Dissertations, Theses, and Projects | Graduate Studies

Fall 12-15-2022

Masculinity and Depression: A Qualitative Content Analysis of the Counseling Literature's Recommendations on Caring for Men from 2012-2021

Jean Taylor
jean.taylor@go.mnstate.edu

Follow this and additional works at: https://red.mnstate.edu/thesis

Part of the Counseling Commons

Researchers wishing to request an accessible version of this PDF may complete this form.

Masculinity and Depression: A Qualitative Content Analysis of the Counseling Literature's

Recommendations on Caring for Men from 2012-2021

A Thesis Presented to

The Graduate Faculty of

Minnesota State University Moorhead

By

Jean Taylor

In Partial Fulfilment for the

Requirements of the Degree of

Master of Science of Counseling, Clinical Mental Health

October 17, 2022

Moorhead, Minnesota

Abstract

This study examined how the counseling literature between the years of 2012-2021 addressed the diagnosis and treatment for men with depression. Qualitative Content Analysis (QCA) was used to examine four publications of the American Counseling Association: *Journal of Counseling and Development* (JCD), *Journal of Humanistic Counseling* (JHC), *Journal of Multicultural Counseling and Development* (JMCD), and *Counselor Education and Supervision* (CES). Four research questions guided the study: 1. How many articles in the selected counseling journals focus on men and depression between 2012 and 2021, and what percentage of the total articles do they represent? 2. What specific types of studies and literature exist to explore men and depression (qualitative, quantitative, or theoretical) in each of the journals from 2012 to 2021? 3. What specific treatment recommendations are given to counselors for treating men with depression in the research that exists in the selected counseling journals from 2012 to 2021? 4. What overarching categories or themes emerge from the counseling literature that focuses on men and depression between 2012 and 2021? Twenty-three articles were found between 2012-2021 that addressed counseling treatment and mental health issues for men. Six themes emerged from the analysis of these 23 articles: Theme #1: Male perspectives on historically female issues, Theme #2: Context, community, worldview and development, Theme #3: Expanding the meaning of masculinity, Theme #4: Help seeking barriers for men, Theme #5: Masculinity as a social justice issue, Theme #6: Racist oppression and masculinity. Conclusions of this study were that although the counseling research adds rich discussion on the implications of masculinity and mental health more research is needed to find a more accurate conceptualization of masculine depression and evidence-based treatment methods for counselors.

TABLE OF CONTENTS

CHAPTER ONE

INTRODUCTION: Seeking a Better Conceptualization of Depression for Men.

In his 1854 poem *Walden,* Henry David Thoreau penned the oft quoted line "The mass of men lead lives of quiet desperation." The line in the poem speaks to the reality of men's experience in civilization structured to conform, settle and mask their wildness. Socialized men live an internal battle trying to balance their nature and follow social expectations. Many resolve this dilemma well by forming a healthy masculine script and live their lives achieving certain goals that prove their value. Others suffer the conflict unsuccessfully and descend into desperation and even depression. In a cruel double-bind created by cultural masculinity they suffer it silently, and alone.

Thoreau contended that the mass of men suffered this silent conflicted sadness. Mass means a large number, as in most of them. Yet, women worldwide are diagnosed with depression twice as often as men (Center for Disease Control and Prevention, 2018). Also problematic is that the suicide completion rate of men is nearly four times that of women (Centers for Disease Control and Prevention, 2020). Somehow, these pieces do not fit the larger puzzle. These suicide statistics have led many researchers (Addis, 2008; Chuick et al., 2009; Eggenberger, 2021; Kilmartin, 2005; Oliffe et al., 2012; Rungreangkulkij et al., 2019) to investigate men and depression as a distinct phenomenon. They theorized that more men must be experiencing depression if they are completing suicide so frequently. If so, then they are either suffering in isolated silence and not seeking diagnosis, and/or their diagnosis is being missed because their experience looks differently than the symptoms women are reporting. For a long period of the history of the mental health profession, depression has been conceptualized as a women's disease

(Dognina & Chen, 2018). This type of thinking creates barriers for men to even consider that their experience is a treatable mental illness. Doing so would threaten their masculine identity (Eggenberger, 2021; Hinton et al., 2017).

Furthermore, men may respond differently to counseling treatments for depression than women (Eggenberger et al., 2021; Hinton et al., 2017; Karlin et al., 2013; Shepherd & Rabinowitz, 2013; Stiawa et al., 2020). Although every client should be considered an individual within their own cultural context and not stereotyped, research does support that certain therapeutic methods are preferred and more effective for men in general (Dognina & Chen, 2018; Karlin et al., 2013; Kiselica & Englar-Carlson, 2010). If this is the case, counselors should be educated on the different approaches that may better serve their population when treating men with depression.

In 2013, Evans published a study in the JCD that used Content Analysis to investigate the existing research on men's mental health issues in two ACA journals, the JCD and the CES, over the years of 1981-2011. Her results found 66 articles in the JCD and only 4 articles in the CES meeting the search requirements of the study during the 30-year span. In her discussion section, Evans considered that the lack of focus on male issues in counseling may be due to the high percentage of women in the profession, and/or a general attitude of resistance in the profession to focus on men who already have social privilege. However, Evans argues that research in other professional journals supports a great need to address mental health in a way that is more unique and effective for men. The cost to their mental, physical, and social health and the cost to society overall is great when men's mental health is left unaddressed.

