

Gendered Coping Patterns: Advancing Healthy Help-Seeking Behaviours in Men

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DOI: <https://dx.doi.org/10.47772/IJRISS.2025.910000174>

Received: 28 September 2025 2025; Accepted: 03 October 2025; Published: 06 November 2025

ABSTRACT

Despite growing awareness of mental health needs, men remain significantly less likely than women to seek professional or social support when experiencing psychological distress. Cultural expectations of stoicism, fear of stigma, and gender role socialisation contribute to a tendency for men to rely on solitary problem-solving rather than verbal expression. This article examines existing research on gendered coping mechanisms and the impact of silence on men's well-being. It further proposes evidence-based interventions, including reframing help-seeking as a sign of resilience, integrating peer-support models, and designing male-friendly therapeutic outreach. By aligning mental health promotion with masculine norms of strength and responsibility, men can be encouraged to engage in healthier coping strategies, ultimately reducing the burden of untreated mental health conditions.

Keywords: Gendered, Coping Patterns, Health, Behaviours, Men

INTRODUCTION

Research context

Men's mental health remains a pressing public health concern, with significant implications for individual well-being and societal outcomes. Despite increasing awareness of mental health issues, men continue to face unique challenges that influence their coping behaviors and access to support. Gendered socialization and societal expectations often encourage stoicism, self-reliance, and emotional restraint, which inhibit men from seeking timely psychological assistance. These cultural norms shape how men experience, interpret, and respond to stress, leading to patterns of solitary problem-solving, avoidance, or other non-verbal coping strategies. Understanding this context is essential to framing men's help-seeking behaviors within the broader social, cultural, and psychological landscape.

Problem definition

Research indicates that men are significantly less likely to engage in verbal coping strategies or access formal psychological services, often opting for solitary or avoidance-based mechanisms to manage distress (Lucier, 2025). For example, studies show that only about 40% of men with a reported mental health condition seek professional support, highlighting a persistent treatment gap compared to women (Burns et al., 2025). This disparity contributes to higher rates of untreated mental illness, substance abuse, and psychological distress among men, which can exacerbate both personal and societal challenges (McLeod et al., 2024). Men are also more likely to rely on alcohol or other maladaptive strategies to cope with psychological stress, compounding the risk of negative outcomes (Cima, 2024). The persistent gap in help-seeking not only affects individual mental health but also has broader social and economic consequences, including strained relationships, reduced workplace productivity, and increased healthcare burden (Burns et al., 2025). Identifying the specific barriers and behavioral patterns that limit men's engagement with support services is therefore a critical concern for both research and practice.

Significance of the study

Mental health practitioners

Mental health practitioners, including psychologists, counselors, and therapists, are directly affected by this study as it provides insights into men's coping strategies and barriers to help-seeking. Understanding the influence of masculine norms allows practitioners to design interventions that resonate with male clients, encouraging engagement in therapy. The study highlights the importance of culturally sensitive communication and the need for safe spaces where men can express vulnerability without fear of judgment. Evidence-based findings can inform practitioner training, equipping professionals with strategies to reduce stigma and normalize help-seeking behaviors. Furthermore, insights into solitary coping mechanisms guide practitioners in identifying early signs of distress that may otherwise go unnoticed. The study enables mental health practitioners to deliver more effective, gender-responsive care tailored to men's unique psychological needs.

By applying the study's findings, practitioners can also develop targeted workshops, group therapies, and resilience-building programs that appeal specifically to men. These interventions can integrate peer support and practical problem-solving approaches, aligning with male-preferred coping strategies. Understanding the diversity in men's coping patterns allows for flexible treatment plans that account for individual differences. Practitioners are better positioned to foster therapeutic alliances by acknowledging the social and cultural pressures influencing male behavior. The study also emphasizes early intervention, which can prevent the escalation of mental health issues and improve long-term outcomes. In doing so, mental health professionals can contribute to reducing the overall burden of untreated mental illness among men.

Public Health Policymakers

Public health policymakers benefit from the study by gaining evidence on the systemic barriers men face in accessing mental health services. The findings provide a foundation for designing policies that integrate gender-sensitive approaches into national mental health strategies. By highlighting the role of stigma and masculine norms, the study underscores the need for campaigns that normalize help-seeking as a sign of strength rather than weakness. Policymakers can leverage these insights to allocate resources effectively, prioritizing male-focused mental health programs. Moreover, the research emphasizes the importance of preventive measures, including community education and resilience training, to reduce the incidence of untreated mental health conditions. This knowledge assists policymakers in creating supportive environments where men are encouraged and empowered to seek help.

In addition, evidence from the study can inform legislation that promotes equitable access to mental health services for men across diverse socio-cultural contexts. By incorporating the findings into public health initiatives, policymakers can reduce disparities in mental health care utilization between genders. The research also highlights the need for collaboration with healthcare providers, NGOs, and community leaders to implement effective interventions. Policies can focus on integrating male-centered programs within schools, workplaces, and community centers to reach men proactively. The study provides a roadmap for designing campaigns that challenge harmful gender norms and reduce stigma at a societal level. This ensures that mental health initiatives are inclusive, culturally sensitive, and responsive to men's specific needs.

Non-Governmental Organizations (NGOs)

NGOs focused on mental health, men's wellbeing, or community development can use the study to inform program design and outreach strategies. Insights into men's coping behaviors enable NGOs to tailor interventions that are culturally appropriate and engaging. The research highlights the potential of peer-supported programs and resilience-focused initiatives, guiding NGOs in resource allocation and program development. Understanding barriers such as stigma and fear of judgment allows organizations to create safe, non-threatening spaces for men to access support. The study also provides data to support funding applications, demonstrating the need for male-targeted mental health interventions. By implementing these findings, NGOs can increase participation rates and improve mental health outcomes within the communities they serve.

