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Restrictive emotionality and mental help-seeking intentions: The mediating role of perceived social support in Indian men

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Abstract

Male rates of professional mental health help-seeking are always lower, and restrictive masculine norms, especially restrictive emotionality, are found to be the key obstacles. Although the current literature associates emotional inhibition with decreased help-seeking, there is a lack of research on how these processes work in collectivist cultural contexts like India. A quantitative correlational design with 200 participants was used in the current research to examine the connections between restrictive emotionality, perceived social support, and mental help-seeking intentions in Indian men aged 18-35 years. It also tested the mediating role of perceived social support in the relationship between restrictive emotionality and help-seeking intentions, and the independent predictive role of various sources of support on help-seeking behaviour. The analysis was done using Spearman's Rank Order Correlations, multiple linear regression, and mediation analysis using PROCESS (Model 4). The findings indicated that restrictive emotionality was negatively and significantly related to perceived social support and help-seeking intentions. Nevertheless, perceived social support was not a significant predictor of help-seeking intentions or a mediator of this association. Notably, family support was the only important positive predictor of help-seeking intentions. These results indicate that although emotional restraint compromises help-seeking, family approval that is culturally ingrained is central to the justification of professional psychological assistance. The research identifies the necessity of culturally responsive interventions that would consider masculine emotional norms and involve family systems to encourage Indian men to seek help.

Keywords: Restrictive emotionality; Perceived social support; Mental help seeking intention; Indian men; Masculinity

1. Introduction

Mental health concerns represent a growing global public health issue; however, disparities in service utilization persist across demographic groups. Across many cultural settings, men consistently demonstrate lower rates of professional help-seeking compared to women when experiencing psychological distress [27,33]. Delayed or avoided help-seeking among men has been associated with elevated psychological distress, poorer mental health outcomes, and increased suicide risk [17]. Consequently, identifying the psychological and sociocultural factors that inhibit men's utilization of mental health services has become a central concern in both research and clinical practice.

A substantial body of literature has highlighted restrictive emotionality as a significant impediment to accessing support. Empirical findings indicate that men who report higher levels of restrictive emotionality tend to endorse more negative attitudes toward therapy, experience greater self-stigma related to seeking help, and demonstrate lower intentions to access professional mental health services [5,12,21].

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Despite increasing recognition of the role of masculine norms in shaping help-seeking behaviour, relatively little research has examined these dynamics within non-Western contexts. India presents a particularly relevant setting for such investigation due to its distinct cultural constructions of masculinity, strong family-centered social structures, and persistent stigma surrounding mental illness. Existing evidence suggests that Indian men encounter multiple barriers to seeking psychological support; however, limited research has directly examined how restrictive emotionality influences help-seeking intentions within this population [15,21].

Research indicates that Indian men may experience societal pressure to demonstrate strength, emotional control, and self-reliance as markers of masculine identity. In addition, dependence on family systems for access to care and stigma associated with mental illness further complicate help-seeking decisions [26,29]. However, empirical exploration of the direct association between restrictive emotionality and help-seeking intentions among Indian men remains limited, highlighting a significant gap in the literature.

Restrictive emotionality refers to socially learned limitations on emotional expression and related behaviours. As part of masculine socialization processes, men are often encouraged to value stoicism, self-reliance, and emotional restraint [3]. Rooted in gender role expectations, restrictive emotionality reflects the internalization of norms that associate emotional vulnerability with weakness or femininity. Such norms may reduce opportunities for emotional expression and reinforce rigid conceptions of masculine identity.

Traditional masculine norms frequently emphasize emotional control and stoicism as indicators of competence and status [6,14]. Men who strongly internalize these norms may perceive emotional disclosure—and by extension, psychological help-seeking—as incompatible with masculine identity [17]. Furthermore, individuals high in restrictive emotionality may perceive limited benefit in talk-based therapeutic interventions that require emotional openness [7,35]. Empirical research supports these theoretical assumptions. Studies have found that restrictive emotionality significantly predicts both past help-seeking behaviour and future intentions to seek psychological support among men [20]. Additionally, restrictive emotionality has been associated with higher levels of self-stigma regarding help-seeking and reduced willingness to encourage others to access mental health services [30–32].