A review of the greater scope of academic literature for the last twenty years will be covered in chapter two of this study. This review revealed several themes relevant to the current

problem of men's depression. Many researchers (Addis, 2008; Cochran & Rabinowitz, 2000; Eggenberger et al., 2021; Magovcevic & Addis, 2008; Nadeau et al., 2016; Sierra-Hernandez et al., 2014) theorized and examined ways in which some men are experiencing a form of depression that is different from women, and different from the prototypical symptoms described in the DSM-5. The prototypical diagnostic criteria for major depressive disorder are more internal and emotional expressions. Some argue that the DSM symptoms do not accurately represent more culturally masculine ways of being. Men may be experiencing depression, but they have been taught not to show emotion, talk about their problems or show weakness. In order to mask their experience, they transform their depressive symptoms into more aggressive and active symptoms including addiction. To complicate matters, their cultural conditioning prevents them from seeking help (Addis & Mahalik, 2003; Apesoa-Varano, Barker & Unutzer et al., 2015; Cole & Ingram, 2020; Good & Wood, 1995; O'Brien et al., 2005; Sierra-Hernandez et al., 2014; Tang et al., 2014). Admitting weakness and mental illness carries shame and stigma for those more aligned with traditional masculinity. Several of the articles also offered a helpful starting point for investigating therapeutic treatments that may be more effective for addressing men with depression (Dognina & Chen, 2018; Karlin et al., 2013; Kiselica & Englar-Carlson, 2010; Novack & Friedman, 2013, Wittenborn et al., 2012).

Purpose of the Proposed Study

The purpose of this study is to explore how the ACA counseling journals address men and depression in ways that are unique to their gendered experience, and to find better ways to address their treatment needs. It is important for counselors to have accurate resources for treating specific populations. Members of the profession seek more accurate understanding of our population's experience through research studies that are qualitative, quantitative, and

theoretical. Because the greater scope of academic literature does address an experience of depression for men that is influenced by cultural gender norms, and that their experience can create barriers to help seeking, this study aims to explore how the counseling journals specifically address the concept.

Research Questions

The following research questions will serve to guide the process of article selection and building a coding frame.

1. How many articles in the selected counseling journals focus on men and depression between 2012 and 2021, and what percentage of the total articles do they represent?

2. What specific types of studies and literature exist to explore men and depression (qualitative, quantitative, or theoretical) in each of the journals from 2012 to 2021?

3. What specific treatment recommendations are given to counselors for treating men with depression in the research that exists in the selected counseling journals from 2012 to 2021?

4. What overarching categories or themes emerge from the counseling literature that focuses on men and depression between 2012 and 2021?

Summary of the Proposed Method

Qualitative Content Analysis (QCA) is a process that is both systematic and flexible by allowing themes to emerge as research progresses (Schreier, 2012). It is a suitable method for dissecting large sets of data such as several years' worth of academic journal publications. QCA is a method for searching the larger data set and selecting relevant articles. From there, a coding

frame is designed to analyze each of the articles for themes, and to specifically answer the research questions.

Evans's 2013 study also utilized Content Analysis to search ACA journals for men's mental health concerns. However, Evans method was based on Krippendorf's model, which is more quantitative. This study used Schrier's 2012 Qualitative Content Analysis. This current study discovered articles that have been published since the time frame of the 2013 Evans study. Evans's study covered 1981-2011. This study searched for articles from 2012-2021. Also, this study differs from Evans's because Evans searched for any articles covering broader topics relating to men in the journals. This study initially only searched for articles specifically related to depression and men. Also, Evans only searched two journal publications, the JCD and the CES. This study will examine four ACA journal publications: *Journal of Counseling and Development* (JCD), *Journal of Humanistic Counseling* (JHC), *Journal of Multicultural Counseling and Development* (JMCD), and *Counselor Education and Supervision* (CES).

For those reasons, this study is not intended to be a direct comparison to Evans's data in any way. The 2013 Evans study serves as a starting point for a greater discussion on men and mental health. It inspired this author to investigate a more specific aspect of men and mental health in a similar fashion, and to look at what has been added to the conversation specifically relating to men and depression since the publication of that study.

Before conducting the research, this researcher's advisor contacted the University's Institutional Review Board. Because no human subjects were used for the study, it was determined that IRB approval was not required.

Definition of Key Terms

Gender: Socially constructed differences between men's and women's experiences that range a spectrum, not biological sex differences (Addis, 2008).

Masculinity: A collection of behaviors and values defined by gender socialization norms for men that is interpreted and enacted uniquely by individuals (Magovcevic & Addis, 2008).

Hegemonic: Culturally dominant social constructions that maintain a power structure (Emslie, et al., 2005).

Gender Role Conflict: Psychological distress caused by rigid enactment of socialized gender roles (O'Neil, 2013).

Depression: A mood disorder with negative physical, emotional and cognitive symptoms described by specific criteria in the DSM-5. Also known as major depressive disorder (APA, 2013).

Social Justice: Working for equity by recognizing and deconstructing systems of power, privilege and oppression (Hays & Erford, 2018).

Content Analysis: A research method that works to systematically analyze texts for making inferences that are valid and replicable (Elo & Kyngas, 2007).

Overview

The next chapter will review the literature from the last twenty years from a larger scope of scholarly journals researching men and depression and discuss themes that exist in that literature. Chapter three will outline the QCA research method in detail and explain how it was used in this study. Chapters four and five were completed after the research was conducted. Chapter four outlines the results of the study, and chapter five discusses the findings and interpretations.

CHAPTER TWO

REVIEW OF THE LITERATURE

Depression is one of the most prevalent diseases encountered in the mental health profession (Chuick et al., 2009; Eggenberger et al., 2021; Karlin et al., 2013; Wittenborn, 2012). A significant portion of the research literature explores different ways that men and women experience depression. Although the official position in the DSM-5 is that gender does not significantly play a role in how depression should be diagnosed (American Psychiatric Association, 2013), many recent scholarly articles (Chuick et al., 2009; Cole & Ingram, 2020; Dognin & Chen, 2018; Eggenberger et al., 2021; Emslie et al., 2005; Hinton et al., 2017; Kilmartin, 2005; Magovcevic & Addis 2008; Stiawa et al., 2020) highlighted the disparity between suicide rates in men and depression diagnosis in women as cause for further investigation into the phenomenon. Worldwide, the suicide completion rate of men is nearly four times that of women (Centers for Disease Control and Prevention, 2020), and yet women are diagnosed with depression twice as often as men (Center for Disease Control and Prevention, 2018). Some have theorized that men have more socialized barriers to seeking help, and therefore never seek counseling or get diagnosed (Addis & Mahalik, 2003; Cole & Ingram, 2020; House et al., 2018; O'Brien et al., 2005; Rungreangkulkij, 2019; Sierra Hernandez at al., 2014). Others examine ways in which socialized male norms contribute to a different experience of depression in men. If men are experiencing different symptomology than women, and the DSM-5 diagnostic criteria are more tailored to a feminine expression of the disorder, then men who are displaying masking symptoms will be misdiagnosed, or simply mis-interpret the cues to seek

help (Addis, 2008; Cochran, & Rabinowitz, 2000; Chuick et al., 2009; Kilmartin, 2005; Eggenberger et al., 2021; Emslie et al., 2007; Magovcevic & Addis 2008).