Furthermore, the research equips NGOs with evidence to advocate for systemic change and influence policy decisions affecting men's mental health. Programs informed by the study can include workshops, mentorship initiatives, and peer-led support networks that align with male preferences. NGOs can also collaborate with local leaders, workplaces, and educational institutions to expand the reach of interventions. The study reinforces the importance of community-based approaches that normalize help-seeking and reduce social stigma. Additionally, NGOs can use these insights to evaluate and refine existing programs to enhance their effectiveness. The study strengthens NGOs' capacity to promote sustainable, gender-sensitive mental health support.

Educational Institutions

Educational institutions, including universities and schools, play a critical role in shaping young men's understanding of mental health and help-seeking behaviors. The study provides educators with evidence on how masculine norms influence coping strategies, enabling them to implement early interventions. Programs such as mental health awareness campaigns, peer mentoring, and resilience-building workshops can be designed using the study's findings. Educators gain insights into the importance of fostering an environment where emotional expression is normalized and stigma is minimized. Integrating this knowledge into curricula helps students develop healthier coping mechanisms before adulthood. The study thereby supports educational institutions in promoting mental well-being among male students and reducing long-term psychological distress.

The research also encourages institutions to adopt gender-sensitive counseling services and training for staff to identify at-risk students. Evidence-based strategies can inform guidance programs that address the unique challenges faced by male learners. Educators are better equipped to create inclusive policies that reduce pressure to conform to harmful masculine norms. Student engagement initiatives, informed by the study, can foster open dialogues about mental health and emotional resilience. By applying these insights, schools and universities contribute to building a generation of men who are comfortable seeking support. This strengthens overall student well-being and academic success.

Employers and Workplace Managers

Employers and workplace managers can leverage the study to enhance employee well-being and productivity by understanding men's coping patterns. The research highlights how masculine norms and stigma may prevent male employees from accessing workplace mental health programs. Insights into preferred coping strategies allow managers to develop initiatives that align with employees' comfort levels, such as peer support groups or stress management workshops. Understanding these barriers enables workplaces to create environments that encourage seeking help without fear of judgment or career repercussions. Implementing evidence-based mental health programs can reduce absenteeism, burnout, and job dissatisfaction. By prioritizing male mental health, organizations contribute to a healthier, more resilient workforce.

Additionally, the study underscores the importance of leadership in modeling healthy behaviors and promoting open discussions about mental health. Managers can implement policies that support flexible access to counseling and mental health resources. Awareness campaigns within the workplace can challenge harmful masculine stereotypes and encourage help-seeking as a form of professional strength. Peer-led initiatives and mentorship programs can be integrated to provide informal support channels for men. Employers can also evaluate program effectiveness using insights from the study to ensure continuous improvement. The research guides workplace interventions that improve both individual well-being and organizational performance.

Families and Caregivers

Families and caregivers benefit from the study by gaining a deeper understanding of the social and cultural factors that influence men's coping and help-seeking behaviors. The research emphasizes that men may avoid expressing distress to protect themselves from judgment or perceived weakness, which can create misunderstandings within family dynamics. By recognizing these patterns, families can provide supportive environments that encourage open communication and emotional expression. The findings highlight the value of creating trust-based relationships where men feel comfortable seeking advice or help. Caregivers can use these

insights to identify early signs of mental distress and intervene constructively. This knowledge enables families to play an active role in fostering resilience and psychological well-being.

Moreover, the study equips families with strategies to challenge harmful stereotypes and normalize mental health conversations at home. Families can model help-seeking as a positive behavior, reinforcing that vulnerability is a strength rather than a weakness. Awareness of solitary coping tendencies allows caregivers to monitor behavior changes and provide timely support. The research also suggests that peer-supported interventions may be more acceptable to men, guiding families in recommending appropriate community resources. By applying these insights, families contribute to reducing stigma and promoting healthy coping behaviors. The study strengthens familial support networks that are essential for men's mental health.

Healthcare Providers

Healthcare providers, including general practitioners and mental health specialists, can use the study to improve engagement with male patients. The findings emphasize that men often underutilize services due to stigma, fear of vulnerability, and adherence to masculine norms. Providers can adapt communication strategies, offering approaches that are less formal or threatening, to increase patient comfort. Understanding men's coping behaviors allows for proactive screening and early identification of mental health issues. Evidence-based recommendations from the study support the integration of male-friendly interventions within healthcare settings. By applying these insights, healthcare providers can enhance treatment adherence and improve overall patient outcomes.

Additionally, the study encourages healthcare providers to collaborate with community organizations and workplaces to extend mental health services beyond clinical settings. Incorporating peer support programs and resilience training can complement traditional therapy and increase accessibility. Providers can also receive training informed by the study to reduce unconscious bias and create a more inclusive environment for men. Outreach strategies can be tailored to male populations, considering cultural and societal expectations. This approach ensures that mental health services are responsive to men's unique needs and barriers. The research guides healthcare providers in delivering more effective and empathetic care to male patients.

