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Boys don´t cry: Male depression through gender lens

Chlapci neplačú: depresie u mužov v kontexte rodu

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Abstrakt

V súčasnom výskume chýba hlbšie pochopenie depresie u mužov s ohľadom na rodový kontext (Emslie, Ridge, & Hunt, 2006; Oliffe et al, 2010; Smith, 1999). Štúdia analyzuje mužskú skúsenosť s depresiou s použitím rodu ako analytického nástroja pre jej lepšie pochopenie v sociálnom kontexte a subjektívnom prežívaní. Bolo uskutočnených 9 pološtruktúrovaných rozhovorov s mužmi, ktorí majú/mali skúsenosť s depresiou. Výskum identifikoval rôzne rodové aspekty depresie - moc, vplyv tradičných mužských rol, zatajovanie emócie a i., odkryl jej pozitívne stránky: vedomie vlastnej zraniteľnosti, vyššiu citlivosť voči druhým, sociálnu zodpovednosť pri zvyšovaní povedomia o depresii, bližší kontakt so sebou samým, novú identitu, odvahu hľadať pomoc a byť zraniteľný a citlivý. Výskum tiež ukazuje na prítomnosť intersectionality. Pri skúmaní depresie a pomáhajúcej práci s mužmi je dôležité venovať pozornosť aj jej rodovým aspektom.

Klíčová slova: depresia, rod, intersekcionalita, maskulinita, muži

Abstract

Objective: Deeper understanding of depression amongst men in the gender context in the current research is missing (Emslie, Ridge, Hunt, 2006; Oliffe et al., 2010; Smith, 1999). This study aims to put the male experience of depression into gender framework, using gender as an analytical tool for better understanding of depression in men both in a social and cultural frame as well as a subjective experience.
Method: Nine semi-structured in-depth interviews were conducted with men in Slovakia who are having or had a direct experience with depression. Gender was used as an analytical tool in order to contextualize the experiences of men with depression in a social context and power relations.
Results: The research identified various gender aspects - from power, the influence of traditional male roles, concealing emotions, distancing yourself from yourself to 8 identified positive aspects of depression: awareness of their own vulnerability, realization that different emotions are part of the life, higher sensitivity and empathy towards others, social responsibility in raising awareness about depression, closer contact with oneself, new - adult identity, courage

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to seek help and courage to be vulnerable and sensitive. The research also indicates the presence of intersectionality, offers the possibility of applying research findings to practice, and highlights the need to pay closer attention to gender aspects when examining depression as well as for direct work with men who suffer from depression.
Conclusion: Our findings recommend paying closer attention to gender aspects while examining depression as well as for direct work with men who suffer from depression.

Keywords: depression, gender, intersectionality, masculinity, men

Introduction

According to the World Health Organization (WHO), depression belongs to the most common illness in the world. There are around 350 million of people suffering from depression worldwide, while women are 2 times more likely to be affected by depression (WHO, 2012).

A deeper understanding of depression in gender-based context is missing (Emslie et al., 2006; Smith, 1999). And that is despite the research showing gender undoubtedly plays an important role in depression (Emslie et al., 2006; Chuick et al., 2009; O´Brien, Hunt, & Hart, 2005; Oliffe et al., 2010; Cleary, 2012). The existing concepts do not offer a satisfactory explanation of depression in the context of gender. The **framework of differences** between sexes explains the differences in depression between men and women using arguments based on biological predispositions, socio-economical factors, gender roles and gender socialization (Addis & Cohane, 2005). This is a limited explanation mostly because of the absence of the within-group analysis. The approach answers the question "How do men and women differ in some hypothesized mechanism underlying depression?" rather than answering the question: "How is gender related to depression?" (Addis & Cohane, 2005).

