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Relationships Between Masculinity, Externalizing Depression, and Suicidality in College Men

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Women are diagnosed with Major Depressive Disorder (MDD) at a much higher rate than men (Martin et. al., 2013), yet men commit suicide at significantly higher rates than women (CDC, 2012). While the suicide rate in men is significantly influenced by men’s higher likelihood to engage in violent methods of suicide (CDC, 2012), the possibility also exists that some men may also be at risk for suicide because they do not appear typically depressed. A rapidly building body of research on depression suggests that the diagnostic criteria listed in the DSM-5 (American Psychiatric Association, 2013) may not include the full range of depressive symptoms experienced by men who adhere to hegemonic masculine gender role norms. Men who more strongly adhere to hegemonic masculine gender role norms instead appear to be more likely to present with externalizing depressive symptoms (e.g., anger and hostility) which are more consistent with hegemonic masculine gender role norms (Fields & Cochran, 2011). Therefore, depression in men is likely underdiagnosed and undertreated because clinicians may not necessarily consider externalizing symptoms when they examine male patients (Fields & Cochran, 2011). Based on this knowledge, some men exhibit atypical depressive symptoms a primary focus of research has shifted to how an understanding of atypical depressive symptomatology informs the highly concerning public health issue of suicide in men.

The purpose of this study was to investigate if men’s conformity to traditional masculine gender role norms and endorsement of atypical or masculine depressive symptoms are related to men’s endorsement of suicidal thoughts and behaviors.

Hypotheses

- **Hypothesis 1**: Men who adhere more strongly to masculine gender role norms will endorse more externalizing depressive symptoms.
- **Hypothesis 2**: Men who conform more strongly to masculine gender role norms will endorse higher levels of suicidality.
- **Hypothesis 3**: Increased levels of externalizing depression and anger would be associated with elevated levels of suicidality.

### Method

- **Participants**: 130 college men from a large university in the Rocky Mountain West.
- **Measures**: Demographic Questionnaire, Conformity to Masculine Norms Inventory-46 (CMNI-46; Parent & Moradi, 2006), Suicide Behavior Questionnaire-Revised (SBQ-R; Osman et al., 2011), Masculine Depression Scale (MDS; Magovcevic & Addis, 2008): For exploratory purposes, anger was investigated using the four anger/aggression items of the MDS ($\alpha = .82$).
- **Procedure**: Participants were recruited from general psychology courses. Participants engage in research participation for course credit. All instructions and questions from the measures were transcribed into electronic surveys using a website that specializes in Internet survey research (www.qualtrics.com). Participation in the study was entirely voluntary, confidential, and approved by the university’s Institutional Review Board.

### Results

- **Hypothesis 1**: Correlational analysis indicated no significant correlation between traditional masculinity and externalizing depressive symptoms.
- **Hypothesis 2**: Overall endorsement of traditional masculinity was not positively associated with suicide but instead weakly, negatively associated with suicidality ($r = -.20, p < .05$).
- **Hypothesis 3**: Thirdly, correlational analyses indicated that no relationship existed between either externalizing depressive symptoms or anger and suicidality.

### Conclusions

- This finding appears inconsistent with the Gender Role Conflict Model (O’Neil, 1981) which suggests that as men conform more strongly to traditional masculine norms, they will experience negative psychological consequences (e.g. anxiety, depression, suicide, relationship conflict, etc.).
- Other research suggests that some men experience externalizing depression with predominant anger features (Genuchi, 2015; Genuchi & Valdez, 2015). The finding that neither externalizing symptoms or anger were related to suicidality in these college men may suggest that atypical depressive symptoms may not necessarily be major risk factors for suicide in men.
- Limitations include: a small sample of men and therefore a small number of suicidal thoughts/behaviors measured.
- Measurement of these variables in a population that conforms more strongly to traditional masculine gender role norms may be needed in order to gain a better understanding of how masculinity, externalizing depression, and suicidality are associated.