Mental help-seeking involves actively turning to professional providers such as psychologists, psychiatrists, or counsellors, as well as informal sources including family members and friends, when experiencing emotional or psychological distress [9]. Across diverse cultural contexts, men consistently demonstrate lower rates of professional help-seeking than women [18]. When psychological concerns remain untreated, men face elevated risks of substance misuse, relationship strain, occupational impairment, and suicide [13,36]. Research identifies barriers at multiple levels. At the individual level, conformity to traditional masculine norms—including self-reliance, dominance, emotional control, and restrictive emotionality—has been linked to negative attitudes toward therapy and lower intentions to seek support [16,17,21]. These norms influence how men interpret distress, often minimizing symptoms or attributing them to external pressures, thereby reducing perceived need for professional intervention [22].

Within the Indian context, empirical work directly examining restrictive emotionality remains limited. Studies indicate that masculine norms and self-stigma influence help-seeking behaviour among Indian men [12,15]. However, the specific mediating function of perceived social support in the relationship between restrictive emotionality and help-seeking intentions has not yet been empirically established in Indian male samples.

Perceived social support denotes the belief that emotional, informational, or practical assistance would be available if needed [8]. Higher levels of perceived social support are associated with lower psychological distress and greater overall well-being. When individuals believe their social networks are supportive, they tend to hold more favourable attitudes toward professional help-seeking and show stronger intentions to access services [8,23].

In collectivist societies such as India, where relational identity and interdependence are emphasized, perceived social support may play a particularly important role in shaping help-seeking decisions [2]. When family members and close others validate vulnerability, help-seeking may be reframed as consistent with relational responsibility rather than personal weakness. Conversely, when emotional expression is discouraged, men may suppress distress and delay seeking help [2]. Despite this, the mediating effect of perceived social support in linking restrictive emotionality to help-seeking intentions remains underexplored in Indian samples, highlighting an important gap in the literature.

India offers a distinct sociocultural setting for examining masculinity and help-seeking. Constructions of masculinity are shaped by traditional values, family hierarchies, and social expectations [15,28]. Cultural concerns regarding social reputation strongly influence behaviour. The commonly referenced phrase “log kya kahenge” reflects anxiety about community judgment, consistent with collectivistic norms that link individual actions to family honor and social

standing [4,19]. Within this context, seeking psychological help may be perceived as risking public scrutiny or reputational harm [15,19]. As a result, masculine expectations often emphasize emotional restraint and self-sufficiency.

Available evidence indicates that culturally specific masculine norms and stigma significantly shape help-seeking decisions, suggesting that Indian men navigate help-seeking within a framework that prioritizes emotional restraint and independence.

1.1. Purpose of the study

To examine how restrictive emotionality affects mental help-seeking intentions among Indian men, and specifically to determine whether perceived social support acts as a mediator in this relationship.

1.2. Study aim

Primary aim is to test whether perceived social support mediates the association between restrictive emotionality and mental help-seeking intentions in Indian men.

1.3. Research Objectives

- To examine the relationship between restrictive emotionality and mental help-seeking intentions among Indian men.
- To examine the relationship between restrictive emotionality and perceived social support among Indian men.
- To investigate the relationship between perceived social support and mental help-seeking intentions among Indian men.
- To investigate whether perceived social support mediates the relationship between restrictive emotionality and mental help-seeking intentions among Indian men.

2. Materials and Methods

2.1. Problem statement

Despite growing global attention to mental health, Indian men continue to utilize professional psychological services at lower rates than women. Existing research indicates that conformity to traditional masculine norms, particularly restrictive emotionality, contributes to this disparity. Men who internalize expectations of strength and emotional restraint may experience self-stigma and social pressure that discourage help-seeking.

However, current literature provides limited insight into the mechanisms that may buffer or mitigate these barriers. Specifically, the prospective mediating role of perceived social support in the association between restrictive emotionality and help-seeking intentions has not been adequately examined within Indian male populations. While it is theoretically plausible that strong social support may reduce the inhibiting effects of emotional restriction by offering validation and encouragement, this pathway has not been empirically tested.

Accordingly, the present study addresses the lack of evidence regarding whether perceived social support acts as a mediator in the association between restrictive emotionality and mental help-seeking intentions among Indian men. By clarifying this mechanism, the research seeks to determine whether strengthening social support systems may enhance help-seeking engagement among men who struggle with traditional norms surrounding emotional expression.