Researchers and Academics

Researchers and academics gain valuable insights from the study, as it contributes to the understanding of gendered coping patterns and help-seeking behaviors. The findings identify key areas where masculine norms intersect with mental health, guiding future research questions and hypotheses. Academics can build on this study to explore longitudinal effects, cross-cultural comparisons, and intervention outcomes in diverse populations. The integration of qualitative and quantitative methods demonstrates a robust approach to studying complex social phenomena, providing a model for future research designs. The study also highlights gaps in the literature, particularly in understanding male mental health in underrepresented cultural contexts. By disseminating these findings, researchers contribute to advancing knowledge and informing evidence-based interventions.

Furthermore, the study offers a foundation for interdisciplinary collaboration, linking psychology, sociology, public health, and education. Academics can use the insights to develop new theoretical frameworks explaining men's help-seeking behaviors. The research underscores the importance of culturally sensitive methodologies, encouraging scholars to consider societal norms and stigma in their designs. Findings may inspire curriculum development, training programs, and workshops for future practitioners and policymakers. By examining the nuanced experiences of men, the study promotes a more comprehensive understanding of mental health determinants. This research strengthens the scholarly discourse and informs practical solutions to improve men's psychological well-being.

Objectives of the Study

- To examine men's coping strategies.
- To understand the influence of masculine norms on help-seeking behaviors.
- To propose evidence-based approaches to promote healthy intervention.

Materials and Methods

Research Design

This study employed a mixed-methods research design, integrating quantitative and qualitative approaches to gain a comprehensive understanding of men's coping behaviors and help-seeking attitudes. The combination of these methods allowed for data triangulation, ensuring that measurable behavioral trends were contextualized with participants' subjective experiences (Nguyen, 2024; Vickery, 2021). A mixed-methods framework was selected to address both the prevalence of specific coping and help-seeking behaviors and the reasons underpinning them. By linking numerical data with narrative insights, the design provided a robust basis for examining how societal expectations, stigma, and masculine norms influence men's mental health engagement. The study was conducted in urban and peri-urban communities in Zimbabwe, where cultural norms emphasize stoicism, independence, and emotional restraint. These contextual factors shaped the interpretation of results and their broader implications (Choksi, Bhuyan, & Agrawal, 2025).

Quantitative Data Collection

The quantitative phase involved a structured self-administered questionnaire completed by 300 male participants aged 18–45 years. Participants were recruited through purposive and snowball sampling at community centers, workplaces, and tertiary institutions to ensure diversity in age, occupation, and education level. The questionnaire comprised three validated instruments:

1. **Attitudes Toward Seeking Professional Psychological Help – Short Form (ATSPPH-SF)** (Fischer & Farina, 1995) to assess willingness to seek psychological services (Cronbach's $\alpha = 0.88$).
2. **Conformity to Masculine Norms Inventory – Short Form (CMNI-22)** (Mahalik et al., 2003) to measure adherence to traditional masculine ideals ($\alpha = 0.90$).
3. **Brief COPE Inventory** (Carver, 1997), adapted to capture coping styles relevant to male populations ($\alpha = 0.84$).

All items were rated on 5-point Likert scales (1 = Strongly Disagree to 5 = Strongly Agree). Data were analyzed using SPSS 27. Descriptive statistics (means and standard deviations) summarized central tendencies, while Pearson correlations and multiple regression analyses tested relationships among variables. This approach allowed for quantitative verification of the influence of stigma and masculine norm conformity on men's likelihood of seeking professional help.

Qualitative Data Collection

The qualitative phase comprised 20 semi-structured interviews designed to capture men's lived experiences of psychological distress and the barriers to seeking help (Irvanipour, 2022; Barragán, 2024). Participants were selected from the survey cohort using purposive sampling to ensure a mix of age and background diversity. Each interview lasted 45–60 minutes, conducted either in person or through encrypted Zoom calls, with informed consent obtained before recording.

Interview questions explored three domains: perceptions of masculinity, coping strategies during distress, and experiences with or attitudes toward professional and informal support. All interviews were transcribed verbatim and imported into NVivo 14 for analysis. Thematic analysis followed Braun and Clarke's (2006) six-phase framework using an inductive approach, allowing patterns to emerge organically from the data. Coding proceeded in two stages: initial open coding to identify meaningful units, followed by axial coding to refine and group themes. Researcher reflexivity was maintained through analytic memos, and peer debriefing ensured reliability of coding.

Ethical Considerations

Ethical approval was obtained from the University Research Ethics Committee, and all participants provided written informed consent before data collection (Vickery, 2021). Participation was voluntary, with the right to withdraw at any time without consequence. To ensure confidentiality, personal identifiers were removed, and

data were stored on password-protected devices. Interview transcripts were anonymized using pseudonyms. These ethical safeguards upheld participant welfare and data integrity throughout both research phases (Choksi, Bhuyan, & Agrawal, 2025).

RESULTS

Descriptive Statistics of Coping Strategies

Table 1. Coping Strategies among Male Participants (N = 300)

Coping Strategy	Mean	SD
Solitary Problem-Solving	4.15	0.87
Avoidance/Distraction	3.46	0.88
Seeking Informal Peer Support	2.78	1.02
Emotional Expression	2.05	1.01
Professional Help-Seeking	1.92	0.95

Solitary problem-solving emerged as the most dominant strategy ($M = 4.15$), underscoring a strong tendency toward self-reliance and autonomy. Avoidance and distraction ($M = 3.46$) ranked second, reflecting frequent use of diversionary tactics to manage distress. In contrast, emotional expression and professional help-seeking scored the lowest, confirming that open vulnerability remains culturally discouraged.

Many participants described a strong preference for internalizing problems, linking emotional expression with weakness and failure.

