

Research Paper

Masculine Norms and Mental Help-Seeking in Indian Men: The Mediating Role of Self-Stigma of Seeking Help

Neil Joshi^{1*}, Dr. Uma Krishnan¹

ABSTRACT

This study examined associations between masculine norms, Asian values, self-stigma of seeking help, and mental help-seeking attitudes among 403 Indian men aged 18-29 years from urban areas across India, testing mediation and moderation effects using a cross-sectional survey design. Participants completed validated measures including the Male Role Norms Inventory-Revised, Asian Values-Revised Scale, Self-Stigma of Seeking Help Scale, and Mental Help-Seeking Attitudes Scale. Mediation and moderation analyses were performed using bootstrapping procedures. Results showed significant negative correlations between masculine norms and help-seeking attitudes ($r_s = -0.176, p < .001$), and between self-stigma and help-seeking attitudes ($r_s = -0.458, p < .001$). Masculine norms were positively correlated with self-stigma ($r_s = 0.421, p < .001$). Self-stigma fully mediated the relationship between masculine norms and help-seeking attitudes (indirect effects: $\beta = -0.163$ to -0.151 , all $p < .001$). Asian values did not moderate the masculine norms-help-seeking relationship. These findings demonstrate that self-stigma serves as a critical mechanism linking masculine norms to negative help-seeking attitudes among Indian men. Results support developing culturally sensitive interventions targeting self-stigma reduction to promote mental health service utilisation.

Keywords: *Masculinity, Self-Stigma, Asian Values, Help-Seeking, Indian Men*

Traditional masculine role norms represent socially constructed beliefs about appropriate male behavior that are transmitted through socialisation processes and reinforced through cultural expectations [30]. These norms encompass several dimensions including emotional restrictiveness, avoidance of femininity, self-reliance, dominance, and sexual prowess. More broadly, gender norms refer to culturally constructed expectations about how individuals should think, feel, and behave based on their perceived gender, influencing not only public presentation but also emotional experiences, interpersonal relationships, and personal decision-making.

The strain model of masculinity [39] provides a theoretical foundation for understanding how rigid adherence to masculine norms can create psychological distress. According to this model, it is not the masculine norms themselves that are inherently problematic, but rather

¹Department of Psychology, CHRIST University, Bengaluru, India
ORCID ID - <https://orcid.org/0009-0001-2434-6749>

*Corresponding Author

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the inflexible adherence to these norms that can lead to maladaptive outcomes. When men rigidly endorse masculine norms, they may experience psychological strain when unable to meet these idealized standards, particularly in contexts where such adherence conflicts with adaptive behaviors like help-seeking.

Research consistently demonstrates that these masculine norms often discourage emotional vulnerability and help-seeking [2, 16, 19, 20, 21, 34, 37, 42, 48]. For instance, Heath et al. [19] found that adherence to these norms was significantly associated with higher self-stigma ($\beta = .40, p < .001$) and greater disclosure risks ($\beta = .32, p < .001$) among undergraduate men.

Key concepts in this framework include mental help-seeking attitudes, which refer to an individual's overall evaluative disposition towards engaging with professional psychological services, and self-stigma, defined as the negative attitudes that people hold, including internalized attitudes, that people with or without a mental condition have about one's own or others' condition [45].

The intersection of masculinity and cultural values adds another layer of complexity to help-seeking behavior. Asian values refer to a set of culturally rooted beliefs and norms commonly found in many Asian societies, including respect for authority and elders, emotional restraint, family obligation, collectivism, filial piety, and the prioritisation of group harmony over individual expression. In this study, Asian values are understood through the lens of enculturation, which involves internalising cultural ideals through socialisation.

The rationale for examining Asian values as a moderating factor stems from the theoretical overlap between certain Asian cultural values and traditional masculine norms. Both emphasise emotional restraint, prioritise stoicism over emotional expression, and discourage behaviors that might be perceived as weakness or vulnerability. This convergence suggests that Asian values may amplify the negative effects of masculine norms on help-seeking attitudes, as individuals who strongly endorse both sets of values may face compounded barriers to seeking mental health support [27, 53].

Mitra and Arnett [33] studied emerging adults in India. They found several factors that suggest potential differences from Asian Americans in mental help-seeking attitudes, which are relevant to understanding masculine role norms and stigma. Indian emerging adults experience what researchers term "unresolved dualism," where they must simultaneously fulfil traditional collectivist family obligations while pursuing individualistic goals of independence and autonomy [23]. This dilemma creates a unique psychological burden where masculine role expectations may amplify, where men must serve as both traditional family providers and modern autonomous achievers, with significantly higher proportions of Indian emerging adults endorsing parental financial support as important for adult status compared to their American counterparts [36]. The strong family involvement in life decisions suggests that mental help-seeking may be more likely to involve family consultation, potentially creating different pathways for both stigma and support compared to Asian American experiences [5]. Furthermore, globalisation has led to a "reorganisation of cultural norms" among middle-class Indian youth, with lower endorsement of community traditions and societal norms than individual goals [7]. This reorganisation suggests that

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traditional Asian values may operate differently in the Indian context, focusing more on specific family obligations rather than broader social conformity [3].

Despite the global relevance of masculinity research, there is a paucity of studies examining masculinity within the Indian context. Mahalingam and Balan [32] found that endorsement of traditional masculine norms was positively correlated with psychological well-being among Indian men. More recently, Choksi et al. [11] conducted a qualitative study revealing that Indian men employ both adaptive coping strategies (e.g., meditation, exercise, social support, and hobbies) and maladaptive coping strategies (e.g., substance use, emotional suppression, overwork, and distraction) when managing emotional challenges. Additionally, their study demonstrated that participants held mixed attitudes toward seeking professional psychological help, with the majority expressing hesitance due to concerns about stigma, preferences for self-reliance, and the cultural importance placed on emotional resilience. These findings suggest that Indian men's strict adherence to masculine norms contributes to their reluctance to seek mental health support. Furthermore, research has identified culture as a significant factor in resistance toward help-seeking behaviors [13, 38].

