DEPRESSION AND GENDER ROLE CONFLICT IN YOUNG ADULT MEN

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Abstract

While women are reported to have higher rates of depression than men, new research has found that this discrepancy may be the result of an artificial deflation of depression rates in men. Men may experience atypical depressive symptoms which are not accounted for in traditional diagnostic measures, resulting in missed and/or incorrect diagnoses in men. Atypical symptoms may also be attributed to the way men adhere to gender norms. The present study will investigate how men's experiences with depression differ from prototypical depressive experiences, as well as the potential factors influencing the atypical symptoms men often encounter. It is predicted that, when diagnostic tools measuring for atypical symptoms are used, men will experience greater externalizing symptoms as compared to women. Additionally, it is predicted that men and women will have equal rates of depression, thus addressing the discrepancies in rates of depression between men and women. Finally, men with greater adherence to male gender norms will have higher rates of gender role stress, and, thus, will be more likely to experience externalizing symptoms. Participants completed a survey regarding depressive symptoms and stress regarding gender norms. Upon completion of data collection, these results will then be analyzed for rates of both prototypical and atypical depressive symptoms in men and women, as well as how gender and adherence to gender roles impact depressive symptoms. This study was limited by size, survey completion rates, and funding. Further research is needed to explore the discrepancy of depression rates between men and women and address the issue.

Keywords: Gender Studies, Mental Health, Men's Mental Health, Depression

Table of Contents

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Depression and Gender Role Conflict in Young Adult Men

Depression is a pressing issue in society, with over 21 million individuals having experienced a major depressive episode in 2021 (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022). According to the Diagnostic Statistics Manual (DSM 5-TR) depressive disorders are comprised of a variety of diagnoses, such as major depressive disorder (MDD) and persistent depressive disorder (PDD). Depressive disorders are generally characterized by frequent feelings of sadness, hopelessness, and irritability that significantly impact an individual's ability to function (American Psychological Association [APA], 2022). While the spectrum of depressive symptoms is broad, they can generally be classified into one of two categories.

The diagnostic criteria for most depressive disorders are fully comprised of internalized symptoms. Internalized symptoms are generally considered to be prototypical symptoms of depression (APA, 2022). Internalizing symptoms often present themselves through an individual's emotions, such as sadness and hopelessness (Rice et al., 2018). Individuals may also encounter other internalized symptoms, which can be somatic (i.e., sudden loss of weight) or cognitive (i.e., persistent difficulty concentrating) in nature. Lack of energy, motivation, and concentration have been found to be some of the most detrimental symptoms for individuals with depression, including significant interference with occupational productivity (Lam et al., 2012). Moreover, these same symptoms can also reduce productivity in everyday life, making it difficult to complete daily tasks, such as completing chores and maintaining personal hygiene (APA, 2022). Having difficulty completing these tasks can exacerbate feelings of guilt and low self-esteem often associated with depression and may cause individuals to become more severely depressed overall.

Although internalizing symptoms are typically considered to be the prototypical symptoms of depression, a portion of the population may also experience atypical, externalizing depressive symptoms. Externalizing symptoms often present themselves through an individual's behaviors such as increased anger and irritability towards others (Genuchi, 2015; Rice et al., 2018). Externalizing symptoms can also manifest as an excessive preoccupation with work responsibilities or substance abuse (Rice et al., 2018). These symptoms are not part of the formal diagnostic criteria for the majority of depressive disorders in the DSM 5-TR, with the exception of disruptive mood dysregulation disorder, a diagnosis that can only be made during childhood (APA, 2022). Thus, atypical symptoms may be incorrectly attributed to another disorder or go unnoticed by the afflicted individual for various reasons.

