iJRASET
International Journal For Research in Applied Science and Engineering Technology



INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 12 **Issue:** IV **Month of publication:** April 2024

DOI: https://doi.org/10.22214/ijraset.2024.59857

www.ijraset.com

Call: 08813907089 | E-mail ID: ijraset@gmail.com

International Journal for Research in Applied Science & Engineering Technology (IJRASET)
ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.538
Volume 12 Issue IV Apr 2024- Available at www.ijraset.com

Toxic Masculinity, Self Esteem and Mental Health among Young Adult Males

Ms. Haritha H[1], Dr. Lokesh .L[2]
MSc Psychology (Clinical), Department of Psychology, Kristu Jayanti College
Asst. Professor, Dept. of Psychology Kristu Jayanti College

Abstract: ***This study examines the relationships between toxic masculinity, self-esteem, and mental health among adult males. Through a quantitative correlational study involving 201 participants aged 18 to 30 from India, the research investigated the impact of toxic masculinity on self-esteem and mental health using regression analysis. The findings indicate no significant relationship between toxic masculinity and self-esteem, while a strong correlation was observed between toxic masculinity and mental health. These results suggest that while toxic masculinity may not directly influence self-esteem levels, it plays a crucial role in shaping mental health outcomes among adult males.***
Keywords: Toxic masculinity, self-esteem, mental health, young adult males.

I. INTRODUCTION

A. Toxic Masculinity

Until the 1980s, characteristics like "active," "dominant," "self-contained," and "aggressive" were frequently used to define masculinity (Cicone & Ruble, 1978; Spence et al., 1975). But in recent times, it has been more common to characterise masculinity in terms of characteristics like "misogyny" and "homophobia" (Mahalik et al., 2003), equating normal characteristics with abnormal ones (Ferguson, 2018). Sociology was the main source of these contemporary ideas, especially the notion of "hegemonic masculinity" (Khitruk, 2017), which holds that being a man is all about wanting to be in control, especially over women. Furthermore, men are occasionally depicted in critical psychology—which is influenced by Marxist ideology—as members of the ruling class who oppress women, with "male privilege" and "patriarchy" being defined as concerns related to masculinity (Arfken, 2017). The idea of toxic masculinity is not new, particularly among feminist advocates. It has been utilized by feminist movements to describe men's control over women since the 1980s of the 20th century (Jewkes et al., 2015).

The term "toxic masculinity" gained popularity starting in the 2000s. The APA Standards for Psychological Practice with Boys and Men define toxic masculinity as adhering to norms of masculinity that have a negative impact on men and those in their vicinity. Men are more likely than women to receive sanctions and criticism for defying gender standards, which are divided into masculinity and femininity (McDermott et al., 2023)

Toxic masculinity can also be defined as a subset of negative masculinity that tends to recede from society. It manifests itself in ways such as heterosexual self-preservation, emotional control, and self-reliance, or as part of men's hegemony, which includes being violent, risk-taking, playboy, winning, patriarchal, and behaviours that provoke dominance. Enforcing strict gender norms is a hallmark of toxic masculinity, but also refers to the "need to dominate and compete with others in an aggressive manner" (Kupers, 2005, p. 713). According to Kupers (2005), p. 710, toxic masculinity is characterised as 'the constellation of socially regressive male traits such as domination, the devaluation of women, homophobia, and violence'. It is commonly linked to male aggression and sexual assault. 'Toxic' was chosen as the 2018 Word of the Year, and 'toxic masculinity' came in second place, narrowly behind 'toxic chemicals.'

The term "toxic masculinity" has been widely used to refer to decades of negative portrayals of men and masculinity, which may have shaped perceptions of men by elevating toxicity over positive and law-abiding behaviours (Barry, 2017).

The stereotypes of men that perpetuate toxic masculinity believe that men must be socially dominant and should behave in ways that are expected of them, such as being committed to their jobs, providing for their families, participating in male-dominated sports, and acting in ways that conform to social norms. It is expected of men in western societies to hide emotions such as melancholy, concern, and anxiety because they are considered "tender" feelings and are connected to femininity (Chaplin & Aldao, 2013).

It has been demonstrated that suppressing emotions can have negative psychological and physical effects. It has been proven that suppressing emotions can have negative psychological and physical effects. Men are less likely than women to seek help, according to research (Parent et al., 2016)

©IJRASET: All Rights are Reserved

Unhealthy behaviours are glorified by toxic masculinity. This is the mindset that "self-care is for women" and that men should use their bodies like machines by pushing themselves to the maximum physically, not getting enough sleep, and exercising even when they are hurt. Apart from imposing excessive stress on oneself, toxic masculinity also dissuades men from going to the doctor. Men are compelled to attempt to uphold the standards of masculinity because of a fear of punishment and social rejection. Consequently, it could result in bad habits that affect both the person exhibiting them and those around them. The definition of masculinity varies among cultures due to diverse criteria of what constitutes a man. Furthermore, toxic masculinity can be observed in the devaluation of women and characteristics associated with femininity, such as fragility, being a housewife or househusband, wearing cosmetics, etc. (Barak, 2005). Elliot (2018) deduced in a meta-analysis research that homophobia is another way that toxic masculinity manifests itself, in addition to sexually harassing and objectifying women. Overly devoted to masculinity norms is how most authors characterize toxic masculinity. Toxic masculinity, as defined by the 2018 APA Guidelines for Psychological Practice with Boys and individuals, is defined as adhering to conventional masculine norms that are detrimental to individuals and those around them which include several characteristics and values 1) dominance over women; 2) intimate partner abuse; 3) Winning; 4) emotional detachment; and 5) heterosexual self-presentation.

1) *Dominance over Women*: Attitudes centered around dominance over women and disapproval of feminine actions that could be interpreted as "weak" are all part of toxic masculinity. For instance, Bird (1996) notes that during a series of in-person interviews with groups of males, a number of men stated that they felt strongly stigmatized and that feelings and actions associated with femininity—that is, displays of intimacy—were improper and unsuitable when dealing with other guys. Early on, boys learn to reject femininity and embrace authority and superiority over women. They identify as masculine when they reject items that are considered “more appropriate for girls,” such as Barbie dolls and nail polish also men's display of dominance over women is partly influenced by this acquired behavior, which can occasionally result in aggression against female partners and the sexual objectification of women (Schrock & Schwalbe, 2009). Boys are also taught about their masculinity from an early age, which leads to them acting differently and superior to girls in various situations (e.g., playing violent video games, playing with “masculine” toys like trucks, Legos, etc.) (Gansen, 2017; Morris & Ratajczak, 2019).
2) *Violence against intimate partners*: Rivera and Scholar (2020) claim that up to 1 in 3 women may experience physical or sexual violence in their lives, and that male partners are largely at blame for the majority of violent incidents against women and girls worldwide. Although there is no justification for this behavior, many men have been described as using violence against women as a coping method when they are experiencing pain or wrath .In an attempt to maintain one's own masculinity, people who suppress these emotions frequently behave in a domineering manner toward their female partners . The concept of compensating manhood, which refers to men acting in ways to maintain their masculinity in the face of challenges to that status, best describes this pattern of conduct (Morris & Ratajczak, 2019; Schrock & Schwalbe, 2009). Establishing control over women and rejecting femininity are crucial aspects of adhering to toxic masculinity; failing to do so frequently leads to violence against female partners in an effort to reclaim power and oppose being controlled (Morris & Ratajczak, 2019). Such actions align with the concept of compensating manhood. Schrock and Schwalbe (2009) believe that compensating manhood is defined by the ability to establish control and the demonstration of resistance to being controlled. In situations when men sense a danger to their masculinity, this might result in violent actions on their part to maintain their masculinity. A guy might, for instance, resort to violent acts in response to another man who belittles his masculinity or use force when a female partner confronts him and threatens his authority, as examples of compensatory manhood actions. Moreover, as a result of masculine honor beliefs, men who use violence to uphold and defend their masculinity are frequently rewarded by society (i.e., receive praise, maintain a desirable social status), which feeds into the trend of society applauding men who follow traditional masculine norms (O'Dea et al., 2018). According to O'Dea et al. (2018), Vandello, Ransom, Hettinger, & Askew (2009), Cohen & Nisbett (1994), using violence to uphold masculine honor is both essential and justified because the reward is a good reputation or social status. For instance, even if they lose the battle, men who use violence to protect women from harm frequently receive positive societal attitudes and acclaim for doing so. However, it has been discovered that men who hold more masculine honor beliefs are more likely to injure themselves accidentally while attempting to uphold their masculine honor (e.g., by getting into a physical altercation with someone) or by ending their lives because they believe their reputations will suffer irreversible harm (Osterman & Brown, 2011).
3) *Winning:* Males may compete with one another in order to show their authority and masculinity by winning in circumstances of rivalry or conflict in order to uphold the honor of males. Boys and men are frequently pressured by masculine standards to be aggressive and competitive in order to succeed (APA Guidelines, 2018). Men frequently engage in verbal and physical abuse of

