The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 14, Issue 1, January- March, 2026
DIP: 18.01.137.20261401, DOI: 10.25215/1401.137
https://www.ijip.in

Research Paper

The Cost of Conformity: Emotional Wellbeing Mediates the Link Between Masculine Norms and Mental Health in North Indian Men

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ABSTRACT

Background: Globally, conformity to restrictive masculine norms is a well-established risk factor for poor mental health in men, with eroded emotional wellbeing posited as a key mediating mechanism. However, this pathway has been predominantly validated in Western, individualistic contexts. Its applicability in collectivist, patriarchal settings like North India, where the performance of traditional masculinity (*mardangi*) is deeply entrenched, remains largely unknown. **Aims:** This study investigated the relationship between conformity to masculine norms, emotional wellbeing, and mental health outcomes (depression, anxiety, stress) among North Indian men. We tested the hypothesis that emotional wellbeing mediates the relationship between masculine norm conformity and psychological distress. **Methods:** A community sample of 203 North Indian men (aged 18-40) completed a cross- sectional survey comprising the Conformity to Masculine Norms Inventory (CMNI-22), the Depression, Anxiety, and Stress Scale (DASS-21), and the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). Data were analyzed using correlation and multiple regression analyses. **Results:** Conformity to masculine norms was directly correlated only with stress ($r = .167$, $p = .017$), not with depression or anxiety. Crucially, emotional wellbeing was a strong negative predictor of all mental health outcomes. Regression analyses revealed that emotional wellbeing fully mediated the relationship between conformity and depression and partially mediated its relationships with anxiety and stress. A paradoxical, non-significant *positive* correlation was found between conformity and emotional wellbeing, suggesting that adherence to *mardangi* may confer a superficial sense of identity while simultaneously damaging the emotional resources necessary for mental health. **Conclusions:** The performance of *mardangi* in North India contributes to mental illness not merely through direct pressure, but primarily through the systematic erosion of emotional wellbeing. The findings reveal a critical paradox where the very identity that grants social status psychologically cripples men by enforcing emotional suppression. Interventions must target emotional literacy and leverage culturally congruent, activity-based platforms and community gatekeepers to address this silent crisis.

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Received: October 17, 2025; Revision Received: March 09, 2026; Accepted: March 13, 2026

Keywords: *Men's mental health, Emotional wellbeing, North India, Mediation Analysis, Psychological Distress, Cultural psychology, Masculinity*

The Global Crisis in Men's Mental Health

Men's mental health represents a pervasive and often overlooked global public health challenge. Worldwide, men experience disproportionately high rates of severe outcomes, including being two to three times more likely to die by suicide than women, and frequently exhibit high levels of under-diagnosed depression and anxiety [2]. A defining feature of this crisis is a profound help-seeking gap, men are consistently less likely than women to seek professional psychological help, often enduring distress in silence until a crisis point is reached [17]. A compelling body of evidence suggests the answer lies not within men themselves, but within the pervasive societal frameworks that shape masculine identity.

The Established Pathway: From Societal Norms to Internalized Distress

Societal expectations of masculinity, a culturally constructed set of norms promoting stoicism, emotional restraint, self-reliance, and the provider-protector role are a significant contributing factor to this crisis [19, 18]. Men often engage in a "performance" of masculinity, suppressing vulnerability and avoiding help-seeking to align with these ideals, a process that directly contributes to poorer mental health outcomes. Critically, the detrimental impact of these pressures is not merely direct but is primarily channeled through their corrosive effect on emotional wellbeing. This construct encompasses the ability to understand, process, express, and regulate one's emotions in a healthy and adaptive manner [7]. The pressure to conform to masculine norms actively attacks this foundation, potentially leading to alexithymia, a clinical difficulty in identifying and describing one's own emotions. Which has been identified as a key psychological mechanism linking masculine norms to depression and somatic symptoms [14].

Thus, emotional wellbeing is not merely a component of health but the critical mediating pathway through which societal expectations exact their heaviest toll on men's mental health.