Variations of depressive symptoms among affected individuals are associated with multiple environmental and biological factors, such as sex and gender. SAMHSA (2022) reported that depressive episodes were more prevalent in women, with 10.3% of women having experienced such an episode as compared to only 6.2% of men. Women are more likely to experience prototypical, internalized symptoms associated with MDD, with cognitive (i.e., hopelessness and anhedonia) and somatic (i.e., significant weight loss/gain and decreased psychomotor responses) symptoms being most prominent (Cavanagh et al., 2017; Marcus et al., 2008). Additionally, women report higher levels of comorbid internalizing symptoms, such as anxiety (Marcus et al., 2008). In comparison, men are more likely to experience atypical, externalizing symptoms such as irritability and substance abuse (Cavanagh et al., 2017; Marcus et. al, 2008.). Despite men reporting lower rates of depression than women, they are three times more likely to die by suicide (Rice et al., 2021).

Genuchi (2015) suggests that the discrepancy between depression and suicide rates in men may be due to a lack of formal recognition of the full range of atypical symptoms that are more commonly experienced by men. Consequently, men could experience greater difficulty receiving an accurate diagnosis and appropriate therapeutic interventions compared to those who experience prototypical symptoms. This lack of a formal diagnosis may also result in artificially deflated depressive disorder prevalence in men. Multiple studies have suggested that the use of diagnostic tools accounting for atypical symptoms could identify additional cases of depression, which traditional measures may not initially detect (Cavanagh et al., 2017; Genuchi & Mitsunaga, 2015). Furthermore, the use of these alternative measures has also resulted in concordant rates of depression between men and women, despite previous literature demonstrating higher rates of depression in women (Genuchi & Mitsunaga, 2015; Martin et al., 2013; SAMHSA, 2022). These results suggest that the lack of atypical symptoms in formal diagnostic criteria is likely impacting the number of men who receive an appropriate diagnosis and, subsequently, treatment. To reduce the occurrence of suicide and other detrimental outcomes in men with depressive disorders, their unique experience with depressive symptoms and the possible etiology must be further investigated.

While atypical symptomatology can play a significant part in men being less likely to receive a diagnosis based off formal diagnostic criteria, they are also less likely to recognize and address their symptoms as indicative of a depressive disorder (Cole & Ingram, 2020; Rochlen et al., 2010). This issue often stems from the pressure men face due to societal and cultural gender norms (Cole & Ingram, 2020; Martin et al., 2013; Rochlen et al., 2010). Gender norms are ideologies surrounding gender that individuals are expected to conform to by their community (Le & Iwamoto, 2022). Men facing traditional Western gender norms may often feel that their

community and society expect them to remain strong and stoic, particularly in the face of emotion or danger, and to maintain an image of unfaltering success due to their status as a man (Rochlen et al., 2010). In comparison, female Western gender norms generally focus on traditionally feminine traits and responsibilities such as being emotional, docile, modest, and focusing on domestic duties (Parent & Moradi, 2011). Men may avoid presenting behaviors or traits associated with feminine gender norms to their families, communities, and even themselves to adhere to male gender norms to varying degrees.

The negative consequences, which result from adhering to these social norms and roles are defined as gender role conflict (GRC) (O'Neil, 2008). GRC impacts how a person thinks, feels, behaves, and acts to a point where it limits the potential of their personal growth (O'Neil, 2008). Negative consequences of GRC include devaluation, or negative critique of oneself or others; restriction, or limiting one's behaviors; and violation, or harming oneself or others (O'Neil, 2008). GRC has been associated with a heightened risk of psychological distress in men, increased suicidality, and dysfunctional coping mechanisms (Cole & Ingram, 2020; O'Neil, 2008).

Gender role conflict and associated emotions often impact a man's ability to express, recognize, and/or address their depressive symptoms. Men may feel that experiencing or the expression of prototypical symptoms of depression, such as frequent crying and fatigue, are not concordant with male gender norms, resulting in gender role conflict (Genuchi, 2015: Rochlen et al., 2017). Thus, men with higher levels of conformity to traditional Western gender norms may avoid disclosing their thoughts and feelings associated with depression, if not attempt to ignore them completely to maintain adherence to internalized societal gender expectations (Cole & Ingram, 2020; Rochlen et al., 2010). They may instead resort to avoidance of the issue.