other players in competitive sports as a means of winning, which is comparable to many men's innate need to uphold masculine honor at all costs (Rivera & Scholar, 2020). This is perhaps because a lot of guys have a kind of conditional self-worth when it comes to sports, thinking that if they lose in any competition, they will no longer be accepted by themselves and others.

4) *Emotional detachment*: In the context of toxic masculinity, feeling emotion is seen as a sign of weakness and should be avoided, but emotional detachment—that is, holding in sensitive feelings in order to appear "tough"—is viewed as a show of strength and should be promoted (Cancian, 1987). One male participant in a series of in-depth interviews explained that, because males generally do not form close emotional bonds with other guys, feelings and emotions are "something to joke about" (Bird, 1996; pp. 126). According to Morris and Ratajczak (2019), men's perceived masculinity may be diminished by vulnerable sensations and emotions, which may encourage them to express forceful and violent feelings in an attempt to enhance their masculinity (Morris & Ratajczak, 2019). Moreover, men also have a tendency to repress their feelings in situations involving other guys (Bird, 1996). Curry (1993), for instance, claims that men severely limit their ability to display emotion in sports environments because of the widespread perception that men should never show fear or anguish, not even in the event of a significant accident. Similar findings were made in a study of young boys attending a summer camp: males with high status who upheld traditional masculine ideals shunned other boys who showed signs of vulnerability, including fear, grief, and empathy (McGuffey & Rich, 1999). Moreover, men are expected to repress sensitive sensations and emotions, which leads to a rigid set of behaviors that men must adhere to. One such behavior is the refusal to seek assistance while experiencing emotional distress (Vaccaro, Schrock, & McCabe, 2011). Gender role strain has been linked to behaviors that are associated with conventional masculine norms, such as emotional detachment, which prevent men from getting the appropriate psychiatric assistance or admitting they have a mental illness (APA Guidelines, 2018). The psychological condition known as "gender role strain," first described by Joseph Pleck in The Myth of Masculinity (1981), is characterized by behavioral expectations based on one's gender that have a negative effect on the individual or those around them. Men who experience gender role strain, for example, may experience negative effects on their mental and physical health as a result of being forced to repress their feelings, utilize aggression, or engage in other harmful behaviours against others and oneself (Pleck, 1995).

5) *Heterosexual self-presentation*: Another crucial aspect of toxic masculinity is heterosexual self-presentation, since any behavior that reflects femininity is frequently seen unfavorably by other males and mistakenly classified as homosexual behavior (Bird, 1996; Corbett, 2001). Parent, Gobble, and Rochlen (2019) claim that the drive to dominate and support misogynistic and homophobic beliefs (such as rejecting feminine norms, making fun of homosexual behavior, and sexualizing women) are characteristics of toxic masculinity. These beliefs have been connected to 12 adherences to masculine gender role conformity. Specifically, sexualization of women protects men from homophobic harassment (i.e., mocking, use of homophobic slurs) by other men, while simultaneously serving to create and enforce heterosexuality (Schrock & Schwalbe, 2009). Many men experience anxiety when they observe other men who conform to toxic masculinity view male homosexuality as a loss of authority and masculinity (Corbett, 2001). Furthermore, men are frequently influenced by masculine norms that uphold homophobia to participate in disruptive behaviors such homosexual taunting, which involves calling someone who is thought to be gay derogatory remarks (APA Guidelines, 2018). According to a clinical psychologist's firsthand account (Corbett, 2001) of a young patient calling him a "faggot," the term "faggot" is not just used to refer to people who are homophobic; it is also frequently used to make fun of other boys and men who are perceived as "losers" and "soft," which feeds into feelings of anxiety about losing one's masculinity and The usage of sexist insults to reinforce and enhance one's own masculinity while alienating boys and men who are perceived as having lost their manly identities—including those whom they perceive to be homosexual—is another tactic identified by Corbett (2001). Factors that contribute. In many areas of daily life, toxic masculinity is imposed by society, teaching boys and men to conform to archaic standards of masculinity. Ecological theory, which emphasizes that humans live in interwoven webs of social relationships, provides a good explanation for this. Our ideas and behaviours are influenced by these social relationships, both at the macro (cities, societies, and governments) and micro (families, friends, and schools) levels (Bronfenbrenner, 1979). Therefore, ecological theory explains how society upholds traditional masculine standards by pointing to the various contexts (social settings, interpersonal connections, outside influences) in which toxic masculinity is present. For instance, environments where men are compelled to follow the previously mentioned traditional masculine norms, such as social settings with other men where there is competition and suppression of non-masculine behaviours (e.g., conversation among men in bars, locker rooms, etc.), are a major supporter of toxic masculinity (Bird, 1996).

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |

B. Self Esteem

Hendel (2006) described self-esteem as the feelings individual has toward herself/himself and the experience of being capable of meeting life's challenges and being worth of happiness. Branden (2015) stated that self-esteem is the link between ones' sense of worthiness and competence. This definition points out that there is a relationship between competence and worthiness and an individual has to have the ability to believe that they are worthy and also have the ability to maintain the sense of worthiness over time. self-esteem involves self-evaluations based on external indicators of success and social appropriateness and can be related to unhealthy outcomes such as narcissism, a disregard of weaknesses, and a lack of empathy (Seligman, 1995). In addition,self-esteem requires one to make self-evaluations based on comparisons with others and an ability to possess certain culturally valued traits (Harter, 1999).

According to Heyman (2001), boys are more likely than girls to be associated with negative traits, and negative language about masculinity can have a negative impact on behavior (Sharma & Sharma, 2015). If positive alternatives aren't provided, this could lead to the development of an unhealthy identity (Nathanson & Young, 2009; Acharya & Relojo, 2017).