Masked depression framework assumes depression in men brings other – atypical symptoms and is therefore masked. Even though some studies show depression in its hidden or masked form (Brownhill, Wilhelm, Barclay, & Schmied, 2005; Cochran & Rabinowitz, 2000) this conceptual framework does not match the understanding of masked depression defined in the International Classification of Diseases and Related Health Problems (ICD-10) (see WHO, 1990). Moreover, Addis (2008) argues that masked depression would mean the absence of any relevant symptoms and therefore it would not be diagnosable by traditional measures. On the other hand, the **masculine depression framework** assumes depression in men is not masked as such, but it is performed by specific masculine symptoms (Addis, 2002). Several studies present the existence of specific symptoms in men (see e.g. Chuick et al, 2009; Kilmartin, 2005) and new diagnostic scales have been developed. But if we accept the fact of the specific symptoms of depression in men, it is right away clear we will find a similar prevalence of depression in men as in women (Branney & White, 2008)

Present conceptual frameworks and existing research of depression in men do not bring depression into the wider gender-based framework. Consequently deeper understanding of

male depression from a gender perspective in psychology is missing, which undoubtedly has dangerous consequences for direct work with men. Misunderstanding of depression in men is not only a scientific problem but reveals serious practical implications such as undiagnosed or misdiagnosed men (Branney & White, 2008), missed treatment or years of real discomfort, pain, and suffering followed by useless treatment and building the distrust towards helping professions. This study aims to research depression in men in the gender-based context, using gender as an analytical tool for better understanding of depression in men both in a social and cultural frame as well as a subjective experience.

Method and Analysis

Nine men in Slovakia took part in the research. Participants were recruited by the first author through the internet, mostly social media, personal contacts and snowball method. Participation was conditioned by the age over 18 and an informed consent assignation. The informed consent consists of information about the research goals, research boundaries, and free counseling help. The average age of the participant was 24.7, with youngest participant at age 22, two at age 23 and 24, one aged 25 and two oldest participants were 29). Most of the participants were students (4 university and 1 high school student), 3 were unemployed and 1 working student. In the paper, we are using numbers in order to identify a participant, the numbers were assigned randomly. Marital status of all of the participants was single.

Formal diagnosis of depression was not required, subjective experience and detailed description of depressive episodes was sufficient, at the same time this experience was discussed during the interview, while the researcher subjected the participants to the questions related to the symptoms. We focused mostly on the symptomatology defined in ICD-10 (WHO, 1990), however, we also look for signs which may be related to the depression in men, such as stress, aggression, tiredness, sleeping problems, irritability, inspired by the The Gotland Male Depression Scale (Zrierau, Bille, Rutz, Bech, 2002).

Semi-structured in-depth interviews were conducted in 2013. The same researcher conducted interviews trying to maximize the anonymity and confidence for participants – 6 interviews were conducted face-to-face, 3 using the internet (2 calls and one chat). Four from 6 face-to-face interviews were recorded and later transcribed, 2 couldn´t be recorded due to the noise, the researcher took detailed notes during the interviews. We are conscious about the fact that different way of interviewing (face-to face vs. using online technologies) bring us methodological implications. Mostly, we noticed that when interviewing face-to face, we were able to discuss the issues more deeply with participants. Using online chat may be considered to be briefer, although it took 3 times longer. As we wanted to agree on the participants´ requirements and possibilities, we decide that this risk must be taken. The face-to-face interviews allowed us to be analyzed more deeply, the interview realized through online chat were mainly analyzed though thematic analysis, however, despite the limits of the online chat was also suitable for deeper analysis.

At the beginning of the interviews, participants were acquainted with informant consent including information on research, risks in the participation (mostly emotional distress together with the reference to the free counselling and on confidentiality and its boundaries. The interview continued with open question to describe participants' experience with depression. The researcher

focused on experiences of symptoms, help-seeking, coping strategies, support from close ones. Important part of the interviews was focused on how participants understand depression and the meaning of depression for them. In case participants reported experiencing depression in the past, they were questioned about how they see the possibility that it can occur again.

Qualitative research design was proposed. The interpretative framework used by researchers was coming mostly from feminist paradigms, which focused on lived experience, dialogue, research responsibility and care, considering emotions, reflexivity and the influence of gender, class, race in analysis (Denzin, Lincoln, 2003).