2.2. Research Design

The present study employed a quantitative, cross-sectional research design to examine the relationships among restrictive emotionality, perceived social support, and mental help-seeking intentions.

2.3. Participants

A total of 200 Indian men aged between 18 and 35 years participated in the study. Participants were recruited from rural, semi-urban, and urban areas.

2.4. Hypotheses

- H_{01} : There is no statistically significant relationship between restrictive emotionality and mental help-seeking intentions among Indian men.

- H₀₂: There is no statistically significant relationship between restrictive emotionality and perceived social support among Indian men.
- H₀₃: There is no statistically significant relationship between perceived social support and mental help-seeking intentions among Indian men.
- H₀₄: Perceived social support does not significantly mediate the relationship between restrictive emotionality and mental help-seeking intentions among Indian men.
- H₀₅: Restrictive emotionality and perceived social support do not significantly predict mental help-seeking intentions among Indian men.
- H₀₆: Perceived social support from family, friends or significant other does not significantly predict mental help-seeking intentions among Indian men.

2.5. Measures

- **Gender Role Conflict Scale – Restrictive Emotionality Subscale (GRCS-RE):** The Restrictive Emotionality subscale of the Gender Role Conflict Scale was developed by O’Neil et al. (1986) to assess men’s discomfort with emotional expression and difficulty engaging in vulnerable disclosure. The GRCS-RE consists of 6 items rated on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). The subscale demonstrated good internal consistency (Cronbach’s $\alpha = 0.884$). Previous psychometric evaluation reported acceptable reliability ($\alpha = 0.77$) and strong construct validity consistent with the full-scale structure.
- **Multidimensional Scale of Perceived Social Support (MSPSS):** The Multidimensional Scale of Perceived Social Support was developed by Zimet et al. (1988) to measure perceived support from three sources: family, friends, and significant others. The scale consists of 12 items, with 4 items allocated to each subscale. Responses are rated on a 7-point Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). A 2023 Arabic validation confirmed the original three-factor structure through confirmatory factor analysis, with composite reliability coefficients ranging from 0.94 to 0.97 across subscales. Similarly, a Nigerian validation study reported excellent internal consistency for the total scale ($\alpha = 0.927$)
- **Mental Help-Seeking Intention Scale (MHSIS):** The Mental Help-Seeking Intention Scale was developed by Hammer and Spiker (2018) to assess individuals’ intentions to seek professional psychological help. The MHSIS is a brief 3-item measure, with each item rated on a 7-point Likert scale. Higher scores indicate stronger intentions to seek help from a mental health professional. The original validation study reported excellent internal consistency ($\alpha = 0.94$) and strong evidence of construct validity, with standardized residual variances of 0.92, .91, and 0.92 for the three items.

2.6. Procedure

A non-probability convenience sampling method was employed. Data were collected using self-report questionnaires administered online and offline. Participation was voluntary and informed consent was obtained.

2.6.1. Inclusion Criteria

- Self-identified Indian men.
- Aged between 18 and 35 years.
- Currently residing in India.

2.6.2. Exclusion Criteria

- Identified as female, non-binary, or any gender other than male.
- Reported a history of severe mental illness (e.g., schizophrenia, bipolar disorder).
- Were currently undergoing psychotherapy or psychiatric treatment specifically related to emotional regulation or help-seeking.
- Currently pursuing a degree in psychology or is a mental health professional.

2.7. Statistical Analysis

A quantitative data analysis was conducted using Statistical Package for the Social Science (SPSS) version 29.0.1.0 (171).

3. Results and Discussion

A total of 200 Indian men aged 18–35 years participated in the present study examining restrictive emotionality, perceived social support, and mental help-seeking intentions. All participants completed the survey in full, yielding a

completion rate of 100%. Participants were drawn from rural, semi-urban, and urban settings, permitting examination of contextual differences.