Theoretical Framework

Reactance Theory [9] suggests that when individuals perceive threats to their freedom or autonomy, they experience psychological reactance that motivates them to restore that freedom, often through resistance or avoidance behaviors. In the context of mental help-seeking among Indian men, masculine role norms create pressure to maintain emotional stoicism and self-reliance. At the same time, Asian values emphasize family honor and collective harmony over individual vulnerability. These cultural expectations threaten men's perceived freedom to express emotional needs, triggering reactance that manifests as increasingly negative mental help-seeking attitudes. Self-stigma of seeking help emerges as individuals internalize these cultural pressures, viewing help-seeking as a violation of their masculine and cultural identity. The result is a defensive cycle where cultural pressures to maintain social order paradoxically reduce the likelihood of adaptive help-seeking behavior. Vogel et al. [49] developed a mediation model to explore the relationship between masculine norms, self-stigma, and help-seeking attitudes, focusing on predominantly Western male samples. In this model, masculine norms led to an increase in self-stigma, which in turn reduced men's willingness to seek professional psychological help. The present study builds on this foundation to see if this model finds similar results in Indian men, but also expands by incorporating Asian values to assess whether moderating pathways hold in a non-Western context, specifically in India.

Objectives

- Objective 1: To examine the associations between Masculine Role Norms, Self-Stigma of Seeking Help, Asian Values, and Mental Help-Seeking Attitudes.
- Objective 2: To investigate the mediating role of Self-Stigma of Seeking Help in the relationship between Masculine Role Norms and Mental Help-Seeking Attitudes.
- Objective 3: To examine the moderating role of Asian Values in the relationship between Masculine Role Norms and Mental Help-Seeking Attitudes.

Hypothesis

- H1a: Masculine Norms are negatively associated with Mental Help-Seeking Attitudes.

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- H1b: Masculine Norms are positively associated with Self-Stigma of Seeking Help.
- H1c: Self-Stigma of Seeking Help is negatively associated with Mental Help-Seeking Attitudes.
- H1d: Asian Values are negatively associated with Mental Help-Seeking Attitudes.
- H2: Self-Stigma of Seeking Help mediates the relationship between Masculine Norms and Mental Help-Seeking Attitudes.
- H3: Asian Values moderate the relationship between Masculine Norms and Mental Help-Seeking Attitudes, such that the negative association is stronger among individuals with higher Asian Values.

METHODOLOGY

Inclusion Criteria

The current study included Indian men between the ages of 18 and 29 years, representing the developmental stage of emerging adulthood. Participants were born and brought up in India, and resided in urban areas across India, classified into Tier 1, Tier 2, and Tier 3 cities. Tier 1 cities are major metropolitan areas with populations exceeding 1 million (e.g., Bengaluru, Mumbai, Delhi). Tier 2 cities have populations ranging from 50,000 to 1 million and are characterised by rapid urban development (e.g., Pune, Kochi, Lucknow). Tier 3 cities are smaller urban centers with populations between 20,000 and 49,999. All participants were either currently enrolled in undergraduate or postgraduate programs or engaged in employment at the time of data collection.

Exclusion Criteria

The current study will exclude people who are of the other sex than biological males, and Indians who have grown up abroad. In addition, participants who had a history of mental illness and those who have sought professional psychological help were excluded.

Participant Characteristics

The sample consisted of 403 emerging adult Indian men residing in urban areas across India. Participants ranged in age from 18 to 29 years ($M = 22.72$, $SD = 3.05$ years). Emerging adults were specifically selected as the target demographic based on prior research highlighting developmental differences between Indian emerging adults and their Western counterparts [33]. Furthermore, the data suggests that 188 participants were in an Undergraduate programme, 116 were employed, 51 participants were in a Postgraduate programme, and 48 participants were unemployed and seeking a job. Additionally, all participants were unmarried and reported no prior history of mental illness or previous engagement with professional psychological services.

Sampling Procedure

The current study was conducted in urban cities using online mode through social media websites. The survey link was distributed via social media platforms, primarily Instagram and Reddit, to maximise outreach to emerging adult Indian men. On Reddit, the survey was posted in state-specific subreddits to ensure geographical diversity. These subreddits included: r/AndhraPradesh, r/ArunachalPradesh, r/Assam, r/Bihar, r/Chhattisgarh, r/Goa, r/Gujarat, r/Haryana, r/HimachalPradesh, r/Jharkhand, r/Karnataka, r/Kerala, r/MadhyaPradesh, r/Maharashtra, r/Manipur, r/Meghalaya, r/Mizoram, r/Nagaland, r/Odisha, r/Punjab, r/Rajasthan, r/Sikkim, r/TamilNadu, r/Telangana, r/Tripura, r/UttarPradesh,

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r/Uttarakhand, and r/WestBengal. The participants were given a compiled form including the informed consent, confidentiality, and all the test items to fill out.

Sample Size

A total of 403 Indian men between the ages of 18 and 29 were selected for the study. The intended sample size, based on an a priori power analysis using G*Power 3.1, was 85 participants. This calculation was conducted for a linear multiple regression analysis [fixed model, R^2 deviation from zero], assuming a medium effect size [$f^2 = 0.15$], alpha level of .05, statistical power of .80, and four predictors. The achieved sample size [$N = 403$] exceeded the minimum required sample size, thereby improving the precision and generalisability of the findings. No interim analyses were conducted, and no formal stopping rules were applied, as data collection was concluded after a predefined duration of online recruitment.

Instruments

All the scales utilised in the study were in the English language.

1. Asian Values-Revised Scale (AVS-R)

Kim and Hong [28] constructed the Asian Values-Revised Scale, a 25-item scale using a 4-point Likert scale (e.g., 1 = Strongly Disagree, 4 = Strongly Agree) to measure adherence to Asian values. The AVS-R demonstrates acceptable reliability, with a person separation reliability of .80, and adequate person and item separation reliability on Rasch analysis. The scale identified six factors: Conformity to Norms, Family Recognition Through Achievement, Emotional Self-Control, Collectivism, Humility, and Filial Piety. However, these six factors had unacceptably low coefficient alphas to be included as subscales of the AVS-R. To get the total score, all the scores on the 25 items are added, and to get the scale score, the total score is to be divided by 25. In addition, scoring on the Items 3, 5, 7, 8, 10, 12, 18, 20, 21, 22, 23, and 25 is reversed (1→4, 2→3, 3→2, 4→1).

2. Mental Help-Seeking Attitudes Scale (MHSAS)

Constructed by Hammer [17], the MHSAS is a 9-item semantic differential scale. The scale uses the scoring format (3, 2, 1, 0, 1, 2, 3) to assist participants. In addition, items 2, 5, 6, 8, and 9 are reverse coded. Furthermore, the scale shows strong internal consistency (Cronbach's $\alpha = 0.85-0.86$) and good test-retest reliability (ICC = 0.82 over three weeks). The MHSAS demonstrates convergent validity with constructs like subjective norms, self-stigma, and anticipated risks, and incremental validity by predicting help-seeking intentions beyond existing scales.