Avoidance alongside the stress resulting from GRC can increase the likelihood of externalizing symptoms, including maladaptive coping mechanisms such as drug misuse or anger (Cavanagh et al., 2017; Rochlen et. al, 2010). Maladaptive coping mechanisms, such as substance abuse and social withdrawal, adhere more to traditional male gender norms. These kinds of coping mechanisms allow an individual to handle their symptoms without having to express them to others and seem vulnerable, a trait often associated with feminine gender norms. As a result, these coping mechanisms may seem more familiar, accessible, and acceptable to men struggling with gender role conflict and depressive symptoms (Genuchi, 2015).

Adherence to male gender norms may interfere with the ability to recognize depressive symptoms and address them through therapeutic and medical interventions. These interventions require emotional expression and confrontation of depressive symptoms, actions which are in direct conflict with traditional Western male gender norms. As a result, engaging in these activities may lead to feelings of inadequacy and weakness, potentially exacerbating the underlying depressive symptomatology (Cole & Ingram, 2020; Rochlen et al., 2010).

While some men may be able to recognize depressive symptoms and attempt to cope with them in various ways, some may not realize they are suffering from depressive symptoms to begin with. This may be a result of adherence to male gender norms, which reject emotionality and vulnerability, thus restricting emotional recognition and expression. This may result in the establishment of maladaptive coping mechanisms, such as drinking and drug use, as these behaviors are more in line with traditional Western masculine norms (Cole & Davidson, 2019).

Further research is necessary to elucidate men's unique experience with depression. Understanding how the male experience of depression differs from prototypical depression is critical for providing a greater number of accurate diagnoses and treatment to men. The present

study will investigate how men's depressive symptoms differ from the prototypical presentation of depressive disorders, as well as how gender role conflict can impact externalizing or atypical symptoms. The present study predicts that, when diagnostic tools measuring for prototypical and atypical symptoms are used, men will experience greater externalizing, atypical symptoms as compared to women. Additionally, when measures accounting for both prototypical and atypical symptoms are used, it is predicted that men and women will have equal rates of depression, thus addressing the discrepancies in rates of depression between men and women. Finally, men with greater adherence to male gender norms will have higher rates of gender role stress, and, thus, will be more likely to experience externalizing symptoms.

Methods and Instrumentation

Participants

Data collection is ongoing and thus, participants are still being recruited. A convenience sampling method was used for the present study using announcements on social media, emails, and flyers. Participants were men and women between the ages of 18 to 29 years. Additionally, participants had to have a gender identity of either 'man' or 'woman'. Individuals outside of this age range and gender identities were excluded from participation. Gender and gender conformity will be used as participant variables. Individuals outside of this age range and gender identities will be excluded from participation. Participants who identify as man or woman will be put into respective 'men' and 'women' groups. Individuals will be placed into additional groups based on gender norm conformity levels. Participants will be placed into respective low, moderate, and high groups based on their responses to measures of gender role stress. There are no additional inclusionary or exclusionary criteria.

Measures

Participants completed an online survey via SurveyMonkey containing 4 measurements, as well as a demographic questionnaire. These measurements include the Patient Health Questionnaire-9 (PHQ-9), the Masculine Depression Scale (MDS), the Feminine Gender Role Stress Scale (FGRS), and the Masculine Gender Role Stress Scale (MGRS).

The PHQ-9 is a symptom-based self-report assessing an individual's level of depressive symptoms (Kroenke, 1999). This scale contains 9 questions based on a 4-point rating scale ranging from "0 (not at all)" to "3 (nearly everyday)". Total scores range from 0 to 27. As scores increase, they indicate increasingly severe depressive symptoms. Cronbach's alpha for the PHQ-9 was .89, indicating strong internal reliability (Kronke, 1999). There was a strong association between PHQ-9 scores and the daily function and symptom severity of patients taking the questionnaire over time, indicating strong internal validity (Kronke, 1999).