C. Mental Health

The World Health Organization (WHO) conceptualizes mental health as a "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" A person's mental health indicates they are able to establish and sustain affectionate connections with others, carry out the social roles that are typically assigned to them in their culture, manage change, recognize, acknowledge, and express positive behaviors and ideas, as well as regulate difficult emotions like sadness. A person in good mental health has a sense of self-worth, control, and comprehension of how their body and mind work. (Bhugra et al.,2013)

Depression is a common psychiatric disorder in the world, affecting more than 300 million people worldwide, common but serious mood disorder. It causes severe symptoms that affect how a person feels, thinks, and handles daily activities, such as sleeping, eating, or working. Anxiety disorders are defined as a group of mental disorders characterized by an unpleasant feeling with uneasiness or worry about future events or the fear of responding to current events. It may occur without an identifiable triggering stimulus (*Alexandria Journal of Medicine | ScienceDirect.com by Elsevier*, n.d.)In stress, a person's lack of compliance with environmental conditions leads to psychological and biological changes, and the person is at risk of becoming ill (Cohen et al., 1997). A number of authors have also discussed the negative effects of toxic masculinity on men's mental health, including: mental stress; avoidance of seeking help; silent crisis (Herron et al., 2020); high risk of suicide (Oliffe & Phillips, 2008; Canetto & Cleary, 2012). Adherence to norms that are traditionally associated with masculinity has been associated with lower mental health and impeded psychological development in the areas of social-emotional competence in men. Studies show that males of all ages, races, and nations do not seek assistance as frequently as women do—that is, they do not participate in mental health services, psychotherapy, or counselling (Burns & Mahalik, 2007).

According to estimates, 10–40% of men suffer from depression; however, because men tend to underreport depression and avoid mental health care, the severity of these disorders is frequently overestimated (Iwamoto, Brady, Kaya, & Park, 2018). This could potentially be a contributing cause to the national trends that show men are four times more likely than women to attempt suicide and to display alcohol-related problems and aggressive behaviours as potential coping techniques (Iwamoto et al., 2018). Specifically, unhealthy coping strategies including binge drinking, eating poorly, and not exercising have been connected to depression among college students, as has the emergence of more severe mental health symptoms (DeBate et al., 2018).

Studies show that men's self-esteem is boosted by positive feelings about being a man (Burkley et al., 2016).

According to earlier studies, men's mental health illnesses are not as commonly diagnosed as those in women since it is socially taboo for men to express their emotions and ask for assistance. Men's suicide rates have increased over the past ten years due to this emotional concealment (Värnik, 2012). This study will center on Indian young adult males aged 18-30, residing across India, with the objective of exploring the interplay between toxic masculinity, self-esteem, and mental health within this demographic

D. Need And Significance Of The Study

Studying the relationship among toxic masculinity, self-worth, and mental well-being among young adult males in India has great potential for addressing pressing social and public health issues, especially in young adult males in India. In a culture where rigid expectations of masculinity are frequently imposed by traditional gender norms, it is important to comprehend the impact of toxic masculinity on mental health and self-esteem in order to address existing difficulties and enhance overall well-being. Young Indian males are often pressured by society to live up to traditional ideas of what it means to be a man.

This can cause feelings of inadequacy, emotional repression, and a reluctance to seek help for mental health issues. Researchers can find patterns and risk factors that lead to psychological distress by looking at how toxic masculinity affects self-esteem and mental health outcomes. Additionally, by eradicating adverse myths and encouraging positive masculinity roles, this research may eventually lead to more inclusive and egalitarian gender norms in Indian society. Addressing these concerns can have a substantial impact on social cohesiveness, individual well-being, and national growth, especially in India, where young adults make up a large section of the population. Thus, examining the relationship among young adult males in India between toxic masculinity, self-esteem, and mental health is crucial for promoting social justice, public health, and gender equality programs.

II. REVIEW OF RELATED LITERATURE

A descriptive survey research titled "Toxic masculinity, Body Image and Self-Esteem of Adolescent Boys in Senior Secondary Schools" conducted by Aderanti and Omotosho (2022) found out the influence of toxic masculinity on the self-esteem of adolescent boys in senior secondary schools in Ijebu-Ode, Ogun state. The participants for this study consist of 324 male students with age range of 13-18 years. The result of the the study shows that toxic masculinity has a significant influence on the self-esteem of adolescent boys. It was concluded that toxic masculinity and body image are two major concepts that can influence the self-esteem of adolescent boys.

In another study conducted by Parent et al. (2019) which studied the associations among Social Media /Social Network use, toxic masculinity, positive or negative SM/SN interactions, and depression among a sample of 402 men resulted that Social media /Social Network use and toxic masculinity were associated with depression. Positive and negative SM/SN interactions mediated the relationship between SM/SN use and depression indicators, and negative SM/SN interactions mediated the relationship between toxic masculinity and depression.

In a study titled 'Masculinity and Problematic Pornography Viewing: The Moderating Role of Self-Esteem' conducted by Borgogna et al. (2020), 520 men were recruited online to participate in a survey examining how conformity to masculine role norms were associated with problematic pornography viewing dimensions, as well as how self-esteem moderates these associations. Findings suggest that men's pornography viewing may be tied to their expressions of traditional masculinity. Additionally, men with low self-esteem may be especially drawn to pornography, potentially as a way of overconforming to and performing certain male role norms. Implications for practice include exploring masculinity ideology with male clients struggling with pornography viewing problems and integrating masculinity as an important cultural consideration within established treatment modalities for pornography addiction.

However, in an article presented by Jakubowski and Zdziarski (2022) titled "Toxic masculinity and mental condition of young men in Poland aged 18-30" presents conformity to toxic masculinity in the perspective of mental condition of young men in Poland aged 18-30. The article talks about concept of toxic masculinity and its implications on men's mental condition and general social functioning. The conformity to toxic masculinity has been investigated by using self- 43 constructed questionnaire and mental condition has been tested by using DASS-21 questionnaire. The study has been conducted on group of 127 men living in Poland and the data was collected by using online methods. Research results shows very little, statistically insignificant relationship between conformity to toxic masculinity and mental condition of young men; however some differences have been observed in terms of place of living and sexual orientation when it comes to level of conformity to toxic masculinity and level of mental condition.

In a study titled "Masculinity and Depression: A Longitudinal Investigation of Multidimensional Masculine Norms Among College Men" conducted by Iwamoto et al. (2018) it was found that adherence to multidimensional masculine norms has been associated with poorer mental health, no studies had examined the role of masculine norms on prospective depressive symptoms among first-year college men, 322 men from the Mid-Atlantic region of the United States were included in the sample. Masculine norms were evaluated at the start of their first year of college. Six months following the initial round of data collection, depressive symptomatology was evaluated. Men who endorsed the masculine norms of Self-Reliance, Playboy (i.e., desire to have multiple sexual partners), and Violence had a higher risk, whereas men who endorsed Winning and Power Over Women were less likely to report depressive symptomatology. Masculinity was both positively and negatively related to prospective depression scores. While some norms seem to be beneficial, certain male norms appear to increase the likelihood of depression. The impact of multidimensional masculine norms on college men's potential depressive symptomatology was first examined in this study.

In a study titled "The Correlation Between Toxic Masculinity and Young Men Seeking Mental Health Aid" Jyoshna (2023) investigated the impact of upholding toxic male norms on behaviors related to seeking help and mental health. Studies on this subject have revealed that men who follow these norms are less likely to seek help and are more likely to have poor mental health than men who do not follow these norms.

