

Biomedical Communication

A Descriptive Analysis on Gender Conformity and Deteriorating Mental Health Among Men in Kerala, India

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ABSTRACT

Far from the celebrations of long grown beards and no shave November lie crucial matters of importance to be addressed regarding vital issues, like deteriorating male mental health conditions, hard effects of toxic masculinity models, and a hike in the number of male suicides, which all demands utmost attention of researchers, sociologists, psychologists and doctors. Sociological studies on male gender roles have attributed an invariable connection between the decreasing life expectancy of men and the traditional notions associated with male roles and masculinity. There is an existing undertone of gendered perseverance in the analysis and further aid provision of mental health care in our society. This study purports to systematically evaluate the current findings thereby estimating the extent of psychological conditions faced by men, their implications and solutions. Studies were identified using PubMed, PubMed Central, MeSH, Google Scholar and NCBI databases. A GAD-7 questionnaire helped in providing the anxiety severity scale among the study population. Pooled prevalence rate of the physiological and psychological symptoms was recorded. GAD self-administered screening survey was filled by the 100 research subjects under study. Among the participants 25% of the subjects were identified as having minimal or zero anxiety, 52% with mild anxiety, 12% with moderate anxiety, and 11% with severe anxiety. The quotients of the survey were calculated by evaluating the rate of occurrence and percentage. Further the study recorded the range of difficulty faced by study subjects due to the prevalence of anxiety episodes. The study shows 30% subjects finding it 'not difficult at all', while 60% found it 'somewhat difficult'. 4% found these conditions 'very difficult' to handle and 1% found it 'extremely difficult'. The results showed that a proper remolding of male gender expressions is vital, one that accommodates gender-neutral behavioral patterns, which vouches for a more psychologically robust and socially healthy individual.

KEY WORDS: ANXIETY, DEPRESSION, GENDER ROLES, MASCULINITY, MENTAL HEALTH.

INTRODUCTION

There is an existing undertone of gendered perseverance in the analysis and further aid-provision of mental health care in our society. These undertones are now analyzed within the disciplines of psychiatry and public health. Depression and anxiety disorders are now being recognized as the fourth most cause of dysfunction around the world. Mental illnesses and psychotic diseases are often associated with women. This stereotype prevails primarily due to the lack of propriety in the documentation of male mental illnesses. Women have

been diagnosed with varied psychological conditions from time immemorial (Keles et al., 2019).

Illnesses like hysteria and melancholy have been repeatedly represented as standard female temperaments in popular discourses (Kornstein and Clayton 2019). However, this situation must have derived from men's lack of interest in concurring to the mental conditions, reaching out for professional help, or sometimes simply lack of self-awareness. These ignored conditions may arise from their obstinate adherence to the tenets of the gender they follow in the name of masculinity (McKenzie et al. 2018; Rippon, 2019). In most cases, depression and anxiety disorders in men surface mostly as aggressive tendency, substance abuse, and hostile nature. Where, experts recognize these symptoms as the masculine

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variants of markedly feminine expressions of crying, fearfulness and other recognized temperaments (Cochran and Rabinowitz 2003; O'Brien et al., 2005). Moreover, psychiatrists identify these symptoms as cover-up mechanisms men adopt to conceal their breakdown.

However, a thorough analysis of the collected patient information from various psychiatric centres reveals fewer male patients than women. Experts assume that men overtly rely on self-screening methods and self-management techniques to cure their conditions (Ahmed, 2015; Struik et al., 2019). Often these psychic difficulties in men are recognized by others through their ebbed performances at workplaces or by assessing their difficulty in executing their day-to-day activities (Barry et al., 2019; Stiawa et al., 2020). Male mental health conditions are often acted out in alcoholism, substance abuse, and elaborate zoning out from daily chores (Mahalik et al. 2003). Psychological conditions like Schizophrenia are among the significant illnesses that men confess to, while anxiety and depression are unrevealed psychological conditions they face. Rage, bad temper, and seclusion are temperaments that men regularly display, however, these conditions are often not recognized as psychic issues that need to be rectified. Sociological studies elucidate the health care stratifications based on gender, where men are mostly ignored compared to women (Clarke and Amerom 2008).

