

## Navigating Masculinity: Exploring Coping Strategies And Help-Seeking Attitudes Among Young Adult Men In India

Tanu Choksi<sup>1\*</sup>, Chandana Bhuyan<sup>2</sup>, Dr Chinu Agrawal<sup>3</sup>

<sup>1\*</sup>Research Scholar, Department of Psychology, SAM Global University, India

<sup>2</sup>Research Scholar, Department of Psychology, SAM Global University, India

<sup>3</sup>Professor, Department of Psychology, SAM Global University

### Abstract

Young adult men in India face significant challenges in addressing mental health issues due to societal expectations, cultural norms, and stigma surrounding emotional expression and help-seeking behaviors. This qualitative study examines the coping strategies and help-seeking attitudes of young adult men in India, focusing on the impact of societal and cultural norms on their mental health behaviors. Through semi-structured interviews with 30 male participants aged 18 to 30, a range of adaptive and maladaptive coping strategies were identified. Adaptive strategies included physical exercise, mindfulness, and social support, while maladaptive behaviors such as substance use and emotional suppression were common. Participants' reluctance to seek professional help was influenced by stigma, self-reliance, and societal expectations of masculinity. Barriers to accessing mental health services included financial constraints, lack of awareness, and cultural beliefs surrounding mental health. These findings stress the need for improved mental health awareness, accessible resources, and the challenging of societal norms that deter young men from seeking professional support. The study calls for culturally sensitive interventions to promote healthier coping and help-seeking behaviors among young adult men in India.

**Keywords:** coping strategies, help-seeking behavior, young adult men, India, mental health

### Navigating Masculinity: Exploring Coping Strategies and Help-Seeking Attitudes Among Young Adult Men in India

Mental health has gained increasing attention as a crucial aspect of overall well-being, particularly in young adults who are navigating critical life transitions. Among this demographic, young adult men face unique challenges related to mental health that are often overlooked or understudied, particularly in non-Western contexts. In many cultures, including India, societal norms surrounding masculinity play a significant role in shaping how men experience, express, and cope with emotional difficulties. These expectations can discourage men from openly addressing their mental health needs, instead promoting ideals of self-reliance, emotional toughness, and resilience. Such cultural and societal pressures can result in maladaptive coping strategies and a reluctance to seek professional help, further complicating mental health outcomes (McKenzie et al., 2018; Gough & Novikova, 2020; Meghrajani et al., 2023).

India, a country with a rich cultural diversity and traditional values, presents a unique context for exploring the mental health experiences of young men. Despite growing awareness of mental health issues globally, there remains a strong stigma attached to seeking psychological support in India, particularly among men. Mental health services in the country are often inaccessible due to a combination of factors, including limited awareness, financial constraints, and deeply ingrained cultural

beliefs that associate emotional distress with spiritual or moral failings (Raghavan et al., 2022; Meghrajani et al., 2023). These cultural barriers, along with a societal preference for emotional restraint, create an environment where young men are discouraged from seeking help, even when they may be struggling with significant emotional or psychological challenges.

The period of young adulthood, typically defined as the ages between 18 and 30, is marked by several critical transitions, including the pursuit of higher education, entry into the workforce, and the formation of long-term relationships. These life stages are often accompanied by significant stressors, such as academic pressures, job instability, and familial responsibilities, all of which can contribute to heightened emotional and psychological distress. How young men cope with these stressors is crucial for understanding their mental health outcomes and for developing interventions that can effectively address their needs (Oosterle, 2013; Matud et al., 2020).

Previous research has highlighted that while some young men employ adaptive coping strategies—such as exercise, social support, and mindfulness—others resort to maladaptive behaviors, including substance use and emotional suppression, to manage their emotional distress (Almeida et al., 2021; Bondarchuk et al., 2023). However, much of the existing literature on male mental health and coping strategies has been conducted in Western

contexts, where societal expectations and the availability of mental health services differ significantly from those in India (Sagar-Ouriaghli et al., 2019; Ahad et al., 2023). The cultural specificity of mental health experiences underscores the need for localized research that can provide insights into the unique challenges faced by young men in India and inform the development of culturally appropriate interventions.

Given the significant role that societal norms play in shaping emotional expression and help-seeking behavior, it is important to examine how these norms influence young men in India (Sagar-Ouriaghli et al., 2019). In many Indian families, emotional vulnerability is often seen as a sign of weakness, particularly for men, who are traditionally expected to be the strong, stoic providers. As a result, young men may suppress their emotions or resort to coping strategies that provide temporary relief but do not address the underlying issues. This reluctance to engage with emotions not only impacts their mental health but also limits their willingness to seek professional help when needed (Raghavan et al., 2022; Meghrajani et al., 2023).