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |

The goal of the study was to build on these conclusions by doing research on Irish adults between the ages of 18 and 25. Three surveys and questions about demographics were given to 67 participants in order to assess their mental health, help-seeking behaviour, and compliance to masculine norms. Barry et al in the year 2020 conducted a cross-sectional online pilot survey asked 203 men and 52 women (mean + SD age 46 + 13), analysed that indicator of men's mental positivity and self-esteem, two important aspects of mental health outcomes. Higher levels of self-esteem and mental positivity were linked to older age, higher levels of education, and greater acceptance of traditional masculinity, greater acceptance of traditional masculinity has been found to be significantly associated with better self-esteem and mental well-being. This suggests the intricate relationship between societal norms, psychological well-being, and education. A study by Wong et al. (2017) aims to clarify the connection between toxic masculinity and Vietnamese undergraduate students' mental health. The Depression, Anxiety and Stress Scale - 21 items (DASS-21) from Bach Mai Hospital and the Conformity to Masculine Norms Inventory (CMNI) created by Levant et al. (2020) were used in this study, on a sample of 295 male undergraduates with a mean age of 20.42 years. The results point to a modest degree of conformance to standards of masculinity among Vietnamese students, with a noteworthy focus on toxic masculinity shown through the "playboy" component (19.7% of responses). Several significant correlations were found through correlation analyses between the CMNI's components and the DASS-21's components measuring stress, anxiety, and depression. Inverse correlations were found between "Heterosexual Self-preservation" and "Depression, Anxiety, Stress," "Risk-taking" and "Depression, Anxiety, Stress," and "Winning" and "Depression." Meanwhile, a positive correlation was found between Emotional Control and Depression, Anxiety, and Stress. These results highlight the complex interactions that exist between Vietnamese male undergraduates' mental health outcomes and their adherence to specific norms of masculinity.

Kupers in the year 2005, in order to examine gender dynamics in prison environments, conducted qualitative research. It focuses on the expression of toxic masculinity and how it may affect a person's resistance to treatment. The demographic of interest in this study includes male prisoners, and its goal is to learn about their perceptions and experiences with gender issues and resistance to mental health care in a correctional setting. The results show that male inmates' resistance to psychotherapy is largely caused by toxic masculinity, which is defined by violent competitiveness and dominance. These inclinations are further exacerbated by the hardships and complexities of prison life, and the interaction between toxic masculinity and hegemonic masculinity exacerbates the difficulties experienced by prisoners. Along with prisoner resistance, structural barriers to mental health care in prisons are also noted. The study concluded by emphasizing the significance of identifying and addressing toxic masculinity in mental health interventions inside correctional settings and provides broad guidelines for therapists to effectively traverse these issues.

On the contrary, there is evidence that masculinity can be beneficial to mental health, in a meta analytical study titled "Does gender role explain a high risk of depression? A meta analytical review of 40 years of evidence "shows that androgynous individuals are less likely to suffer depression while undifferentiated individuals are more susceptible to depression, and that masculine traits seem to be a robust protective factor for depression regardless of gender (Lin et al.,2021) However, there is a tendency in academia to overlook evidence that masculinity can be beneficial to mental health.

III. METHOD

A. *Research Design*

A correlational analysis would be done to find the relationship between toxic masculinity, self-esteem, and mental health.
Regression analysis will be used to find the influence of toxic masculinity on self-esteem and mental health.

B. *Statement of Problem*

Is there an impact of toxic masculinity on the Self-esteem and mental health among young adults?

C. *Objective of the Study*

To study the relationship between toxic masculinity and self-esteem.
To study the relationship between toxic masculinity and mental health.
To study the impact of toxic masculinity on self-esteem.
To study the impact of toxic masculinity on mental health.

Hypothesis

1) H01: There is no significant relationship between toxic masculinity and self-esteem.
2) H02: There is no significant relationship between toxic masculinity and Mental health.
3) H03: There is no significant impact of toxic masculinity on self esteem
4) H04: There is no significant impact of toxic masculinity on mental health.

D. Operational definitions of the variables

1) *Toxic Masculinity:* The APA Standards for Psychological Practice with Boys and Men (2018) define toxic masculinity as adhering to norms of masculinity that have a negative impact on men and those in their vicinity. (Nhan, 2018).
2) *Self-esteem :* Hendel (2006) described self-esteem as the feelings individual has toward herself/himself and the experience of being capable of meeting life's challenges and being worth of happiness. Branden (2015) stated that self-esteem is the link between ones' sense of worthiness and competence. This definition points out that there is a relationship between competence and worthiness and an individual has to have the ability to believe that they are worthy and also have the ability to maintain the sense of worthiness over time.
3) *Mental Health:* The World Health Organization (WHO) conceptualizes mental health as a "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" A person's mental health indicates they are able to establish and sustain affectionate connections with others, carry out the social roles that are typically assigned to them in their culture, manage change, recognize, acknowledge, and express positive behaviours and ideas, as well as regulate difficult emotions like sadness. A person in good mental health has a sense of self-worth, control, and comprehension of how their body and mind work. (Bhugra et al.,2013).

E. Variables

Independent variable: Toxic Masculinity
Dependent variable: Mental health, Self esteem

F. Geographical Area

The study was conducted across various regions of India, utilizing a web-based survey to collect data from male participants aged 18-30 years. The web-based survey method allowed for the recruitment of participants from diverse geographic locations, ensuring representation from different parts of the country. Participants were recruited through social media platforms and online forums.

G. Sample Distribution

1) Inclusion Criteria

Adults of the age range 18-30 are considered for the study
Only male participants would be taken into consideration.

2) Exclusion Criteria

a) Individuals with a history of mental health disorders or psychiatric conditions like addiction or substance use, were excluded from the study.
b) Participants who do not provide informed consent or are unable to comprehend the nature of the study, ensuring ethical standards are upheld.
c) Individuals residing outside the designated geographical area.

H. Sample and Sampling Technique

The population of the study is adult males in the of 18-30 residing in Karnataka.
a sample size of 201 is taken for the study.
Purposive sampling technique will be used to collect the data.

I. Ethical Considerations

All participants will be informed that the responses collected from each participant is kept confidential. The right to privacy of the participants was safeguarded.
Anonymity of individuals and organizations participating in the research is ensured.
Respect for the dignity of research participants is prioritized.

J. Tools Employed

1) The Conformity to Masculine Norms Inventory – 30 (CMNI-30; Levant et al., 2020) consists of 30 items that assess the level of conformity to masculine norms (e.g., "The women in my life should obey me") on a 6-point Likert scale (0 = strongly disagree to 5 = strongly agree). The CMNI-30 comprises 10 underlying dimensions of conformity to masculine norms namely Emotional Control, Winning, Playboy, Violence, Heterosexual Self-Presentation, Pursuit of Status, Primacy of Work, Power over Women, Self-Reliance, and Risk-Taking. The maximum possible score on the CMNI-30 is 150 (30 items * maximum score of 5) .The Cronbach value of $\alpha = .72$ to $\alpha = .94$ have been reported (Levant et al., 2020).
2) Rosenberg Self-Esteem Scale: The Rosenberg Self-Esteem Scale (RSES) is a 10-item scale that measures self-esteem globally. The scale was developed in 1965 by Morris Rosenberg and is in the public domain. It has five positive statements and five negative statements, each with four response choices ranging from "strongly disagree" to "strongly agree". The scale is scored on a four-point scale, with 3 representing "strongly agree" and 0 representing "strongly disagree". The minimum score is 0 and the maximum is 30, with higher scores representing higher self-esteem . Typical scores on the RSES scale are around 22, with most people scoring between 15 and 25. A score of less than 15 suggests low self-esteem. The Cronbach value of the total scale was 0.82. (Rosenberg, M. 1965).
3) The Depression, Anxiety and stress Scale - 21 **:** The DASS-21 developed by Lovibond, S.H. & Lovibond, P.F. (1995) is a self-report scale of 21 items, which is a shorter version of Original DASS Scale consisting of 42 items, designed to measure the negative emotional states of depression, stress and anxiety. 7 items per each measuring variable are present in this scale. The depression items assess hopelessness, dysphoria, devaluation of life, self-deprecation, lack of interest/involvement, inertia and anhedonia. The Anxiety items assess autonomic arousal, skeletal muscle effects, subjective anxiety and subjective experience of anxious effect. Finally, the items on the Stress scale assess difficulty in relaxing, nervous arousal, being easily upset/agitated, impatient and irritable/over-reactive. Participants are made to report the nature, intensity and frequency of the experienced state over the past week on a 4-point scale. Scores for all the 3 variables are calculated by summing the scores for the relevant items, it has a good internal consistency reliability (Cronbach's alpha ranged between 0.74 and 0.93) in both clinical and non- clinical samples

K. Statistical Analysis

The data obtained from 201 adult males was processed in the Microsoft excel and the statistical analysis was done using IBM SPSS Statistics 25. The normality of the variables will be examined.