3. Male Role Norms Inventory-Revised (MRNI-R)

The MRNI-R was constructed by Levant et al. [31] and is a 21-item, 7-point Likert scale (e.g., 1= Strongly Disagree, 7= Strongly Agree) with seven subscales: avoidance of femininity, negativity toward sexual minorities, self-reliance through mechanical skills, toughness, dominance, importance of sex, and restrictive emotionality. In the current research, the inventory was employed as a composite to examine the holistic association of MRNI-SF with the variables. The scale has high internal consistency (Cronbach's $\alpha = 0.92$ for men, 0.94 for women) and strong concurrent validity with related measures like the Conformity to Masculine Norms Inventory and Gender Role Conflict Scale.

4. Self-Stigma of Seeking Help (SSOSH)

The SSOSH was developed by Vogel et al. [50] and is a 10-item and 4 point Likert scale (e.g., 1 = Strongly Disagree, 3 = Neutral, 5 = Strongly Agree) measuring the internal stigma associated with seeking therapy. The scale demonstrates excellent reliability (Cronbach's $\alpha = 0.91$; test-retest reliability = 0.72 over two months) and unidimensional factor structure. The SSOSH shows strong concurrent validity through positive correlations with perceived stigma and risks and negative associations with benefits and help-seeking intentions.

Statistical Analysis Plan

Data Screening and Assumption Testing

Prior to conducting main analyses, the data was examined for normality, outliers, and compliance with assumptions of the planned statistical procedures. In addition, normality was assessed using the Shapiro–Wilk.

Descriptive statistics including means, standard deviations, standard errors, skewness, and kurtosis were computed for all study variables. All statistical analyses were conducted using Jamovi (version 2.6.45), an open-source statistical platform.

Bivariate Correlational Analysis

To assess the interrelationships among the primary variables, Spearman's rank-order correlations were conducted due to the non-normal distribution of several variables. Correlations were evaluated among MRNI, SSOSH, AVS-R, and MHSAS to establish preliminary associations and determine suitability for subsequent mediation and moderation analyses.

Multiple Linear Regression

A multiple linear regression analysis was conducted to evaluate the simultaneous predictive effects of masculine role norms (MRNI), self-stigma (SSOSH), and Asian values (AVS-R) on mental help-seeking attitudes (MHSAS).

Mediation Analysis

To test whether self-stigma of seeking help (SSOSH) mediated the relationship between masculine role norms (MRNI) and mental help-seeking attitudes (MHSAS), a simple mediation analysis was performed within Jamovi's Mediation module using a bootstrapping approach with 5,000 samples. The total, direct, and indirect effects were estimated, along with their standard errors and 95% confidence intervals. Significance of the indirect path was determined using bias-corrected bootstrapped CIs. A mediation effect was retained if the confidence interval for the indirect effect did not include zero. The proportion of total effect mediation (% mediation) was also reported.

Moderation Analysis

To test whether Asian values (AVS-R) moderated the relationship between masculine role norms (MRNI) and mental help-seeking attitudes (MHSAS), a moderation analysis was carried out using interaction terms constructed from mean-centered MRNI and AVS-R scores. The MRNI \times AVS-R interaction term was included in the linear regression model to assess moderation. Significance of the moderating effect was evaluated using unstandardized regression coefficients, standard errors, and 95% confidence intervals. A significant interaction term would indicate the presence of a moderation effect.

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Moderated Mediation Analysis

A moderated mediation model was tested to examine whether the indirect effect of MRNI on MHSAS via SSOSH was conditional on levels of Asian values (AVS-R). This was conducted using Jamovi's Mediation with Moderation framework, specifying MRNI as the independent variable (X), SSOSH as the mediator (M), MHSAS as the dependent variable (Y), and AVS-R as the moderator (W) on the X → M path. Bootstrapping with 5,000 samples was used to derive confidence intervals for conditional indirect effects at low (−1 SD), mean, and high (+1 SD) levels of AVS-R. Moderated mediation was established if the index of moderated mediation was significant and its corresponding CI did not include zero.

RESULTS

Table 1 presents the descriptive statistics for all study variables. The mean scores indicate that participants reported moderate levels of adherence to masculine role norms (M = 3.39, SD = 0.964), positive attitudes toward mental help-seeking (M = 4.22, SD = 1.107), low endorsement of Asian values (M = 2.31, SD = 0.359), and moderate levels of self-stigma of seeking help (M = 23.64, SD = 8.066). The average age of participants was 22.72 years (SD = 3.049).

Table 1 Descriptive Statistics and Normality Tests for Study Variables [N = 403]

					Skewness		Kurtosis		Shapiro-Wilk	
	N	Mean	SE	SD	Skewness	SE	Kurtosis	SE	W	p
MRNI	403	3.39	0.0480	0.964	0.173	0.122	-0.2541	0.243	0.992	0.036
MHSAS	403	4.22	0.0552	1.107	0.137	0.122	-0.3568	0.243	0.920	<.001
Asian Values	403	2.31	0.0179	0.359	0.106	0.122	-0.0413	0.243	0.995	0.254
SSOSH	403	23.64	0.4018	8.066	0.515	0.122	0.1490	0.243	0.973	<.001
Age	403	22.72	0.1519	3.049	0.347	0.122	-1.2065	0.243	0.791	<.001

Note. N = Sample Size; SE = Standard Error; SD = Standard Deviation; w = Shapiro-Wilk W; p= P value; MRNI = Masculine Role Norms Inventory; MHSAS – Mental Help-Seeking Attitudes Scale; SSOSH – Self-Stigma of Seeking Help.

Normality Assessment

The Shapiro-Wilk test revealed that only Asian Values followed a normal distribution (p = 0.254). The remaining variables significantly deviated from normality: MRNI (p = 0.036), MHSAS (p < .001), SSOSH (p < .001), and Age p < .001). Given these violations of normality assumptions, non-parametric correlation analyses (Spearman's rho) were conducted for subsequent analyses. The deviation from normality also influenced the choice of statistical procedures, necessitating the use of robust estimation methods and bootstrap procedures where appropriate.

The examination of skewness and kurtosis values provided additional insights into the distribution shapes. MRNI showed slight positive skewness (0.173) with platykurtic distribution (-0.254), indicating a relatively flat distribution with a slight rightward tail. MHSAS exhibited slight positive skewness (0.137) and was platykurtic (-0.357). SSOSH

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demonstrated moderate positive skewness (0.515) with slightly leptokurtic distribution (0.149), suggesting a concentration of scores at lower values with a pronounced rightward tail. Asian Values showed minimal skewness (0.106) and kurtosis (-0.041), consistent with its normal distribution.