This study aims to explore the coping strategies and help-seeking attitudes of young adult men in India, with a focus on understanding how societal and cultural factors influence these behaviors. By employing a phenomenological approach, this study seeks to capture the lived experiences of young men from diverse socio-economic backgrounds across India, offering a nuanced perspective on their mental health practices. The study also aims to identify the barriers that prevent young men from seeking professional mental health support, despite the growing awareness of mental health issues in urban areas of the country. Through in-depth interviews, the research will provide insights into both adaptive and maladaptive coping strategies, while also highlighting the societal expectations that shape how young men in India navigate emotional challenges.

In doing so, this study contributes to the limited body of research on male mental health in non-Western contexts, particularly in India, where traditional gender roles and cultural norms play a significant role in shaping mental health outcomes. By examining the interplay between societal expectations, coping strategies, and help-seeking behavior, this research seeks to inform the development of culturally sensitive interventions that can better support young men in managing their mental health. It also highlights the need for greater mental health awareness, more accessible resources, and efforts to challenge societal norms that discourage help-seeking behaviors among young

men. Ultimately, the findings of this study contribute to a deeper understanding of how young adult men in India cope with stress and navigate the complex intersection of masculinity, mental health, and cultural expectations.

### **Review of Literature**

The mental health of young adults, particularly young men, has been a topic of increasing concern worldwide. Numerous studies have highlighted the challenges that young men face in addressing mental health issues due to societal expectations, stigma, and cultural norms. This review of literature aims to provide an overview of existing research on coping strategies, help-seeking behaviors, and the influence of societal and cultural norms on young adult men's mental health, with a specific focus on the Indian context.

### ***Coping Strategies and Mental Health***

Coping strategies refer to the methods individuals use to manage stress and emotional distress. Lazarus and Folkman (1984) conceptualized coping as a process that can be both adaptive and maladaptive, depending on the context and the strategies employed (Biggs et al., 2017). Research indicates that young men tend to rely on a mix of coping mechanisms to manage stress, ranging from adaptive strategies such as physical activity, mindfulness, and seeking social support to maladaptive behaviors like substance use and emotional suppression (Graves et al., 2021). Adaptive coping strategies, such as exercising or talking to friends, are often associated with positive mental health outcomes, while maladaptive behaviors, such as avoidance or substance abuse, tend to exacerbate stress and emotional challenges (Rodrigues et al., 2023).

Several studies in Western contexts have noted that young men are more likely to engage in maladaptive coping strategies, including substance use and emotional withdrawal, due to societal expectations that discourage emotional vulnerability (Seidler et al., 2016; Berke et al., 2020). However, the limited research available on Indian men suggests that these behaviors may be more pronounced in India due to traditional cultural norms that emphasize masculinity, emotional restraint, and self-reliance (Raghavan et al., 2022; Meghrajani et al., 2023). These findings point to a need for culturally contextualized research that examines how Indian men cope with emotional challenges in environments where mental health support is often stigmatized.

### ***Help-Seeking Behavior***

Help-seeking behavior is a critical factor in addressing mental health challenges, yet studies

have consistently shown that men are less likely to seek professional mental health support than women (Gulliver et al., 2010). Men's reluctance to seek help is often attributed to cultural norms that equate masculinity with emotional control, independence, and strength, making the act of seeking help appear as a sign of weakness (Vickery, 2021). This gendered expectation leads to a lower likelihood of men seeking therapy, counseling, or other professional mental health services, even when they experience significant emotional distress. In the Indian context, research has identified multiple barriers to help-seeking among men, including stigma, lack of awareness, and financial constraints (Aparna & Vijayan, 2024). Indian society traditionally emphasizes familial and community-based support systems over professional mental health services, and mental health issues are often viewed as personal or spiritual failings. These cultural beliefs further dissuade individuals, particularly men, from seeking professional help, as doing so may be seen as a failure to meet societal expectations of resilience and emotional control (Meghrajani et al., 2023; Ahad et al., 2023). Studies have also found that Indian men often prioritize self-reliance and attempt to solve their problems independently, resorting to professional help only as a last resort (Meghrajani et al., 2023; Chakrapani & Bharat, 2023).

