



## **Understanding Men and their Stress Coping mechanism strategies**

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### **Abstract**

This study empirically investigates the stress-coping mechanisms employed by men and their subsequent impact on holistic mental well-being. Recognising that traditional masculine norms heavily discourage emotional vulnerability, the research examines how men navigate psychological strain in modern urban environments. Utilising a mixed-methods design with 263 male participants aged 18 to 60, the study identifies occupational and financial pressures as primary stressors. The findings reveal a high prevalence of maladaptive avoidance coping, such as emotional withdrawal and distraction-based behaviours, which significantly correlate with increased anxiety and depression. Conversely, adaptive strategies like problem-solving and physical exercise correlate with better mental health outcomes but are underutilised due to stigma. The study concludes that fostering "flexible masculinity" and gender-responsive clinical practices are essential for improving male psychological resilience.

**Keywords:** Men's Mental Health, Stress Coping Mechanisms, Masculinity Norms, Psychological Resilience, Adaptive and Maladaptive Coping

### **Introduction**

The contemporary landscape of public health is currently witnessing a silent crisis regarding male psychological well-being, an area that remains a critical yet historically overlooked domain of psychological research (Bilsker et al., 2018). Across many societies, the ideals of hegemonic masculinity dictate that men should appear emotionally stable, independent, and strictly self-reliant (Connell, 1995). These deeply ingrained cultural expectations significantly shape how men experience stress, process trauma, and select coping mechanisms.

Unlike women, who are generally encouraged through primary socialisation to express emotions and seek interpersonal support, men face systemic pressure to suppress feelings of fear, sadness, or anxiety (Matud, 2004). This phenomenon, often termed "normative male alexithymia," restricts a man's vocabulary for emotional distress, leaving him ill-equipped to articulate psychological pain (Levant, 1992). Consequently, many men resort to avoidance behaviours—such as substance use, excessive work, or social withdrawal. While these externalising behaviours can temporarily mask distress, they ultimately contribute to severe mental health crises, including generalised anxiety, occupational burnout, and disproportionately high suicide completion rates (Addis, 2008; Courtenay, 2000). This study seeks to systematically analyse men's stress-coping mechanisms and assess how these behavioural strategies mediate their overall psychological health within the context of rapid urbanisation.



### **Theoretical Framework**

This research is grounded in several foundational psychological and sociological models that together explain the aetiology of male stress and coping:

- **Gender Role Strain Paradigm (GRSP):** Pioneered by Pleck (1981, 1995), this paradigm asserts that gender roles are defined by contradictory and often unattainable societal expectations. When men fail to meet these expectations, they experience "discrepancy strain," which directly correlates with low self-esteem and high psychological distress.
- **Transactional Model of Stress and Coping:** proposed by Lazarus and Folkman (1984), this model holds that stress is a dynamic cognitive transaction between an individual and their environment. Men often appraise life stressors—particularly career or financial setbacks—not merely as practical challenges but as direct, ego-dystonic threats to their masculine identity and core competence.
- **Theory of Hegemonic Masculinity:** Formulated by Connell (1995), this framework explains how cultural scripts enforce an "ideal man" archetype characterised by dominance, stoicism, and emotional restraint. This structural hierarchy limits the coping resources men feel permitted to use without facing social penalisation.
- **Social Learning Theory:** Bandura (1977) suggests that coping behaviours are acquired through observation and environmental reinforcement. Boys learn to manage distress by modelling the restrictive emotionality and externalising behaviours of older male figures, inadvertently perpetuating intergenerational cycles of emotional suppression.

### **Methodology**

This study adopted a descriptive and analytical research design utilising a quantitative survey method supplemented by qualitative interviews.

### **Participants and Setting:**

The target population comprised adult men aged 18 to 60 years (N = 263) located in an Indian urban setting. Specifically, the demographic reflects the rapidly industrialising, hyper-competitive environments typical of expanding metropolitan regions, where men are actively navigating intensive occupational demands, long commuting hours, and the friction between traditional patriarchal family structures and modern corporate expectations.