Correlation Analysis

Table No.2 Spearman's Correlation Analysis

	Masculine Role Norms	Mental Help Seeking	Asian Values	Self-Stigma of Seeking Help
Masculine Role Norms				
Mental Help Seeking	-0.176***			
Asian Values	0.550***	-0.026		
Self-Stigma of Seeking Help	0.421***	-0.458***	0.365***	

Note. *** $p < .001$

The correlation analysis revealed several significant relationships between study variables. A weak negative correlation emerged between mental help-seeking attitudes and masculine role norms ($r_s = -0.176$, $p < .001$), indicating that stronger adherence to traditional masculine norms was associated with less favorable attitudes toward seeking mental health services. A moderate positive correlation was found between masculine role norms and Asian values ($r_s = 0.550$, $p < .001$), suggesting that individuals with stronger masculine role adherence also tend to endorse Asian cultural values more strongly. Similarly, masculine role norms showed a moderate positive correlation with self-stigma of seeking help ($r_s = 0.421$, $p < .001$), indicating that higher masculine role adherence was associated with greater self-stigma regarding help-seeking.

Mental help-seeking attitudes demonstrated a strong negative correlation with self-stigma of seeking help ($r_s = -0.458$, $p < .001$), suggesting that individuals with more positive attitudes toward mental health services experienced lower levels of self-stigma. Additionally, Asian values showed a moderate positive correlation with self-stigma of seeking help ($r_s = 0.365$, $p < .001$). Notably, the correlation between Asian values and mental help-seeking attitudes was negligible and non-significant ($r_s = -0.026$, $p = 0.601$).

Moderated Mediation Analysis

A moderated mediation analysis was conducted using the GLM Mediation Analysis to examine whether Asian values moderate the indirect effect of masculine role norms on mental help-seeking attitudes through self-stigma of seeking help. The analysis tested a conditional process model where Asian values were hypothesised to moderate the relationship between self-stigma of seeking help and mental help-seeking attitudes (the b-path).

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Table No. 3 Moderation Effects in the Mediated Model

Moderator	Interaction	Estimate	SE	Lower	Upper	β	z	p
Asian Values	MRNI: 'Asian Values' \Rightarrow SSOSH	-0.9291	0.8146	-2.5258	0.6675	-0.0507	-1.141	0.254
	MRNI: 'Asian Values' \Rightarrow MHSAS	0.0421	0.1159	-0.1851	0.26927	0.0168	0.363	0.717
	'Asian Values': SSOSH \Rightarrow MHSAS	-0.0204	0.0154	-0.0506	0.00987	-0.1680	-1.320	0.187

The moderated mediation model included two regression equations. The first equation (mediator model) predicted self-stigma of seeking help from masculine role norms, Asian values, and their interaction terms. The second equation (outcome model) predicted mental help-seeking attitudes from masculine role norms, self-stigma of seeking help, Asian values, and the critical interaction between Asian values and self-stigma of seeking help.

The analysis revealed no significant moderation effects across the tested pathways (see Table 3). The interaction between masculine role norms and Asian values in predicting self-stigma of seeking help was not significant ($\beta = -0.0507$, $SE = 0.8146$, $p = 0.254$, 95% CI [-2.5258, 0.6676]). The interaction between masculine role norms and Asian values in predicting mental help-seeking attitudes was also not significant ($\beta = 0.0168$, $SE = 0.1159$, $p = 0.717$, 95% CI [-0.1851, 0.2693]). Most importantly for the moderated mediation hypothesis, the interaction between Asian values and self-stigma of seeking help in predicting mental help-seeking attitudes was not significant ($\beta = -0.1680$, $SE = 0.0154$, $p = 0.187$, 95% CI [-0.0506, 0.0099]).

Figure 1 Conceptual Model of Moderated Mediation

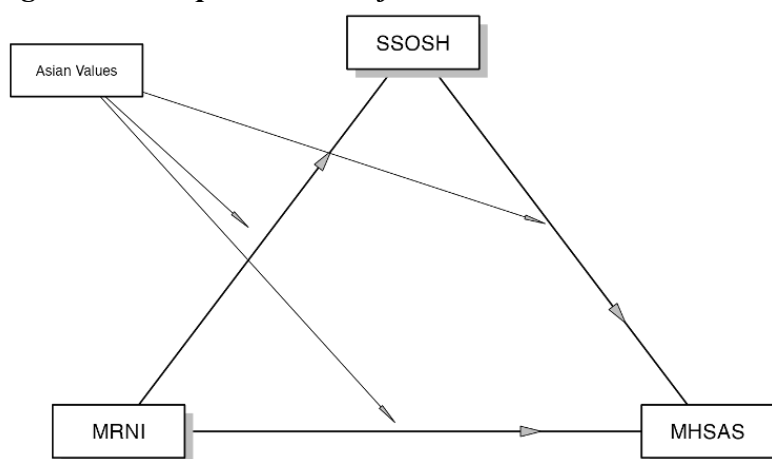


Fig 1 MRNI = Masculine Role Norms Inventory; MHSAS = Mental Help-Seeking Attitudes Scale; SSOSH = Self-Stigma of Seeking Help. Path coefficients represent unstandardized estimates. The moderation effect is represented by the interaction between Asian Values and the mediator (SSOSH) in predicting the outcome variable (MHSAS). All main effects of

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moderator variables are included in the model but not shown in the diagram for clarity. N = 403.