### ***Societal and Cultural Norms***

Societal expectations and cultural norms play a pivotal role in shaping how men experience and express their emotions. Connell's (1995) theory of hegemonic masculinity has been widely used to explain the pressure men face to conform to ideals of toughness, stoicism, and self-reliance (Messerschmidt, 2019). In many cultures, including India, these expectations are further reinforced by traditional gender roles that discourage men from openly expressing vulnerability or seeking emotional support (McKenzie et al., 2022). Indian men, in particular, are often socialized to suppress emotions and maintain a facade of strength, which can contribute to a variety of maladaptive coping strategies (Carvalho, 2024).

The intersection of these societal norms with familial expectations also contributes to men's reluctance to seek help. Indian families often place a high value on self-sufficiency, particularly for male members, who are expected to fulfill the role of providers and protectors. This cultural emphasis on emotional restraint creates significant barriers to open emotional expression and professional help-seeking (Raghavan et al., 2022; Meghrajani et al., 2023). As a result, young men in India may feel pressure to conform to these ideals, leading to emotional suppression and a reliance on

maladaptive coping strategies, such as substance use or overwork, to manage stress.

While adaptive strategies, such as exercise and social support, can promote well-being, many young men in India resort to maladaptive behaviors due to the pressures of conforming to masculine ideals. Moreover, the stigma surrounding mental health and the cultural preference for self-reliance present significant barriers to seeking professional help. These findings stress the need for culturally sensitive mental health interventions that challenge societal norms and promote more accessible mental health resources for young men in India.

### ***Methods***

This qualitative study employed a phenomenological approach to explore the coping strategies and help-seeking attitudes of young adult men in India. The research was conducted in three key phases:

#### ***Participant Selection***

A purposive sampling technique was used to select 30 male participants under the age of 30 from various socio-economic backgrounds across India. Recruitment was done through university networks, social media, and community outreach initiatives. The inclusion criteria required participants to be male, aged between 18 to 30, and willing to engage in in-depth interviews.

#### ***Data Collection***

Data was collected through semi-structured interviews, which allowed participants to share their experiences and coping mechanisms in response to stressors. The interviews, lasting between 45 to 60 minutes, were conducted both in-person and online to ensure accessibility and convenience for participants from different regions. Questions focused on personal coping strategies, emotional expression, help-seeking attitudes, and perceived barriers to seeking professional help.

#### ***Data Analysis***

The interviews were audio-recorded, transcribed verbatim, and analyzed using thematic analysis. Researchers followed Braun and Clarke's (2006) six-phase framework for thematic analysis: familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. The analysis was conducted manually, with cross-validation by two independent researchers to ensure inter-coder reliability. Key themes related to adaptive and maladaptive coping strategies, openness to professional help, and the influence of societal norms on emotional expression were identified.

**Ethical Considerations**

Participants were provided with an informed consent form, ensuring confidentiality, voluntary participation, and the right to withdraw at any time. To maintain anonymity, pseudonyms were assigned to all participants, and sensitive information was handled with strict confidentiality.

**Results**

The thematic analysis of the interviews yielded several key themes that highlight the coping strategies and help-seeking attitudes of young adult men in India. These themes are categorized into three main areas: adaptive coping strategies, maladaptive coping strategies, and attitudes toward professional help-seeking. Additionally, societal and cultural influences on emotional expression were significant across all themes.

**Adaptive Coping Strategies**

Participants shared various adaptive strategies they used to manage stress and emotional challenges, including physical activity, seeking social support, and engaging in creative outlets.

**Exercise and Physical Activity.** Many participants cited engaging in physical activities like running, going to the gym, or playing sports as a key way to relieve stress. Physical exercise was described as a way to channel negative emotions productively and improve mental well-being.

"When I'm feeling overwhelmed, I go for a run. There's something about just getting out there and moving that helps me clear my head. It's like all the stress melts away for a little while." - Participant 7, 24 years old.

**Social Support.** Turning to close friends or family members for support was another commonly mentioned coping mechanism. Participants described how sharing their struggles with trusted individuals helped them gain perspective and emotional relief.

"I always talk to my closest friend when things get tough. He doesn't judge me, and just having someone listen makes me feel a lot better. It's not always easy to talk about what's going on inside, but with him, I can." - Participant 13, 21 years old

**Mindfulness and Meditation.** A significant number of participants reported practicing mindfulness, yoga, or meditation to deal with stress. These practices were used as tools for self-regulation and emotional balance.