The Critical Gap: A Western-Centric Model in a Global Context

However, most of this established research is situated within Western, individualistic cultural contexts (e.g., North America, Australia, Western Europe), where concepts of masculinity are often examined within a more individual-focused framework. The specific mechanisms of this relationship remain severely under-explored in non-Western, collectivist settings, where the social fabric and construction of masculinity differ considerably. The generalizability of the established "masculinity affects emotional deficit which in further affects poor mental health" model cannot be assumed, it requires rigorous testing in diverse cultural environments where the stakes and expressions of masculinity are fundamentally different.

The North Indian Context: A Crucial Case Study

Northern India presents a critical and urgent site for this investigation. It offers a unique context where patriarchal structures, collectivist values, and rapid modernization intersect to create a potent environment for male psychological distress. The concept of *mardangi*(manhood) is heavily emphasized, revolving around ideals of authority, physical and emotional stoicism, and familial dominance, creating a powerful, institutionalized enforcement of harmful norms.

Furthermore, the profoundly collectivist nature of this society dramatically amplifies these pressures. Unlike individualistic western cultures, family honor (*izzat*), community standing, and fulfilling familial obligations are paramount. The inability to meet provider/protector obligations does not represent a personal failure but a profound loss of social standing for the entire family, leading to intense shame and internalized stress [3]. This is compounded by rapid socioeconomic change, where young men navigate modern economic pressures while being held to traditional, often rural-based ideals of masculinity, creating a unique form of psychological dissonance.

Finally, the region contends with significant stigma associated with mental illness, which, when combined with masculine norms of stoicism and self-reliance, creates a formidable "double barrier" to help-seeking [17].

Therefore, this study aimed to investigate the relationship between conformity to masculine norms, emotional wellbeing, and mental health outcomes among young North Indian men. We hypothesized that:

- **H1:** Conformity to masculine norms would be positively correlated with poorer mental health outcomes (higher depression, anxiety, and stress).
- **H2:** Conformity to masculine norms would be negatively correlated with emotional wellbeing.
- **H3:** Emotional wellbeing would significantly mediate the relationship between conformity to masculine norms and mental health outcomes.

MATERIALS AND METHODS

Research Design and Participants

A quantitative, cross-sectional, correlational design was employed. A community sample of 203 North Indian men (aged 18-40) from states such as Jammu & Kashmir, Delhi, Uttar Pradesh, Punjab, and Haryana was recruited. Participants were required to be fluent in Hindi or English and were excluded if they reported a history of severe psychiatric disorders.

Measures

1. **Conformity to Masculine Norms Inventory–22 (CMNI-22)** [8]: A 22-item self-report measure assessing internalization of masculine norms (e.g., emotional control, self- reliance) on a 4-point Likert scale. Higher scores indicate stronger adherence. The scale demonstrated high internal consistency (Cronbach's $\alpha = .89$).
2. **Depression, Anxiety, and Stress Scale–21 (DASS-21)** [9]: A 21-item measure assessing symptoms of depression, anxiety, and stress over the past week on a 4-point Likert scale. Subscale scores (Depression, Anxiety, Stress) are summed and multiplied by two (range 0-42). All subscales showed excellent reliability ($\alpha = .90$ to .92).
3. **Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)** [10]: A 14-item scale measuring positive emotional wellbeing (e.g., optimism, clear thinking, connectedness) on a 5-point Likert scale. Total scores range from 14-70, with higher scores indicating greater wellbeing. It demonstrated high reliability ($\alpha = .91$).

Procedure

After obtaining ethical approval, participants were recruited via, online platforms, and snowball sampling. Informed consent was obtained from all participants before they completed the survey battery, which was administered in English.

Data Analysis Data were analyzed using SPSS. Preliminary analyses included descriptive statistics and reliability checks. Pearson correlations tested H1 and H2. To test the mediation hypothesis (H3), a series of standard multiple regression analyses were conducted for each mental health outcome (Depression, Anxiety, Stress), with CMNI and WEMWBS entered simultaneously as predictors.