Table No.4 Conditional Indirect Effects at Different Levels of Asian Values

Moderator levels					95% C.I. [a]				
Asian Values	Type	Effect	Estimate	SE	Lower	Upper	β	z	p
Mean-1·SD	Indirect	MRNI \Rightarrow SSOSH \Rightarrow MHSAS	- 0.163 2	0.0350 3	- 0.231 8	- 0.0945 0	- 0.170 5	- 4.66	<.00 1
Mean-1·SD	Component	MRNI \Rightarrow SSOSH	2.622 2	0.4901 8	1.661 4	3.5829 2	0.367 2	5.35	<.00 1
Mean-1·SD		SSOSH \Rightarrow MHSAS	- 0.062 2	0.0065 7	- 0.075 1	- 0.0493 4	- 0.464 2	- 9.47	<.00 1
Mean-1·SD	Direct	MRNI \Rightarrow MHSAS	- 0.123 7	0.0669 6	- 0.254 9	0.0075 4	- 0.129 2	- 1.85	0.06 5
Mean-1·SD	Total	MRNI \Rightarrow MHSAS	- 0.283 0	0.0736 8	- 0.427 4	- 0.1385 4	- 0.288 7	- 3.84	<.00 1
Mean	Indirect	MRNI \Rightarrow SSOSH \Rightarrow MHSAS	- 0.159 2	0.0302 1	- 0.218 4	- 0.0999 5	- 0.163 1	- 5.27	<.00 1
Mean	Component	MRNI \Rightarrow SSOSH	2.288 8	0.3767 2	1.550 4	3.0271 4	0.320 5	6.08	<.00 1
Mean		SSOSH \Rightarrow MHSAS	- 0.069 5	0.0065 7	- 0.082 4	- 0.0566 6	- 0.508 9	- 10.5 8	<.00 1
Mean	Direct	MRNI \Rightarrow MHSAS	- 0.108 6	0.0519 7	- 0.210 5	- 0.0067 4	- 0.111 3	- 2.09	0.03 7
Mean	Total	MRNI \Rightarrow MHSAS	- 0.265 0	0.0566 3	- 0.376 0	- 0.1540 4	- 0.270 4	- 4.68	<.00 1
Mean+1·SD	Indirect	MRNI \Rightarrow SSOSH \Rightarrow MHSAS	- 0.150 3	0.0378 4	- 0.224 4	- 0.0761 1	- 0.150 5	- 3.97	<.00 1
Mean+1·SD	Component	MRNI \Rightarrow SSOSH	1.955 4	0.4630 9	1.047 8	2.8630 3	0.273 8	4.22	<.00 1
Mean+1·SD		SSOSH \Rightarrow MHSAS	- 0.076 8	0.0065 7	- 0.089 7	- 0.0639 7	- 0.549 8	- 11.6 9	<.00 1
Mean+1·SD	Direct	MRNI \Rightarrow MHSAS	- 0.093 5	0.0624 7	- 0.215 9	0.0289 5	- 0.093 7	- 1.50	0.13 4
Mean+1·SD	Total	MRNI \Rightarrow MHSAS	- 0.247 1	0.0696 1	- 0.383 5	- 0.1106 6	- 0.252 1	- 3.55	<.00 1

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The indirect effect of masculine role norms on mental help-seeking attitudes through self-stigma of seeking help was significant at all three levels of Asian values. At low levels of Asian values, the indirect effect was $\beta = -0.1705$, $SE = 0.0350$, $p < .001$, 95% CI [-0.2318, -0.0945]. At moderate levels of Asian values, the indirect effect was $\beta = -0.1631$, $SE = 0.0302$, $p < .001$, 95% CI [-0.2184, -0.1000]. At high levels of Asian values, the indirect effect was $\beta = -0.1505$, $SE = 0.0378$, $p < .001$, 95% CI [-0.2244, -0.0761].

Path Analysis Components

The analysis of individual path components revealed consistent patterns across all levels of Asian values. The a-path [masculine role norms to self-stigma of seeking help) was significant at all levels: low Asian values ($\beta = 0.3672$, $p < .001$), moderate Asian values ($\beta = 0.3205$, $p < .001$), and high Asian values ($\beta = 0.2738$, $p < .001$). The b-path (self-stigma of seeking help to mental help-seeking attitudes) was also significant across all levels: low Asian values ($\beta = -0.4642$, $p < .001$), moderate Asian values ($\beta = -0.5089$, $p < .001$), and high Asian values ($\beta = -0.5498$, $p < .001$).

The direct effect of masculine role norms on mental help-seeking attitudes (c'-path) varied across levels of Asian values. At low levels of Asian values, the direct effect approached significance ($\beta = -0.1292$, $p = 0.065$), while at moderate levels it was significant ($\beta = -0.1113$, $p = 0.037$). At high levels of Asian values, the direct effect was not significant ($\beta = -0.0937$, $p = 0.134$).

The total effect of masculine role norms on mental help-seeking attitudes remained significant across all levels of Asian values: low Asian values ($\beta = -0.2887$, $p < .001$), moderate Asian values ($\beta = -0.2704$, $p < .001$), and high Asian values ($\beta = -0.2521$, $p < .001$).

DISCUSSION

The findings of this study provide important insights into the relationships between masculine norms, Asian values, self-stigma of seeking help, and mental health-seeking attitudes among Indian men. The results offer both confirmation and nuanced understanding of the proposed hypotheses within the framework of reactance theory.

Hypothesis 1a proposed that masculine norms are negatively associated with mental health-seeking attitudes. This hypothesis was supported, demonstrating that adherence to traditional masculine norms corresponds with barriers to positive attitudes toward mental health services. This finding aligns with existing literature suggesting that traditional masculinity is associated with reduced emotional expression and help-seeking behaviors [2, 16, 19, 34, 37, 42, 48, 52].

Hypothesis 1b posited that masculine norms are positively associated with self-stigma of seeking help. The results confirmed this relationship, indicating that men who strongly endorse masculine norms also report greater internalised stigma about seeking mental health services. This finding suggests that traditional masculine ideologies are linked to self-stigmatising attitudes [8, 12, 24, 49].

Hypothesis 1c examining the negative association between self-stigma of seeking help and mental health-seeking attitudes was also supported. This demonstrates that internalised

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stigma corresponds with barriers to developing positive attitudes toward mental health services [15, 41, 51].

Hypothesis 1d proposed that Asian values are negatively associated with mental health-seeking attitudes. Interestingly, this hypothesis was not supported in the expected manner, raising important questions about the role of cultural values among contemporary Indian men.

Hypothesis 2 predicted that self-stigma of seeking help would mediate the relationship between masculine norms and mental health-seeking attitudes. The findings revealed that self-stigma of seeking help fully mediated this association, consistent with previous research [49, 54]. This complete mediation pattern suggests that the association between masculine norms and help-seeking attitudes operates through the mechanism of internalized stigma.

Hypothesis 3 proposed that Asian values would moderate the relationship between masculine norms and mental health-seeking attitudes, with stronger negative associations among individuals with higher Asian values. Contrary to expectations, Asian values did not moderate this association. However, Asian values significantly moderated the relationship between self-stigma of seeking help and mental health-seeking attitudes.

The non-significant moderation effect of Asian values on the masculine norms and mental health-seeking attitudes relationship raises important questions about contemporary Indian cultural dynamics. Traditional Asian values, historically linked to collectivism and familial obligations, may be experienced differently among urban Indian youth. Recent research indicates an increasing individualistic orientation in this population, particularly in metropolitan areas [10, 25]. The westernisation experienced by Indian emerging adults might be associated with different interpretations of Asian values compared to their traditional conceptualization [1, 6, 10, 18, 26, 29, 25, 35, 43].