"I've started practicing meditation regularly. At first, I thought it was just for spiritual people, but now I realize how much it helps in calming my mind. Even just 10 minutes of mindfulness can make a huge difference." - Participant 19, 26 years old

**Hobbies and Creative Outlets.** Engaging in creative activities, such as painting, writing, or playing musical instruments, was noted as an effective means to manage emotional distress. Participants viewed these activities as healthy ways to divert their minds and express emotions.

**Maladaptive Coping Strategies**

Despite the presence of adaptive strategies, several participants also reported maladaptive behaviors when coping with stress and emotional difficulties:

**Substance Use.** Some participants disclosed that they resorted to alcohol or recreational drugs to manage stress. While they recognized these behaviors as harmful, they acknowledged the temporary relief they offered from emotional pain or societal pressure.

"Yeah, sometimes I'll have a few drinks when I'm stressed. I know it's not the best way to cope, but it helps me forget about everything for a while. Later, I regret it, but at that moment, it feels like the only option." - Participant 4, 22 years old

**Emotional Suppression.** A recurring theme was the tendency to suppress emotions, particularly feelings of sadness or vulnerability. Participants expressed that societal expectations of masculinity often discouraged them from openly sharing or addressing their emotions.

"In our society, we are told to 'be a man.' You're expected to deal with problems without showing emotion. So, most of the time, I just keep it inside. Crying or even talking about my feelings makes me feel like I'm failing as a man." - Participant 25, 29 years old

**Overwork and Distraction.** A few participants reported immersing themselves in work or studies to avoid confronting emotional issues. While this provided a short-term distraction, they acknowledged that this behavior sometimes exacerbated their stress.

"I just bury myself in my work or studies. It's easier to keep my mind occupied with something productive than to sit and think about my problems. It's exhausting, but at least I don't have to deal with the emotional side of things." - Participant 11, 20 years old

**Help-Seeking Attitudes**

The study also revealed diverse attitudes toward seeking professional help for mental health challenges:

**Openness to Counseling.** A subset of participants demonstrated a willingness to seek professional mental health support, particularly those who were exposed to mental health awareness campaigns or

had prior positive experiences with therapy. These individuals reported finding value in talking to a professional who could offer non-judgmental support.

"I used to think therapy was unnecessary, but after attending a couple of sessions, I realized how helpful it can be. The therapist doesn't judge, and I can talk freely. It's still something I keep private, though. Not everyone around me would understand." - Participant 16, 27 years old

**Stigma and Hesitancy.** Despite the growing awareness of mental health issues, many participants expressed hesitation to seek professional help due to stigma. They felt that seeking therapy would be viewed as a sign of weakness or failure, particularly within their families or social circles.

"People think going to therapy means something is wrong with you, like you're weak. I don't want others to think I'm not capable of handling things on my own. So even if I want to seek help, I hesitate." - Participant 9, 23 years old

**Self-Reliance.** A significant number of participants believed in solving their problems independently, viewing therapy as a last resort. This belief was often tied to societal expectations of men being self-sufficient and emotionally resilient.

"I've always believed that I should handle my own problems. Therapy feels like admitting defeat, and I'm not sure I'm ready for that. I'd rather figure things out on my own." - Participant 22, 25 years old

### ***Societal and Cultural Influences on Emotional Expression***

A dominant theme across all interviews was the influence of societal norms and cultural expectations on emotional expression and coping behaviors:

**Masculinity Norms.** Participants frequently referred to cultural norms that encourage men to be strong, stoic, and unemotional. These norms shaped their coping strategies, often leading them to suppress their emotions or refrain from seeking help, even when they recognized the need for it.

"From a young age, we're told to be tough. My father always said, 'Don't cry like a girl,' and that stuck with me. So even when I'm feeling really low, I don't show it. It's like there's this expectation that men shouldn't be emotional." - Participant 28, 28 years old

**Familial Expectations.** Several participants mentioned the pressure to conform to family expectations, particularly the belief that men should not openly express vulnerability. This societal expectation often acted as a barrier to seeking emotional support or professional help.

"In my family, we don't really talk about feelings. If I told my parents I was seeing a therapist, they wouldn't understand. They'd probably tell me to pray or just focus on my work. Mental health isn't something we discuss." - Participant 3, 18 years old

### ***Barriers to Seeking Professional Help***

Participants identified various barriers that hindered their willingness to seek mental health support:

**Lack of Awareness.** Some participants noted that they were unaware of the available mental health resources or how to access them.

"To be honest, I don't even know where to go if I needed help. Mental health services aren't really advertised, and I wouldn't even know what to look for." - Participant 5, 21 years old

**Cost and Accessibility.** Financial constraints and a lack of accessible mental health services in rural areas were cited as significant barriers for participants, particularly those from lower socioeconomic backgrounds.