Participant 1 elaborated:

“I usually try to figure things out on my own. Talking to someone feels like admitting weakness, like I’ve failed to handle things the way a man should. My father always told me that showing emotion makes people lose respect for you, so I’ve grown used to dealing with pain silently. Even when it gets too much, I remind myself that no one wants to see a man breaking down.”

This account reveals how emotional stoicism becomes not only a coping mechanism but also a learned behavioral expectation shaped by family and culture. Participant 9 expressed a similar mindset, using distraction as an emotional escape:

“When I’m stressed, I just play video games or watch sports to take my mind off things. It’s not that the problems disappear, but for a few hours I can forget what’s bothering me. I know deep down that I’m avoiding the real issue, but facing it feels like opening a door I can’t close. It’s easier to stay busy and pretend everything is fine, even when I’m breaking inside.”

Such narratives demonstrate how avoidance and self-distraction serve as socially acceptable outlets for distress, masking deeper emotional struggles.

Participant 5 reinforced this internal tension:

“Sometimes things get heavy, but I don’t talk about it because I don’t want to look weak in front of others. I just wait it out, hoping it will pass on its own. It’s like carrying a heavy load and convincing yourself you’re strong enough to keep holding it. After a while, it becomes normal to suffer quietly, even when you’re exhausted.”

Descriptive Statistics of Perceived Stigma and Masculine Norm Conformity

Table 2. Perceived Stigma and Masculine Norms (N = 300)

Variable	Mean	SD
Perceived Mental Health Stigma	4.22	1.10
Masculine Norm Conformity	3.95	0.92
Fear of Appearing Weak	4.05	1.03
Reluctance to Discuss Emotions	3.88	1.08

High scores for perceived stigma ($M = 4.22$) and fear of appearing weak ($M = 4.05$) indicate that cultural expectations remain a major deterrent to help-seeking.

Participants frequently expressed anxiety about how others would perceive them if they disclosed emotional struggles. Fear of ridicule, loss of respect, and gossip emerged as powerful deterrents to help-seeking, reinforcing the idea that masculinity is defined by composure and endurance.

Participant 12 reflected deeply on this issue:

“A real man handles his problems; asking for help isn’t part of being masculine. Around here, if you open up, people start whispering that you’re soft or unstable. I’ve seen other men mocked for saying they were depressed or anxious, so I promised myself I’d never do that. Even when things get tough, I’d rather keep my problems to myself than have people think less of me.”

This testimony captures how social surveillance and fear of reputation loss sustain emotional restraint among men. The participant’s words highlight that help-seeking is not merely a personal decision but a socially risky act governed by communal expectations. In this context, masculinity becomes performative as men continuously monitor how others perceive them, often at the expense of their psychological well-being. The quote reveals that stigma operates as both an external pressure and an internalized belief system, where silence is equated with strength and emotional openness with failure.

Descriptive Statistics of Help-Seeking Intentions

Table 3. Help-Seeking Intentions and Engagement (N = 300)

Variable	Mean	SD
Likelihood of Seeking Professional Help	2.05	0.94
Likelihood of Engaging in Peer Support	2.78	1.02
Openness to Mental Health Education	3.35	0.97
Intention to Participate in Male-Focused Interventions	3.42	0.99

Participants showed low intent to seek formal professional help ($M = 2.05$) but moderate openness to male-specific and educational interventions.

Despite traditional barriers, several participants expressed growing interest in peer-based and practical support approaches that align with masculine values of action, independence, and shared experience. While formal therapy was often viewed as intimidating or “unmanly,” informal peer spaces and structured workshops were perceived as more approachable and less stigmatizing.

Participant 18 emphasized this preference:

“I’m more comfortable talking to mates casually than formally discussing problems. When you’re just sitting around and someone brings up stress or relationships, it feels normal to chip in, because everyone’s had their share of bad days. But if you tell me to go to a therapist’s office and sit across from a stranger asking deep questions, that’s when I shut down. I think men need spaces that feel natural not like you’re being diagnosed, but like you’re being heard.”

This account illustrates how peer familiarity and informal settings create psychological safety for men, allowing emotional sharing without compromising masculine identity. Participant 19 echoed this openness, provided that support spaces felt purposeful and nonjudgmental:

“I’d attend workshops if they were practical and not too preachy. Sometimes these programs talk down to men, and that just makes people defensive. But if you focus on real-life stuff like managing anger, communication, or stress at work, more guys would show up. I think men like learning skills that make them feel capable, not like they’re being told they’re broken.”

These reflections reveal a conditional openness to mental health engagement men are receptive to support framed around competence, learning, and shared experience rather than vulnerability or pathology. Reframing interventions to highlight strength-based narratives and collective resilience may therefore bridge the gap between masculine identity and emotional well-being.

Inferential Analysis

Correlation Analysis

Table 4. Pearson Correlation Matrix (N = 300)

Variables	Help-Seeking Intention	Perceived Stigma	Masculine Norm Conformity	Fear of Appearing Weak
Help-Seeking Intention	1.00	—	—	—
Perceived Stigma	−0.42**	1.00	—	—
Masculine Norm Conformity	−0.46**	0.55**	1.00	—
Fear of Appearing Weak	−0.39**	0.61***	0.50**	1.00

Note: $p < .05^*$, $p < .01$, $p < .001$

The Pearson correlation results indicate significant relationships among the study variables. Masculine norm conformity showed a **negative correlation** with help-seeking intention ($r = -0.46$, $p < .01$), suggesting that as adherence to masculine ideals increases, men’s willingness to seek professional help decreases. Similarly, perceived stigma demonstrated a **negative association** with help-seeking intention ($r = -0.42$, $p < .01$), implying that higher stigma reduces help-seeking behavior. Additionally, perceived stigma was **positively correlated** with fear of appearing weak ($r = 0.61$, $p < .001$), showing that men who experience greater stigma are also more likely to internalize fears about showing vulnerability.