A gender focused analysis of depression is relevant to counselors aspiring to provide the best care tailored to clients. If men are experiencing depression differently than women, and if they respond better to different treatments, it is important for counselors to be more aware of these differences. There has been more gender differentiated research represented in the literature for depression than for most other mental health diagnoses. However, most of that research has focused on women's experience by a ratio of three to one (Addis, 2008). In the brief history of mental health, depression has been thought of as a women's issue (Emslie et al., 2007). Because of this, in a 2013 qualitative analysis of counseling journal articles on men and mental health, Evans (2013) suggests that resistance exists in the profession against exploring depression from a masculine perspective. Evans (2013) also postulated that there may be a lack of interest in men's issues since an overwhelming majority of counselors are women. As a result, counselors lack training and knowledge of men and depression from sociocultural point of view. This oversight contributes to a serious social problem since men with depression tend to act out with risky behaviors, including more lethal means of suicide (Neukrug, 2006).

In 2013, Evans conducted a content analysis of men's issues from the Journal of Counseling and Development and Counseling Education and Supervision from 1981-2011. During the proposal phase, Evans reported pushback from colleagues for addressing mental health from a male perspective. Some felt that all mental health was diverse and so there should be no specific focus on men. Others responded that since men already have privilege in society counselors should be doing more work to focus on women (Evans, 2013). Evans counters that such attitudes ignore the data showing that men are experiencing distress in different ways than

women and with deadly consequences. Counselors seek to be multi-culturally competent, and socialization of gender is a major cultural component to each individual's unique phenomenological experience.

This literature review will examine the research across several disciplines over the last twenty years that explore the phenomenological experience of men and depression. Through both qualitative and quantitative means, the literature supported that there also exists a more masculine type of depression. This literature review will first explore some of the proposed models for understanding male depression and how it varies from the construct as defined by the DSM-5. Secondly, a discussion on hegemonic masculinity, and how socialized male role norms contribute to and change men's experience of depression. Traditional male role norms influence how men think and act. These articles conceptualize how such normalized gender scripts influence the way men interpret and respond to their own depression experiences. Thirdly, there will be an exploration of the symptoms that men report and how they express them. Fourthly, an exploration will be offered for how men employ help-seeking barriers for themselves, and resist seeking mental health care. Fifthly, specific treatment recommendations will be offered for counselors to provide more informed and effective care for men with depression. Finally, multicultural considerations and limitations from the existing literature will be addressed.

<div align="center">

Conceptualizing Depression

</div>

The Controversy of a Gender Focus

This literature review will discuss models of depression specifically attempting to capture a masculine experience, yet one must exercise caution against stereotyping. Although gender is of thought of as a binary, there are many variations within groups and across groups in the way men and women enact gender roles (Addis & Mahalik, 2003; Emslie et al., 2007). Some men

who strongly adhere to hegemonic male norms view depression as a threat, and as a result they may mask, repress or transmute their symptoms into other behaviors (Addis & Mahalik, 2003; Cochran & Rabinowitz, 2000; Dognina & Chen, 2018; Eggenberger, 2021; Kilian et al., 2020). However, not all men identify as strongly with male norms, and many men do present with a more prototypical version of depression (Magovcevic & Addis, 2008; Kilian et al., 2020). Also, some women may also experience the more masculine version of depression as defined by the models in the literature (Dognina & Chen, 2018).

Most of the studies in this review focused on an exclusively male sample. The few that included direct comparison between men and women revealed that there are many ways that men and women are more similar than different. For example, they use relatively the same number of metaphors and similar metaphors when describing depression according to Charteris-Black (2012). Emslie et al. (2007) pointed out that men and women have similar values overall when it comes to what they value in a counselor. They both value being heard without judgement, trustworthiness, sympathy and caring from the counselor. Men tended to want more skills and direction, while women valued a good listener. Additionally, members of both genders found difficulty expressing their symptoms and feelings in words at first, but both were able to learn skills to better describe their experience in counseling. Robinson et al., (2017) demonstrates that both genders report loss of control as a symptom of depression, in addition to the other prototypically accepted symptoms.

Depression Models

Limitations of the Accepted Clinical Definition

A diagnosis of Major Depressive Disorder (MDD) according to the DSM-5 (2013) must include five of the nine symptoms over the same two-week period, be a difference from previous

functioning that impairs interaction and is not caused by another condition. The nine symptoms include depressed mood, lack of interest, weight loss, sleep disruption, slowed movement, fatigue, worthlessness or guilt, lack of concentration, and thoughts of death or suicide. Many of the authors reviewed contend that such a description fits a more feminine version of depression and does not accurately capture the way men present with the disorder. The DSM-5 relies on a medical or biological model of disease classification, and some argue that there are other theoretical approaches to conceptualize depression (Addis, 2008; Apesoa-Varano, Barker & Hinton, 2015; Cochran & Rabinowitz, 2000; Dognina & Chen, 2018; Kilmartin, 2005; Liang & George, 2012; Magovcevic & Addis, 2008; Rhodes & Smith, 2010; Rungreangkulkij et al., 2019). They contended that some people, especially men, are being mis-diagnosed because their symptoms do not look like the clinical definition.

Other Theories of Depression

Health science studies frame depression as resulting from cognitive dissonance and psychological distress. Studies based on this framework have been inconclusive when trying to study the differences between men and women experiencing depression (Apesoa-Varano, Barker, Unutzer et al., 2015). Social sciences are studying the phenomenon from a larger cultural framework that adds more nuance. Sociology is concerned with the way masculinity as a cultural narrative impacts men's sense of self, ability to experience themselves, and the way they express their distress (Apesoa-Varano, Barker, Unutzer et al., 2015).