L. Descriptive Statistics

In the descriptive statistics, the mean represents the average score of the surveyed individuals on each measure. The standard deviation measures the variability or spread of the data around the mean, for each of the three variables .

M. Inferential Statistics

In the inferential statistics , correlation analysis is used to analyse the relationship between the variables and a simple linear regression analysis is used to measure the impact toxic masculinity has on self esteem and mental health .

IV. RESULT AND DISCUSSION

A. Results Analysis .

Table 1
Correlation between toxic masculinity , self esteem and mental health .

Variable	M	SD	1	2	3
1.Toxic masculinity	72.71	14.05	1		
2.Self esteem	27.53	4.25	.095	1	
3.Mental Health	18.98	10.78	.277**	-.479**	1

*$p < .05$. **$p < .01$.
Note: n=201

Table 1 shows the mean represents the average score of the surveyed individuals on each measure. For toxic masculinity, the mean was found to be 72.71. The standard deviation for toxic masculinity was 14.05, Similarly, for self-esteem, the mean is 27.53. The standard deviation for self-esteem is 4.25. For mental health, the mean is 18.98, representing the typical level of mental health reported by the surveyed males. The standard deviation for mental health was 10.79. The correlation analysis revealed associations among toxic masculinity, self-esteem, and mental health. The correlation analysis, shows no significant relationship between toxic masculinity and self-esteem at 0.01 level (r = 0.095) thus accepting the null hypothesis that states there is no significant relationship between toxic masculinity and self-esteem among young adult males (H01). Additionally, table 1 shows, at 0.01 level a strong positive correlation between toxic masculinity and mental health (r = 0.277), thus rejecting the null hypothesis that states there is no significant relationship between toxic masculinity and mental health among young adult males (H02), indicating that higher levels of toxic masculinity were associated with poorer mental health outcomes among the participants.

Table 2
Simple linear regression summary for toxic masculinity and self-esteem

Variable	Std beta value	t	Model summary
			R =.095
Toxic masculinity	.095	1.352	R^2=.009
			Adjusted R^2=.004
			F=1.88
			P>0.05

Outcome variable: Self esteem

In table 2 the simple linear regression analysis predicting self-esteem from toxic masculinity will be discussed. The model summary statistics revealed an overall R value of 0.95, indicating a weak correlation between toxic masculinity and self-esteem ($p > 0.05$), further supporting the notion that toxic masculinity may not significantly impact self-esteem levels among the participants in this study. Accepting the null hypothesis that states there is no significant impact of toxic masculinity on self-esteem among young adult males (H03)

Table 3
Simple linear regression summary for toxic masculinity and mental health.

Variable	Std beta value	t	Model summary
			R =.277
Toxic masculinity	.277	4.07	R^2=.077
			Adjusted R^2=.072
			F=16.60
			P<0.005

Outcome variable: Mental Health

In the Simple linear regression analysis table 3 predicting mental health from toxic masculinity, the standard beta coefficient for toxic masculinity was 0.277, indicating a moderate positive relationship between adherence to toxic masculine norms and mental health. The t-value associated with this coefficient was 4.07, indicating that the relationship was statistically significant ($p < 0.005$). The model summary statistics revealed an overall R value of 0.277. The R-squared value of 0.077 suggests that approximately 7.7% of the variance in mental health can be explained by toxic masculinity. The adjusted R-squared value is 0.072 Additionally, the F-value of 16.60 was statistically significant ($p < 0.005$), indicating that the model was a good fit for the data and that toxic masculinity has a significant impact on mental health among the participants in this study thereby rejecting the null hypothesis that states there is no significant impact of toxic masculinity on mental health among young adult males (H04).

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |

B. Discussion

While the analysis did not reveal a significant relationship between toxic masculinity and self-esteem among this sample population, it is essential to acknowledge the complexity of this association. Despite the findings, it is noteworthy that there is a lack of supporting studies or evidence to definitively establish the absence of such a relationship. This lack of evidence can suggest that there is no relationship between these two variables, or that there may be other factors impacting the relationship. Moreover, it is important to recognize that the literature on this topic is not entirely consistent. For instance, a descriptive survey research conducted by Aderanti and Omotosho (2022) found out the influence of toxic masculinity on the self-esteem of adolescent boys The result of the the study shows that toxic masculinity has a significant influence on the self-esteem of adolescent boys. It was concluded that toxic masculinity and body image are two major concepts that can influence the self-esteem of adolescent boys.

The current research findings within the specific demographic data indicate a lack of impact of toxic masculinity on self-esteem. This deviation from existing literature suggests that the relationship between toxic masculinity and self-esteem may vary across different populations and contexts. Further investigation into the factors contributing to this discrepancy is to be better understood and the nuances of how toxic masculinity influences self-esteem within diverse demographic groups.

However, there is a strong correlation between toxic masculinity and mental health outcomes. Numerous studies have consistently demonstrated that toxic masculinity is associated with adverse mental health effects, including increased levels of depression, anxiety, and psychological distress. Our findings align with this established literature, underscoring the significant impact of toxic masculinity on mental well-being. In study conducted by Wong et al. (2017) an inverse correlation found between "Heterosexual Self-preservation" and "Depression, Anxiety, Stress," "Risk-taking" and "Depression, Anxiety, Stress," and "Winning" and "Depression." And a Positive correlation found between Emotional Control and Depression, Anxiety, and Stress. Further research is warranted to explore the underlying mechanisms driving this relationship and to develop interventions aimed at mitigating the negative effects of toxic masculinity on mental health." Results from the study conducted by Parent et al. (2019) reveal several significant associations among social media/social network (SM/SN) use, toxic masculinity, positive or negative SM/SN interactions, and depression among 402 men. Similarly, Jyoshna (2023) established the correlation between toxic masculinity and young men seeking mental health aid reveal that adherence to toxic male norms is associated with a decreased likelihood of seeking help and a higher prevalence of poor mental health outcomes compared to men who do not conform to these norms.

V. SUMMARY AND CONCLUSION

This study was set out to explore the impact of toxic masculinity in self-esteem and mental health among adult males , Utilizing a quantitative research methodology and correlational analysis ,the data from 201 male participants aged 18 to 30 were analysed to find the influence among these variables using regression analysis in IBM SPSS software. The results revealed no significant relationship between toxic masculinity and self-esteem, accepting the null hypothesis. However, a strong and statistically significant correlation was found between toxic masculinity and mental health, rejecting the null hypothesis. Regression analysis indicated that while toxic masculinity did not significantly impact self-esteem, it strongly influenced mental health outcomes. In other words, guys who exhibit behaviours associated with toxic masculinity tend to have more mental health issues like depression and anxiety. This doesn't mean that toxic masculinity causes mental health problems directly, but it definitely plays a role in shaping how guys feel mentally.