3.1. Descriptive Statistics of Demographic Variables

Table 1 Participants' Demographic Profile Based on Age Group (N = 200)

Age group	Frequency (n)	Percentage (%)
18–26	160	80.0
27–35	40	20.0
Total	200	100.0

Table 2 Participants' Demographic Profile Based on Locality (N = 200)

Locality	Frequency (n)	Percentage (%)
Rural	10	5.0
Semi-Urban	34	17.0
Urban	156	78.0
Total	200	100.0

Participants were categorized into two age groups: 18–26 years and 27–35 years. The majority of the sample fell within the 18–26 age range (80%), while 20% were between 27 and 35 years (see Table 1). Participants were also categorized based on locality, with the majority residing in urban areas (78%), followed by semi-urban (17%) and rural areas (5%). Descriptive statistics indicated that restrictive emotionality, perceived social support, and help-seeking intentions showed moderate variability within the sample (see Table 2).

3.2. Correlation Analysis

Table 3 Spearman's Rank-Order Correlations Results to test hypotheses H_{01} and H_{02}

Variable	1	2	3
1. Restrictive Emotionality	—		
2. Perceived Social Support	-0.309**	—	
3. Help-Seeking Intentions	-0.160*	0.125	—

The Shapiro–Wilk test indicated that all variables significantly deviated from normality ($p < 0.05$), supporting the use of non-parametric analysis. Correlation analysis revealed that restrictive emotionality was negatively associated with both perceived social support ($\rho = -0.309$, $p < 0.001$) and mental help-seeking intentions ($\rho = -0.160$, $p = 0.023$). Therefore, hypotheses H_{01} and H_{02} were rejected. This indicates that higher levels of emotional restriction are linked to lower perceived support and reduced willingness to seek professional help. This finding is consistent with prior research indicating that adherence to restrictive masculine norms is associated with diminished help-seeking behaviours [1,34]. Emotional inhibition may limit recognition of distress, reduce willingness to disclose vulnerability, and increase perceived stigma surrounding professional services (see Table 3). Contrary to expectations, perceived social support was not significantly associated with help-seeking intentions, $\rho = 0.125$, $p = 0.077$. Although the relationship was positive, it did not reach statistical significance. Prior research has drawn similar distinctions between social coping and professional help-seeking [31]. Individuals may rely on family and friends for comfort while perceiving professional help as unnecessary, stigmatized, or excessive. Hence, the null hypothesis (H_{03}) was not rejected.

3.3. Mediation Analysis

A mediation analysis was conducted using PROCESS Model 4 to examine whether perceived social support mediated the relationship between restrictive emotionality and help-seeking intentions (see Table 4 & 5).

Table 4 Mediation Analysis Results (GRC-RE → MSPSS → MHSIS) to test H_{04}

Path	B	SE	t	P	95% CI
a (RE → PSS)	-0.4440	0.0871	-5.10	< 0.001	[-0.6157, -0.2723]
b (PSS → MHSIS)	0.0126	0.0107	1.18	0.241	[-0.0085, 0.0338]
c (Total Effect)	-0.0310	0.0132	-2.36	0.019	[-0.0570, -0.0051]
c' (Direct Effect)	-0.0254	0.0140	-1.82	0.071	[-0.0530, 0.0022]

Table 5 Bootstrapped Indirect Effect of the Mediation model

Effect	BootSE	BootLLCI	BootULCI
-0.0056	0.0055	-0.0168	0.0055

Restrictive emotionality significantly predicted perceived social support, $B = -0.4440$, $SE = 0.0871$, $t = -5.10$, $p < 0.001$, indicating that higher emotional restriction was associated with lower perceived social support. When both restrictive emotionality and perceived social support were entered into the regression model predicting help-seeking intentions, perceived social support was not a significant predictor, $B = 0.0126$, $SE = 0.0107$, $t = 1.18$, $p = 0.241$. Similarly, restrictive emotionality was not a significant predictor of help-seeking intentions after controlling for perceived social support, $B = -0.0254$, $SE = 0.0140$, $t = -1.82$, $p = 0.071$.

The total effect of restrictive emotionality on help-seeking intentions was statistically significant, $B = -0.0310$, $SE = 0.0132$, $t = -2.36$, $p = 0.019$, indicating a small but significant overall association prior to accounting for the mediator. The bootstrapped confidence interval for the indirect effect, as shown in Table 5, included zero (BootLLCI = -0.0168 , BootULCI = 0.0055), indicating that perceived social support did not function as a mediator in this sample. Therefore, H_{04} is accepted. This finding refines the theoretical model. This result suggests that feeling supported does not necessarily translate into intentions to seek professional mental health services. Social support may facilitate emotional coping within informal networks without prompting engagement with formal psychological services.

