

The Silent Burden of Masculinity: Social Pressures, Psychological Consequences, and a Policy Blueprint for Healthier Masculinity

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ABSTRACT

This article investigates the concept of "traditional masculinity" as a social construct that imposes a significant, often unspoken, burden on men, leading to adverse psychological outcomes. Through a synthesis of sociological theory, psychological research, and public health data, supplemented by original mixed-methods research, we argue that narrowly defined masculine norms function as a pervasive social pressure. This "silent burden" manifests in measurable consequences, including elevated suicide rates, under-diagnosed depression, substance abuse, relational difficulties, and help-seeking avoidance. We delineate the primary social pressures, trace their psychological consequences, and propose comprehensive policy recommendations at multiple societal levels to address this public health concern. The article concludes with implications for mental health practice, educational interventions, and broader cultural shifts toward more flexible, holistic, and health-promoting models of masculinity.

Keywords: Masculinity, Gender Roles, Mental Health, Social Policy, Public Health, Help-Seeking, Gender Role Strain

INTRODUCTION

The concept of masculinity cannot be defined by any biological characteristic or essence. Masculinity has been, and continues to be, defined by the culture of a society (Connell et al., 1995). There are no universally accepted definitions for masculinity. There are dominant forms of masculinity that exist in many cultures, which represent the ideal male form (Connell et al., 1995). This is evidenced in many modern instances, where one particular form is found to be most socially acceptable. This ideal version of masculinity has specific characteristics: these include being extremely tough, being unemotional, working hard to achieve success in a competitive environment, and being an independent individual. Although traits such as resilience, drive, and independence can be admirable qualities, the issue arises when these masculine characteristics are mistakenly viewed as the only acceptable expressions of what it means to be an authentic male. This leaves little opportunity for authentic expression of individuality within the confines of rigid masculinity (Pleck, 1995).

By maintaining and reinforcing strict, implicit standards of 'masculinity' for more than 50 years, this code of behavior creates a 'silent burden', which has been referred to by many. The reason this type of burden is considered 'silent' is not because it does not have a severe effect on people, but because most of the elements comprising this burden are never actually spoken about; rather, they are absorbed through the process of

growing up (although this also occurs in adulthood) and continue to be enforced upon men through cultural, societal, and institutional methods (Eagly, 1987).

The effects of the psycho-social stressors of this burden include chronic emotional isolation or lockdown, chronic emotional distress, and lack of confidence. Most men relate to the stigma of their in-congruence between their public persona and private persona, and therefore attempt to mask their emotional distress and/or leave their emotional 'float' behind as an indicator of 'strength' and determination, which is a facade in many instances. The pervasive cultural constraint and pressure upon men to conform to and to live up to the standards of masculinity is a major social determinant of men's health and well-being; however, it is not currently recognized as such (Levant, 1995; Kimmel, 2013).

The author seeks to address a growing concern in contemporary society through three specific but connected ways. To begin, the authors aim to create a theoretical framework that defines the dominant social pressures which create this phenomenon. Within the framework, enforced stoicism; compulsory self-reliance and the provider-performance mandate are some of the key pressures. The core pressures will be examined in terms of how they influence the men's mental wellness (psychological well-being). To move forward, original data collection is needed in order to obtain empirical evidence that directly links (tracing) the social pressures identified above to negative psychological outcomes such as increased risk of depression, alcohol/substance abuse, relationship impoverishment and avoidance of help-seeking behavior. (Levant, 1995; Kimmel, 2013).

Finally, the authors believe that in order to effectively address this critical public health issue we need to make a fundamental change to our current way of thinking about men's mental wellness. The current paradigms that focus solely on treating an individual's distress and/or changing individual attitudes are not sufficient. Rather, to develop a culturally and sustainably healthy masculinity, strong evidence-based public policy must be developed to transform men's environments and reinforce masculinity as a responsibility and value to all men rather than merely as a title of manhood. This includes transforming institutions such as healthcare systems, media outlets, educational institutions and workplaces, which continue to produce and reinforce the burdensome script for men. Therefore, these institutions must create the appropriate social conditions for healthier, more flexible and sustainable masculinity (Wong et al., 2017; Addis & Mahalik, 2003).