Others within the counseling and psychology field have argued that depression is best understood as a relational disorder (Dognin & Chen, 2018; Rhodes & Smith, 2010). When people experience abandonment and mistreatment there is a threat to the self, which leads to

depression. The social frameworks for these relationships and the definitions of self are different for men and women.

Philosophically, Liang & George (2012), explored the difference between a dimensionalist and categoricalist view of depression. The DSM-5 supports a dimensionalist view that depressed mood is an intensity of sadness, ergo they are dimensions of the same construct. Categoricalists however, view depression distinct from sadness. Such a construct is more difficult to describe and measure. Qualitative studies examining the rich descriptions from men and women are therefore valued as we seek to understand their experiences, (Liang & George). Such qualitative exploration supports the concept that depression is not just intense sadness, but a more complete disruption of the self, including thoughts, feelings and actions (Rhodes & Smith, 2010).

The past 40 years of gender studies and exploration from other theoretical and philosophical perspectives have led many of these researchers to propose models of a masculine form of depression (Addis & Mahalik, 2003; Cochran & Rabinowitz, 2000; Dognina & Chen, 2018; Eggenberger, 2021; Kilian et al., 2020). A key component in these models looks at the way men tend to act out, or externalize their symptoms, rather than internalizing their experience, which is what more women tend to do. Since the description in the DMS-5 focuses more on internal experiences like sadness, fatigue, guilt and thoughts it does not accurately reflect the way that men function (Kilmartin, 2005).

Addis's Four Models

In his 2008 APA journal article, Gender and Depression in Men, M. Addis defines four possible models attempting to answer the depression diagnosis gender disparity question. In this article, each of the four possible models are outlined, and critiqued for evidence. The first

possibility is *actual sex differences*. Put simply, in this framework sex is not differentiated from gender experience, but rather there is a biological reason that men experience depression less than women. In this scenario there is no reason to question the numbers, men just get depressed less than women. Addis (2008) critiques this view because it does not allow for more nuanced questions, and it excludes the possibility that men may be masking their symptoms.

Second is the *masked depression framework.* This theory heavily considers the socialization of male gender norms. Men are taught values of stoicism, self-reliance, toughness, success and power over women. These values can both perpetuate a condition for depression in men because they cannot live up to the standards, and then force men to mask what they are experiencing. Such men who are strongly socialized into this type of masculinity will have difficulty identifying sad and depressed emotions. Instead, they will take their pain and turn it into anger and aggression, or numb it by repressing, acting out, or self-medicating with drugs and alcohol. The criticism of this model is that there is no direct evidence supporting it, although there is a wealth of indirect, qualitative, and theoretical evidence (Addis, 2008).

The third model outlined by Addis, 2008 is the *masculine depression framework*. This model also considers the socialization of male gender norms. While masked depression assumes that both men and women are experiencing the same underlying disorder, but men cover it up, *masculine depression* is proposed as a different fundamental construct. It suggests that there is a feminine form of depression, and a masculine form of depression which members of either sex could possibly experience. The reasons that a person may experience one form or the other is because of socialization, not genetics. Again, this model lacks direct evidence to prove. It is difficult to find a sample of men to investigate about depression who are not going in for treatment because they do not believe they have depression.

The *gendered responding framework* is Addis' fourth model. Here the focus is on how members of the different genders are socialized to respond to affect. People who ruminate on their negative feelings more will get more depressed. Since data shows that women tend to ruminate more on their feelings than men do, that is why women get depressed more than men according to this theory. Social learning has taught men to distract, avoid, or get angry in response to negative feelings. While these responses may also be detrimental, they do protect a person from getting depressed. Again, direct evidence and study are lacking to prove this theory.

Other than the first model, the last three all support a conceptualization that men, or those adhering to masculine gender norms, are experiencing something differently when it comes to depression. As of yet, it has not been satisfactorily demonstrated by the research which one of these models provides a more accurate description. An extensive portion of this literature review will explore the qualitative and quantitative studies that have been written in the last twenty years to help enrich our understanding of the specific symptoms, experiences, and socialized gender norms of hegemonic masculinity and how they contribute to our understanding of a male depression in one of the latter three frameworks other than simply biological sex differences.

The Cyclical Model

Another conceptualization by Chuick et al., (2009) resulted from a grounded theory study of symptom patterns in depressed men. Their study focused on men who were diagnosed according to the prototypical symptomology, but also exhibited patterns and symptoms in addition that were more unique to men. They found that men experienced depression according to a pattern that was both cyclical and escalating (Chuick et al., 2009). At first, most of the men experienced a significant life transition and often an interpersonal loss that triggered their depression. They identified the typical symptoms but had difficulty admitting to or describing

sadness. Their internalized masculine narratives including wanting to 'fix their own problems', and 'real men don't fail or get sad', led them to maladaptive coping such as alcohol or drugs, anger and aggression, throwing themselves into work or sports, isolation, risky behaviors including sexual behaviors and infidelity, avoidance and denial. These maladaptive strategies provided temporary relief, but long term they contributed to worse feelings of shame, loneliness, loss of control and other traditional symptoms of depression. The cycle was interrupted when a loved one demanded that they seek help, leading to treatment and adaptive coping (Chuick et al., 2009).

Several other authors have identified this cycle for men as the "double jeopardy" concept (Good & Wood, 1995). Gender role strain for men hits twice because it both contributes to the development of psychological distress and then prevents then them from seeking help (Addis & Mahalik, 2003; Eggenberger et al., 2021). The adherence to male norms like stoicism and power made them more at risk for worsening depression symptoms (Tang et al., 2014; Kilian et al., 2020). Gender role conflict also creates a barrier for men who do seek treatment, as they tend to have higher expectations for therapy to fix them quickly, and without much emotional involvement on their part (Cole & Ingram, 2020; Stiawa et al., 2020).