At the first phase, we focused on the identification of the most discussed issues in interviews of the research using thematic analysis. Gender analysis framework focused on issues and data interpretation using gender as one of the possible analytical categories during the second stage. Gender was used as an analytical tool which includes – the cultural symbols, a normative understanding of these symbols, a reference to the politics and social institutions and subjective identity (Scott, 1986). Using gender as an analytical tool also means incorporation of intersectionality perspective as „the interaction between one's many social identities (i.e., ethnic, class and gender) and the influence of different social structures on the construction of these identities and relations between members of diverse social groups" (Stewart & McDermott, 2004, p. 531). The analysis focused on subjective experience and relations within existing cultural symbols, norms and social identities, considering gender, class, race, etc. It does not only answer the question how men´s experience different for women´s (and other way around), but brings deeper understanding of the experience in the broader context of power relations.

Results

The major themes were identified in interviews: an experience with depression, a subjective understanding of depression and varying attitudes towards psychology and psychiatry. Each of these themes consists of several sub-themes, we are presenting a closer description of sub-themes in Table 1.

Table 1. Major Issues and Themes in the Interviews Concerning Male Depression

Major theme	Depression experience	Subjective understanding of depression	Attitudes towards psychology and psychiatry
Sub-theme	Causes of depression Symptoms Help-seeking Coping strategies Drugs Reaction of others	Depression as a state of being Depression as a consequence of negative social factors Depression as an illness Connotation related to depression	Distrust toward institutional help Psychiatry versus psychology

Examples of the presented themes will be given in the closer analysis, where we focus on the interpretation of these themes and phenomena which occurred in the interviews. Interpretative analysis beside the thematic description shows presented results in the context of gender.

Trust and responsibility. One of the phenomena which appeared significantly in interviews was the trust toward the researcher and the responsibility toward participating in the research. Responsibility for research was verbalized several times mostly by uncovering experiences of the participants, which were confidential and the participants did not plan to uncover them.
"And yet there is a thing .... My parents have an unconventional religion. I wasn´t sure whether to tell you. But I was thinking if I didn't tell you it could negatively influence your research. Because it really influenced my life." (P1, 25 years old university student)

This responsibility was manifested in the participants` statements related to the need for raising awareness about depression in public. Because they wanted to help in this mission, we have identified it as one of the positive aspects of depression described below.

Depression – an illness versus a state of being and its positives in gender framework. Depression was understood in different ways. For some, it was just a consequence of negative social factors while these participants were rejecting any personal features or vulnerability which could contribute to the depressive episode. For some depression was articulated clearly in biological terms – as „some imbalance in the brain". *„On the one hand, it was liberating. I´ve got a feeling that I am OK; I just have a mechanical imbalance in my brain."* (P2, 24 years old university student) Biological understanding usually helped to externalize the depression experience; the deeper believe in the biology of depression was, the more trouble-free it looked. But we identifiedeven the belief in a biological essence of the illness could not answer men´s questions about their own input into depression – e. g. personal characteristics or vulnerability. Besides the biological understanding of depression, there was a tendency to harmonize depression into their lives – giving it a meaning, which could enrich and exceed an illness itself that needs to be healed and got rid of. Depression was formulated by participants as something philosophical, a part of a life, a state of being, which brings an identity transformation.
Among the positive for men, there were:

1) Realizing own vulnerability
2) Realizing different feelings as part of a life
3) Developing sensitivity and empathy towards others
4) Community responsibility related to depression awareness
5) Getting closer contact with one´s self
6) New – adult identity
7) Becoming brave enough to seek help
8) Becoming brave enough for sensitivity and vulnerability

As show in other studies (see e.g. Emslie et al, 2006) experiencing depression let men challenge existing norms of hegemonic masculinity. On the other hand, the existing hegemonic masculinity was used as a source of positive attributes, which can be used as a coping strategy.