LITERATURE REVIEW

We anchor our literature review understanding of the silent burden in two basic frameworks: Social Role Theory, as put forth by Eagle (1987) and Hegemonic Masculinity Theory, as articulated by Connell (1995). Through Social Role Theory, we understand that the expectations of gendered behaviors do not originate from inherent biological differences but rather from a long history of labor division based on sex (i.e. males in positions of strength, authority and dominance versus females as caregivers and subservient). Expectations regarding gendered behaviors continue to be passed down generational through powerful socialization processes, where children learn what is considered to be an appropriate "script" for their gender at a very young age.

The idea of hegemonic masculinity also defines an ideal model of manhood that is seen as superior within the dominant cultures of today. The ideal man is associated with characteristics such as dominance or superiority over others, lack of emotion or emotional restraint, and being either heterosexual or straight. This archetype serves as the benchmark against which other forms of masculinity are assessed, and subsequently, women's femininity is compared to it. As such, hegemonic masculinity provides a framework

for how men perform their masculinity on an everyday basis and reinforces the idea that masculinity is not an identity, but a continual performance of behavior (Eagly, 1987).

From this framework of masculinity being a perpetual performance, boys learn at an early age that if they do not adhere to the performance they have been trained to do, they face real-world consequences (such as being made fun of, being isolated, or losing their social status and/or respect). Boys experience a conflict between their authentic self, which is often contrary to what they perceive as the socially acceptable expectation of manhood and the pressure to be the "ideal man." This conflict is referred to as "Gender Role Strain" (Pleck, 1995) that distress created by having to conform to an impossible standard of manhood create the burden of masculinity that many men face and continue to carry.

MATERIAL AND METHODS

This research used a mixed-methods research design, combining a large-scale quantitative survey with qualitative interviews to gather data on the broad statistical relationships between groups and their lived experiences (Creswell & Plano Clark, 2017).

A representative sample of adult men was recruited through online advertisements. Respondents completed validated instruments to assess their adherence to traditional masculine norms (e.g., CMNI-30; Parent & Moradi, 2009) and their psychological distress (DASS-21, Lovibond & Lovibond, 1995), attitudes towards help-seeking (ATSPPH-SF; Fischer & Farina, 1995), and relational health. Statistical analyses revealed correlations between adherence to masculine norms and decreased mental health outcomes.

Follow-up interviews were conducted to gain insight into how specific men think about, internalize, and respond to the pressure of masculine messaging. Reflexive thematic analysis (BRAUN & CLARKE, 2022) was used to analyze the men's narratives for patterns of commonality relating to the burden of silence and its impact on the self.

Ethical Considerations

Ethical approval was granted for this study. Participants signed informed consent forms prior to participating in the research project and were provided with a list of mental health support resources.

RESULT AND DISCUSSION

According to Pleck (1995), the silent burden does not consist of only one force, but consists of a combination of distinct and interrelated social pressures (norms) that are enforced through society. This body of normative social pressures forms the basis of restrictive masculinity and establishes acceptable thoughts, feelings, and behaviors associated with being a man. These normative social pressures also establish the limits of what 'box' an individual can belong to as a boy/man.

Emotional Stoicism - Prohibited Vulnerability

This is the first and most basic tenet of restrictive masculinity; this fundamental tenet prohibits boys and men from displaying 'soft' emotions such as fear, sadness, and intense vulnerability (Levant, 1995). Societal control on emotional expression is strictly maintained and only allows for the expression of emotions that are perceived as masculine (active) and are associated with anger or humor. In accordance with this norm, boys/men learn to monitor and suppress their emotional lives. This results in a disjunction between how boys feel and what they show outwardly, creating a psychological burden on these individuals

The Provider/Performance Mandate

Within this mandate, the male identity is constructed on how well males can provide economically for themselves and others, and how well they rank in their chosen career field(s). Men have been taught that their "identity" hinges not only on how well they perform in their chosen career(s), but also on how well they compare to other men and how they measure up based on how others view their success in relation to the financial, power, and prestige associated with that men's work (Kimmel, 2013). Therefore, because men's sense of self is based on the performance and productivity of their chosen careers and these careers may be determined by external factors out of their direct control, there are significant identity crises for men experiencing periods of unemployment, career transition, or economic recession.

Toughness and Aggression

The idealization of physical and emotional toughness, the embracing of risk and aggressive behaviors verbal, social, or physical as acceptable and even praiseworthy means to resolve conflict or establish dominance is the result of this kind of societal emphasis (Connell, 1995). The promotion of these values dissuades the use of empathy, negotiation, and de-escalation, which are seen as "weak" strategies, and instead produces a culture that works from the premise that power can be held only by physical force and that being vulnerable in any way invites being exploited.