Hegemonic Masculinity

Spoken and Unspoken Rules for Being a Man

Hegemonic masculine role norms are values that men traditionally follow in order to be a "real man." These ideas are socialized into boys' internal narratives from a young age. Although they vary somewhat from culture to culture, many of them are prevalent worldwide. Hegemonic masculine values can include aggression, violence, toughness, emotional stoicism, homophobia, detached fathering, courage, heroism, leadership, physical strength, sexual prowess (Kiselica &

Englar-Carlson, 2010), achievement (Liang & George, 2012) independence, self-sufficiency, anti-femininity (Magovcevic & Addis, 2008) reciprocation (Addis & Mahalik, 2003), being a provider, productive, being employed (Oliffe et al., 2012) caring for families, drinking, and neglecting health in general (Stiawa, et al. 2020).

Emslie et al., (2005) explains that hegemony is about success and maintaining power structures. It is a socialized system of control that functions to keep a certain type of man in power and to marginalize people and things that it does not value (Dognina & Chen, 2018). Hegemonic masculinity defines itself by its opposites: femininity, homosexuality, and in some cases racial minorities (Emslie et al., 2005) Men are discouraged socially from sharing emotion or nurturing one another. They are taught to handle things on their own, be strong and silent, not to burden others, and never lose power. They are conditioned to avoid anything that appears weak, wimpy or womanish (O'Brien et al., 2005; House et al., 2018).

In contrast to these masculine values stands depression: a mental illness that is associated with sadness, weakness, reducing function, loss of control and negative thoughts about oneself. Hegemonic masculinity is therefore incompatible with depression (Apesoa-Varano, Barker, Unutzer et al., 2015; Stiawa et al., 2020). It is considered feminine because of its prototypical internal symptoms, and the fact that more women have been diagnosed with it. Mental illness in general represents a lower-status position in a masculine power structure (Emslie et al., 2005). Being depressed is a failure to be a real man. If a man allows himself to admit he is depressed and feel depressed feelings it is a threat to his very identity (Tang et al., 2014).

Masculinity is not something that is achieved in a one-time event, but rather a role that must be continually performed and practiced (Tang, et al, 2014). It is an identity that is constantly under threat, and shame is always waiting in the wings to swallow up the failures

(Shepard & Rabinowitz, 2013). It is a culture where the duty to perform never rests, and the position never secure. Some men who experience depression reported that they started to isolate because the continual effort to live up to masculinity just took too much energy (Rungreangkulkij et al., 2019). This pressure is acutely experienced by older men who can no longer perform physically in the way that they used to. Their attempts to overcome their insecure feelings by throwing themselves harder into work only backfired, because work was a constant reminder that they were no longer capable (Apesoa-Varano, Barker & Hinton, 2015).

The Costs of Masculinity

Strong adherence to masculine norms has been found to be detrimental to both physical and mental health (Addis & Mahalik, 2003). The high demands of competitive work cultures based on traditional values place productivity over health, both mental and physical (Kilian et al., 2020). These values also create barriers to emotional connection in relationships, which can be a crucial source of healing and support (Wittenborn, 2012). The more strongly men are oriented to hegemonic masculine values the more likely they are to respond with maladaptive coping like isolation, aggression, violence, or drugs and alcohol when they start to feel the pressure or sense threats to their masculine identity (De Rubeis et al., 2017).

To reiterate the double jeopardy concept, hegemonic masculinity prevents men from seeking help once they start to experience distress. Asking for help for anything is a threat to masculinity, and especially for a problem that is itself un-masculine such as depression (Chuick et al., 2009, Eggenberger et al., 2021; Magovcevic & Addis, 2008). Even if they do seek help, male role norms make it difficult for men to describe sadness and other depression symptoms (Eggenberger et al., 2021), and their expectations can make it challenging to get buy-in for a strong therapeutic relationship (Stiawa et al., 2020).

One of the most troubling hegemonic narratives contributes to fatal suicides (Emslie et al., 2005). Suicide attempts are failures. In a final effort to take control and enact a successful masculine role men will use fast, violent and more effective means to kill themselves (Oliffe et al., 2012). Men will deride themselves as cowards for not following through (Emslie et al., 2005). Being too afraid of death or the pain of suicide contributes to their negative self-image. Whereas successful suicide is seen as a masculine act because it relieves being a burden to others (O'Brien et al., 2005).

Socialization and Attachment

The process of learning these gender roles is cultural and social. We learn what it means to be men and women from our families and culture (Addis and Mahalik, 2003). Fathers, teachers, religion and friends all play their part in defining for a man what he is supposed to be like. Shame is a primary mechanism used to socialize boys into becoming men (Shepard and Rabinowtiz, 2013). Boys who observe unmasculine behavior in others will bully and ridicule them. Fathers may punish behaviors that threaten masculine constructs. "Boys don't cry" and "Don't throw like a girl" are examples of cultural tropes used to shame feminine behavior out of boys (Emslie et al., 2005; Rhodes & Smith, 2010). These socialized gender roles cause distress when they conflict with our experience (Sierra Hernandez et al, 2014). The conflict of who they are supposed to be with what they actually are is termed *gender role conflict.* Cole & Ingram (2020) demonstrate that a higher personal sense of *gender role conflict* is associated with negative avoidant behaviors and reduced help seeking.

Other theorists go deeper into the socialization process beyond merely cultural tropes and punishments. Liang & George (2020) and Cochran & Rabinowitz (2000) drew heavily on attachment theory to explain the socialization of young boys. Obeying their own cultural

conditioning, many fathers and even mothers believe they ought to pull away from their sons early. These parents do not teach nor model positive emotional coping skills. They distance themselves emotionally from their young boys, believing it will make them more stoic and self-sufficient. Liang & George (2020) described this process as traumatic. It leaves young boys with attachment wounds when their parental objects are not providing the nurturing care needed for development at younger ages (Cochran & Rabinowitz, 2000). As a result, they do not develop a rich emotional vocabulary, have trouble connecting or being affectionate with others, and rely on numbing and other avoidant coping mechanisms for distress. Liang & George (2020) proposed that men who were socialized in such a strict way are at higher risk to develop depression, and less likely to understand their experience or seek help.