Relief - shame - hiding - disclosure. Previous research pointed to the phenomenon that men who are unable to correctly identify their emotions, have difficulty to identify their depression episode (Cleary, 2012). For men in our research revealing that they suffer from depression was a relief. But the relief was quickly replaced by another problem. How to deal with depression ("how to combat it?")? Especially in the early depressive episode men perceived self-stigmatization, shame, which prevented them from seeking help: *"I did not seek help, I did not know where to go and this idea [to seek help]... I would feel like a fool."* (P4, 29 years old, unemployed). The

process of revealing depression to the family or friends was significantly influenced by a shame and stigma attributed to the illness. This finding is not surprising since other studies have revealed that men tend to define their masculinity through control and self-sufficiency (O´Brien, et al, 2005). If there is such pressure on men, it is understandable that men tend to hide their vulnerability. Close family members of the participants mostly knew about male depression, but those family members helped men to hide depression from the public. More than half of men reported that while unveiling depression in the family, their fathers had a tendency to downplay their depression or have attributed it to their inability and weakness: *„My father told me: We men from our family do not cry, we are terribly strong. "* (P3, 24 years old university student) Besides these phenomena, the family used to help sons with their depression, for example by giving them sleeping pills or tranquilizers (not prescribed by a medical professional). By that, professional help for men was delayed or never taken. The depressive episode was usually followed by a breakpoint. They did not want to hide their feelings and their depression became public. The main motive identified by men, why they wanted to publicly talk about it was a desire to destroy myths about depression and barriers, to seek help and help others.

"Man" – independent and future breadwinner? Unemployment and inability to find a job were frequently reported to be a reason for depression development – mostly among fresh graduates. The problem of unemployment has been articulated primarily through financial problems and an excessive amount of free time. Beside this, some participants reported a desire to show – that they as people have their value. Oliffe et al. (2010) in their research of depression among university male students found out that social pressure to reach a successful career was an important part of their problems. Although participants in our interviews did not directly define unemployment as a failure of the male role, this could be caused by several factors, f. e. by actual depressive episodes and consequently a lower disclosure rate. Moreover, the participants have not experienced pressure to support their families, yet. We can assume that the pressure to support a family and thus the necessity to have a stable and successful employment may be qualitatively different from the pressure to have a successful career shortly after graduation. At the same time, several participants revealed, they felt imagined the pressure to perform the gender roles of a family caretaker in a hypothetical scenario.

"The Man" - a powerful and risk taking warrior. During the interviews, the participants revealed various forms of articulating a power, strength and superiority. We identified the issues of power and superiority were articulated mostly through the topic of seeking help as something they would not need as they have the power to manage on their own. Of course, another possible explanation is a stigma attached to seeking help, as well as stigmas attached to psychiatry and psychology themselves. Depression was articulated as something that must be fought and gained control over (in this case over their own emotions) in our interviews. *"I decided that I don´t want to spend my life on medications, it had side effects and quit them. I decided to fight depression by myself."* (P2, 24 years old university student). During a depressive episode, men tended to expose themselves to the risk of drug use in combination with/or to binge drinking. While risky behavior, such as binge drinking may be considered rather a coping strategy (Brownhill et al., 2005), in our interviews they were not used as coping strategies as such, but they were defined as an intentional harm to their health. We would suggest that men had a tendency to punish themselves for their own vulnerability and negative emotions. Another explanation could be that men during the depressive episodes needed to test themselves - how much they can handle.

Depression as an experience of a heroic fight was identified in other research (see Emslie et al, 2006). However, it remains unanswered why participants in our research needed to make their fight even more difficult. We believe that the struggle with their own emotions could be perceived as not masculine, and therefore it is needed to add more into it - more "manly" traps.

"Man"– without emotions. There were tendencies to hide emotional attributes related to depression or report them at the end of the interview. Were other symptoms or attributes more important than others, e.g. loss of interests or social contact reduction? Was revealing the depression attributes related to emotions connected to the fear of disclosure in the research? This again brings the question of symptomatology of depression in – are there specific attributes or is it the sociocultural expectations and masculinity framework creating these tendencies? (Addis, 2008) It can be, that in the social context where men are not used to revealing emotions, it is obvious that participants do not want to talk about emotions right from the beginning.