RESULTS

Preliminary and Descriptive Statistics

A total of 203 participants constituted the final sample. Data screening confirmed that the assumptions of normality, linearity, and homoscedasticity were met. The internal consistency of all scales was excellent (Cronbach's $\alpha > .89$), indicating high reliability. As presented in Table 1, the mean scores on the DASS-21 subscales indicated Moderate severity levels for Depression (M=16.82, SD=10.92) and Stress (M=18.05, SD=10.06), with Anxiety bordering the Moderate range (M=14.21, SD=11.09). The mean CMNI score (M=38.45, SD=8.12) was above the theoretical midpoint, indicating moderate to high conformity to masculine norms within the sample.

Table 1 Descriptive Statistics and Bivariate Correlations (N = 203)

Variable	M	SD	1	2	3	4	5
CMNITotal	38.45	8.12					
DASS Depression	16.82	10.92	.052				
DASS Anxiety	14.21	11.09	.132	.715**			
DASS Stress	18.05	10.06	.167*	.778**	.790**		
WEMWBS	45.31	9.84	.132	-.506**	-.304**	.328**	

Note. CMNI = Conformity to Masculine Norms Inventory; DASS-21 = Depression, Anxiety, and Stress Scale; WEMWBS = Warwick-Edinburgh Mental Wellbeing Scale
*p < .05. **p < .01.*

Bivariate Correlational Analysis

Correlation analysis provided partial support for H1. A small but significant positive correlation was found between conformity to masculine norms (CMNI) and stress (r = .167, p= .017). However, correlations with depression (r = .052, p= .466) and anxiety (r = .132, p = .062) were not statistically significant. Contrary to H2, the correlation between CMNI and emotional wellbeing (WEMWBS) was positive and non-significant (r = .132, p = .061). As expected, emotional wellbeing was strongly negatively correlated with all DASS subscales (Depression: r = -.506; Anxiety: r= -.304; Stress: r= -.328, all p < .01).

Testing the Mediation Hypothesis

To test H3, that emotional wellbeing mediates the relationship between conformity to masculine norms and mental health outcomes, a series of standard multiple regression analyses were conducted for each outcome variable. In these models, CMNI and WEMWBS were entered simultaneously as predictors. The results, which provide a robust initial test of the mediation hypotheses, are summarized in Table 2.

Emotional Wellbeing Fully Mediates the Pathway to Depression.

Supporting H3, emotional wellbeing fully mediated the relationship between conformity and depression. The overall model was significant, $F(2, 200) = 36.78$, $p < .001$, accounting for 27.0% of the variance ($R^2 = .270$). When emotional wellbeing was included in the model, the previously non-significant relationship between CMNI and depression was reduced to

non-significance (β =.120, p= .051). Emotional wellbeing was a strong, unique negative predictor of depression (β = -.522, p < .001). This pattern indicates that the effect of conformity on depression operates entirely through its negative association with emotional wellbeing.

A Dual Pathway: Partial Mediation for Anxiety and Stress.

For anxiety, emotional wellbeing served as a partial mediator. The overall model was significant, $F(2, 199) = 13.86$, $p < .001$ ($R^2 = .122$). Both CMNI (β = .173, p = .010) and WEMWBS (β = -.327, p < .001) were significant unique predictors. This indicates that conformity to masculine norms predicts anxiety both directly and indirectly via its erosion of emotional wellbeing. A similar pattern of partial mediation was found for stress. The model was significant, $F(2, 199)= 17.96$, $p< .001$ ($R^2 = .153$), with both CMNI (β = .214, p = .001) and WEMWBS (β = -.357, p<.001) emerging as significant predictors. This confirms that the performance of *mardangi* is both a direct source of stress and indirectly contributes to it by depleting the emotional resources necessary for effective coping.