The MDS is a self-report scale assessing behaviors typically associated with male depression (Magovcevic & Addis, 2008). This scale contains 44 questions concerning 16 different symptom categories, including anger, aggression, and irritability; substance abuse; and withdrawal from family/social interactions (Magovcevic & Addis, 2008). Symptoms are further categorized into two factors: internalized or externalized symptoms (Magovcevic & Addis, 2008). Each question has a 4-point Likert scale ranging from "1 = none or little of the time) to (4 = all the time). Total scores range from 44 to 176. As scores increase, they indicate greater levels of depressive symptoms overall, while scores for each individual symptom category would indicate higher levels of that particular symptom. The internal consistency coefficient for the MDS was .95, indicating strong levels of reliability and internal consistency (Magovcevic & Addis, 2008). The internalizing symptom factor of the MDS was highly correlated with measures

of depression, while the externalizing factor was moderately correlated with measures of depression and male gender role adherence (Magovcevic & Addis, 2008).

The MGRS is a self-report scale assessing an individual's levels of stress due to masculine gender roles (Eisler & Skidmore, 1987). This measurement was completed only by participants identifying as a man. This scale consists of 40 questions concerning various male gender role stressors, including physical inadequacy, emotional inexpressiveness, subordination to women, intellectual inferiority, and performance failure (Eisler & Skidmore, 1987). Each question has a 7-point rating scale ranging from "1 = not at all" to "7 = extremely stressful". Total scores range from 40 to 280. As scores increase, they indicate a greater level of stress regarding masculine gender roles.

The FGRS is a self-report scale assessing an individual's level of stress due to threats and challenges to feminine gender roles (Gillespie & Eisler, 1992). This measurement was completed only by participants identifying as a woman. This survey consists of 39 questions concerning various female gender role stressors, including fear of unemotional relationships, fear of physical unattractiveness, fear of victimization, fear of behaving assertively, and fear of not being nurturant (Gillespie & Eisler, 1992). Each question has a 6-point rating scale ranging from "0 = not at all stressful" to "5 = extremely stressful". Total scores range from 0 to 195. As scores increase, they indicate a greater level of stress regarding feminine gender roles. Cronbach's alpha for the FGRS for each different stress factor measured ranged from .73 to .83 while the correlation coefficient for test-retest reliability over 2 weeks was .82, indicating a strong level of reliability and internal consistency (Gillespie & Eisler, 1992).

Procedure

Participants completed an online survey on SurveyMonkey. Prior to accessing the survey, participants received a disclosure statement. Participants then completed the PHQ-9, the MDS, and either the FGRS or MGRS depending on their gender, as well as a brief demographic survey. Due to the sensitive nature of the questions in this survey, participants were also provided with a list of local, regional, and national mental health resources. Once all questions were completed, participants were thanked and dismissed from the study.

Statistical Analysis

A 2 x 2 between-groups analysis of variance (ANOVA) will be performed to analyze the main and interactions effects of gender and gender conformity on depression scores.

Discussion

The goal of the present study was to explore men's unique experiences with depression, atypical symptoms, and how gender role conflict can impact these factors. Data collection is ongoing and thus, inferential statistics have not yet been performed.

It was first hypothesized that men would experience greater externalizing symptoms of depression than women when using diagnostic tools that accounted for both prototypical and externalizing symptoms. Genuchi and Mitsunaga (2015) found that men are more likely to endorse externalizing symptoms, such as anger and irritability, than women. The same phenomenon can be observed in adolescent boys; Bartels et. al (2013) found that adolescent boys reported a significantly higher level of externalizing symptoms than adolescent girls. Externalizing symptoms have been associated with higher rates of suicidality, especially in men (Eggenberger et al., 2023; Oliffe et al., 2019). Furthermore, some externalizing behaviors, such as substance abuse, can have additional consequences aside from the symptoms associated with

depression. Understanding these unique symptoms is essential for proper identification, treatment, and reduction of overall risk of suicide in men. However, Price et. al (2015) also found that whether individuals with masculine traits report fewer prototypical depressive symptoms relative to externalizing ones varies according to age and gender. Furthermore, it is unclear whether the relationship between externalizing symptoms and suicidality is attributed to externalizing symptoms themselves or adherence to masculine gender norms (Eggenberger et al., 2023). More research is needed to come to a consensus on this topic.