"Man" – desired partner. Failure in a romantic relationship was another identified reason for depression. An inability to find a partner or to build a closer romantic relationship had negative impact on the self-esteem of men. Frequent rejections from women made participants insecure whether they are "true men". There were some cases when participants pointed at women as those who cannot appreciate men´s qualities. Another case concerning their partner´s role was described by a participant who reported his girlfriends' suicide attempt as the primary reason for his depression. It was a breaking point for him because he realized that he could not help and failed to prevent it - and what is worse, he could have partial responsibility for her behavior. As presented in the concept of masculine socialization (see O`Neil, 1981), male self-affirmation may be present in several life spheres. Having a heterosexual relationship undoubtedly fits in with the stereotypes about men. According to our research, long-term frustration comes from this pressure and eventually it turns into self-blame or women-blaming.

Distancing yourself from yourself. In many interviews, participants tend to somehow distance themselves from their stories and experience, switching from using „I" to „you" or even some third person. This distancing was present in almost all themes, but mostly when talking about emotions, depression causes and help-seeking issues.

„Man lies in the bed, cannot fall asleep, has a lot of questions, feels irritated and during a day, he just tries to survive." (P6, 29 years old, unemployed man) This tendency also was described in Kilmartin´s (2005) article, but without further explanation of this phenomenon. We could explain it through existing social pressure about masculinity, which results in a continuing need of self-proving and of invulnerability (Stewart & McDermott, 2004). We believe that the motive of such distancing themselves from stories may be caused by a desire to share information on the one hand, but on the other hand, a desire to protect themselves in the context of the pressures to maintain a masculine status.

Attitudes towards psychology and psychiatry. Distrust towards institutional help - towards help from psychologist or/and psychiatrist - appeared in every interview. There were participants who preferred psychiatry as a discipline which is scientific and applies biological explanations. Psychology was seen as something unclear and too diverse. This attitude was significant in the case of one participant, who understood his depression in neurobiological terms. For him – psychiatry was helpful, the psychiatrist gave him medication and the depression had gone. Psychology was seen as helpful only if the depression was a consequence of trauma originated from negative social factors. Despite the fact that in comparison to psychology, psychiatry was

preferred, it did not stay clear from criticism. *"I had one informal meeting with a psychiatrist, a friend of my friend. And it was horrible, I arrived there, told nurses who I am looking for, and I could see the horror in their eyes, their behavior changed immediately and began to treat me as a kid ... as a fool, who they cannot upset. It was just incredible and I put a sticker on it... a very, very bad feeling. I've never gone back there again. "*(P6, 29 years old, unemployed man) Psychological help was refused during a depressive episode by some participants, however, later on, they regretted it. They stated that the process of healing could have been less painful, if they had sought psychological help, since a psychologist usually has more time for a patient/client, as compared to a psychiatrist.

Intersectionality. Other factors were identified besides gender roles and relations, which must be considered, are e.g. religion/faith, age and urban versus rural background, not mention class status. Even though none of these factors or identities was focused on in our interviews, we believe that these (and probably many others, which were not revealed) are important and must be taken into consideration.

While discussing religion or faith, there were several identified phenomena. Participants who identified themselves as religious understood depression also in the terms of a crisis in their faith in God and it usually had a negative impact on their spiritual life. Because of a „different" religion (the participant did not wish to reveal his religion), one of the participants saw himself as an outsider and it significantly formed his life, according to his words. It is important to contextualize this interview in the social context where there are plenty of prejudices against „other" or „different" religions. Similarly, process of depression may be experienced in such families with some specifics: *„My mother told me – our God is the best psychologist. She didn't trust institutional help."* (P1).

To what extent did age intervene as a factor in the experiences of participants with depression remains a question. In out interviews, depression was usually devaluated or downplayed by the family, friends even by the participants themselves, when it was experienced during adolescence, as some sort of pubertal misunderstanding. Depression in adult age was seen as something, which must end immediately because it should not exist when a participant is a responsible adult, responsible man. Even a difference of a couple of few years may create a different view on depression, where the clue point was adulthood (18 years old).