Men's Experiences and Expressions

Metaphors and Symptoms of Distress

Any beginning counselor knows to ask, "What is that like for you?" Each person's experience is unique, and we want to develop a shared understanding of our clients' inner world rather than rely on the textbook description. In this vein, several qualitative studies have assembled sample groups of depressed men in order to ask them what their depression is like (Apesoa-Varano, Barker & Hinton, 2015; Apesoa-Varano, Barker & Unzter et al., 2015; Charteris-Black, 2012; Chuick et al., 2009; Emslie et al., 2005; Nadeau et al., 2016; Liang & George, 2020; Rhodes & Smith, 2010; Rungreangkulkij et al., 2019). Qualitative studies of this nature give us rich and nuanced information and add to the scholarly discussion.

Many men did describe symptoms that were associated with classic DSM-5 depression like sadness, fatigue, sleep difficulties and weight loss. In fact, Nadeau et al. (2016) reports that 78.3% of their male sample would have qualified for a diagnosis of Major Depressive Disorder

with the symptoms they described. However, the other 21.7% described other symptoms. In addition, many of those with prototypical depression also included describing symptoms more associated with the masculine type of depression.

Regarding what they felt in their experience, men used metaphors and rich descriptors to help communicate their reality. Some described feeling pressed down with a heavy weight. They felt constrained and captured, like being shut in a cupboard, being tied down, or tortured (Emslie et al., 2005; Charteris-Black, 2012). Darkness was frequently described. Men perceived their mind clouded with darkness, often accompanied by hopelessness. Others described imprisonment to the condition. Some even described feeling trapped in a glass tube where you could see others but not reach them, very similar to Sylvia Plath's Bell Jar (Emslie et al., 2005). Some conveyed an experience so extreme that it felt like dying, as if the self was trying to destroy the self. The subject in Rhodes & Smith's (2010) case study shared that he had intrusive dark thoughts making him feel like his head was about to explode or pop off. In these cases, men's depression was more than just being very sad, but rather a total loss of control and loss of self (Liang & George, 2020).

Other common symptoms endorsed included lack of interest, boredom, anger, physical pain, general malaise (Apesoa-Varano, Barker & Unzter et al., 2015), irritability, violent mood swings, shame (Chuick et al., 2009), loneliness, needing more sex than normal to feel good (Nadeau et al., 2016), horror, weakness (Rhodes & Smith, 2010), feeling upside down, fear and loss of control (Rungreangkulkij et al., 2019).

Some of the symptoms created a greater threat to masculinity, and therefore compounded their distress. The most significant threat to masculinity was loss of control (Charteris-Black, 2012). This was particularly distressing for older men. As they aged and experienced actual

physical decline they were no longer able to be successful providers and solve their own problems. This experience made them doubt their own value and feel worthless, futile and ashamed (Apesoa-Varano, Barker & Hinton, 2015). Some men recalled that trying to navigate the health-care system reinforced a sense of helplessness, and it felt humiliating to have to depend on others so much (Emslie et al., 2007).

Although some men endorsed the prototypical symptoms like sadness after and during treatment, they also recalled feeling like they had to hide their condition for a long time before they sought help (Chuik et al., 2009; Rungreangkulkij et al., 2019). They knew something was not right, but it was hard to understand or explain. Nothing was physically wrong, but they knew something was wrong, and it felt unmasculine. They no longer felt like 'one of the boys,' and it was a risk to be discovered (Emslie, et al., 2005). They had a deep desire to be heard, supported and understood, but masculinity scripts kept them from reaching out. They felt like they had to go it alone and solve their own problems (Chuick et al., 2009; Liang and George, 2020).

Masking and Externalizing

Because these men felt like they had to hide their condition and go it alone, they learned to cope by using avoidant behaviors (Liang & George, 2020). Often, they felt disconnected from their wives and friends who did not understand them now, and so they isolated, afraid to go out and be caught (Chuick et al., 2009; Rungreangkulkij et al., 2019). The great pressure of masculinity led to suppression and concealing their depressed feelings (Shepherd & Rabinowitz, 2013). They described turning to alcohol or drugs or seeking out affairs to escape their feelings (Nadeau et al., 2016). According to Chuick et al. (2009), depression is more frequently comorbid with alcohol or drug abuse for men than it is with women. Distress with their own worthlessness feelings also transpired into actions that were overly aggressive like getting mad at their partners,

outbursts of violence, or suicidality (Apesoa-Varano, Barker & Hinton, 2015). These maladaptive behaviors are considered masking when they are an attempt to cover up a real sadness or depressive feeling beneath the surface behaviors. The masking conceptualization fits Addis' (2008) *masked depression framework*.

Some men in these qualitative studies reported no longer connecting to sadness at all, but completely converted the emotional experience into irritability and anger (Chuick et al., 2009). Several authors call this phenomenon *externalizing symptoms* (Eggenberger et al., 2021; Liang & George, 2020; Magovcevic & Addis, 2008; Nadeau et al., 2016). This would fit more soundly with Addis' *masculine depression framework* (2008). Kilmartin (2005) calls this behavior pattern *acting out* rather than *acting in.* Women tend to draw in-ward, feeling their feelings and ruminate. While men acted out with more aggression, throwing themselves into work or sports, or more high-risk behaviors such as increased sexual promiscuity, thrill seeking and substance use. Magovcevic and Addis (2008) demonstrated a correlation between externalizing symptoms and higher adherence to hegemonic gender norms.

Men also reported more somatic complaints in general, which can also be considered a form of externalization (Wittenborn et al., 2012). Some could not identify their own emotional distress, but instead sought help for otherwise unexplained symptoms such as tightness in their chests, acid reflux, fatigue, headaches, body aches and physical pain (Apesoa-Varano, Barker & Unzter et al., 2015; Magovcevic & Addis, 2008).

Denial of Sadness and Normalized Alexithymia

As we have already discussed, socialization of males from an early age teaches them to suppress their emotions (Emslie et al., 2005). Since men are supposed to be stoic and unemotional, they learn early on that it is unmasculine to show signs of sadness. Displaying

emotion presents a social risk, and therefore men find a way to deny sadness. Even in the samples of men seeking treatment, men often avoided using the word "sadness" and instead simply said in some way that they did not feel good (Chuick et al., 2009).