It was also hypothesized that men and women would have equal rates of depression when both typical and atypical symptoms are included in diagnostic tools. Martin et al. (2013) found that men and women experienced depression in equal proportions when using both prototypical and atypical depressive symptom scales, thus addressing the discrepancy in depression rates usually found between these two groups. Moreover, Genuchi and Mitsunaga (2015) found that there was not a significant difference between men and women's scores on the MDS, thus suggesting that both groups experienced depressive symptoms at an equal rate. There is limited research available regarding the rates of depression in women compared to men. Martin et al. (2013) first observed sex differences in depression in a nationally representative sample of adults from the United States. However, the available evidence primarily suggests that sex disparities in depression rates could be attributed to atypical symptoms. This information is critical for conceptualizing what depression is, how depressive symptoms may differ between people of different genders, and what diagnostic criteria should be included in psychometric assessments. Acknowledging these atypical symptoms could lead to a greater rate of diagnoses, treatment, and improve the lives of individuals experiencing these unique symptoms, especially men.

Finally, it was hypothesized that men with greater adherence to male gender norms, as measured by experienced gender role conflict, would have greater levels of gender norm stress and therefore be more likely to experience externalizing symptoms often associated with masculine depression. Price et. al (2015) found that there was a positive relationship between higher endorsement of masculine traits and greater externalizing depressive symptoms. Furthermore, Rice et. al (2013) found that men with higher masculine gender norm adherence were more likely to report higher rates of anger and aggression as compared to men with lower levels of gender norm adherence. Similar results were found in a systematic review, where men with greater adherence to traditional masculine were more likely to experience externalizing symptoms and distress (Seidler et. al, 2016). The significant association between masculine gender norm adherence and externalizing symptoms requires more attention due to the fact that both of these factors could not only be potential risk factors for suicidality, but may also reduce quality of life as a whole (Price et al., 2015; Rice et al., 2023). Adherence to masculine gender norms alone can be predictive of depression (Eggenberger et al., 2023). Addressing the negative impact gender role adherence and conflict can have on mental health is necessary for preventing depression and providing effective treatment.

Limitations and Future Directions

The sample for this study was limited by size and survey completion rates. While completion rates for the PHQ-9 were fairly high, the MDS and the MGRS or FGRS, depending on the participant's gender, were often incomplete. Results of the PHQ-9 offered insight into the depression rates and severities of men and women based on prototypical symptoms, but did not specifically account for atypical depressive symptomatology. The design of the study may have impacted completion rates. All 140 survey questions were presented individually, requiring

participants to navigate through each one manually. This design was intended to give participants the ability to opt out of questions freely, as well as reduce the number of incomplete responses received. However, this survey format may have placed an additional cognitive load on participants that would have made survey completion more difficult and tedious. While the survey contained fairly short questions, which is known to ease the cognitive load needed of participants for completion, the overall survey length may have been a deterrent for completion (Brosnan et. al, 2021). A greater number of women than men also participated in the study, thus limiting information received about men and their unique experiences with depression. Data collection is ongoing to receive more information, especially from this population of interest.

In addition, gender role adherence was not measured directly. Scales which measured for gender role stress were used to estimate gender role adherence. While there is a relationship between gender role adherence and gender role stress, they are two distinct constructs. A person can experience high gender role adherence and not necessarily experience gender role stress as a result. At this time, scales found in the literature primarily measure GRC, gender role stress, or cognitive appraisal of gender norms, rather than direct adherence. One of the most commonly used scales is the Gender Role Conflict Scale (GRCS), which directly measures gender role conflict (Cole & Ingram, 2020; Le & Iwamoto, 2022). However, the variety of scales available for use, including the GRCS, was limited for this study due to lack of funding.