Even though that not all the participants came from the capital (Bratislava), only one participant mentioned he came from rural area, other were from cities or towns. The participant from a village reported that he had not sought help from psychologist because everyone in the village would hear about. This experience cannot be generalized to all men from rural area; on the other hand, a fear of gossiping did not emerge among men from urban environment.

Discussion

The research identified three main themes related to depression amongst men – experience with depression, subjective understanding of depression, attitudes towards psychology and psychiatry. Several identified phenomena and the ways how men articulated their experiences with depression were contextualized in gender.

Our research also affirmed a need and usefulness of informed consent as a tool which extends ethical issues and helps to build trust between the researcher and the participants in our study. Informed consent is not only a formal and ethical issue, but we also recommend using it also to share responsibility between a researcher and a participant.

Our findings bring important outcomes which can be applied to practice. Mostly they are the deeper understanding of gender aspects of depression amongst men, such as depression as a struggle, distancing oneself from depression, the tendency to challenge ones' abilities by drug and alcohol use, distrust towards institutional help or weak family support. However, our findings also revealed some positive aspects, as outcomes of experiences with depression, namely: realizing one's own vulnerability, realizing different emotions are a part of a life, developing sensitivity and empathy towards others, community responsibility related to depression awareness, getting closer contact with one´s self, new – adult identity, becoming brave enough to seek help, becoming brave enough to be sensitive and vulnerable. These positive aspects may be used in counseling practice and they may be especially useful when one is experiencing a relapse. As claimed by Kilmartin (2005) as well, positive attributes of experiencing depression in the context of masculinity are recommended to be used in psychotherapy, mostly by working with emotions via positive masculine attributes, which can redefine and develop traditional understanding of masculinity.

One of the main limits of the study is underestimated intersectionality, understood as "the relationships among multiple dimensions and modalities of social relations and subject formations" (McCall, 2005). Even in our research, which was focused on gender analysis, other factors were identified (religion/faith, age, urban versus rural background, class status). Even though none of these factors or identities was focused on in our interviews, we believe that these (and probably many others, which were not revealed) are important and must be taken into consideration. It is shown that religiosity or age differences play role in a participants' understanding of depression. Similarly, religiosity in family and coming from urban versus rural setting may also play a role in seeking help, even though this experience cannot be generalized to all men.

Our research lacks representatives from ethnic and national minorities, gays, seniors and men from different social classes. More research must be done in order to understand depression in men in broader context, analyzing not only gender but other social relations. Our research identifies phenomena and tendencies which are experienced by, heterosexual, Slovak men, from a middle-class background. While these men experience depression, they still hold a dominant power position in our society and therefore other power relations and oppression of men remains unrevealed. Another limit which must be considered is different ways of collecting data since some of our interviews were conducted face-to-face and some by distant form. Contact via the internet could cause information distortion and non-verbal communication could not be taken into account. However, we consider it to be important to let men decide which form will be best for them and therefore it could help him to share sensitive information. We would recommend using triangulation in the possible next research, also involving experiences from different social groups in future to enrich research findings. We believe that our research brings important findings to the existing understanding of depression amongst men, while also bringing the gender perspective into the discussion.

Conclusion

Understanding depression amongst men in gender context is proving itself to be important in order to help men experiencing depression. Our findings should be applied to direct work with men, not only considering the negative aspects of experiencing depression by men from a gender perspective but its positives as well. Experiencing depression amongst men can help them to integrate new ways of understanding themselves in new, more sensitive context as well as open themselves towards others though empathy and sensitivity towards others. These positive switches toward "new – adult identity" which integrates also some non-traditional masculinity attributes may be achieved by redefining depression through existing masculine understanding (fight, braveness, responsibility). Redefining and expanding what is masculinity for a man is suggested also in previous work (see e. g. Kilmartin, 2005).

These findings give us a potential for deeper and better understanding of depression in the gender context. It gives us a possibility to develop not only gender-sensitive counseling and psychotherapy but apply findings also to the prevention. It must be considered since ignoring and underestimating the depressive signs amongst men by them and their close ones remains a problem. Programs for preventing and educating about depression should directly adopt the gender understanding and context of this illness in order to contribute to the early diagnosis and help-seeking.

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