The complete mediation effect of self-stigma of seeking help underscores the significant role of internalised stigma in relation to help-seeking attitudes. This finding aligns with global research on stigma as a barrier to mental health service utilization [43], though much previous research has focused on Western or Asian-American populations. In the Indian context, where mental health stigma remains deeply embedded in cultural beliefs about masculinity, high levels of self-stigma may reflect societal pressures for men to conform to gender norms that discourage emotional vulnerability and help-seeking [4, 44, 14, 38, 47].

Theoretical Implications

This study employed reactance theory [9] as the primary theoretical framework to understand resistance to mental help-seeking among Indian men. Reactance theory explains how individuals experience psychological resistance when they perceive their freedom or autonomy as threatened. For men, seeking psychological help may be perceived as an infringement on their autonomy and self-reliance, fundamental aspects of traditional masculine identity, thereby provoking resistance and avoidance behaviors.

The findings are consistent with reactance theory's application to understanding masculine help-seeking resistance. The negative association between masculine norms and mental health-seeking attitudes (Hypothesis 1a) demonstrates how traditional masculine ideologies correspond with psychological reactance against behaviors perceived as threatening

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masculine autonomy [40]. The mediating role of self-stigma (Hypothesis 2) further illustrates how this reactance is associated with internalized negative attitudes toward help-seeking.

Reactance theory also helps contextualise how masculine norms relate to self-stigma development. When men internalize societal messages that seeking help threatens their masculine identity, they may experience psychological reactance that corresponds with self-stigmatizing attitudes. This process reflects a pattern where adherence to masculine norms is associated with stigma, which in turn relates to resistance to help-seeking behaviors.

Practical Implications

The findings offer several specific implications for mental health practice and intervention development. First, the complete mediation through self-stigma suggests that interventions targeting internalized stigma may be particularly effective in improving help-seeking attitudes among Indian men. Mental health professionals should develop culturally sensitive approaches that specifically address stigma reduction while acknowledging traditional masculine values [22].

Second, the moderation effect of Asian values on the relationship between self-stigma and help-seeking attitudes indicates that cultural values continue to play an important role in shaping help-seeking behaviors. Interventions should incorporate discussions of cultural identity and values, helping men navigate the intersection between traditional cultural expectations and modern mental health needs.

Third, educational programs targeting masculine norms should focus on reframing help-seeking as consistent with masculine values such as strength, problem-solving, and responsibility. This approach may reduce psychological reactance by presenting mental health services as tools for maintaining rather than threatening masculine identity.

Limitations

Several limitations should be acknowledged in interpreting these findings. First, the cross-sectional design prevents causal inferences about the relationships between variables. Second, the sample was limited to males from Tier 1 to Tier 3 cities, excluding rural populations, which may limit generalizability to diverse socioeconomic and geographical contexts. Third, the study relied on self-report measures, which may be subject to social desirability bias, particularly given the sensitive nature of mental health attitudes. Fourth, a key limitation is the measurement of Asian values, which may no longer adequately capture the cultural norms associated with Indian men's help-seeking attitudes. As global influences reshape traditional cultural markers, the current measures may not reflect the complexity of cultural values in contemporary Indian society.

Future Research Directions

Future research should employ longitudinal designs to establish causal relationships between masculine norms, cultural values, and help-seeking behaviors. As generational shifts continue to reshape cultural values, longitudinal studies could explore how these changes relate to mental health behaviors over time. Qualitative studies exploring men's lived experiences of navigating masculine expectations and mental health needs would provide deeper understanding of these processes [49]. Additionally, research examining the

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effectiveness of stigma-reduction interventions specifically designed for Indian men would inform evidence-based practice development [46].

Additionally, future studies should include diverse, rural, and gender-inclusive samples to enhance generalisability. Adopting qualitative approaches could uncover socio-cultural factors associated with help-seeking attitudes and inform targeted interventions to reduce stigma and encourage professional help-seeking among Indian men. Cross-cultural comparative studies examining masculine norms and help-seeking across different Asian cultures would help identify universal versus culture-specific patterns. Finally, research investigating the role of emerging masculinities and changing gender norms among younger generations would contribute to understanding how traditional masculine ideologies are experienced in contemporary Indian society.

CONCLUSION

The results of this study highlight the significant role of internalized stigma in shaping help-seeking attitudes among young Asian Indian men, while challenging previous assumptions about the influence of cultural values. The findings demonstrate that self-stigma of seeking help fully mediates the relationship between masculine norms and mental health-seeking attitudes, underscoring the critical importance of addressing stigma in intervention efforts. The study emphasizes the need for culturally sensitive interventions that address stigma to promote mental health awareness and support among this demographic. The findings highlight the complex interplay between cultural values, gender norms, and mental health attitudes in the Indian context, necessitating continued research to develop culturally adapted theoretical models that reflect the evolving nature of masculine identity and cultural values in modern India.

REFERENCES

- [1] Aarya, A. K., & Tripathi, N. K. (2015). Westernization of Indian culture: A Study of Chhattisgarh. *International Journal of Applied Research*, 1(11), 342–345. <https://www.allresearchjournal.com/archives/2015/vol1issue11/PartE/1-11-52.pdf>
- [2] Addis, M. & Mahalik, J. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, 58(1), 5-14. <https://doi.org/10.1037/0003-066x.58.1.5>
- [3] Allendorf, K., & Pandian, R. K. (2016). The Decline of Arranged Marriage? Marital change and continuity in India. *Population and Development Review*, 42(3), 435–464. <https://doi.org/10.1111/j.1728-4457.2016.00149.x>
- [4] Aparna, M., & Vijayan, D. (2024). Perceived stigma and help seeking behavior among Indian Men. *World J Adv Res Rev*, 22(1), 432-40. <https://doi.org/10.30574/wjarr.2024.22.1.1089>
- [5] Badger, S., Nelson, L. J., & Barry, C. M. (2006). Perceptions of the transition to adulthood among Chinese and American emerging adults. *International Journal of Behavioral Development*, 30(1), 84–93. <https://doi.org/10.1177/0165025406062128>
- [6] Baello, J., & Mori, L. T. (2007). Asian values adherence and psychological Help-Seeking attitudes of Filipino Americans. *ResearchGate*. https://www.researchgate.net/publication/268267636_Asian_Values_Adherence_and_Psychological_Help-Seeking_Attitudes_of_Filipino_Americans
- [7] Bhatia, S. (2018). Decolonizing psychology: Globalization, social justice, and Indian youth identities. *Oxford University Press*.
- [8] Booth, N. R., McDermott, R. C., Cheng, H.-L., & Borgogna, N. C. (2019). Masculine gender role stress and self-stigma of seeking help: The moderating roles