Table 2 Summary of Multiple Regression Analyses Testing Mediation

Outcome variable	*Predictor*	B	SE B	β	*t*	*p*	*95% Cl for B*
Depression	*constant*	*23.27*	*4.22*		*5.51*	*<0.01*	*[14.94,31.60]*
	CMNI	*0.16*	*0.08*	*.120*	*1.97*	*.051*	[-0.00, 0.32]
	WEMWBS	*-0.54*	*0.06*	*-.522*	*-8.54*	*<.001*	[-0.66, -0.42]
Anxiety	*constant*	23.27	4.22		5.51	<.001	[14.94,31.60]
	CMNI	0.26	0.10	.173	2.59	.010	*[0.06,0.46]*
	WEMWBS	-0.31	0.06	-.327	-4.88	<.001	*[-0.43,-0.19]*
Stress	*constant*	*23.16*	*3.76*		*6.17*	*<.001*	*[15.75,30.57]*
	CMNI	*0.29*	*0.09*	*.214*	*3.25*	*.001*	*[0.11,0.47]*
	WEMWBS	*-0.30*	*0.06*	*-.357*	*-5.42*	*<.001*	*[-0.42,0.18]*

Note. CI = confidence interval. CMNI = Conformity to Masculine Norms Inventory; WEMWBS= Warwick-Edinburgh Mental Wellbeing Scale.

DISCUSSION

This study provides an empirical test of a mediated model of men's mental health in the North Indian context, revealing that emotional wellbeing is the core mechanism through which conformity to masculine norms (*mardangi*) translates into psychological distress. The findings offer a nuanced picture that both confirms the universality of the pathway identified in Western research [7, 14] and critically refines it by highlighting how the specific socio-cultural fabric of Northern India intensifies and complicates these dynamics.

The Centrality of Emotional Wellbeing as a Mediating Pathway

The most significant finding is the robust mediating role of emotional wellbeing. The full mediation for depression underscores that *mardangi* does not directly cause depressive affect but creates a latent vulnerability by systematically dismantling emotional capacity. This aligns with theoretical models positing that restrictive masculine norms foster alexithymia, impairing the neurocognitive capacity to process emotions [14]. The North Indian man, socialized to suppress "vulnerable" emotions [7], may be unable to articulate distress as sadness, instead presenting with irritability, somatic complaints, or a numb withdrawal [10] symptom often missed by traditional diagnostics. His emotional world

becomes barren, characterized by a lack of optimism and connection, which the WEMWBS captures, and which strongly predicts clinical depression.

For anxiety and stress, the partial mediation reveals a dual, compounding pathway. The direct effects align with the concept of masculinity as a performance [19], where the relentless pressure to fulfil the provider/protector roles in a competitive economy is a direct source of hyperarousal and performance anxiety [5, 6]. However, the significant indirect effects demonstrate that these same norms simultaneously erode the internal resources required to manage this distress. The inability to process fear healthily and the culturally mandated prohibition against seeking support trap men in a self-perpetuating cycle of escalating distress [13], where the cause of the problem also forbids its solution.

The North Indian Context: Amplification and a Critical Paradox

This study vividly illustrates how the local context acts as a cultural amplifier. The finding that the provider role is a direct stressor takes on a heightened, more severe meaning within Northern India's collectivist culture. Here, failure is not an individual matter but a familial one, leading to intense shame and a catastrophic loss of honor [3]. This collectivist pressure dramatically raises the psychological stakes, making the fallout of unemployment or financial strain more profound than in individualistic Western societies [12].

Perhaps the most culturally telling finding is the paradoxical, non-significant positive correlation between conformity and emotional wellbeing. This suggests that successfully performing *mardangi* may confer a sense of purpose, identity, and social validation elements captured by the WEMWBS. This creates a dangerous paradox, the very identity that grants a man social status and a surface-level sense of wellbeing is the same one that psychologically cripples him by demanding emotional suppression [14, 7]. This internal conflict between socially rewarded performance and punished authenticity lies at the heart of the silent mental health crisis, making it incredibly difficult for men to recognize their suffering. This paradox is further compounded by a "double barrier" to help-seeking [17], where acknowledging distress is seen not only as personal weakness but also as a betrayal of family honor.

Theoretical and Practical Implications

Theoretically, this research validates and refines global models by demonstrating that while the erosion of emotional wellbeing is a universal mediator, its triggers and manifestations are deeply cultural. The paradox of conferred identity versus eroded interiority presents a critical nuance for future theorizing on masculinity.