Despite the lack of significant findings regarding the relationship between toxic masculinity and self-esteem within the sample population, it is important to acknowledge the complexity of this association. The study highlighted the need for further research and consideration of potential confounding factors.

Supporting studies showed the significant impact of toxic masculinity on mental health outcomes. Aderanti and Omotosho (2022) found that toxic masculinity significantly influences the self-esteem of adolescent boys. Wong et al. (2017) demonstrated inverse correlations between various aspects of toxic masculinity and mental health indicators. Additionally, studies by Parent et al. (2019) and Jyoshna (2022) showed associations between adherence to toxic male norms, decreased help-seeking behaviour, and poor mental health outcomes among men.

Our goal in this dissertation was to investigate how toxic masculinity affects the mental health and self-esteem of young adult males. After doing a thorough analysis of the data, conclusions have been drawn.

Contrary to the first hypothesis (H01), the study showed that there is no significant relationship between toxic masculinity and the self-esteem of young adult males. This suggests that toxic masculinity may not directly influence individuals' perceptions of themselves in terms of self-esteem.

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |

The data, however, rejected the hypothesis (H02) and showed a strong and statistically significant relationship between mental health and toxic masculinity among young adult males. This suggests that negative mental health outcomes including depression, anxiety, and psychological distress are linked to adhering to toxic masculine norms. Additionally, our regression analysis substantiated the conclusion that, although toxic masculinity has a major impact on mental health, it does not significantly affect self-esteem of young adult males. (H03) (H04).

This is not to say that toxic masculinity directly contributes to mental health issues, but it does have an impact on how men feel about themselves. In summary, toxic masculinity has a significant impact on the outcomes of mental health even though it may not directly impact young adult males 'sense of self-esteem. These results advance our knowledge of the intricate connections among health, self-esteem, and toxic masculinity among young adult males.

A. Implications

The study's multiple implications provide insight into a range of topics related to adult males' mental health, self-esteem, and toxic masculinity.

Firstly, the lack of significant relationship between toxic masculinity and self-esteem implies that other factors may also have an impact on adult males' self-esteem in addition to conforming to conventional masculine ideals. This emphasizes how important it is to have an extensive understanding of self-esteem and its influences.

Toxic masculinity and mental health, however, are strongly correlated, which emphasizes how critical it is to address negative gender stereotypes in order to support adult male mental health. It is essential to comprehend the relationship between toxic masculinity and mental health conditions including anxiety, depression, and psychological discomfort in order to create focused interventions and support networks. The results also add to a larger discussion on masculinity and how it affects people's lives. Society can work to challenge and demolish harmful gender norms, promote healthier attitudes toward masculinity, and create environments where people feel empowered to prioritize their mental well-being by acknowledging the detrimental effects of toxic masculinity on mental health. The study also emphasizes how intricate these associations are and how important it is to conduct additional research to investigate underlying mechanisms and potential moderating factors. Future research could focus more on how individual characteristics, as well as cultural and social influences, shape the linkages between adult males' mental health, self-esteem, and toxic masculinity.

B. Limitation of Study

The study was conducted specifically among adult males in India aged 18 to 30, limiting the generalizability of the findings to other demographics or cultural contexts. The results may not be applicable to adult males in different age groups, regions, or cultural backgrounds.

The study relied on self-report measures for assessing toxic masculinity, self-esteem, and mental health. Self-report measures are subject to biases such as social desirability and may not fully capture the complexity of these constructs. Future studies could incorporate multiple assessment methods to enhance validity.

Participants may have provided socially desirable responses or may not have accurately represented their experiences and behaviors. This could affect the reliability and validity of the data collected.

C. Suggestion for Further Research

Complement quantitative findings with qualitative research methods to gain a deeper understanding of individuals' lived experiences related to toxic masculinity, self-esteem, and mental health. Qualitative approaches such as interviews or focus groups can provide rich contextual information and illuminate nuances that may not be captured through quantitative measures alone.

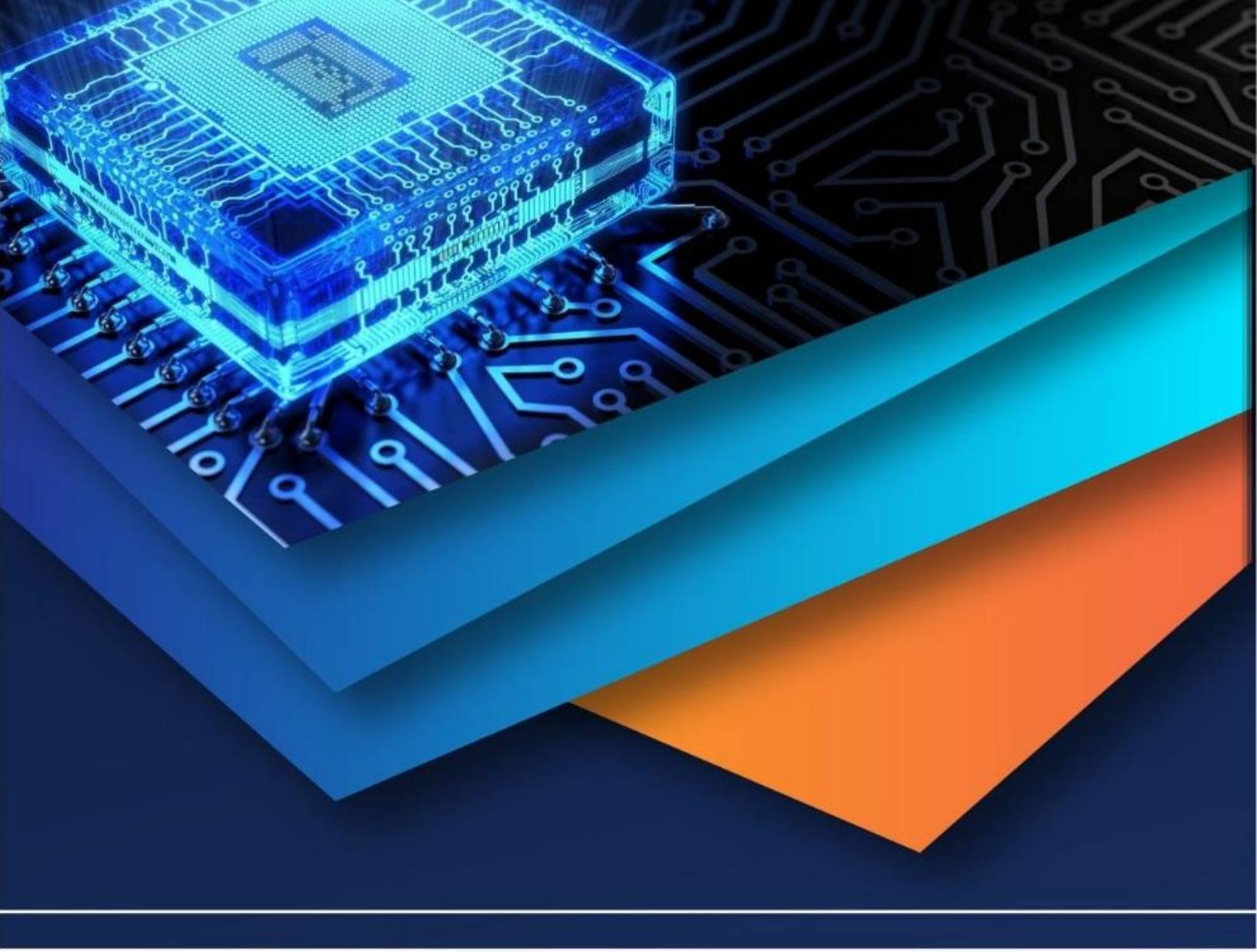
Expand the scope of variables examined to include a broader range of factors that may influence the relationships under investigation. Consider variables such as social support, coping strategies, gender role attitudes, and cultural norms to provide a more comprehensive understanding of the complex interplay between toxic masculinity, self-esteem, and mental health .