"Therapy is expensive, especially for someone like me who is still a student. Even if I wanted to go, I'm not sure I could afford regular sessions." - Participant 14, 20 years old

**Cultural Beliefs.** A few participants mentioned traditional beliefs about mental health that dissuaded them from seeking help. They perceived mental health struggles as spiritual or moral failings, which should be addressed through religious or familial interventions rather than professional therapy.

"In our culture, mental health is often seen as something that can be fixed through religious practices or by talking to elders. People don't really think about seeing a professional unless it's something extreme." - Participant 30, 29 years old

The findings of this study reveal that young adult men in India employ a mix of adaptive coping strategies, such as exercise, social support, and mindfulness, alongside maladaptive behaviors like substance use and emotional suppression, to manage stress. Help-seeking attitudes were heavily influenced by societal norms, with many participants reluctant to seek professional mental health support due to stigma, self-reliance, and a strong belief in emotional resilience. Societal expectations of masculinity and familial pressures further impacted their emotional expression and shaped coping mechanisms. Barriers to seeking professional help included the stigma surrounding mental health, a lack of awareness about available resources, financial constraints, and cultural beliefs that discourage seeking therapy. These findings highlight the urgent need for increased mental health awareness, accessible services, and efforts to

challenge societal norms that deter help-seeking behaviors among young men in India.

### Discussion

The findings from this study provide valuable insights into the coping strategies and help-seeking attitudes of young adult men in India, underscoring the complex interplay between individual behaviors, societal norms, and cultural expectations. The results are consistent with existing research on mental health in the Indian context, highlighting the ongoing challenges young men face in addressing emotional and psychological well-being.

### *Adaptive Coping Strategies*

The study found that many participants engaged in adaptive coping strategies, such as exercise, social support, mindfulness, and creative outlets, to manage stress. These findings align with research indicating the mental health benefits of physical activity and social connections. For example, regular physical exercise has been shown to alleviate symptoms of anxiety and depression by promoting endorphin release and reducing stress levels (Craft & Perna, 2004). Similarly, social support has long been recognized as a key protective factor in mental health, with individuals who have strong social networks showing greater resilience to stress and adversity (Cohen & Wills, 1985).

The use of mindfulness and meditation practices reported by participants also echoes findings from studies that emphasize the growing acceptance of these techniques as tools for stress reduction and emotional regulation. Research suggests that mindfulness can significantly reduce symptoms of anxiety, depression, and stress by fostering a non-judgmental awareness of one's thoughts and emotions (Hofmann et al., 2010). This is particularly relevant in India, where mindfulness practices have historical roots and may be more culturally acceptable as a coping strategy compared to other interventions.

### *Maladaptive Coping Strategies*

Despite the presence of adaptive strategies, many participants reported engaging in maladaptive coping mechanisms, such as substance use, emotional suppression, and overworking, to deal with stress. These behaviors reflect the tension between societal expectations of masculinity and the emotional challenges faced by young men. Emotional suppression, in particular, was a recurrent theme, with participants expressing that societal norms often discourage men from openly expressing vulnerability or seeking help. This finding supports research on the detrimental effects of emotional suppression, which is associated with increased stress, anxiety, and depressive symptoms (Gross & John, 2003).

Substance use as a means of coping, although recognized as harmful by participants, was still practiced by some, highlighting the allure of short-term relief from emotional distress. This is consistent with findings from global research on maladaptive coping, where alcohol and substance use are frequently employed to manage negative emotions but often result in long-term harm to mental health (Tartaglia & Bergagna, 2019). The cultural context in India may further exacerbate this issue, as seeking professional help is often stigmatized, pushing individuals toward maladaptive behaviors as a means of self-management.

### *Help-Seeking Attitudes and Barriers*

Participants expressed mixed attitudes toward professional help-seeking. While some showed openness to counseling and recognized its benefits, the majority were hesitant to seek help due to stigma, self-reliance, and a belief in the importance of emotional resilience. This finding supports previous research indicating that mental health stigma remains a significant barrier in India, particularly for men (Raghavan et al., 2022). Societal expectations of masculinity, which emphasize self-sufficiency and emotional control, often prevent young men from acknowledging the need for help, let alone seeking it. The belief that seeking therapy is a sign of weakness is consistent with studies highlighting how gender norms shape attitudes toward mental health support (Mahalik & Di Bianca, 2021).