### **Measures:**

Data were collected using validated psychometric instruments to ensure empirical rigour:

- *Gender Role Conflict Scale (GRCS):* Utilised to measure the psychological strain resulting from strict adherence to traditional gender roles, specifically assessing success/power/competition and restrictive emotionality (O'Neil et al., 1986).
- *Conformity to Masculine Norms Inventory (CMNI):* Employed to measure individual adherence to abstract constructs of emotional suppression and dominance (Mahalik et al., 2003).



- *Patient Health Questionnaire (PHQ-9) and Generalised Anxiety Disorder scale (GAD-7)*: Used to assess corresponding mental well-being and depressive symptomatology (Kroenke et al., 2001; Spitzer et al., 2006).

### **Procedure:**

The sampling technique primarily utilised convenience and snowball sampling. This approach was strategically chosen to overcome the well-documented sociocultural stigma that frequently deters men from participating in mental health research, allowing for greater penetration into community networks.

### **Results**

The synthesis of the quantitative and qualitative data yielded several major findings regarding male stress and coping paradigms:

- **Primary Stressors:** Occupational stress and financial strain were identified as the most frequent and intense contributors to male distress. The cultural mandate of the "male breadwinner" acts as a chronic health hazard. Participants reported that this expectation ties their self-worth to their economic productivity, making job insecurity synonymous with an existential threat to their manhood.
- **Avoidance and Maladaptive Coping:** There was a remarkably high prevalence of avoidance coping mechanisms. This included digital dissociation (addiction to social media), emotional withdrawal from spouses and peers, and excessive working (workaholism). These distraction-based strategies were significantly and positively correlated with higher levels of reported anxiety, insomnia, and subclinical depression.
- **Barriers to Help-Seeking:** Professional help-seeking efficacy remained exceptionally low across the cohort. Participants cited the "strong and silent" masculinity trope as the primary deterrent. Furthermore, a significant qualitative theme emerged regarding clinical environments: many men perceived standard mental health services as overly reliant on verbal emotional disclosure, rendering the spaces structurally unempathetic to traditional male communication styles.
- **Adaptive Coping Benefits:** Quantitative analyses demonstrated a strong positive correlation between active problem-solving strategies (e.g., physical exercise, environmental mastery, structured hobbies) and better mental health outcomes. However, these adaptive methods were utilised far less frequently than passive avoidance techniques.

### **Discussion**

The findings underscore that male psychological strain is a pervasive phenomenon inextricably linked to rigid socio-cultural expectations. When men experience "Masculine Discrepancy Stress"—the acute anxiety resulting from failing to meet unyielding societal expectations—they frequently default to experiential avoidance and overachievement to artificially reclaim a sense of control (Reidy et al., 2015).

Because traditional socialization frames emotional vulnerability as a masculine deficit, unmanaged distress often mutates into "masked depression." Unlike the traditional diagnostic criteria characterised by anhedonia and pervasive sadness, male-type depression is frequently



externalised through irritability, sudden anger, risk-taking behaviours, substance abuse, or somatic symptoms (Martin et al., 2013; Addis, 2008).

This cycle of restricted emotionality not only deprives men of genuine relational intimacy but also creates a psychological "vacuum of care." As men withdraw to protect their masculine facade, they accelerate their own psychiatric morbidity and social isolation, effectively suffering in plain sight.

### **Conclusion and Implications**

Improving men's mental health requires a paradigm shift from deficit-based models toward a Positive Psychology and Positive Masculinity (PPPM) framework (Kiselica & Englar-Carlson, 2010). Rather than framing traditional masculinity as inherently toxic, public health initiatives and clinicians must focus on validating emotional expression as an act of courageous self-care, thereby fostering "flexible masculinity."

This flexibility empowers men to maintain adaptive traditional strengths—such as accountability, the desire to protect, and community provision—while simultaneously developing the emotional intelligence necessary to process trauma and navigate modern systemic stressors. Ultimately, dismantling the stigma of vulnerability and designing gender-sensitive, action-oriented therapeutic spaces (such as incorporating physical movement or goal-oriented counselling) are critical steps toward building enduring psychological resilience in men.

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