Conclusion

While women have typically been reported as having higher rates of depression than men, this discrepancy may be due to men experiencing depressive symptoms that are often unaccounted for in traditional diagnostic criteria (Genuchi, 2015; SAMHSA, 2021). Men may also be less likely to seek help for their symptoms or fail to recognize them at all, thus leading to

a lack of diagnosis and treatment in men. Without diagnosis and treatment, men suffering from depressive symptoms may be at a higher risk of engaging in maladaptive coping mechanisms, such as substance abuse, as well as experience greater risk factors for suicide. These symptoms and behaviors may also impact the people around them. Anger and irritability can lead to unhealthy social behaviors, ineffective communication, and the deterioration of relationships with others. These issues regarding depression in men may be associated with masculine gender norms, which discourage expression of emotions and help-seeking behaviors. The present study is continuing to collect data to gain further insight into these issues. Further research is needed to explore the discrepancy of depression rates between men and women to find the exact cause and address it. Identifying the factors responsible for this discrepancy may lead to better chances of diagnosis and treatment for men and women, therefore improving people's health and possibly reducing depression and suicide rates in the future.

References

American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Bartels, M., Cacioppo, J. T., van Beijsterveldt, T. C., & Boomsma, D. I. (2013). Exploring the association between well-being and psychopathology in adolescents. Behavior genetics, 43(3), 177–190. https://doi.org/10.1007/s10519-013-9589-7

Brosnan, K., Grün, B., & Dolnicar, S. (2021). Cognitive load reduction strategies in questionnaire design. International Journal of Market Research, 63(2), 125-133. https://doi.org/10.1177/1470785320986797

Cavanagh, A., Wilson, C. J., Kavanagh, D. J., & Caputi, P. (2017). Differences in the expression of symptoms in men versus women with depression: A systematic review and meta-analysis. *Harvard Review of Psychiatry*, *25*(1), 29.

Cole, B. P., & Davidson, M. M. (2019). Exploring men's perceptions about male depression. *Psychology of Men & Masculinities, 20*(4), 459–466. https://doi.org/10.1037/men0000176

Cole, B. P., & Ingram, P. B. (2020). Where do I turn for help? Gender role conflict, self-stigma, and college men's help-seeking for depression. *Psychology of Men & Masculinities*, *21*(3), 441–452. https://doi-org.corvette.salemstate.edu/10.1037/men0000245.supp

Eggenberger, L., Ehlert, U., & Walther, A. (2023). New directions in male-tailored psychotherapy for depression. *Frontiers in psychology*, 14, 1146078. https://doi.org/10.3389/fpsyg.2023.1146078

Eisler, R. M., & Skidmore, J. R. (1987). Masculine Gender Role Stress Scale. *PsycTESTS*. https://doi-org.corvette.salemstate.edu/10.1037/t27379-000

Genuchi, M. (2015). Anger and hostility as primary externalizing features of depression in college men. *International Journal of Men's Health*, *14*(2), 113–128. http://corvette.salemstate.edu:2048/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=cookie,ip,cpid&custid=ssc&db=psyh&AN=2015-40263-002&site=ehost-live&scope=site

Genuchi, M. C., & Mitsunaga, L. K. (2015). Sex differences in masculine depression. *The Journal of Men's Studies*, 23(3), 243–251. https://doi.org/10.1177/1060826514561986

Gillespie, B. L., & Eisler, R. M. (1992). Feminine Gender Role Stress Scale. *PsycTESTS*. https://doi-org.corvette.salemstate.edu/10.1037/t20249-000

Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (1999). Patient Health Questionnaire-9. *PsycTESTS*. https://doi-org.corvette.salemstate.edu/10.1037/t06165-000