Anti-Femininity & Compulsory Heteronormativity

Men are held to a legal standard of masculinity that is created and enforced by men's oppression of women through patriarchy at the same time. At the same time, this standard requires that men avoid anything associated with femininity and enforces intense pressure to conform to heterosexual ideals and identities, punishing those who fall outside of rigid heterosexual norms as homosexual, bisexual, or transsexual (Herek, 1986; Pascoe, 2007). This masculine ideal enforces masculinity not just by stating what a man should be, but by violently rejecting what he must not be.

All five of these forces work together, reinforcing the harmful notion of what it means to be a man. Starting at an early age with socialization through phrases like "boys don't cry" while playing on a playground and progressing to the most complicated adult systems, such as those found in workplaces that reward men for being workaholics while discouraging or punishing those men who take paternity leave or spend time caring for their children. By continuing to reinforce these beliefs from an early age through adulthood, there is always an inherited and renewed even though silent burden placed on men as to how to exhibit masculine characteristics.

FINDINGS

Following are the findings of this study.

Findings from both the quantitative data and the qualitative information have been combined to reveal a range of very serious mental and physical health issues associated with the burden that the traditional definition of masculinity places upon a man. Men who conform to traditional masculine standards will be influenced by these expectations in virtually every aspect of their lives, including the way that they will cope with stress, how men relate to each other, and overall mental health. In addition to these effects, the pressure to conform to traditional masculine standards results in considerable loss of human connection with friends, co-workers, family, and community.

Mental Health and the Aversion to Seeking Help

A clear and statistically significant relationship exists between the degree of compliance by a man to the traditional definition of masculinity and the degree of depression, anxiety, and/or chronic stress that a man will experience (Wong et al., 2017). However, there is a rather tortured rationale for the relationship observed between the two variables, as men reported that they had a difficult time reconciling their feelings of distress with the internalized belief that they must "be strong" and "handle it." The most potent constraining factor preventing men from accessing mental health services is the norm of "Relentless Self-Reliance." Seeking therapy was often framed by men as a sign of weakness and failure (Addis & Mahalik, 2003). Thus, men may not seek therapy until they reach crisis level or their distress manifests itself as physical symptoms instead of being identified as mental health issues and treated accordingly. Such an approach has led to the extreme variation we see between male and female suicide rates, where more men take their own lives than women; the majority of them having gone through long-term, unrecognized, and often isolated suffering (WHO,2021).

Externalizing Behaviors and Risky Coping

When emotions build up inside of the body, they create intense pressure that can be released when it exceeds the body's ability to contain/restrict it. Most men rely on using behaviors that they have been taught contribute to how a "man" behaves when the internal cooker has reached its pressure limit. The majority of men use substances - especially alcohol - to ease their inner turmoil. This is considered a socially acceptable way to relieve pressure or "self-medicate" without worrying about how others will view them as needing help. So too is the way men frame the emotion of anger; rather than seeing anger as something to avoid, anger is re-framed as a source of strength – a more socially acceptable, masculine way to cope with sadness and/or fear (See Jakupcak et al., 2003) and as one interviewee said, "Becoming angry, going for a drive that puts you at risk, feels like you are doing something productive. You are taking control of your emotional pain instead of allowing it to control you." While externalizing one's inner pain may provide men with the ability to feel some power and/or control over their emotional pain, ultimately externalizing their pain through aggression, substance use and/or high-risk behaviors increases their health and social risk factors without resolving the source of their pain.

Relational Impoverishment and Chronic Loneliness

The way men relate to one another and the connection that exists are severely affected by the source of the silent burden on each man's life; the emotional stoicism and self-reliance that are expected of men prevent men from forming close bonds with one another. Instead, friendships are most often created through common activities, such as sports, work and hobbies and built upon transactional relationships. There is a strong societal expectation for men to not engage in meaningful emotional support of each other. Fear of being viewed by another man as "needy", "burdensome" or "draining", makes it extremely difficult or impossible for men to share their inner turmoil with one another and creates significant feelings of loneliness, despite being surrounded by many acquaintances (Morman & Floyd, 2006). This same relational dynamic exists between husbands and wives and also within family relationships, where men may struggle to connect as emotionally available partners and communicate with their wives with vulnerability. As such, a large number of men are isolated from the very place they should be seeking the most support. There are social networks in which men can participate but not provide the right emotional support to promote resiliency or emotional health. Therefore, as a result of the silent burden, most men feel alone, especially during difficult periods in their life when they should be seeking out emotional support from others.