Therefore, it is evident that the limited institutional mental healthcare provided for or accessed by men can contribute to the categorization of these distresses. This leads to an obscuring of masculine identity and male subjectivity. The concealed facets of their emotionality ought to be identified by the subjects themselves (Messerschmidt, 2018; Koutsimani et al., 2019). The cultural appropriation of gender-specific emotional expressions facilitates through various cultural and subcultural entities (Stiawa et al., 2020). In the article, Mednick and Hochschild (1985), Arlie Hochschild talks about the importance of regulating feelings by individuals in different situations which can be regarded as the cultural shaping of a body's sentiments. Regulation and managing of feelings as well as emotions are expected from a competent adult, and anything other than that has been frowned upon (Mednick and Hochschild 1985; Yafi and Yafi 2019). As a replacement for these vulnerable expressions, they are conditioned to act self-sufficient, spirited, emotionally suppressed, and self-restrained. Moreover, these factors influence standard male actions, experiences, and health care seeking attitudes.

Where, issues related to health, employment, finances, and relationships can trigger anxiety and depressions in men. Psychologists are now analyzing the widening scope of male anxiety and depression (Amin et al., 2018; Patton et al., 2018). The lack of willingness in men's acknowledgement of their aggressive tendencies and hostility, as indicators of poor mental health leads to the limited studies in this arena. They tend to display more resistance towards such symptoms (Herreen et al., 2021).

This study empirically evaluates the sociological aspects involved in this issue rather than solely concentrating on the psychological aspects.

MATERIAL AND METHODS

A comprehensive narrative analysis of anxiety disorders and psychic conditions in men was conducted to assess the practical importance and magnitude of the subject under study. The evaluation included an inclusive revision of cognitive issues faced by men, the reasons behind these illnesses, and the possible aftermath of these conditions when left unattended. Men go through different physiological and psychological changes once they reach puberty. Unlike the mark of menstruation in females, males hardly identify the changes. Significant signs of male depression include feelings of hopelessness, irritability, substance abuse, insomnia, and panic (Stein and Vythilingum 2015; Addis and Hoffman 2019). In order to proficiently study the broadening span of anxiety disorders in men, 100 research subjects were approached to participate in a self-assessment scale called GAD-7 having seven questions (Spitzer et al., 2006). GAD-7 scale is numbered by setting points from 0 to 3, where the points denote the prevalence of anxiety as 'not at all', 'several days', 'over half the days' and 'nearly every day' respectively. Further, this study assessed the extent to which these conditions affected the participants and their day-to-day activities.

A significant evaluation in this area of literature was made. Several quantifiable papers and the medical literature were methodically examined through PubMed, PubMed Central, MeSH, and NCBI databases. Surface statistics prove men in better mental health positions than women, nevertheless, several cases go unidentified and undetected, leaving these men at acute risks. A clear binary is detected even in the studies about male mental health, which is chiefly dominated by studies on female mental health issues (McNeish et al., 2020). Evaluations on mental health issues dominantly focus on female emotions and distress (Sediri et al., 2020). An objective method of analysis would provide extensive scrutiny of the actual repercussions of these ignored conditions. A qualitative methodological approach was adopted for the study conducted among a self-assigned group of men. After the necessary approval obtained from the Institutional Human Ethics Committee, 100 male subjects were approached using the purposive sampling technique.

The ages of the participants ranged from 18-60. This non-probability sampling technique proved helpful in assessing the stress levels among a wide array of men. The GAD-7 questionnaire was concurrently sent to 100 research subjects who had proper access to internet facilities. The research subjects were verified to be cognizant in English, as all the items were in English. The participants were well informed about the nature and intention of the study. The research subjects were recommended to read and understand the questions correctly and enter responses.

As the study adopted an explanatory approach, the sampling techniques were avoided. The discretion of responses recorded was guaranteed to all the participants. This questionnaire helped to analyze one's awareness of his conditions of anxiety. This aided in assessing the alterations in conduct, cognitive, psychic aspects and the constructive self-awareness regarding the unnecessary concerns and pessimistic thought patterns. GAD-7 comprises of seven questions to calculate the extent and seriousness of anxiety disorders. Each question was numbered and calculated using a Likert scale (0-3) having minimum and maximum scoring ranged from 0 to 21 respectively. The scores were categorized into four categories namely minimal, mild, moderate, and severe with cut off scores for each of the categories were 5, 10 and 15. Further assessment was recommended for those with a score above 10. The survey did not render a medical analysis but recommended seeking further medical assistance for high score subjects.