Regression Analysis

Table 5. Multiple Regression Analysis Predicting Help-Seeking Intention (N = 300)

Predictor Variables	Unstandardized β	SE	Standardized β	t-value	p-value
Constant	4.22	0.31	—	13.61	< .001

Perceived Stigma	−0.38	0.09	−0.38**	−4.22	< .01
Masculine Norm Conformity	−0.29	0.11	−0.29*	−2.64	< .05
Fear of Appearing Weak	−0.15	0.10	−0.14	−1.52	.129

Model Summary: $R^2 = 0.41$, Adjusted $R^2 = 0.39$, $F(3, 296) = 19.73$, $p < .001$

Note: $p < .05^*$, $p < .01$

The multiple regression model explained 41% of the variance ($R^2 = 0.41$) in help-seeking intention, indicating a substantial predictive relationship between masculine identity variables and mental health help-seeking behavior. Both perceived stigma ($\beta = -0.38$, $p < .01$) and masculine norm conformity ($\beta = -0.29$, $p < .05$) were statistically significant negative predictors, demonstrating that higher stigma and stronger conformity to masculine ideals significantly reduce men’s likelihood of seeking professional psychological help. In contrast, fear of appearing weak did not independently predict help-seeking when controlling for other variables ($p = .129$), suggesting its effect operates through stigma and masculine conformity.

Qualitative Findings: Major Themes

Three major themes emerged from the thematic analysis, reflecting the complex interplay between masculine norms, coping strategies, and openness to support.

Theme 1: Self-Reliance as a Symbol of Strength

Men consistently viewed independence and personal problem-solving as central to their masculine identity, often equating seeking help with weakness. Participant 4 elaborated:

“If I can’t handle it myself, I feel like I’m failing as a man. From a young age, I was taught that men need to be strong and manage their problems silently. Asking for help feels like admitting I don’t have control, and that’s uncomfortable. Even when the stress gets overwhelming, I try to solve it on my own before even considering talking to anyone.”

This illustrates how self-reliance functions as both a coping strategy and a social expectation, reinforcing emotional suppression and limiting engagement with formal or informal support networks. It highlights the cultural and internal pressures that shape male coping behaviors.

Theme 2: Fear of Social Judgment

Participants frequently reported anxiety about how others would perceive them if they admitted to emotional or psychological struggles. Participant 13 reflected:

“People talk. If a man says he’s struggling, others see him as weak. I’ve seen friends mocked or labeled as soft just for being honest about stress. That makes me keep everything to myself, even when I really need help, because I don’t want my reputation damaged.”

This demonstrates that stigma operates not only internally but also through community surveillance, where social judgment enforces emotional restraint. Men navigate a constant tension between acknowledging distress and maintaining social credibility.

Theme 3: Emerging Openness to Alternative Supports

Despite traditional constraints, some men expressed interest in peer-based, skill-oriented, or practical interventions that align with masculine norms of competence and action. Participant 19 explained:

“If there were workshops that felt practical, like teaching how to manage stress, I’d go. I don’t want programs that lecture me or make me feel broken; I want to learn something useful. If I can apply it to my work or daily life, it feels meaningful. Being in a group with other men dealing with similar issues makes it easier to open up a bit.”

This theme highlights a potential pathway for culturally adapted programs that respect masculine identity while fostering engagement, demonstrating that men are not entirely resistant to support when it is framed around skill-building and peer connection.

Synthesis

These themes reveal that men’s coping behaviors are shaped by internalized masculinity, social expectations, and stigma, but there are emerging opportunities for engagement through practical, peer-focused, and culturally sensitive interventions. While self-reliance and fear of judgment remain dominant, carefully tailored programs can create safe spaces for emotional expression without threatening masculine identity.

DISCUSSION

While the current study provides important insights into men’s coping strategies and help-seeking behaviors, it is essential to consider that these patterns may vary significantly across different cultural, social, and geographic contexts. Societal norms regarding masculinity, emotional expression, and mental health differ widely; in some cultures, communal or interdependent coping may be more normative, reducing reliance on solitary problem-solving. For instance, in collectivist societies, men might be more likely to seek family support or participate in group-based interventions, whereas in individualistic cultures, self-reliance and emotional restraint may be reinforced more strongly.

Similarly, perceived stigma and fear of social judgment are shaped by community attitudes toward mental health. In regions with high awareness and normalization of psychological services, men may feel less constrained by masculine ideals and more willing to access formal or informal support. Conversely, in contexts where mental illness is heavily stigmatized or associated with moral weakness, the barriers observed in this study may be amplified, leading to even lower engagement with professional help. Access to mental health infrastructure, socioeconomic conditions, and educational levels also influence men’s coping patterns; men in resource-limited settings may rely on avoidance and self-directed strategies not only because of stigma but also due to a lack of available support services.

Gender norms themselves are highly context-dependent. The internalization of masculine ideals, such as stoicism, emotional suppression, and self-reliance, may vary depending on local traditions, media portrayals, and peer networks. In some urban or Westernized contexts, alternative masculine narratives emphasizing emotional intelligence, vulnerability, or self-care may be more prevalent, potentially increasing openness to peer support, mental health education, or male-focused interventions. Conversely, in more conservative or rural settings, rigid adherence to traditional masculinity could further inhibit help-seeking.