In addition to stigma, practical barriers to accessing mental health services, such as lack of awareness, financial constraints, and cultural beliefs, were commonly reported by participants. This echoes findings from other research in India, which suggests that mental health services are often inaccessible to many, particularly those from lower socio-economic backgrounds or rural areas (Guttikonda et al., 2019). Financial concerns, in particular, were a recurring theme in this study, with several participants expressing that the cost of therapy made it unattainable. These barriers emphasize the need for more affordable and widely available mental health services, particularly for younger populations.

### *Societal and Cultural Influences on Emotional Expression*

A dominant theme across all interviews was the influence of societal norms and cultural expectations on emotional expression and coping behaviors. Participants frequently mentioned the pressure to conform to traditional masculinity norms, which discourage emotional vulnerability and stress the importance of strength and stoicism. This is consistent with research on gender role conflict,

which highlights how rigid masculine norms can inhibit emotional expression and lead to poorer mental health outcomes (O'Neil, 2008). In the Indian context, these norms may be even more pronounced, given the cultural emphasis on family honor, reputation, and fulfilling prescribed gender roles. Family dynamics also played a significant role in shaping help-seeking attitudes, with many participants noting that mental health discussions are often taboo within their families. Instead, families often encourage prayer, reliance on elders, or spiritual practices to manage emotional issues, reflecting broader cultural beliefs that mental health struggles are a private matter or a moral failing (Choudhry et al., 2016). This finding is supported by research showing that Indian families often prioritize traditional methods of coping, such as religious interventions, over seeking professional help (Chandra et al., 2015).

The limitations of the study involve a sample size of 30 participants, while providing rich qualitative data, may not fully represent the diverse experiences of all young adult men in India, particularly those from rural or marginalized communities. Additionally, the reliance on self-reported data may introduce bias, as participants might underreport maladaptive behaviors or overemphasize adaptive strategies due to social desirability.

### Implications for Mental Health Interventions

These findings suggest several important implications for improving mental health outcomes among young adult men in India:

1. **Culturally Sensitive Mental Health Awareness Campaigns:** Given the significant role of societal norms and stigma, mental health interventions should focus on challenging the rigid gender norms that discourage emotional expression. Public campaigns that normalize vulnerability and emphasize the strength in seeking help could play a key role in reducing stigma.
2. **Accessible and Affordable Mental Health Services:** Addressing the financial barriers to professional help is crucial. Government and non-profit initiatives should work toward providing subsidized or low-cost mental health services, particularly in underserved areas, to make therapy more accessible to young men from diverse socio-economic backgrounds.
3. **Integration of Traditional and Modern Approaches:** Given the cultural preference for traditional coping mechanisms, integrating mindfulness and other culturally accepted practices into mental health care could increase the likelihood of help-seeking. Tailoring interventions to incorporate familiar practices while introducing modern therapeutic techniques may foster greater acceptance.

4. **Community and School-Based Mental Health Programs:** Universities and local communities can play an essential role in offering mental health education and support. Programs aimed at increasing awareness about mental health resources and providing peer support could help bridge the gap between societal expectations and the need for professional assistance.

### Conclusion

This study highlights the diverse coping strategies and complex help-seeking attitudes of young adult men in India. While many engage in adaptive behaviors, societal norms and cultural pressures often push them toward maladaptive coping and hinder professional help-seeking. Addressing these issues requires targeted interventions that reduce stigma, challenge traditional masculinity norms, and make mental health services more accessible. By doing so, we can create a more supportive environment for young men to address their emotional and mental health needs effectively.

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## APPENDICES

### Appendix A

*Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist. (Table developed from: Tong, A.; Sainsbury, P.; Craig, J., Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care 2007, 19, (6), 349-57) [39].*