RESULTS AND DISCUSSION

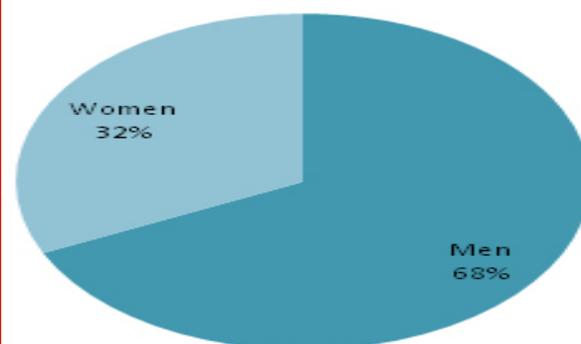
Academicians and clinical researchers are now analyzing the variant expressions of depression in men. Unlike the symptoms of broodiness and melancholy in women, anxiety disorders in men surface through tiredness, bad temper, and insomnia (Keddie, 2006). Moreover, psychic conditions, if unattended, could affect relationships, financial conditions, and personal health. Some individuals choose to self-assuredly involve in specific cognitive exercises to deal with traumatic or taxing situations. This process, termed 'coping' assist people in regulating their psyche in certain demanding situations. Proper awareness on the types of depression and their predicaments would reveal the seriousness of these conditions. Empirical studies on depression and anxiety disorders provide the true origin, symptoms, and variety as available. Seeking professional help reduces the intensity of these conditions in 80% to 90% of men (Martin et al., 2013; Seidler et al., 2016; Radez et al., 2020).

Men while treatment, are often supported by medications, cognitive exercises, and psychotherapy. The majority of these conditions go undetected and ignored, pertaining to the social taboos on mental illnesses. Recent analytical studies on the productivity and efficiency of individuals at job, prove a lack of output in male employees due to an increasing number of depression and anxiety cases. Lack of knowledge on these psychic conditions, their origin and indicators, and the accessible remedies or assistance is at its crest when these conditions affect men (Radez et al., 2020; Salari et al., 2020). Studies show that often depression and anxiety disorders in men culminate in suicides and substance abuse. Suicide mortality rates for men are four times higher compared to that of women. Extensive studies show an alarming difference in suicides among men and women, wherein countries like Ireland and Finland, the ratio remains 10:1 and 11:1, respectively. Figure 1 elucidates the gender-wise suicide statistics in India in the year 2018. Studies show half the suicide

cases in India to be impulsive. The alarming hike in the number of male suicides triggers doubts regarding men's mental health care attention (Young, 2019).

Figure 1: Pie chart showing distribution of suicide cases by gender in the year 2018.

Suicide Statistics-2018

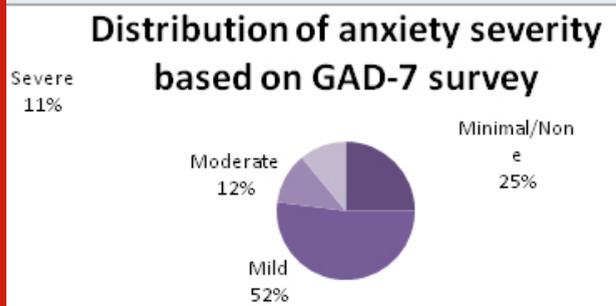


Unlike the fatal means of coping with these conditions, most men rely on averting through diversion, rejection, isolation, detached demeanour, substance abuse, gambling, or indulging in excessive and physically strenuous activities. According to Hanson et al. (2020), an affliction to violent tendencies is the most fundamental expression of high inebriation. Alcoholism and drug abuse are the two significant issues directly connected to these psychic conditions (Hanson et al., 2020). In men, violence and aggressive tendencies due to depression are more, compared to women. In matter of aggression, men are known to be more violent than women. The addiction to violence is the simplest and direct form of elevated intoxication, for the reason that most often, men behave in a dominating way by tormenting those around them (Singh, 2020). GAD self-administered screening survey was filled by the 100 research subjects under study. As specified in figure II, 25% of the subjects were identified as having minimal or zero anxiety, 52% with mild anxiety, 12% with moderate anxiety, and 11% with severe anxiety.