Lam, R. W., Michalak, E. E., Bond, D. J., Tam, E. M., Axler, A., & Yatham, L. N. (2012). Which depressive symptoms and medication side effects are perceived by patients as interfering most with occupational functioning?. *Depression research and treatment*, *2012*, 630206. https://doi.org/10.1155/2012/630206

Le, T. P., & Iwamoto, D. K. (2022). Racial discrimination, gender role conflict, and depression in college men of color: A longitudinal test of the racist-gender stress model. *Psychology of Men & Masculinities*, *23*(1), 4–12. https://doi-org.corvette.salemstate.edu/10.1037/men0000378

Magovcevic, M., & Addis, A. (2008). Masculine Depression Scale. *PsycTESTS*. APA PsycTests. https://doi.org/10.1037/t30059-000

Marcus, S. M., Kerber, K. B., Rush, A. J., Wisniewski, S. R., Nierenberg, A., Balasubramani, G. K., Ritz, L., Kornstein, S., Young, E. A., & Trivedi, M. H. (2008). Sex differences in depression symptoms in treatment-seeking adults: confirmatory analyses from the sequenced treatment alternatives to relieve depression study. *Comprehensive Psychiatry*, *49*(3), 238–246. https://doi.org/10.1016/j.comppsych.2007.06.012

Martin, L. A., Neighbors, H. W., & Griffith, D. M. (2013). The experience of symptoms of depression in men vs women: analysis of the National Comorbidity Survey Replication. *JAMA psychiatry*, *70*(10), 1100–1106. https://doi.org/10.1001/jamapsychiatry.2013.1985

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. https://doi.org/10.1177/0011000008317057

Oliffe, J. L., Rossnagel, E., Seidler, Z. E., Kealy, D., Ogrodniczuk, J. S., & Rice, S. M. (2019). Men's depression and suicide. *Current psychiatry reports*, *21*(10), 1-6.

Parent, M. C., & Moradi, B. (2011). An abbreviated tool for assessing feminine norm conformity: Psychometric properties of the Conformity to Feminine Norms Inventory–45. *Psychological Assessment, 23*(4), 958–969. https://doi.org/10.1037/a0024082

Price, E. C., Gregg, J. J., Smith, M. D., & Fiske, A. (2015). Masculine Traits and Depressive Symptoms in Older and Younger Men and Women. American journal of men's health, 12(1), 19–29. https://doi.org/10.1177/1557988315619676

Rice, S. M., Kealy, D., Seidler, Z. E., Walton, C. C., Oliffe, J. L., & Ogrodniczuk, J. S. (2021). Male-type depression symptoms in young men with a history of childhood sexual abuse

and current hazardous alcohol use. *Psychiatry Research*, *304*, 114110. https://doi.org/10.1016/j.psychres.2021.114110

Rice, S. M., Aucote, H. M., Eleftheriadis, D., & Möller-Leimkühler, A. M. (2018). Prevalence and Co-Occurrence of Internalizing and Externalizing Depression Symptoms in a Community Sample of Australian Male Truck Drivers. *American Journal of Men's Health*, *12*(1), 74–77. https://doi.org/10.1177/1557988315626262

Rice, S. M., Fallon, B. J., Aucote, H. M., Möller-Leimkühler, A.M. (2013). Development and preliminary validation of the male depression risk scale: Furthering the assessment of depression in men. Journal of Affective Disorders,151(3) 950-958. https://doi.org/10.1016/j.jad.2013.08.013.

Rochlen, A. B., Paterniti, D. A., Epstein, R. M., Duberstein, P., Willeford, L., & Kravitz, R. L. (2010). Barriers in diagnosing and treating men with depression: A focus group report. *American Journal of Men's Health*, *4*(2), 167–175.

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. https://doi.org/10.1016/j.cpr.2016.09.002

Substance Abuse and Mental Health Services Administration. (2022). *Highlights for the 2021 National Survey on Drug Use and Health*. https://www.samhsa.gov/data/release/2021-national-survey-drug-use-and-health-nsduh-releases.