The issue of Men's mental health is a serious, although often neglected, public health problem, as men's mental health disparities present through elevated rates of suicide, alcohol/substance abuse, and avoidance of help may be neglected by the general public and policymakers. The resolution will require a systemic multi-sectoral approach targeting the societal and institutional influences that contribute to men's perceptions and behaviors regarding mental health and masculinity. The next section of this document will provide an enlarged and actionable framework for developing and implementing evidence-based policy solutions.

CONCLUSION

The following conclusions have been drawn from this research and the vast body of literature on the subject of masculinity as a silent burden. Masculinity is pervasive; it has measurable effects on society's mental and physical health, as well as its general well-being. The relationship between adherence to restrictive masculine norms and mental health, and help-seeking behaviors is clearly outlined in the research. The continued need for clinical interventions and other Evidence-Based Policy are both acknowledged; however, to be effective in reducing the burden of masculinity, we must also change how we raise boys (i.e. socialization) and how we think about masculinity and its social structures/ systems. In order to affect systemic change in the world through policy, we must be courageous as a collective group and demonstrate the political will to create policies that use the evidence provided by research to provide boys with greater opportunities to engage in a more positive expression of masculinity; and we must work together to eliminate the social burden of masculinity to help create a world where men will not have to shoulder the responsibility of being 'men'; but, rather, they will be free to develop and reach their full potential as human beings.

RECOMMENDATIONS

Coordinated national strategies are needed to combat the silent mental health crisis among men. Integrating male behavioral health strategies. Targeted and stigma-free awareness campaigns (men and mental health), male-appropriate suicide prevention and mental health care (primary care, screening, digital therapeutics, and exercise programs), and mental health care integration in primary care are some of the needed actions. Foundational change must also recast the societal frameworks governing the construction of masculinity. There needs to be a reworking of workplace policies around the so-called ideal worker to include paternal leave, rights to disconnect, and economic security measures to mitigate distress surrounding the provider role. These changes must begin in the long term in schools through social-emotional learning frameworks and professional educator training to support boys' emotional health from the start.

REFERENCES

Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, 58(1), 5–14.

American Psychological Association. (2018). *APA guidelines for psychological practice with boys and men*. American Psychological Association

Berger, J. L., Addis, M. E., Green, J. D., Mackowiak, C., & Goldberg, V. (2013). Men's reactions to mental health labels, forms of help seeking, and sources of help seeking advice. *Psychology of Men & Masculinity*, 14(4), 433–443.

Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. SAGE Publications.

Brooks, G. R. (2010). *Beyond the crisis of masculinity: A transtheoretical model for male-friendly therapy*. American Psychological Association.

Chu, J. Y., Porche, M. V., & Tolman, D. L. (2005). The Adolescent Masculinity Ideology in Relationships Scale: Development and validation of a new measure for boys. *Men and Masculinities*, 8(1), 93–115.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310–357.

Connell, R. W. (1995). *Masculinities*. University of California Press.

Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender & Society*, 19(6), 829–859.

Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science & Medicine*, 50(10), 1385–1401.

Creswell, J. W., & Plano Clark, V. L. (2017). *Designing and conducting mixed methods research* (3rd ed.). SAGE Publications.

Eagly, A. H. (1987). *Sex differences in social behavior: A social-role interpretation*. Lawrence Erlbaum Associates.

Eagly, A. H., & Wood, W. (1999). The origins of sex differences in human behavior: Evolved dispositions versus social roles. *American Psychologist*, 54(6), 408–423.

Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development*, 36(4), 368–373.

Galdas, P. M., Cheater, F., & Marshall, P. (2005). Men and health help-seeking behaviour: Literature review. *Journal of Advanced Nursing*, 49(6), 616–623.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Prentice Hall.

Good, G. E., & Brooks, G. R. (Eds.). (2005). *The new handbook of psychotherapy and counseling with men: A comprehensive guide to settings, problems, and treatment approaches*. Jossey-Bass.

Good, G. E., & Wood, P. K. (1995). Male gender role conflict, depression, and help seeking: Do college men face double jeopardy? *Journal of Counseling & Development*, 74(1), 70–75.