These considerations suggest that while the study’s findings are robust within the sampled population, extrapolating results to other populations requires careful attention to cultural, social, and structural factors. Tailoring interventions to local norms, values, and available resources is likely to enhance effectiveness, ensuring that programs promoting mental health engagement among men are culturally sensitive and contextually appropriate. Future research should systematically compare men’s coping and help-seeking behaviors across diverse cultural settings to identify universal versus context-specific patterns and to design interventions that accommodate these differences.

Coping Strategies Among Men

The quantitative results indicate that men predominantly rely on solitary problem-solving when confronting psychological distress, with a mean score of 4.15, highlighting its primary role as a coping strategy. This

tendency reflects a deeply ingrained cultural emphasis on self-reliance and stoicism, which often discourages men from seeking external support or revealing vulnerability. Interview responses reinforce this pattern, with participants explicitly noting their preference to manage difficulties independently, such as Participant 1 who stated, “I usually try to figure things out on my own. Talking to someone feels like admitting weakness.” Solitary coping appears to provide men with a sense of control and autonomy, yet it may also limit access to potentially beneficial emotional support. The results suggest that self-directed coping is not merely habitual but culturally reinforced, with norms emphasizing strength and resilience. Such strategies may temporarily alleviate distress, but they may not address the underlying psychological causes, which can prolong or exacerbate stress over time. These findings illustrate the centrality of self-sufficiency in shaping male coping behavior within the study sample.

Avoidance and distraction emerged as additional strategies frequently employed by men, indicating a preference for temporary relief rather than confronting stressors directly. These methods often involve diverting attention through activities, work, or leisure, providing short-term emotional respite but failing to resolve the root causes of psychological strain. Participant 9, for example, described engaging in hobbies or work as a way to “take my mind off things,” illustrating this coping pattern. While such strategies may prevent immediate overwhelm, they can also contribute to delayed problem resolution and increased internalization of stress. The reliance on avoidance and distraction underscores a broader theme of emotional restraint, where expressing vulnerability is culturally discouraged. Notably, the variability in participants’ responses, reflected in moderate standard deviations, highlights that some men occasionally experiment with different coping approaches. This suggests that while avoidance is common, there is heterogeneity in how men navigate psychological distress.

In contrast, socially oriented coping strategies, such as seeking informal peer support or engaging in emotional expression, were less frequently utilized among participants. Only a minority, including Participant 3 and Participant 8, reported occasionally reaching out to friends or discussing feelings, indicating that such behaviors are not normative in the sample. These findings align with existing literature on masculine norms, which often prioritize emotional restraint and discourage help-seeking behaviors (Vickery, 2021; Barragán, 2024). The low adoption of social coping strategies underscores the tension between individual needs for support and cultural expectations of self-sufficiency. Despite this general trend, the observed variability in responses suggests that some men do selectively engage in peer support, reflecting individual differences in coping flexibility. This diversity indicates potential entry points for interventions aimed at promoting healthier help-seeking behaviors. Collectively, these results demonstrate that men’s coping patterns are heavily shaped by cultural and social norms, balancing self-directed strategies with occasional social engagement.

Perceived Stigma and Masculine Norm Conformity

The results indicate that perceived mental health stigma plays a significant role in shaping men’s attitudes toward help-seeking, as reflected by the high mean score of 4.22. This finding suggests that societal judgments and fear of being labeled weak strongly influence coping behaviors, discouraging men from seeking professional or informal support. Qualitative evidence reinforces this pattern, with participants emphasizing the social risks associated with vulnerability. For instance, Participant 12 stated, “A real man handles his problems; asking for help isn’t part of being masculine,” highlighting the pervasive cultural expectation of stoicism. Similarly, Participant 13 reported concerns about social judgment, saying, “I don’t want others to think I can’t cope. That would be embarrassing.” These responses illustrate how internalized stigma is not merely an abstract concept but a lived experience that shapes daily decisions and emotional expression. Consequently, perceived stigma emerges as a critical barrier that must be addressed in interventions aimed at improving men’s engagement with mental health resources.

Masculine norm conformity also appears to exert a substantial influence, as evidenced by the high mean score of 3.95, indicating that adherence to traditional male roles continues to shape behavior and self-perception. Participants frequently expressed that conforming to societal expectations of strength and independence limits their willingness to seek support, even when experiencing significant distress. The high fear of appearing weak (mean = 4.05) further emphasizes the internal conflict men face between managing emotions privately and adhering to masculine ideals. Participant 15 exemplified this tension by describing a tendency to suppress

emotions to avoid judgment, which aligns with the quantitative finding of a reluctance-to-discuss-emotions score of 3.88. Collectively, these results underscore that masculine norms are deeply intertwined with men's coping strategies, reinforcing emotional restraint and self-reliance. Prior research supports these findings, noting that internalized male norms act as a consistent barrier to accessing psychological care (Choksi, Bhuyan, & Agrawal, 2025; Singhlyen, 2021). Understanding this influence is essential for designing culturally sensitive interventions that acknowledge the pressures of gendered expectations while promoting healthier coping.