The quotients of the survey were calculated by evaluating the rate of occurrence and percentage. The results were categorized into different tables and pie charts. Figure III records the range of difficulty faced by study subjects due to the prevalence of anxiety episodes. The study shows 30% subjects finding it 'not difficult at all', while 60% found it 'somewhat difficult'. 4% found these conditions 'very difficult' to handle and 1% found it 'extremely difficult'. As research by Scheuermann and Zürn (2020), Talcott Parson in his work, Family, Socialization, and Interaction Process (1960) defined how men were identified to be undertakers of 'instrumental' functions and women of 'expressive' functions. Further, Helen Hacker's paper, The New Burdens of Masculinity, related these men's emotional struggles to keep up to the social expectations; despite the emotional 'repression' they endured (Scheuermann and Zürn 2020). At the

same time, women were intentionally instilled with the feminine expectations endorsed by female sex role norms. However, with the coming of academic feminism, there was a political questioning of these regulatory systems set up for women (Qing, 2020).

Figure 2: IPie chart showing distribution of anxiety severity based on GAD-7 survey.



The ferment created by Feminism in the 1970s led to several men’s liberation movements. They elucidated on the dangers of traditional male sex roles and their emotionally repressed positions. These aspects were generally titled as ‘the inexpressive male: a tragedy of American society and ‘Warning: the male sex role may be dangerous to your health’ (Johnson and Smith 2020). Therefore, the sex-role theory presents the complementary positions constructed by the male and female sex role strata (Parsons-expressive/instrumental).

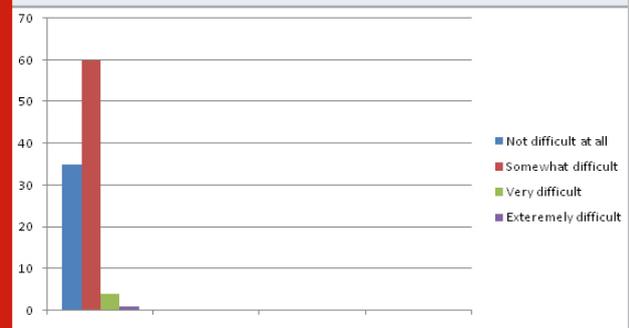
Thus, these normative models of sex roles restrict the scope for social transformation as discussed in *The Myth of Masculinity* (Pleck 1987). The concept of sex-role prevents individuals who violate the traditional role for their sex from challenging it; instead, they feel personally inadequate and insecure. As infant boys and girls cry in equal amounts, but when they mature, boys are trained to express lesser emotions than girls (Maccoby and Jacklin 1974; Pleck 1987). Therefore, this difference in child behavior primarily forms out of the gap in adult response towards children (Johnson and Smith 2020). A study by Fagot et al. (1985) on thirteen-month-old boys and girls in daycare, illustrated that the teachers responded to girls when they jabbered and gestured, and to boys when they screamed and whined. Eleven months later study showed that the girls talked more than the boys, who still screamed and whined. Although not all children get indulged in differing gender behaviors, adult responses definitely play a part in this dichotomizing trend.

Studies show that children learn to identify the societal amplifications of their gender by the age of three (Josephidou and Bolshaw 2020). Once these children leave their babyhood they are exposed to the differential meanings of gender. As they grow up children are not expected to be a good person but instead a “good boy” or a “good girl”. These expectations set forth by the adults around them determine their desires and aspirations of the self-identity that they associate themselves with (Schalkwyk et al. 2020). Most discourses on masculinity depict hesitance in men to ask for aid, despite the

consequences of their psychological conditions. In addition to this, men display an adamant resistance towards professional and personal aids in redeeming their psychic conditions (Möller-Leimkühler 2002). Studies show that most adolescent subjects, both men and women, opt for self-diagnosis of their psychic conditions. This often results in a settlement with the stigma accompanied by the accepting, regularizing, and refusing of psychological issues in men.

