Emotional restriction was described as something reinforced through upbringing, social expectation, and limited modelling of vulnerability.

Therapy as Both Acceptable and Uncertain: Most participants did not reject therapy outright. Instead, therapy was described as acceptable but also uncertain. Some questioned its practicality or usefulness, which helps explain why therapy attitudes may appear positive while personal intention remains hesitant.

Growing Openness, But Continued Barriers: Participants felt that young men today are more open to discussing mental health than before. At the same time, barriers remained, including fear of appearing weak, difficulty opening up, low emotional familiarity, self-doubt, and the need for safer spaces to talk.

4.5 Integrated Discussion

Taken together, the findings suggest that young men's therapy reluctance is more nuanced than a simple narrative of refusal. The participants were not broadly anti-therapy. On average, they reported favourable attitudes toward therapy, and many had already considered or even attended therapy. Yet meaningful differences still emerged beneath those averages. Young men who more strongly endorsed masculinity-linked beliefs also tended to report greater self-stigma, less favourable therapy attitudes, and lower help-seeking intention.

One of the most important findings is the gap between positive therapy attitudes and only moderate help-seeking intention. This supports the distinction between seeing therapy as useful and being personally ready to access it. In practical terms, it is not enough for young men to believe that therapy is legitimate. What matters is whether therapy feels personally acceptable, identity-compatible, and worth acting upon.

The mediation findings deepen this interpretation. Self-stigma appeared to substantially account for the masculinity–attitudes relationship, but only partially account for the masculinity–intention relationship. This suggests that when young men evaluate therapy, self-stigma may be a particularly immediate barrier because therapy can seem self-threatening, self-lowering, or inconsistent with masculine self-respect. However, when young men consider whether they would actually seek help, additional mechanisms likely come into play. These may include a preference for self-management, uncertainty about the process of therapy, practical skepticism, and the search for emotionally safe or non-threatening forms of support.

The qualitative findings support this view clearly. Participants did not describe help-seeking reluctance only in terms of shame. They also described masculinity as emotional control, vulnerability as socially difficult, and therapy as acceptable but not always convincing. This suggests that therapy reluctance is not

only a stigma issue, but also a meaning issue. Therapy may feel difficult because it appears to conflict with a valued image of being composed, strong, and self-reliant.

In the Indian urban context, these findings may be especially meaningful because mental health awareness is increasing while therapy may still carry implications related to privacy, family visibility, social image, and masculine self-sufficiency. Young men may therefore occupy a transitional position: more open to therapy than before, but not yet fully comfortable with personally accessing it.

5. CONCLUSION

The present study examined the relationship between masculinity norms and reluctance to seek therapy among young men, with particular attention to the role of self-stigma in shaping therapy attitudes and help-seeking intention. The findings suggest that young men are not uniformly resistant to therapy. On average, participants viewed therapy positively, and many had already considered or experienced it. At the same time, masculinity-linked beliefs around emotional control, self-reliance, and vulnerability remained meaningfully associated with poorer help-seeking outcomes.

Self-stigma emerged as a particularly important explanatory pathway, especially in relation to attitudes toward therapy. Help-seeking intention, however, appeared to depend on additional factors beyond self-stigma alone. The qualitative findings supported this by showing that young men may see therapy as acceptable in principle while still feeling uncertain, hesitant, or symbolically uncomfortable about seeking it personally.

Overall, the study suggests that the central issue is not simple rejection of therapy, but a more subtle tension between masculine self-expectations, internalised self-stigma, and the difficult movement from approval to action. These findings have direct relevance for counselling psychology. Mental health outreach aimed at young men may be more effective when it does more than promote awareness and instead makes help-seeking feel acceptable, useful, respectful, and compatible with strength and responsibility.

REFERENCES

1. Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist, 58*(1), 5–14.
2. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101.
3. Fetters, M. D., Curry, L. A., & Creswell, J. W. (2013). Achieving integration in mixed methods designs: Principles and practices. *Health Services Research, 48*(6 Pt. 2), 2134–2156.
4. Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development, 36*(4), 368–373.
5. Gaiha, S. M., Taylor Salisbury, T., Koschorke, M., Raman, U., & Petticrew, M. (2020). Stigma associated with mental health problems among young people in India: A systematic review of magnitude, manifestations and recommendations. *BMC Psychiatry, 20*, 538.
6. Girase, B., Parikh, R., Vashisht, S., Mullick, A., Ambhore, V., & Maknikar, S. (2022). India's policy and programmatic response to mental health of young people: A narrative review. *SSM - Mental Health, 2*, 100145.

7. Sanghvi, P. B., & Mehrotra, S. (2021). Help-seeking for mental health concerns: Review of Indian research and emergent insights. *Journal of Health Research, 36*(3), 428–441.
8. Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., & Dhillon, H. M. (2016). The role of masculinity in men's help-seeking for depression: A systematic review. *Clinical Psychology Review, 49*, 106–118.
9. Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology, 53*(3), 325–337.
10. Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology, 54*(1), 40–50.
11. Wilson, C. J., Deane, F. P., Ciarrochi, J., & Rickwood, D. (2005). Measuring help-seeking intentions: Properties of the General Help-Seeking Questionnaire. *Canadian Journal of Counselling, 39*(1), 15–28.
12. Wong, Y. J., Ho, M.-H. R., Wang, S.-Y., & Miller, I. S. K. (2017). Meta-analyses of the relationship between conformity to masculine norms and mental health-related outcomes. *Journal of Counseling Psychology, 64*(1), 80–93.
13. Yu, B. C. L., Chio, F. H. N., Chan, K. K. Y., Mak, W. W. S., Zhang, G., Vogel, D. L., & Lai, M. H. C. (2023). Associations between public and self-stigma of help-seeking with help-seeking attitudes and intention: A meta-analytic structural equation modeling approach. *Journal of Counseling Psychology, 70*(1), 90–102.