REFERENCES

[1] Aderanti, Ruth & Omotosho, Tominiyi. (2022). Toxic masculinity, Body Image and Self-Esteem of Adolescent Boys in Senior Secondary Schools. 8.
[2] Alexandria Journal of Medicine | ScienceDirect.com by Elsevier. (n.d.). http://www.sciencedirect.com/science/journal/20905068
[3] APA Guidelines for Psychological Practice with Boys and Men (2018). American Psychological Association. https://doi.org/10.1037/e505472019-001
[4] Arfken, M. (2017). Marxism as a foundation for critical social psychology. In The Palgrave handbook of critical social psychology (pp. 37–58). Palgrave Macmillan. https://doi.org/10.1057/978-1- 137-51018-1_3

[5] Barak, A. (2005). Sexual Harassment on the Internet. https://journals.sagepub.com/doi/abs/10.1177/0894439304271540
[6] Barry, J.A. (2017). Loosening the male stiff upper lip. The World Today. Retrieved from https://www.chathamhouse.org/publications/twt/loosening-male-stiff-upper-lip
[7] Bird, S. R. (1996). Welcome to the Men's Club: Homosociality and the Maintenance of Hegemonic Masculinity. Gender & Society, 10(2), 120-132. https://doi.org/10.1177/089124396010002002
[8] Borgogna, N. C., McDermott, R. C., Berry, A. T., & Browning, B. R. (2020). Masculinity and problematic pornography viewing: The moderating role of self-esteem. Psychology of Men and Masculinity, 21(1), 81–94. https://doi.org/10.1037/men0000214
[9] Bronfenbrenner, U. (1979). The ecology of human development. Cambridge, MA: Harvard University Press.
[10] Burkley, M., Wong, Y. J., & Bell, A. C. (2016). The Masculinity Contingency Scale (MCS): Scale development and psychometric properties. Psychology of Men and Masculinity, 17(2), 113–125. https://doi.org/10.1037/a0039211
[11] Burns, S. M., & Mahalik, J. R. (2007). Sexual functioning as a moderator of the relationship between masculinity and men's adjustment following treatment for prostate cancer. American Journal of Men's Health, 2(1), 6–16. https://doi.org/10.1177/1557988307304325
[12] Cancian, F. M. (1987). Love in America: Gender and self-development. Cambridge, UK: Cambridge University Press.
[13] Canetto, S. S., & Cleary, A. (2012). Men, masculinities and suicidal behaviour. Social Science & Medicine, 74(4), 461–465. https://doi.org/10.1016/j.socscimed.2011.11.001
[14] Chaplin, T. M., & Aldao, A. (2013). Gender differences in emotion expression in children: A meta-analytic review. Psychological Bulletin, 139(4), 735–765. https://doi.org/10.1037/a0030737
[15] Cicone, M. V., & Ruble, D. N. (1978). Beliefs about males. Journal of Social Issues, 34 (1), 5–16. https://doi.org/10.1111/j.1540-4560.1978.tb02537.x
[16] Cohen, D., & Nisbett, R. E. (1994). Self-Protection and the Culture of Honor: Explaining Southern Violence. Personality and Social Psychology Bulletin, 20(5), 551-567. https://doi.org/10.1177/0146167294205012
[17] Corbett, K. (2001). Faggot = Loser. Studies in Gender and Sexuality, 2(1), 3-28. https://doi.org/1080.15240650209349168
[18] Curry, T. J. (1993). A Little Pain Never Hurt Anyone: Athletic Career Socialization and the Normalization of Sports Injury. Symbolic Interaction, 16(3), 273-290. https://doi.org/10.1525/si.1993.16.3.273
[19] DeBate, R. D., Gatto, A., & Rafal, G. (2018). The Effects of Stigma on Determinants of Mental Health Help-Seeking Behaviors Among Male College Students: An Application of the Information-Motivation-Behavioral Skills Model. American Journal of Men's Health, 12(5), 1286-1296. https://doi.org/10.1177.1557988318773656
[20] Elliott, K. (2018). Challenging toxic masculinity in schools and society. On the Horizon, 26(1), 17–22. https://doi.org/10.1108/OTH-11-2017-008
[21] Ferguson, C. (2018). Peer-review of draft guidelines for psychological practice with boys and men. https://www.scribd.com/document/385347642/Review-of-Practice-Guidelines-for-Men-andBoys
[22] Gansen, H. M. (2017). Reproducing (and Disrupting) Heteronormativity: Gendered Sexual Socialization in Preschool Classrooms. Sociology of Education, 90(3), 255-272. https://doi.org/10.1177/0038040717720981
[23] Hendel, A. (2006). Restoring self-esteem in adolescent males. Reclaiming Children and youth, 15(3), 175. Kenig, N. (2020). Conformity to masculine norms and its effects on men's well-being. Godišen Zbornik - Filozofski Fakultet Na Univerzitetot, Skopje, 73, 171–182. https://doi.org/10.37510/godzbo2073171k
[24] Herron, R., Ahmadu, M., Allan, J. A., Waddell, C., & Roger, K. (2020). "Talk about it:" changing masculinities and mental health in rural places? Social Science & Medicine, 258, 113099. https://doi.org/10.1016/j.socscimed.2020.113099
[25] Heyman, G.D. (2001). Children's interpretation of ambiguous behaviour: Evidence for a 'boys are bad' bias. Social Development, 10(2), 230–247. https://doi.org/10.1111/1467-9507.00161
[26] Iwamoto, D. K., Brady, J., Kaya, A., & Park, A. (2018). Masculinity and Depression: A Longitudinal Investigation of Multidimensional Masculine Norms Among College Men. American Journal of Men's Health, 12(6), 1873-1881. https://doi.org/10.1177/1557988318785549
[27] Jakubowski, L., & Zdziarski, K. (2022). Toxic masculinity and mental condition of young men in Poland aged 18-30. Journal of Education, Health and Sport, 12(5), 42–62. https://doi.org/10.12775/jehs.2022.12.05.003
[28] Jewkes, R., Morrell, R., Hearn, J., Lundqvist, E., Blackbeard, D., Lindegger, G., Quayle, M., Sikweyiya, Y., & Gottzén, L. (2015). Hegemonic masculinity: combining theory and practice in gender interventions. Culture, Health & Sexuality, 17(sup2), 112–127. https://doi.org/10.1080/13691058.2015.1085094
[29] Jyoshna, M. (2023). MASCULINITY, STIGMA AND HELP - SEEKING BEHAVIOUR AMONG INDIAN MEN. PARIPEX INDIAN JOURNAL OF RESEARCH, 25–28. https://doi.org/10.36106/paripex/8704002
[30] Khitruk, E. B. (2017). The Concept of Hegemonic Masculinity in the Theory of Raewyn Connell: From the XX to the XXI century. Sociologičeskij Žurnal (Print), 23(4), 8–30. https://doi.org/10.19181/socjour.2017.23.4.5526
[31] Kupers, T. A. (2005). Toxic masculinity as a barrier to mental health treatment in prison. Journal of Clinical Psychology, 61(6), 713–724. https://doi.org/10.1002/jclp.20105
[32] Levant, R. F., McDermott, R., Parent, M. C., Alshabani, N., Mahalik, J. R., & Hammer, J. H. (2020). Development and Evaluation of a New Short Form of the Conformity to Masculine Norms Inventory (CMNI-30). Journal of Counseling Psychology, 67(5), 622-636. https://doi.org/10.1037/cou0000414
[33] Lin, J., Zou, L., Lin, W., Becker, B., Yeung, A., Cuijpers, P., & Li, H. (2021). Does gender role explain a high risk of depression? A meta-analytic review of 40 years of evidence. Journal of Affective Disorders (Print), 294, 261–278. https://doi.org/10.1016/j.jad.2021.07.018
[34] Lovibond, S. H., & Lovibond, P. F. (1995). Depression anxiety stress scales [Dataset]. In PsycTESTS Dataset. https://doi.org/10.1037/t01004-000
[35] Mahalik, J. R., Locke, B. D., Ludlow, L. H., Diemer, M. A., Scott, R. P., Gottfried, M., & Freitas, G. (2003). Development of the conformity to masculine norms inventory. Psychology of Men & Masculinity, 4(1), 3–25. https://doi.org/10.1037/1524-9220.4.1.3
[36] Mahalik, J. R., Locke, B. D., Ludlow, L. H., Diemer, M. A., Scott, R. P. J., Gottfried, M., & Freitas, G. (2003). Development of the Conformity to Masculine Norms Inventory. Psychology of Men & Masculinity, 4(1), 3–25. https://doi.org/10.1037/1524-9220.4.1.3
[37] McDermott, R. C., Nguyen, A. K., Smiler, A. P., Brasil, K. M., Smith, T. A., Barinas, J., Mims, C. E., Dudley, A. I., Davis, A., & Lindsey, D. R. (2023). Print media and the American Psychological Association's guidelines for psychological practice with boys and men: A directed content analysis. Psychology of Men & Masculinity, 24(3), 173–187. https://doi.org/10.1037/men0000424