The implications of these findings for mental health interventions are substantial, highlighting the need to address both stigma and rigid masculine norms. Programs aiming to improve men's engagement must directly challenge harmful stereotypes that equate seeking help with weakness, while promoting socially acceptable avenues for emotional expression and peer support. Participants' narratives suggest that interventions should normalize help-seeking as compatible with masculinity, reducing fear of judgment and social rejection. Additionally, the combination of high perceived stigma, norm conformity, and fear of appearing weak points to the importance of multifaceted strategies that operate at both individual and societal levels. Community education, peer-led initiatives, and media campaigns may all contribute to reshaping perceptions and encouraging adaptive coping behaviors. By integrating quantitative insights with qualitative accounts, researchers and practitioners can develop targeted approaches that resonate with men's lived experiences. Ultimately, these findings emphasize that addressing cultural and social barriers is a prerequisite for enhancing men's mental health engagement effectively.

Help-Seeking Intentions and Engagement

The study found that men's reported likelihood of seeking professional help was low, with a mean score of 2.05, indicating a general reluctance toward formal mental health services. This reluctance aligns with qualitative responses highlighting discomfort with therapy, as Participant 17 noted, "I know therapy could help, but I just can't bring myself to go." Such responses suggest that men may perceive professional help as unfamiliar, intimidating, or inconsistent with cultural expectations of masculinity. In contrast, engagement with peer support scored higher (mean = 2.78), reflecting a preference for informal and socially familiar avenues for discussing emotional challenges. Participant 18 emphasized this preference, stating, "I'm more comfortable talking to mates casually than formally discussing problems." These findings illustrate that while men are generally hesitant to access formal services, they are open to support within trusted social networks. Understanding these preferences is essential for designing interventions that resonate with men's lived experiences and reduce barriers to help-seeking.

Openness to mental health education scored moderately high (mean = 3.35), suggesting that men may be receptive to information delivered in accessible and culturally sensitive ways. Similarly, participation in male-focused interventions scored 3.42, indicating that programs tailored specifically for men are more likely to attract engagement. These moderate scores highlight potential entry points for interventions, where structured educational programs and peer-led initiatives could enhance awareness and skills for coping with psychological distress. Interview responses corroborated this, revealing that men are more willing to participate in activities framed as practical or skill-based rather than purely therapeutic. This pattern aligns with previous research identifying culturally appropriate formats as critical for improving men's mental health engagement (Brown, Barry, & Todd, 2021; Lucier, 2025). By leveraging these preferences, practitioners can design interventions that feel relevant, approachable, and socially acceptable. Ultimately, these findings suggest that receptivity to education and male-focused programs offers a pathway for increasing participation and support utilization.

Integrating gender-sensitive approaches into mental health programming appears essential to increasing men's engagement with support services. Programs that emphasize practical strategies, peer involvement, and relatable content are likely to overcome some of the cultural and psychological barriers identified in the study. The combination of low formal help-seeking but moderate engagement with informal or tailored initiatives indicates that interventions must balance accessibility with cultural sensitivity. Providing safe spaces for peer interaction, coupled with education about mental health, can normalize help-seeking behaviors without threatening masculine norms. The insights from both quantitative scores and interview responses underscore the importance of designing services that align with men's preferences and lived experiences. Additionally, these findings

support prior literature advocating for male-centered intervention models to improve utilization and effectiveness (Lok & Law, 2025; McLeod et al., 2024). The study highlights that enhancing men's engagement requires addressing both structural and cultural barriers while capitalizing on existing openness to peer support and educational initiatives.

Implications for Policy and Practice

The results highlight the need for mental health policies and interventions that account for gendered coping patterns and the pervasive influence of masculine norms. Efforts to normalize help-seeking as a sign of strength and resilience could reduce stigma and increase engagement (Nguyen, 2024). Peer-supported initiatives, male-focused workshops, and resilience-building programs are likely to be more effective than traditional therapeutic approaches alone (Ellis, 2021; Lok & Law, 2025). Additionally, recognizing the diversity in men's coping strategies suggests that interventions should be flexible, offering multiple pathways to support. By addressing both structural and cultural barriers, policymakers and practitioners can foster an environment in which men feel empowered to seek help, ultimately improving psychological well-being and reducing the burden of untreated mental health issues (Choksi et al., 2025; Singhlyen, 2021).

CONCLUSION

Key Findings

This study demonstrates that men's help-seeking behaviors are strongly influenced by societal expectations, stigma, and gendered coping patterns. The evidence shows a pronounced reliance on solitary problem-solving, with men often preferring to manage psychological distress independently rather than seeking external support. Socially oriented coping strategies, such as peer support or emotional expression, are underutilized, reflecting deeply ingrained cultural norms that value stoicism and self-reliance. Avoidance and distraction also emerge as common strategies, highlighting a tendency to temporarily alleviate stress without addressing underlying issues. The findings indicate that masculine norms and perceived societal judgment significantly constrain engagement with formal mental health services and informal support systems, shaping patterns of coping and resilience in ways that limit opportunities for intervention.

Contributions of the Study

The research contributes to a deeper understanding of the interplay between masculinity and mental health behaviors. By combining quantitative and qualitative evidence, the study provides a comprehensive view of how men navigate stress and psychological distress within sociocultural constraints. It underscores the potential value of peer-supported and resilience-focused interventions, demonstrating that culturally sensitive programs can improve men's engagement with mental health resources. Furthermore, the study highlights the importance of tailoring outreach initiatives to align with masculine norms, suggesting that reframing help-seeking as a sign of strength can reduce barriers to accessing care. These contributions enhance the theoretical and practical knowledge base for designing gender-sensitive mental health interventions that are both effective and socially acceptable.