| S. No                                          | Item                                     | Guide question/description                                                                                                                                | Content Reported                                                                                                                                                  |
|------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Domain 1: Research team and reflexivity</b> |                                          |                                                                                                                                                           |                                                                                                                                                                   |
| <b>Personal Characteristics</b>                |                                          |                                                                                                                                                           |                                                                                                                                                                   |
| 1                                              | Interviewer/facilitator                  | Which author/s conducted the interview?                                                                                                                   | Ms. Tanu Choksi                                                                                                                                                   |
| 2                                              | Credentials                              | What were the researcher's credentials? e. g. PhD, MD                                                                                                     | M. A. in Psychology                                                                                                                                               |
| 3                                              | Occupation                               | What was their occupation at the time of the study?                                                                                                       | Psychotherapist                                                                                                                                                   |
| 4                                              | Gender                                   | Was the researcher male or female?                                                                                                                        | Female                                                                                                                                                            |
| 5                                              | Experience and Training                  | What experience or training did the researcher have?                                                                                                      | A trained psychologist who has over 10 years of experience in practice and research                                                                               |
| <b>Relationship with participants</b>          |                                          |                                                                                                                                                           |                                                                                                                                                                   |
| 6                                              | Relationship established                 | Was a relationship established prior to study commencement?                                                                                               | None of the interviewees were known to the researcher. Participants responded to recruitment themselves. Then a date, place, and time were arranged individually. |
| 7                                              | Participant knowledge of the interviewer | What did the participants know about the researcher? e. g. personal goals, reasons for doing the research                                                 | Participants were aware of the purpose of the study.                                                                                                              |
| 8                                              | Interviewer characteristics              | What characteristics were reported about the interviewer/facilitator? e. g. bias, assumptions, reasons, and interests in the research topic               | The researcher presented as a researcher and psychologist interested in knowing the Men's mental health in India                                                  |
| <b>Domain 2: study design</b>                  |                                          |                                                                                                                                                           |                                                                                                                                                                   |
| <b>Theoretical framework</b>                   |                                          |                                                                                                                                                           |                                                                                                                                                                   |
| 9                                              | Methodological orientation and Theory    | What methodological orientation was stated to underpin the study? e. g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis | A thematic analysis with an orientation towards reflexive thematic analysis by Braun and Clarke with an inductive approach was applied.                           |
| <b>Participant selection</b>                   |                                          |                                                                                                                                                           |                                                                                                                                                                   |
| 10                                             | Sampling                                 | How were participants selected? e. g. purposive, convenience, consecutive, snowball                                                                       | Purposive sample                                                                                                                                                  |
| 11                                             | Method of approach                       | How were participants approached? e. g. face-to-face, telephone, mail, email                                                                              | The participants were approached via mail and WhatsApp.                                                                                                           |

|                                        |                                |                                                                                                                                  |                                                                                                                                                  |
|----------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 12                                     | Sample size                    | How many participants were in the study?                                                                                         | 30                                                                                                                                               |
| 13                                     | Non-participation              | How many people refused to participate or dropped out? Reasons?                                                                  | Nil                                                                                                                                              |
| <b>Setting</b>                         |                                |                                                                                                                                  |                                                                                                                                                  |
| 14                                     | Setting of data collection     | Where was the data collected? e. g. home, clinic, workplace                                                                      | Interviews were conducted via in-person and Zoom (Online)                                                                                        |
| 15                                     | Presence of non-participants   | Was anyone else present besides the participants and researchers?                                                                | No one else was present.                                                                                                                         |
| 16                                     | Description of sample          | What are the important characteristics of the sample? e. g. demographic data, date                                               | Inclusion criteria are presented in the methods section. Interview took place in the month of December, 2023.                                    |
| <b>Data collection</b>                 |                                |                                                                                                                                  |                                                                                                                                                  |
| 17                                     | Interview guide                | Were questions, prompts, guides provided by the authors? Was it pilot tested?                                                    | The interview guide is described in the paper. It was pilot tested with colleagues                                                               |
| 18                                     | Repeat interviews              | Were repeat interviews carried out? If yes, how many?                                                                            | No repeated interviews.                                                                                                                          |
| 19                                     | Audio/visual recording         | Did the research use audio or visual recording to collect the data?                                                              | Interviews were digitally audio-recorded.                                                                                                        |
| 20                                     | Field notes                    | Were field notes made during and/or after the interview or focus group?                                                          | Field notes were made after the interviews, including observations and ideas.                                                                    |
| 21                                     | Duration                       | What was the duration of the interviews or focus group?                                                                          | Interviews' duration ranged between 45 to 60 minutes with an average duration of 35 minutes.                                                     |
| 22                                     | Data saturation                | Was data saturation discussed?                                                                                                   | Data saturation is discussed within the methods and limitations section                                                                          |
| 23                                     | Transcripts returned           | Were transcripts returned to participants for comment and/or correction?                                                         | Transcripts were not returned.                                                                                                                   |
| <b>Domain 3: Analysis and findings</b> |                                |                                                                                                                                  |                                                                                                                                                  |
| <b>Data analysis</b>                   |                                |                                                                                                                                  |                                                                                                                                                  |
| 24                                     | Number of data coders          | How many data coders coded the data?                                                                                             | The data were coded by TC, CB                                                                                                                    |
| 25                                     | Description of the coding tree | Did authors provide a description of the coding tree?                                                                            | No                                                                                                                                               |
| 26                                     | Derivation of themes           | Were themes identified in advance or derived from the data?                                                                      | Themes were identified inductively from the data.                                                                                                |
| 27                                     | Software                       | What software, if applicable, was used to manage the data?                                                                       | No software used                                                                                                                                 |
| 28                                     | Participant checking           | Did participants provide feedback on the findings?                                                                               | The paper was sent to participants prior to publishing to enable providing feedback on the findings. One participant provided positive feedback. |
| <b>Reporting</b>                       |                                |                                                                                                                                  |                                                                                                                                                  |
| 29                                     | Quotations presented           | Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e. g. participant number | Participant quotations are presented to illustrate the findings.                                                                                 |
| 30                                     | Data and findings consistent   | Was there consistency between the data presented and the findings?                                                               | Results are supported by data with direct quotations of participants                                                                             |
| 31                                     | Clarity of major themes        | Were major themes clearly presented in the findings?                                                                             | Major themes are presented, explained, and illustrated by direct quotations of participants in the results                                       |
| 32                                     | Clarity of minor themes        | Is there a description of diverse cases or discussion of minor themes?                                                           | Diverse cases and opinions are described throughout the results section.                                                                         |