3.4. Multiple Regression

Multiple regression analysis was conducted to test H_{05} and H_{06} . Model 1 determined whether restrictive emotionality and perceived social support significantly predicted help-seeking intentions (see Table 6 & 7), and Model 2 tested whether support from family/friends/significant other predicted help-seeking intentions (see Table 8 & 9).

Table 6 Model 1 Summary (GRC-RE, MSPSS as predictors of MHSIS)

R	R ²	Adjusted R ²	F	df	p
0.185	0.034	0.024	3.473	(2, 197)	0.033

Table 7 Regression Coefficients (GRC-RE, MSPSS as predictors of MHSIS)

Predictor	B	SE	β	t	p
Restrictive Emotionality	-0.025	0.014	-0.135	-1.816	0.071
Perceived Social Support	0.013	0.011	0.088	1.177	0.241

The overall model was statistically significant, $F(2, 197) = 3.47$, $p = 0.033$, accounting for 3.4% of the variance in help-seeking intentions ($R^2 = 0.034$). However, neither restrictive emotionality ($\beta = -0.135$, $p = 0.071$) nor perceived social support ($\beta = 0.088$, $p = 0.241$) was a statistically significant independent predictor when both were entered simultaneously. Hence, H_{05} is accepted. However, a significant negative relationship was observed between restrictive emotionality and perceived social support. Men who reported higher emotional restriction perceived lower levels of available support. This aligns with interpersonal theory, which emphasizes emotional disclosure as foundational to

relational intimacy [22]. When emotional expression is constrained, opportunities for reciprocal validation and support diminish. Over time, this may weaken perceptions of social availability, even when objective support structures exist.

Table 8 Model 2 Summary for MSPSS sources (Friends, Family and Significant other as predictors of MHSIS)

R	R ²	Adjusted R ²	F	df	p
0.213	0.046	0.031	3.12	(3, 196)	0.027

Table 9 Model 2 Coefficients Results of MSPSS sources (Friends, Family and Significant other as predictors of MHSIS) N = 200

Predictor	B	SE	β	t	p
Significant Other	-0.078	0.094	-0.067	-0.83	0.408
Family	0.272	0.102	0.199	2.67	0.008
Friends	0.094	0.119	0.065	0.79	0.430

A separate multiple regression (Model 2) was conducted to examine whether support from family, friends, and significant others predicted help-seeking intentions. The overall model was statistically significant, $F(3, 196) = 3.117$, $p = 0.027$, explaining 4.6% of the variance in help-seeking intentions ($R^2 = 0.046$). Among the predictors, family support emerged as a significant positive predictor ($p = 0.008$). Support from friends and significant others did not significantly predict help-seeking intentions ($p > 0.05$). As at least one source of perceived social support significantly predicted help-seeking intentions, the null hypothesis (H_{06}) was rejected.

This result highlights the distinct role of family within the Indian cultural context. In collectivist societies, family structures often function as primary decision-making units, particularly regarding health-related concerns. Family endorsement may legitimize professional help-seeking and reduce perceived stigma. In contrast, peer and romantic support, while beneficial for emotional well-being, may not carry the same authority or cultural weight in influencing formal service utilization.

4. Conclusion

The current study emphasises the importance of restrictive emotionality in shaping mental help-seeking intentions among Indian men. Emotional suppression seems to decrease the perceived social support and readiness to obtain professional help, indicating that interventions must go beyond awareness and access to also address gender norms that discourage emotional expression. Although the perceived social support did not mediate this relationship, the family support had a significant influence as a predictor of help-seeking intentions. Thus, family-focused psychoeducation and stigma reduction can create more supportive environments for professional consultation

This evidence highlights the need to tackle culturally ingrained masculine standards and enhance supportive relational frameworks to enhance the use of mental health services. Such interventions may be more effectively used to promote the psychological well-being of Indian men in the future by combining individual, familial, and cultural factors.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare that there is no conflict of interest regarding the publication of this paper.

Statement of ethical approval

The study was conducted with approval from the Department of Psychology, Kristu Jayanti (Deemed to be University), Bengaluru. Informed consent was obtained, and participants were assured of confidentiality and anonymity, with no identifying information collected.

Statement of informed consent

Participation was voluntary, with the right to withdraw at any time without consequences. All data were used solely for academic purposes.

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