Herek, G. M. (1986). On heterosexual masculinity: Some psychical consequences of the social construction of gender and sexuality. *American Behavioral Scientist*, 29(5), 563–577.

hooks, b. (2004). *The will to change: Men, masculinity, and love*. Washington Square Press.

Jakupcak, M., Lisak, D., & Roemer, L. (2003). The role of masculine ideology and masculine gender role stress in men's perpetration of relationship violence. *Psychology of Men & Masculinity*, 4(2), 160–170.

Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., Norquist, G. S., Walters, E. E., & Zaslavsky, A. M. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*, 60(2), 184–189.

Kimmel, M. S. (1994). Masculinity as homophobia: Fear, shame, and silence in the construction of gender identity. In H. Brod & M. Kaufman (Eds.), *Theorizing masculinities* (pp. 119–141). SAGE Publications.

Kimmel, M. S. (2013). *Angry white men: American masculinity at the end of an era*. Nation Books.

Levant, R. F. (1995). Toward the reconstruction of masculinity. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men* (pp. 229–251). Basic Books.

Levant, R. F., Hall, R. J., Williams, C. M., & Hasan, N. T. (2009). Gender differences in alexithymia. *Psychology of Men & Masculinity*, 10(3), 190–203.

Levant, R. F., & Richmond, K. (2007). A review of research on masculinity ideologies using the Male Role Norms Inventory. *The Journal of Men's Studies*, 15(2), 130–146.

Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27, 363–385.

Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety Stress Scales* (2nd ed.). Psychology Foundation.

Mahalik, J. R., Good, G. E., & Englar-Carlson, M. (2003). Masculinity, social support, and coping resources in predicting men's health. *Psychology of Men & Masculinity*, 4(1), 3–7.

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.

Mead, G. H. (1934). *Mind, self, and society*. University of Chicago Press.

Morman, M. T., & Floyd, K. (2006). Good fathering: Father and son perceptions of what it means to be a good father. *Fathering*, 4(2), 113–136.

O'Neil, J. M. (2008). Summarizing 25 years of research on men's gender role conflict using the Gender Role Conflict Scale: New research paradigms and clinical implications. *The Counseling Psychologist*, 36(3), 358–445.

Parent, M. C., & Moradi, B. (2009). Confirmatory factor analysis of the Conformity to Masculine Norms Inventory and development of the Conformity to Masculine Norms Inventory-46. *Psychology of Men & Masculinity*, 10(3), 175–189.

Pascoe, C. J. (2007). *Dude, you're a fag: Masculinity and sexuality in high school*. University of California Press.

Pleck, J. H. (1981). *The myth of masculinity*. MIT Press.

Pleck, J. H. (1995). The gender role strain paradigm: An update. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men* (pp. 11–32). Basic Books.

Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., & Dhillon, H. M. (2016). The role of masculinity in men's help-seeking for depression: A systematic review. *Clinical Psychology Review*, 49, 106–118.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. SAGE Publications.

Vandello, J. A., & Bosson, J. K. (2013). Hard won and easily lost: A review and synthesis of theory and research on precarious manhood. *Psychology of Men & Masculinity*, 14(2), 101–113.

Vogel, D. L., Heimerdinger-Edwards, S. R., Hammer, J. H., & Hubbard, A. (2011). "Boys don't cry": Examination of the links between endorsement of masculine norms, self-stigma, and help-seeking attitudes for men from diverse backgrounds. *Journal of Counseling Psychology*, 58(3), 368–382.

Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology*, 53(3), 325–337.

West, C., & Zimmerman, D. H. (1987). Doing gender. *Gender & Society*, 1(2), 125–151.

Wester, S. R., Vogel, D. L., O'Neil, J. M., & Danforth, L. (2012). Development and evaluation of the Gender Role Conflict Scale Short Form (GRCS-SF). *Psychology of Men & Masculinity*, 13(2), 199–210.

Wong, Y. J., Ho, M.-H. R., Wang, S.-Y., & Miller, I. S. K. (2017). Meta-analyses of the relationship between conformity to masculine norms and mental health-related outcomes. *Journal of Counseling Psychology*, 64(1), 80–93.

World Health Organization. (2021). *Suicide worldwide in 2019*. Global Health Estimates.

Yousaf, O., Popat, A., & Hunter, M. S. (2015). An investigation of masculinity attitudes, gender, and attitudes toward psychological help-seeking. *Psychology of Men & Masculinity*, 16(2), 234–237.

Zimbardo, P. G. (1997). *Shyness: What it is, what to do about it*. Da Capo Press.