LIMITATIONS

Sample Size and Transferability

One limitation of the study is the relatively small qualitative sample, which may affect the transferability of findings to broader populations. While the insights gathered provide valuable depth into men's coping behaviors and perceptions of help-seeking, the limited number of participants constrains the ability to generalize conclusions across different demographic or cultural groups. As a result, the patterns identified should be interpreted as illustrative rather than representative of all men, and caution is warranted when applying these insights to other contexts.

Self-Reported Data and Potential Bias

The study relies on self-reported data, which introduces the possibility of bias in participants' responses. Men may underreport behaviors that are socially undesirable, such as emotional expression or seeking help, while overstating behaviors perceived as socially acceptable, like self-reliance. This tendency could affect the accuracy of reported coping strategies and help-seeking intentions. Understanding this limitation is important, as it highlights the need to corroborate findings with additional methods, such as observational data or triangulation with other sources.

Cultural and Contextual Influences

Cultural and contextual factors specific to the study sample may also shape the results. Social norms, community expectations, and local attitudes toward masculinity can influence both coping behaviors and willingness to discuss mental health experiences. These influences limit the generalizability of the findings to populations with differing cultural or societal contexts. Recognizing this limitation emphasizes the importance of considering context in the interpretation of results and designing interventions that are culturally responsive.

Implications for Interpretation

Acknowledging these limitations is essential for accurately framing the study's contributions and scope. While the findings provide meaningful insights into gendered coping patterns and barriers to help-seeking, they must be understood within the constraints of sample size, self-reporting, and contextual specificity. Addressing these limitations in future research can strengthen the robustness and applicability of conclusions, supporting the development of interventions that are both evidence-based and culturally sensitive.

Future Research Directions

Future research should explore the longitudinal impact of interventions designed to improve men's help-seeking behaviors and resilience. Studies that examine diverse sociocultural contexts are needed to identify how cultural norms, community expectations, and institutional supports shape coping patterns across populations. Further investigation into tailored, male-focused interventions, including peer-supported programs and mental health education, could provide evidence for best practices in engagement and effectiveness. Additionally, integrating both qualitative and quantitative approaches will continue to be important for capturing the nuanced ways in which masculine norms influence mental health behaviors. Expanding research in these directions can support the development of policies and programs that promote psychological well-being among men in culturally appropriate and sustainable ways.

Implications for Practice

The findings suggest that mental health policy and programming should incorporate strategies that normalize help-seeking among men and provide accessible, male-friendly support structures. Educational initiatives and community-based interventions that emphasize strength, resilience, and peer engagement may be particularly effective in overcoming stigma and cultural barriers. By reframing help-seeking as a positive, proactive behavior rather than a sign of weakness, mental health practitioners can foster environments that encourage men to seek support early and consistently. These practical applications have the potential to enhance mental health outcomes and promote a culture of psychological well-being among men.

REFERENCES

1. Barragán, J. J. (2024). Beyond 'Manning Up': The Impact Of Hegemonic Masculinity & Gender Norms On Mental Health Help-Seeking Among College Men (Master's thesis, San Jose State University).
2. Brown, D., Barry, J. A., & Todd, B. K. (2021). Barriers to academic help-seeking: The relationship with gender-typed attitudes. *Journal of Further and Higher Education*, 45(3), 401-416.

3. Burns, L., Olive, L., Turner, A., Rice, S., Wrobel, A., Montgomery-Farrer, B., ... & Hayley, A. (2025). The role of gender norm conformity in men's psychological help-seeking and treatment engagement: a scoping review. *Journal of Mental Health*, 1-19.
4. Chatterjee, D. (2024). Man up: A Study on how men Deal with mental health issues. Available at SSRN 4824634.
5. 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.
6. Chatterjee, Deshna (2024) Man Up: A Study on How Men Deal With Mental Health Issues. Posted May 11, 2024. SSRN dx.doi.org/10.2139/ssrn.4824634 [SSRN](https://ssrn.com/abstract=4824634)
7. Cima, Samantha (2024) The Intersectional Trajectories of Help-Seeking among Sexually Victimized College Men. PhD dissertation, University of Alberta.
8. Ellis, J. (2021). The experiences of men related to help-seeking, counseling, and coping: An interpretive phenomenological analysis (Doctoral dissertation).
9. Irvanipour, Z. (2022). The experience of psychological distress and mental health help-seeking in the context of masculinity (Doctoral dissertation, University of East Anglia).
10. LOK, R. H. T., & LAW, Y. W. (2025). Men's mental health service engagement amidst the masculinity crisis: towards a reconstruction of traditional masculinity. *SSM-Qualitative Research in Health*, 100596.
11. Lucier, K. (2025). A Systematic Review of Mental Health Help-Seeking Behaviours in Young Men.
12. McLeod, D. A., Ozturk, B., Butler-King, R. L., & Peek, H. (2024). Male survivors of domestic violence, challenges in cultural response, and impact on identity and help-seeking behaviors: a systematic review. *Trauma, Violence, & Abuse*, 25(2), 1397-1410.
13. Nguyen, N. (2024). Masculine Norms, Mental Health Stigma, and Help-Seeking Among Men in Vietnam: A Mixed Methods Study.
14. Siddiqui, N. (2024). The Gendered Experience of Mental Health: Stigma, Diagnosis, and Treatment Disparities. *Journal of Gender, Power, and Social Transformation*, 1(4), 8-17.
15. Singelyn, D. (2021). Increasing Help-Seeking Behavior among Men: A Gender-Focused Literature Review and Approach (Doctoral dissertation, Alliant International University).
16. Vickery, A. (2021). Men's help-seeking for distress: Navigating varied pathways and practices. *Frontiers in sociology*, 6, 724843.