**Appendix B***Interview Questions*

Can you briefly describe your family structure?

1. Can you describe a recent stressful situation and how you managed or coped with it?

2. What are some activities or practices you engage in to relieve stress or manage difficult emotions?
3. How comfortable do you feel expressing emotions like sadness, fear, or frustration to others?

4. What role, if any, do your family or close friends play when you are dealing with emotional challenges?
5. Have you ever considered seeking professional help (e.g., therapy or counseling) for stress or emotional issues? Why or why not?
6. What barriers, if any, do you think prevent people from seeking professional mental health support in your community?
7. How do societal expectations or norms about masculinity influence the way you deal with emotional or mental health challenges?
8. Do you think there is a stigma attached to seeking professional help for mental health? How does that impact your decisions?
9. Are there any cultural or spiritual practices you turn to when dealing with mental or emotional distress?
10. What changes or resources do you think would make it easier for young men to access mental health support in India?

### Appendix C

#### *Thematic Analysis on the data*

| Basic Codes                           | Organizational Theme           | Global Theme                                             |
|---------------------------------------|--------------------------------|----------------------------------------------------------|
| running                               | Exercise and physical activity | Adaptive Coping Strategies                               |
| Going to the gym                      |                                |                                                          |
| Playing outdoor sports                |                                |                                                          |
| friends                               | Social Support                 |                                                          |
| Family members                        |                                |                                                          |
| cousins                               |                                |                                                          |
| mindfulness                           | Mindfulness and Meditation     |                                                          |
| yoga                                  |                                |                                                          |
| meditation                            |                                |                                                          |
| painting                              | Hobbies and Creative Outlets   |                                                          |
| writing                               |                                |                                                          |
| Playing instruments                   |                                |                                                          |
| Drinking alcohol                      | Substance Use                  | Maladaptive Coping Strategies                            |
| Don't show sadness                    | Emotional Suppression          |                                                          |
| Run away from emotions                | Overwork and Distraction       |                                                          |
| Working a lot                         |                                |                                                          |
| Distract myself in studies            | Openness to Counseling         | Help-seeking attitudes                                   |
| Gets help                             |                                |                                                          |
| Awareness of mental health            | Stigma and Hesitancy           |                                                          |
| Don't want to go                      |                                |                                                          |
| Weakness                              |                                |                                                          |
| No problems with me                   | Self-Reliance                  |                                                          |
| Solve one's own problem               |                                |                                                          |
| self-dependent                        |                                |                                                          |
| Man should not depend on others       | Masculinity Norms              | Societal and Cultural Influences on Emotional Expression |
| Men are strong                        |                                |                                                          |
| Not expressing                        |                                |                                                          |
| Men should not cry                    | Familial Expectations          |                                                          |
| Men should not depend                 |                                |                                                          |
| Men should not express emotions       |                                |                                                          |
| Is there mental health?               | Lack of Awareness              | Barriers to seeking Professional Help                    |
| Where to go for a psychologist?       | Cost and Accessibility         |                                                          |
| Cost of 1 hour is high                |                                |                                                          |
| No mental health professionals nearby |                                |                                                          |
| It is Karma                           | Cultural Belief                |                                                          |
| Temple can cure mental illness        |                                |                                                          |