Furthermore, Liang & George (2020) explored how early gender socialization in families denies the attachment and modeling necessary to develop emotional awareness or a range of expression. This has led to what some authors call *normative male alexithymia* (Novack et al., 2013; Shephard & Rabinowitz, 2013). Alexithymia is the inability to recognize, name and express emotions. The socialization of boys makes alexithymia a normalized experience, almost as if it is the goal. Their emotions are not validated, but rather punished, ridiculed, shamed or ignored until a boy learns that emotional expression is not allowed. The result of this socialization is that some men only know how to express anger, since it is the only acceptable masculine emotion (Novack et al., 2013).

It is important for the counselor to remember that denial and alexithymia does not mean that men are incapable of emotion. In fact, studies have shown that men who experienced alexithymia through socialization are fully capable of learning to recognize and express their emotions with therapy (Emslie et al., 2005; Novack et al., 2013). Shephard & Rabinowitz (2013) caution counselors about the possibility of shaming men by asking about their feelings without training them in emotional awareness first. Simply asking how they feel could reinforce inadequacy scripts that a man with depression is already struggling with.

Shame

Shame is a hot topic in the counseling world, and worthy of significant focus when considering the relationship between depression and masculine norms. Shame is a feeling arising from a belief that who we are or what we did will cause others to look down on us if we are

exposed. Shame can be about a specific feature, or more general about self-worth (Shepherd & Rabinowitz, 2013). Shepherd & Rabinowitz (2013) contest that shame is a maladaptive emotion that does not produce positive change. Because shame is such an integral part of male socialization, men have been conditioned to avoid shame at all costs (Shepherd & Rabinowitz, 2013).

Shame may or may not cause depression, but they are similar, and related (Shepherd & Rabinowitz, 2013). They both involve beliefs about helplessness, inadequacy, and failure. Men who have been strongly conditioned may feel ashamed when they perceive they have failed to perform the masculine role. Shame feelings may arise in response to noticing unmasculine depressed feelings, or shame for failure at work, for example, may trigger a depressive episode. Shame is the motivator for hiding and avoiding symptoms, and resisting help seeking (Cochran & Rabinowitz, 2000; House et al., 2018). Shame is sinister, destructive to self-worth, and wreaks havoc with interpersonal relationships. People who feel more shame are more likely to develop social anxiety, become angry, and have less empathy toward others (Wittenborn, et al., 2012). Men will frequently use alcohol and drugs to escape feeling the shame, compounding its destructive effects (Shepherd & Rabinowitz, 2013).

Shepherd & Rabinowitz (2013) advise counselors to create a safe space that is validating and non-judgmental in order to avoid triggering shame. Shame can be experienced and processed in small doses in therapy. It helps to have a counselor name the experience as shame, and then work with the client to transform the emotion into something more useful such as guilt, or even grief. The goal is to minimize the intensity of the shame feelings without avoiding them. They also recommend that shame can be moderated through exercise, mindfulness, and restructuring negative self-talk (Shepherd & Rabinowitz, 2013).

Rejection Sensitivity

Another similar construct related to shame is *rejection sensitivity*. De Reubeis et al.

(2017) studied this construct and its relationship to depression in 72 men diagnosed with

depression. Rejection sensitivity is a cognitive disposition of anxiously expecting rejection by

others. People with high rejection sensitivity tend to interpret social cues more negatively,

leading to a negative self-view, shame, anger and humiliation. Isolation, aggression, and

rejection of others naturally follows. Depressed men with high rejection sensitivity were more

likely to view help seeking as weakness (De Reubeis et al., 2017). De Reubis et al. (2017)

demonstrates that while men with depression did improve with therapy, those with higher rates

of rejection sensitivity were at higher risk for relapse of depression symptoms. Their conclusion

is that it is important to consider rejection sensitivity and to treat for it when treating depression

to enhance longer term psychological well-being (De Reubeis et al., 2017).

Impact on Relationships

Since isolation can be detrimental to a person's well-being, we should also consider the

impact of relational contexts. Relationships play a big part in men's experience of depression as

well as their potential recovery. Relationship stress and tension with one's partner can be a major

factor contributing to depression (Wittenborn et al., 2012; Liang & George, 2020). Male role

norms dictate that a man should be a good husband and provider. When a man experiences strain

in his marriage and failure at these life tasks it may begin his descent into the masculine

depression cycle (Apesoa-Varano, Barker & Hinton, 2015). Once he starts feeling worthless and

upset, he may follow the next male script to go it alone, and isolate. House et al. (2018) reports

that most men would rather handle their depression alone because they did not want to be a

burden on their families. Others hide their feelings and withdraw from their partners out of

shame because of the stigma and fear of rejection. This fear is not just imagined in all cases. One study that interviewed family members for their attitudes about depression found that some family members believed their men should just get over it, or that they were just going through the normal distress associated with aging (Hinton et al., 2017). Some men sank deeper into depression and isolation feeling that no one understood them (Rungreangkulkij et al., 2019). Men tended to withdraw from their friends as well. It no longer felt safe to socialize with other men because they did not want their depression discovered, and because they genuinely felt different than their other male friends (Emslie et al., 2005). Depression is a lonely experience for men. Retreating into that loneliness is fraught with risk (Oliffe, et al., 2012).

On the other hand, intervention from a family member or close friend was the major variable that helped men turn the corner to seek help (Cole & Ingram, 2020). Some men reaching the end of their own efforts would finally give in to a loved one's insistence that they get treatment. Connecting with others is a major protective factor against suicide (Oliffe, et al., 2012). Reconnecting to friends and family can also help begin the healing process for depression. Treatments like Dynamic Interpersonal Therapy, and Emotionally Focused Couples Therapy have been successful in treating depression in men by building more emotional awareness through the context of their relationships (Dognina & Chen, 2018; Wittenborn et al., 2012).