Masculine Norms and Mental Help-Seeking in Indian Men: The Mediating Role of Self-Stigma of Seeking Help

- of self-compassion and self-coldness. *Journal of Counseling Psychology*, 66(6), 755–762. <https://doi.org/10.1037/cou0000350>
- [9] Brehm, J. W. (1966). A theory of psychological reactance. Academic Press.
- [10] Chaudhary, N., & Sriram, S. (2020). Psychology in the "Backyards of the World": Experiences from India. *Journal of Cross-Cultural Psychology*, 51(2), 113-133. <https://doi.org/10.1177/0022022119896652>
- [11] Choksi, T., Bhuyan, C., & Agrawal, C. (2025). Navigating Masculinity: Exploring Coping Strategies and Help-Seeking Attitudes Among Young Adult Men in India. *American Journal of Psychiatric Rehabilitation*, 28(5), 40-50. <https://doi.org/10.69980/ajpr.v28i5.317>
- [12] Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, 59 (7), 614–625. <https://doi.org/10.1037/0003-066x.59.7.614>
- [13] Devarakonda, K. (2024). Beyond Stereotypes: Psychological and Cultural context of Gendered Emotions. *Research Journal of Humanities and Social Sciences*, 299–302. <https://doi.org/10.52711/2321-5828.2024.00046>
- [14] Dochania, R., & Dochania, A. (2025). Burdened by Masculinity: Exploring Men's Discrimination in India through the lens of Hegemonic Masculinity. *Journal of Psychosexual Health*. <https://doi.org/10.1177/26318318251334872>
- [15] Eisenberg, D., Downs, M. F., Golberstein, E., & Zivin, K. (2009). Stigma and help seeking for mental health among college students. *Medical Care Research and Review*, 66(5), 522–541. <https://doi.org/10.1177/1077558709335173>
- [16] Green, J. D., & Addis, M. E. (2012). Individual differences in masculine gender socialization as predictive of men's psychophysiological responses to negative affect. *International Journal of Men's Health*, 11(1), 63–82. <https://doi.org/10.3149/jmh.1101.63>
- [17] Hammer, J. H., Parent, M. C., & Spiker, D. A. (2018). Mental Help Seeking Attitudes Scale [MHSAS]: Development, reliability, validity, and comparison with the ATSPPH-SF and IASMHS-PO. *Journal of Counseling Psychology*, 65(1), 74–85. <https://doi.org/10.1037/cou0000248>
- [18] Harrell, M., Ussery, E., Greene-Cramer, B., Ranjit, N., Sharma, S. V., & Arora, M. (2016). The influence of "westernization" on nutrition and physical activity behaviors of adolescents in New Delhi, India: Are we exporting an epidemic of obesity? *Journal of Applied Research on Children Informing Policy for Children at Risk*, 6 (2). <https://doi.org/10.58464/2155-5834.1266>
- [19] Heath, P. J., Brenner, R. E., Vogel, D. L., Lannin, D. G., & Strass, H. A. (2017). Masculinity and barriers to seeking counseling: The buffering role of self-compassion. *Journal of Counseling Psychology*, 64 (1), 94–103. <https://doi.org/10.1037/cou0000185>
- [20] Idris, D. R. (2022) Masculinity and Asian Men's Health: a Critical Review. | *International Journal of Nursing Education* | EBSCOhost. <https://openurl.ebsco.com/EPDB%3Aagcd%3A5%3A25632805/detailv2?sid=ebsco%3Aplink%3Ascholar&id=ebsco%3Aagcd%3A154731402&crl=c>
- [21] Jansz, J. (2000). Masculine identity and restrictive emotionality. In A. H. Fischer [Ed.], *Gender and Emotion: Social Psychological Perspectives* (pp. 166–186). chapter, Cambridge: Cambridge University Press.
- [22] Joshi, A. (2015). Need for gender sensitive counselling interventions in India. *Psychological Studies*, 60(3), 346-355. <https://doi.org/10.1007/s12646-015-0317-7>
- [23] Kapp, W. K. (1963). Hindu culture, economic development, and economic planning in India. Bombay, India: Asia Publishing House.

Masculine Norms and Mental Help-Seeking in Indian Men: The Mediating Role of Self-Stigma of Seeking Help

- [24] Kantar, A., & Yalçın, İ. (2023). Masculine Gender Role Stress and Attitudes towards seeking Psychological help: Serial Mediation by Self-Stigma and Self-Compassion. *Current Psychology*, 43(7), 6114–6124. <https://doi.org/10.1007/s12144-023-04702-1>
- [25] Khare, A. (2012). Influence of Culture on Indian Consumers' Preference to Shop at Small Retail Stores. *Journal of Global Marketing*, 25(2), 100–111. <https://doi.org/10.1080/08911762.2012.720536>
- [26] Kim, B. S. K. (2007). Adherence to Asian and European American cultural values and attitudes toward seeking professional psychological help among Asian American college students. *Journal of Counseling Psychology*, 54 (4), 474–480. <https://doi.org/10.1037/0022-0167.54.4.474>
- [27] Kim, B. S. K., & Omizo, M. M. (2003). Asian cultural values, attitudes toward seeking professional psychological help, and willingness to see a counselor. *The Counseling Psychologist*, 31(3), 343–361. <https://doi.org/10.1177/0011000003031003008>
- [28] Kim, B. S. K., & Hong, S. (2004). A Psychometric Revision of the Asian Values Scale Using the Rasch Model. *Measurement and Evaluation in Counseling and Development*, 37(1), 15–27. <https://doi.org/10.1080/07481756.2004.11909747>
- [29] Kim, P. Y., & Lee, D. (2014). Internalized model minority myth, Asian values, and help-seeking attitudes among Asian American students. *Cultural Diversity & Ethnic Minority Psychology*, 20(1), 98–106. <https://doi.org/10.1037/a0033351>
- [30] Levant, R. F., & Richmond, K. (2016). The gender role strain paradigm and masculinity ideologies. In Y. J. Wong & S. R. Wester (Eds.), *APA handbook of men and masculinities* (pp. 23–49). American Psychological Association. <https://doi.org/10.1037/14594-002>
- [31] Levant, R. F., Stefanov, D. G., Rankin, T. J., Halter, M. J., Mellinger, C., & Williams, C. M. (2013). Moderated path analysis of the relationships between masculinity and men's attitudes toward seeking psychological help. *Journal of Counseling Psychology*, 60(3), 392–406. <https://doi.org/10.1037/a0033014>
- [32] Mahalingam, R. and Balan, S. (2008). Culture, son preference, and beliefs about masculinity. *Journal of Research on Adolescence*, 18(3), 541-553. <https://doi.org/10.1111/j.1532-7795.2008.00570.x>
- [33] Mitra, D., & Arnett, J. J. (2019). Life choices of emerging adults in India. *Emerging Adulthood*, 9(3), 229–239. <https://doi.org/10.1177/2167696819851891>
- [34] Mokhwelepa, L. W., & Sumbane, G. O. (2025). Men's Mental Health Matters: The Impact of Traditional Masculinity Norms on Men's Willingness to Seek Mental Health Support; a Systematic Review of Literature. *American journal of men's health*, 19(3), <https://doi.org/10.1177/15579883251321670>
- [35] Nair, S., & Johri, D. (2019). Impact of Westernization on Indian Culture: an Exploratory study. *Think India Journal - Vichar Nyas Foundation*. <https://thinkindiaquarterly.org/index.php/think-india/article/view/17422>
- [36] Nelson, L. J., Badger, S., & Wu, B. (2003). The influence of culture in emerging adulthood: Perspectives of Chinese college students. *International Journal of Behavioral Development*, 28(1), 26–36. <https://doi.org/10.1080/01650250344000244>
- [37] Pederson, E. L., & Vogel, D. L. (2007). Male gender role conflict and willingness to seek counseling: Testing a mediation model on college-aged men. *Journal of Counseling Psychology*, 54(4), 373–384. <https://doi.org/10.1037/0022-0167.54.4.373>
- [38] Pincock, S. (2007). Vikram Patel: promoting mental health in developing countries. *The Lancet*, 370(9590), 821. [https://doi.org/10.1016/s0140-6736\[07\]61400-7](https://doi.org/10.1016/s0140-6736[07]61400-7)