This could lead to complicated situations of crisis, including suicide, self-harm, and aggressive tendencies towards others. Men are generally brought up in a specific pattern, where they are often forced to contain their emotional planes and vulnerabilities to themselves. In most cases, men are forced to regulate themselves to the adherence of the hegemonic masculine ideals (Anand, 2020). A recent study on male mental health conditions (Sileo and Kershaw 2020) revealed the effectiveness of seeking help from peers, friends, or relatives. Rehabilitation centres and self-help groups have also been found effective. A proper remoulding of male gender expressions is vital. Men often evade seeking help bearing in mind it as a symbol of weakness (Rice et al. 2020). The proper alterations made in these attitudes and rendering of knowledge regarding these hegemonic gender notions could help reduce male anxiety and subsequent issues.

Figure 3: Bar diagram showing distribution of coping difficulties among study subjects.



A proper realization of these conditions and ensuing actions taken by the patients could reduce the physical and psychological difficulties that follow (Velasco et al., 2020). Recent online surveys illustrate the varying levels of psychological impacts exerted on men by the current situation of the pandemic. The uncertainties that came with the pandemic at various fronts have mentally and physically affected men in the worst ways (Huremovic, 2019). The conferred status of the ‘sole breadwinner’ role has taken a toll on the psychological well-being of many men (Huremovic, 2019; Velasco et al. 2020).

Unlike their pre-pandemic lifestyles, men are now mostly working from home and are obligated to various household chores previously undertaken by their partners alone (Vindegard and Benros 2020). This

mode of division of labor is new to men and several men are finding it hard to amend their lives to the new modes of working along with the novel domestic roles bestowed upon them. Lack of job security and deteriorating financial stability are other reasons that are now driving men into the qualms of mental health illnesses. Similarly, there is a whole another group of individuals who are forced to stay away from their families due to lesser travel facilities, which has led to isolation and consequent cases of depression. Therefore, this study purports to acknowledge and understand the male psychological realities, mental illnesses, modalities, reasons, and possible amendments in this issue. While it is an extremely complex process to identify and address the constructional realities associated with the male psyche and masculinity, it is possible to initiate minor changes starting from balanced gendered socialization to wide-scale political altercations in bureaucratic amendments (Giorgi et al., 2020).

Establishing social roles is a way of linking a particular position within the social hierarchy to a normative cultural concept. However, the study shows that there are two ways used by the involved participants in materializing these sex roles in everyday life. One is by applying it into a specific situation and the other is by adhering to the general set of ideologies attributed to a particular sex, namely masculinity or femininity. This normalization is done through the process of socialization (Chatmon, 2020) However, once these sex roles are identified as part of a social process there is a scope for change. This can be done through effective alterations in gender expectations propagated by certain discourses (Binet et al., 2021). Following a comprehensive reading and analysis of men's mental health conditions, five assumptions specifying the reasons for this alarming situation have been made through the study; firstly, the strict imposition of male gender roles is perilous (Binet et al., 2021)

Male gender roles overtly encourage the suppressions of open emotionality among men where they are expected to possess an unsentimental emotional quotient; secondly, these rigid impositions hinder men from seeking help; thirdly, men often relate their psychic conditions to "stress" rather than grief or despair; fourthly, men often possess the inclination to refute their mental conditions and treatments and lastly, men often find refuge in risky rebounds rather than seeking of help.

CONCLUSION

With respect to future investigations in this area, researches probing the available social networks and support systems aiding in male mental conditions would be beneficial. More infrastructure and assistance in respect to the normalization of male psychological issues must be initiated. Forthcoming researches may evaluate the different facets of gender socializations and negotiations in respect to masculinity and related studies. Studies cross-examining the social relations maintained by men and their expressiveness in these

relationships may also be vital subjects to study. This study concludes by calling for a gender-neutral mental health care approach encompassing intensive changes at individual and public planes.

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Ethical Clearance Statement: The Current Research Work Was Ethically Approved by the Institutional Review Board (IRB) of Amrita Viswa Vidyapeetham, Kochi Campus Kerla, India.

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