

Masculinity and Help Seeking for Depression: Cultural Contributions and Strategies for Facilitating Help Seeking



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Introduction

- Research into the relationship between gender and depression has found notable gender differences in the experience and expression of depression.
- This quantitative study examined men's recognition of depressive symptoms and whether the framing of treatment recommendations was associated with their willingness to seek treatment for depression.
- Compared to depressed women, men have been found to experience higher levels of anger, irritability, avoidance, numbing, and more numerous attempts to escape problems that cause emotional pain.
- Notably, because these symptoms do not map neatly onto the DSM-5 criteria for Major Depressive Disorder (MDD), men may be at risk for lower rates of recognition of their symptoms as depression by members of their social support system, as well as by mental health clinicians.

Study Goals

- Examine differences in men's ability to recognize depressive symptoms depending on if the symptoms present in a more male-typical vs. female-typical manner.
- Compare two previously proposed approaches to encouraging an adult male to seek professional mental health treatment for his depression:
 - Emphasizes strength and taking control in a manner consistent with traditional masculine norms.
 - Encourages abandonment of such norms in favor of acknowledging vulnerability in order to seek needed support.

Participants

	(N = 114)
Age (Yrs)	27.13
% Caucasian	83.5 %
Heterosexual (%)	70.6 %
Single (%)	76.1 %
<\$50k (%)	55.1 %
PROMIS Depression M (SD)	25.2 (8.3)
Help Seeking Attitudes M (SD)	45.9 (13.8)
Multiple MH Txmts (%)	32.1 %

Inclusion Criteria

- Male
- Age 18-65
- Computer literacy
- Able to read and write in English
- Resident of the United States

PARTICIPANTS NEEDED



Procedures

- Participants randomly assigned to one of four vignette versions:
 - First two: man experiencing more typically masculine symptoms of depression. Half followed by treatment recommendations consistent with traditional masculinity, other half followed by treatment recommendations inconsistent with these gendered norms.
 - Third and fourth: man experiencing more typically feminine symptoms of depression. Half followed by treatment recommendations consistent with traditional masculinity, other half followed by treatment recommendations inconsistent with these gendered norms.

Measures



Self-Report Assessments

- **Demographic Information:** An 11-item self-report measure designed to capture core sociodemographic information.
- **PROMIS-Emotional Distress-Depression Short Form:** An 8-item questionnaire that measures depressive symptom frequency using a 5-point Likert scale in individuals 18 years or older.
- **Depressive Symptom Recognition:** The degree to which participants recognize the symptoms described in the vignette as consistent with depression were assessed as follow-up questions to the first half of the vignette via a Likert scale .
- **Treatment Recommendations:** Following the second half of the vignette, participants self-reported how likely they would be to seek help from a mental health professional if they were experiencing the same symptoms and received the same advice as the person described in the vignette.
- **Help Seeking Attitudes Scale (MHSAS):** A self-report scale consisting of 9-items that capture attitudes toward seeking help from a mental health professional.

Hypotheses

Hypothesis 1

- Men would be more likely to recognize a typically feminine presentation as depression compared to the more typically masculine presentation.

Hypothesis 2

- A significant main effect of symptom presentation on willingness to seek help; we predicted that participants would be less likely to recognize the masculine presentation as depression, and thus less likely to seek help.
- A significant main effect of treatment recommendation type on willingness to seek help, such that men would report higher levels of willingness to seek help in the traditional masculine recommendation condition compared to the recommendation condition that violates expectations of traditional masculinity.
- A symptom presentation × recommendation type interaction on willingness to seek help
 - Relatively low levels of willingness to seek help in the recommendation condition inconsistent with traditional masculinity across both types of symptom presentation .
 - In the recommendation condition consistent with traditional masculinity: participants in the feminine presentation condition would be more likely to seek help than those in the masculine presentation condition.

Data Analysis



- **Hypothesis 1:** a one-way analysis of variances (ANOVA) was conducted to examine whether the feminine vs. masculine presentation conditions differ in participants' recognition of the symptoms as depression.
- **Hypothesis 2:** a 2 (presentation: male-typical vs. female-typical) x 2 (treatment recommendation: consistent vs. inconsistent with traditional masculinity) ANOVA was conducted on willingness to seek help.

Hypothesis 1 Results

- Results revealed a trend in the hypothesized direction, such that men were slightly more likely to recognize a typically feminine symptom presentation as depression compared to the typically masculine symptom presentation.

Hypothesis 2 Results

- The main effect of symptom presentation on willingness to seek help was significant:
 - Participants in the feminine symptom presentation condition reported higher levels of willingness to seek help if they were experiencing the same symptoms compared to those in the masculine symptom presentation condition.
- Neither the main effect of treatment recommendation type, nor the symptom presentation × treatment recommendation interaction, were significant

Conclusions

- Hypothesis 1 results may indicate a true lack of substantial difference in recognition of male-typical vs. female typical presentations as depression
- Hypothesis 2 results suggest participants may feel that a more feminine presentation may be more readily recognized as depression and/or be less stigmatized and better received by a mental health professional compared to a more traditionally masculine symptom presentation.
- The masculine symptom profile is consistent with societal expectations for men/masculinity, which could lead these symptoms to be underrecognized both formally and informally as depression, as men may feel that there is no need for assistance with their mental health.
- A null effect for recommendation type was indicated: it may be that symptom recognition is a more important factor in willingness to get help than the way a suggestion is made.
- Symptom recognition and need for psychoeducation around presentations of depression that may not fall neatly into DSM 5 criteria, as is frequently the case among depressed men, is highlighted.

Future Directions

- Conducting qualitative work that may better capture nuanced individual experiences.
- Understanding the role gender plays, or lack thereof, will be essential to increasing practitioners' knowledge and provide further alternative approaches to take in order to better support and treat men clinically.
- Research into increasing health provider recognition of masculine-presenting depression symptoms and screening of men.
- Development of measures that better capture masculine-presenting depression are necessary in order for men who are struggling with atypical symptoms to get positively screened and get the professional help required instead of resorting to maladaptive coping mechanisms or even worse, complete suicide.

References

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