Masculine Norms and Mental Help-Seeking in Indian Men: The Mediating Role of Self-Stigma of Seeking Help

- [39] Pleck, J. H. (1995). The gender role strain paradigm: An update. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men* (pp. 11–32). Basic Books/Hachette Book Group.
- [40] Powell, W., Adams, L. B., Cole-Lewis, Y., Agyemang, A., & Upton, R. D. (2016). Masculinity and Race-Related Factors as Barriers to Health Help-Seeking Among African American Men. *Behavioral Medicine*, 42(3), 150–163. <https://doi.org/10.1080/08964289.2016.1165174>
- [41] Schnyder, N., Panczak, R., Groth, N., & Schultze-Lutter, F. (2017). Association between mental health-related stigma and active help-seeking: Systematic review and meta-analysis. *The British Journal of Psychiatry*, 210(4), 261–268. <https://doi.org/10.1192/bjp.bp.116.189464>
- [42] Seidler, Z., Dawes, A., Rice, S., Oliffe, J., & Dhillon, H. (2016). The role of masculinity in men's help-seeking for depression: a systematic review. *Clinical Psychology Review*, 49, 106–118. <https://doi.org/10.1016/j.cpr.2016.09.002>
- [43] Shea, M., & Yeh, C. (2008b). Asian American students' cultural values, stigma, and relational self-construal: correlates of attitudes toward professional help seeking. *Journal of Mental Health Counseling*, 30(2), 157–172. <https://doi.org/10.17744/mehc.30.2.g662g512r1352198>
- [44] Stella Carvalho. (2022). Restrictive Emotionality in Indian Men: A Hindrance to Help Seeking Behaviour. *International Journal of Indian Psychology*, 12(2). <https://doi.org/10.25215/1202.376>
- [45] Stigma, Prejudice and Discrimination Against People with Mental Illness. (2024.). <https://www.psychiatry.org/patients-families/stigma-and-discrimination>
- [46] Sweeney, J., O'Donnell, S., Roche, E., White, P. J., Carroll, P., & Richardson, N. (2024). Mental health stigma reduction interventions among men: a systematic review. *American Journal of Men's Health*, 18(6). <https://doi.org/10.1177/15579883241299353>
- [47] Verma, R., Pulerwitz, J., Mahendra, V., Khandekar, S., Barker, G., Fulpagare, P., ... & Singh, S. (2006). Challenging and changing gender attitudes among young men in mumbai, india. *Reproductive Health Matters*, 14(28), 135–143. [https://doi.org/10.1016/s0968-8080\(06\)28261-2](https://doi.org/10.1016/s0968-8080(06)28261-2)
- [48] Vogel, D. L., & Heath, P. J. (2016). Men, masculinities, and help-seeking patterns. In Y. J. Wong & S. R. Wester (Eds.), *APA handbook of men and masculinities* (pp. 685–707). American Psychological Association. <https://doi.org/10.1037/14594-031>
- [49] Vogel, D. L., Heimerdinger-Edwards, S. R., Hammer, J. H., & Hubbard, A. (2011). "Boys don't cry": Examination of the links between endorsement of masculine norms, self-stigma, and help-seeking attitudes for men from diverse backgrounds. *Journal of Counseling Psychology*, 58(3), 368–382. <https://doi.org/10.1037/a0023688>
- [50] 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. <https://doi.org/10.1037/0022-0167.53.3.325>
- [51] Wijeratne, C., Johnco, C., Draper, B., & Earl, J. (2021). Doctors' reporting of mental health stigma and barriers to help-seeking. *Occupational Medicine*, 71(8), 366–374. <https://doi.org/10.1093/occmed/kqab119>
- [52] Wong, Y.J., Ho, M.R., Wang, S., & Miller, I.S. (2017). Meta-Analyses of the Relationship Between Conformity to Masculine Norms and Mental Health-Related Outcomes. *Journal of Counseling Psychology*, 64, 80–93. <https://doi.org/10.1037/cou0000176>

Masculine Norms and Mental Help-Seeking in Indian Men: The Mediating Role of Self-Stigma of Seeking Help

- [53] Zhang, Z., Sun, K., Jatchavala, C., Koh, J., Chia, Y., Bose, J., Li, Z., Tan, W., Wang, S., Chu, W., Wang, J., Tran, B., & Ho, R. (2019). Overview of Stigma against Psychiatric Illnesses and Advancements of Anti-Stigma Activities in Six Asian Societies. *International Journal of Environmental Research and Public Health*, 17(1), 280. <https://doi.org/10.3390/ijerph17010280>
- [54] Zia, B., & Mackenzie, C. S. (2024). Internalized stigma negatively affects attitudes and intentions to seek psychological help among western Muslims: Testing a moderated serial mediation model. *Stigma and Health*, 9(1), 71–80. <https://doi.org/10.1037/sah0000314>

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Conflict of Interest

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