[38] McGuffey, C. S., & Rich, B. L. (1999). Playing in the Gender Transgression Zone: Race, Class, and Hegemonic Masculinity in Middle Childhood. Gender & Society, 13(5), 608-627. https://doi.org/10.1177/089124399013005003
[39] Morris, E. W., & Ratajczak, K. (2019). Critical Masculinity Studies and Research on Violence Against Women: An Assessment of Past Scholarship and Future Directions. Violence Against Women, 25(16), 1980-2006. https://doi.org/10.1177/1077801219875827
[40] Nathanson, P., & Young, K. K. (2009). Coming of age as a villain: What every boy needs to know in a misandric world. Boyhood Studies, 3(2), 155–177.
[41] O'Dea, C. J., Chalman, S. T., Castro Bueno, A. M., & Saucier, D. A. (2018). Conditional aggression: Perceptions of male violence in response to threat and provocation. Personality and Individual Differences, 131, 132-141. https://doi.org/10.1016/j.paid.2018.04.029
[42] O'Dea, C. J., Chalman, S. T., Castro Bueno, A. M., & Saucier, D. A. (2018). Conditional aggression: Perceptions of male violence in response to threat and provocation. Personality and Individual Differences, 131, 132-141. https://doi.org/10.1016/j.paid.2018.04.029
[43] Oliffe, J. L., & Phillips, M. (2008). Men, depression and masculinities: A review and recommendations. Journal of Men's Health, 5(3), 194–202. https://doi.org/10.1016/j.jomh.2008.03.016
[44] Osterman, L. L., & Brown, R. P. (2011). Culture of Honor and Violence Against the Self. Personality and Social Psychology Bulletin, 37(12), 1611-1623. https://doi.org/10.1177/0146167211418529
[45] Parent, M. C., Gobble, T. D., & Rochlen, A. (2019). Social media behavior, toxic masculinity, and depression. Psychology of Men & Masculinities, 20(3), 277-287. https://doi.org/10.1037/men0000156
[46] Parent, M. C., Hammer, J. H., Bradstreet, T. C., Schwartz, E. N., & Jobe, T. (2016). Men's Mental Health Help-Seeking Behaviors: An Intersectional analysis. American Journal of Men's Health, 12(1), 64–73. https://doi.org/10.1177/1557988315625776
[47] Pleck, J. H. (1981). The myth of masculinity. Cambridge, MA: Massachusetts Institute of Technology Press.
[48] Pleck, J. H. (1995). The gender role strain paradigm: An update. In R. F. Levant & W. S. Pollack (Eds.), A new psychology of men (p. 11-32). Basic Books/Hachette Book Group.
[49] Rivera, A. & Scholar, J. (2020). Traditional Masculinity: A Review of Toxicity Rooted in Social Norms and Gender Socialization. Advances in Nursing Science, 43(1), E1-E10. https://doi.org/10.1097/ANS.0000000000000284
[50] Rosenberg, M. (1965). Rosenberg self-esteem scale (RSE). Acceptance and Commitment Therapy. Measures Package, 61.
[51] Schrock, D., & Schwalbe, M. (2009). Men, Masculinity, and Manhood Acts. Annual Review of Sociology, 35(1), 277-295. https://doi.org/10.1146/annurev-soc-070308-115933
[52] Sharma, N., & Sharma, K. (2015). Self-fulfilling prophecy: A literature review. International Journal of Interdisciplinary and Multidisciplinary Studies (IJIMS), 2(3), 41–42.
[53] Spence, J. T., Helmreich, R., & Stapp, J. (1975). Ratings of self and peers on sex role attributes and their relation to self-esteem and conceptions of masculinity and femininity. Journal of Personality and Social Psychology, 32(1), 29–39. https://doi.org/10.1037/h0076857
[54] Vaccaro, C. A., Schrock, D. P., & McCabe, J. M. (2011). Managing Emotional Manhood: Fighting and Fostering Fear in Mixed Martial Arts. Social Psychology Quarterly, 74(4), 414-437. https://doi.org/10.1177/0190272511415554
[55] Vandello, J. A., Ransom, S., Hettinger, V. E., & Askew, K. (2009). Men's misperceptions about the acceptability and attractiveness of aggression. Journal of Experimental Social Psychology, 45(6), 1209-1219. https://doi.org/10.1016/j.jesp.2009.08.006
[56] Värnik, P. (2012). Suicide in the world. International Journal of Environmental Research and Public Health (Online), 9(3), 760–771. https://doi.org/10.3390/ijerph9030760
[57] Watson, C., Poulter, D., Ventriglio, A., & Bhugra, D. (2022). Masculinity, male roles, mental illnesses, and social psychiatry. In Oxford University Press eBooks (pp. 219–232). https://doi.org/10.1093/med/9780198861478.003.0024
[58] Wong, Y. J., Ho, M. R., Wang, S., & Miller, I. (2017). Meta-analyses of the relationship between conformity to masculine norms and mental health-related outcomes. Journal of Counseling Psychology, 64(1), 80–93. https://doi.org/10.1037/cou0000176



10.22214/IJRASET

45.98

IMPACT FACTOR: 7.129

IMPACT FACTOR: 7.429

INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Call : 08813907089 (24*7 Support on Whatsapp)