

Men's accounts of depression: Reconstructing or resisting hegemonic masculinity?

Carol Emslie^{a,*}, Damien Ridge^b, Sue Ziebland^c, Kate Hunt^a

^a*MRC Social and Public Health Sciences Unit, 4 Lilybank Gardens, Glasgow G12 8RZ, UK*

^b*City University, UK*

^c*Oxford University, UK*

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Abstract

There is evidence that depressive symptoms in men are often undiagnosed and untreated. It has been suggested that men may find it difficult to seek help because culturally dominant (or hegemonic) forms of masculinity are characterised by emotional control and a lack of vulnerability, while depression is often associated with powerlessness and the uncontrolled expression of emotion. However, very little research exists which examines men's experiences of depression. We analysed 16 in-depth interviews with a wide range of men with depression in the UK. Our analysis explored associations between depression and men's gender identities. We found that, as part of recovery from depression, it was important for men to reconstruct a valued sense of themselves and their own masculinity. The most common strategy was to incorporate values associated with hegemonic masculinity into narratives (being 'one of the boys', re-establishing control, and responsibility to others). While this strategy could aid recovery, there was also evidence that the pressures of conforming to the standards of hegemonic masculinity could contribute to suicidal behaviour. In contrast, a minority of men had found ways of being masculine which were outside hegemonic discourses. They emphasised their creativity, sensitivity and intelligence, explicitly reflected on different models of masculinity and redefined their 'difference' as a positive feature. Our research demonstrates that it is possible to locate men who can, and will, talk about depression and their feelings; thus generalisations about depressed men always being silent are misleading. While some men will have the resources to construct identities that resist culturally dominant definitions of masculinity, many others will find it more useful (and perhaps less threatening) to re-interpret potentially feminising experiences as 'masculine'. Health professionals need to be aware of the issues raised by men's narratives which emphasise control, strength and responsibility to others.

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Introduction

Gender differences in mental health have long been noted. Almost 30 years ago, Weissman and Klerman (1977) observed that the rate of depression

amongst women was around twice that for men. More recent figures confirm this finding; the prevalence of treated depression in general practice in Britain is around 3% for men and 7% for women (ISD Scotland, 2004; ONS, 2000). However, it has been suggested that depressive symptoms in men are often undiagnosed and untreated (Royal College of Psychiatrists, 1998), and that men may express

*Corresponding author.

E-mail address: ecarol@msoc.mrc.gla.ac.uk (C. Emslie).

emotional distress in other ways (Lennon, 1987). Suicide rates in the UK are currently three times higher for men than women, and are higher for men than women in every country except for China (Hawton, 2000; ONS, 2005). While suicide is not classified as a mental disorder, major depression underlies more than half of suicides (Moller-Leimkuhler, 2003). In addition, community surveys indicate that gender differences in depression in the general population may be smaller than expected; a survey conducted in 2000 in Britain found that 10% of men and 12% of women reported depressive symptoms of moderate to high severity and that 2.6% of men and 3.0% of women were classed as having had a 'depressive episode' in the week before interview (Singleton, Bumpstead, O'Brien, Lee, & Meltzer, 2001).

In order to better understand men's mental health, we draw upon work which has focused on the relationship between the social construction of 'masculinity' and health beliefs and behaviours (Chapple & Ziebland, 2002; Charmaz, 1995; Moynihan, 1998; Robertson, 2003; White, 1999). Over the last 20 years, theorists have started to conceptualise "a multiplicity of masculinities, inhabited and enacted variously by different people and by the same people at different times" (Paechter, 2003, p. 69). Connell's influential work contrasts a culturally authoritative, or hegemonic, pattern of masculinity with less powerful configurations of gender practice such as subordinated masculinities (e.g. homosexual men) and marginalized masculinities (e.g. working-class men, black men) (Connell, 1995, 1996). Hegemony is about the 'winning and holding of power' and having the ability to dictate the terms in which events are understood so that they appear 'natural' and 'normal' (Donaldson, 1993, p. 643). White, middle-class, heterosexual men set the standard for other men, but whatever the variation in status, 'being a man means "not being like women"' (Kimmel, 1994, p. 126).

This work suggests that men may find recognising and seeking help for depressive symptoms problematic; indeed, Warren (1983) has argued that depression is 'incompatible' with masculinity. She lists three main reasons. First, expressing emotion and crying—common experiences in depression—are linked to femininity; thus a 'man may find depression an intolerable condition because it makes him feel like a woman' (Warren, 1983, p. 151). Secondly, masculinity is linked with competence and achievement, while depression is often

accompanied by feelings of powerlessness and lack of control. Thirdly, masculinity requires men to be tough and self-reliant, whereas the experience of depression often leaves people feeling weak and vulnerable. Similarly, Courtenay (2000) agrees that emotional control and the denial of vulnerability are important parts of hegemonic masculinity and argues that the 'denial of depression is one of the means men use to demonstrate masculinities and to avoid assignment to a lower-status position relative to women and other men' (p. 1397).

Men with mental health problems have received relatively little attention in the social science literature. Men with depression have been particularly under-researched, probably because anxiety disorders and depression are conditions associated with women (Prior, 1999). The few qualitative studies which have included men have been limited by a lack of attention to men's gendered experiences; in other words, men have not been treated as 'engendered and engendering persons' (Gutmann, 1997). Karp (1994, 1996) and Kangas (2001) found that both their male and female respondents emphasised feelings of isolation as they sought to integrate illness into their identities. Karp describes the 'depression career' (from initial feelings of distress, through reaching crisis point, to the possibility of feeling that it is possible to 'get past' depression) and the decisions that respondents had to make about keeping problems to themselves or 'going public', while Kangas argues that 'stories of depression are stories of marginalization' (p. 90). However, neither author examines the complex relationship between gender and illness in their analysis.

Smith (1999) is unusual in providing an explicitly gendered analysis of his experience as a man with severe clinical depression. His account emphasises the importance of maintaining control, ignoring pain and suppressing emotion. The description of his internal monologue illustrates the power of hegemonic masculinity: 'Pull yourself together, Brett. You shouldn't be here. Men don't go and see anyone about these 'soft' and 'wimpy' things... Real men don't moan. They don't hurt. They just don't do emotions. They get on with life' (p. 274). O'Brien, Hunt and Hart (2005) also found that many men in their study emphasised the importance of remaining 'strong and silent' about emotional difficulties. They conducted 14 focus groups with a diverse sample of men in order to explore help-seeking behaviour. The authors experienced

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