Practically, these findings demand a paradigm shift from a clinical, deficit-based model to a culturally sensitive, strengths-based approach. Interventions must:

1. Reframe help-seeking not as a weakness but as an act of strength, resilience, and intelligent problem-solving for the sake of one's family, using language that aligns with masculine values [8].
2. Prioritize activity-based, peer-support models that facilitate connection and build self- efficacy without initially requiring overt emotional disclosure, thus bypassing the barrier of restrictive emotionality [11].
3. Build foundational emotional literacy by teaching men to identify, label, and regulate emotions a critical skill for resilience that counters the development of alexithymia [14].

4. Leverage community gatekeepers (e.g., local doctors, religious leaders) to recognize distress and reduce stigma, creating a more culturally trusted and accessible first line of defense [1].

Limitations and Future Directions

This study is limited by its cross-sectional design, which precludes causal inference. The sample, though adequate, was predominantly urban. Future research should employ longitudinal designs to track these pathways over time and use qualitative methods to richly explore the lived experience of the masculinity paradox. Investigating how socioeconomic status, caste, and religion intersect with these dynamics would provide a more intersectional understanding [9].

CONCLUSION

This study successfully delineates the psychological architecture through which culturally constructed masculine norms imperil the mental health of North Indian men. The empirical validation of a fully mediated pathway for depression, and partially mediated pathways for anxiety and stress, establishes the systematic erosion of emotional wellbeing not merely as a correlate, but as the *central mechanism* through which the performance of *mardangi* transmutes into clinical distress. This finding substantiates and extends Western-derived theoretical models [7, 14] by demonstrating that the core pathway masculine norms unfolding into emotional deficit through psychopathology holds robustly even within a collectivist, patriarchal context, suggesting a universal vulnerability in the male psychological constitution when confronted with restrictive emotional socialization.

However, this research moves beyond mere validation to reveal a critical cultural specification. The potent amplification of these dynamics by North India's collectivist ethos and honor-based social economy underscores that the *stakes* of masculine performance are culturally contingent. The provider role is not a personal aspiration but a sacred, familial mandate, where failure carries the existential threat of communal shame and the loss of *izzat* [3]. This context transforms the psychological burden of conformity from a personal stressor into a systemic crisis of identity.

The most profound contribution of this inquiry is the illumination of a dangerous paradox at the heart of North Indian masculinity. The non-significant positive correlation between conformity and wellbeing suggests that *mardangi* functions as a double-edged sword, it provides a scaffold for social identity, conferring a sense of purpose, utility, and belonging. Elements of positive functioning while simultaneously and insidiously dismantling the very emotional infrastructure required to sustain that wellbeing. This creates a latent vulnerability, a form of "fragile strength" where the publicly celebrated identity privately cripples the capacity for intimacy, vulnerability, and adaptive coping [14, 7]. This paradox, compounded by a formidable "double barrier" of stigma [17], renders the mental health crisis particularly pernicious, as profound emotional emptiness is masked by a façade of socially sanctioned fortitude.

Therefore, addressing this silent epidemic demands a paradigm shift in public health and clinical approaches. Interventions must be culturally grounded, moving beyond pathologizing, deficit- based models to strengths-based strategies that work within, rather than against, the existing social fabric. The path forward does not lie in dismantling masculine identity, but in its transformative redefinition fostering a version of strength that

encompasses emotional competence, intelligent self-care, and responsible help-seeking. By building emotional literacy from the ground up, designing masculinity-affirming intervention platforms, and leveraging the trusted conduits of community networks, we can begin to forge a new reality where a man's social value is not contingent upon the suppression of his humanity, and where cultural conformity and psychological wellbeing are no longer mutually exclusive.

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Acknowledgment
The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest
The author(s) declared no conflict of interest.

How to cite this article: Bhat, T.A. & Dutt, S. (2026). The Cost of Conformity: Emotional Wellbeing Mediates the Link Between Masculine Norms and Mental Health in North Indian Men. *International Journal of Indian Psychology*, *14*(1)*,* 1384-1392. DIP:18.01.137.20261401, DOI:10.25215/1401.137