Falling Through the Cracks: Other Barriers and Considerations

Men's Barriers to Help Seeking

A large body of research exists demonstrating that men tend to seek help less than women in all ages and cultures (Addis & Mahalik, 2003; Cole & Ingram, 2019; Eggenberger, 2021; House et al., 2018; O'Brien et al., 2005; Oliffe et al., 2012; Rungreangkulkij et al., 2019). Men are generally reluctant to seek help even from friends and family (Addis & Mahalik, 2003).

The stereotypical image of a man refusing to ask for directions when lost or struggling to open a pickle jar is certainly not fair to assume of all men (Sierra Hernandez et al., 2014). But the body of evidence bears out a general trend that men struggle with the idea of asking for help more than most women do. This resistance has greater consequences than a jar of pickles when considering help for medical needs of all kinds, including mental health and depression specifically (Evans, 2013; House et al., 2018).

Hegemonic masculinity and the socialization of male norms create a narrative for men that they ought to be self-sufficient, and not trouble others with their problems. They should be able to figure it out on their own (Addis & Mahalik, 2003; House et al., 2018; O'Brien et al., 2005). The health system overall is distasteful for men (Neukrug et al., 2013). Sitting in a waiting room and being dependent on others went against their masculine conditioning. Also, needing a doctor reinforced that they were weak and had something wrong with them. Men in one qualitative study reported that they would not go to a doctor for a physical problem until it was visible to others or incredibly severe (O'Brien et al., 2005). A few in the 2005 O'Brien et al. study had suffered a heart attack but recalled being so disconnected from their inner experience that they could not even believe the diagnosis. Such was the extreme to which they had learned to suppress and ignore their inner pain. If they were hesitant to seek help for obvious physical ailments, the socially constructed barriers to seek help for a feminized mental health disorder like depression would be that much more multiplied (O'Brien et al., 2005).

When considering whether or not to ask for help, men are actively constructing the meaning of masculinity for themselves psychologically (Addis & Mahalik, 2003). Addis & Mahalik (2003) proposed a model of five questions men must resolve when considering help-seeking while still maintaining their sense manhood. One, is if they think the problem is normal.

If men see other men getting help for the same issue, then this form of help-seeking can become normalized and safe. Second, is considering whether the problem is part of themselves. If the issue is a part of their identity, or ego-central, for example thinking that grumpiness is just a part of who they are, then they will not seek help to resolve it. Third, is there an opportunity to reciprocate. Men are ok asking for help with a construction project for example, if they believe they can return the favor in the future. Fourth, they consider how others react. As we have already explored in this review men perceive that their friends and family will stigmatize them for depression, and in reality, sometimes they do. Fifth, men consider what they will lose if they ask for help. Striking right at the heart of the hegemonic masculine identity is the amount of control and self-worth they will lose for admitting to and asking for help for depression (Addis & Mahalik, 2003; Cole & Ingram, 2019; House et al., 2018).

Supporting the proposals in the Addis & Mahalik model are the findings from Cole & Ingram's (2019) study on help seeking behaviors in men. They demonstrated a correlation between high gender role conflict and resistance to help seeking, as well as a negative correlation between self-stigma and help seeking. The implications are that those men who strongly identify with traditional male norms as part of their identity will experience more conflict when they feel depressed. This conflict will prevent them from seeking help because they do not consider depression a normal experience for men, others may react with shaming and rejection, and they will lose their power status as a man (Emslie et al., 2005; Rungreangkulkij et al., 2019; Tang et al., 2014).

Sierra Herandez et al., (2014) also used the 2003 Addis & Mahalik model as a basis for their qualitative study *Understanding Help-Seeking Among Depressed Men*. Their interviews with 13 men with depression supported the model. They found that all 13 men struggled with at

least three of the Addis & Mahalik psychological process questions when considering seeking help. The most significant questions concerned normativeness of depression, ego-centrality, and maintaining a sense of control. The men in the study were able to resolve the normalcy of depression itself. They believed that many men probably suffer from depression in silence but had a great deal of social pressure to hide it. Although depression was considered normal, seeking help for it was not. The men in this study also perceived that depression was a part of them, and therefore they suffered their own inability to perform masculinity. Loss of control again emerged as one of the most significant barriers to help-seeking, as admitting helplessness and defeat is so destructive to the male ego (Sierra Hernandez et al., 2014).

Assessment and Diagnosis

A core question this literature review seeks to discover is whether men are getting mis-diagnosed when they are experiencing distress that does not manifest with traditional depression symptoms. Because men experience such high rates of suicide an educated assumption is made there are likely large numbers of men with undiagnosed depression. Is their depression not recognized either because they are experiencing depression and concealing it, experience a form of depression that has uniquely masculine symptoms, or they are not seeking help and therefore are not assessed (Kilmartin, 2005)?

Some of the studies demonstrated that most of the men who did seek treatment were diagnosable according to DSM-5 symptoms, but a smaller, albeit significant percentage were displaying other kinds of symptoms (Chuick et al., 2009; Eggenberger et al., 2021; Nadeau et al., 2016). It is important to remember these findings as we talk about *masculine depression* so as not to assume all men will experience this kind of depression, and all women the other kind (Kilmartin, 2005). There is a great deal of variation in symptoms, experience, and alignment with

traditional norms within and across all gender groups. The idea being presented by several of the authors is that there is a phenomenon of depression being expressed by *some* men that is uniquely masculine because adherence to socialized male gender norms (Eggenberger et al., 2021; Kilmartin, 2005). When these men sit with a counselor for assessment and present with externalized symptoms like anger, avoidance or risky behavior they are often misdiagnosed with a personality disorder or substance abuse disorder (Liang & George, 2012). There may also be bias on the part of the counselor to misdiagnose men as something besides depression (Magovcevic & Addis, 2008).

Because the DSM-5 criteria favor a feminine style of depression (Dognina & Chen, 2018; House et al., 2018), psychology researchers Magovcevic & Addis (2008) developed the Masculine Depression Scale to assess for the construct *masculine depression.* This self-report assessment instrument included items asking about these 16 symptoms: anger/aggression, substance abuse, social withdrawal, over focus on work, blunting affect, inability to express soft emotions, loss of interest in success, aches and pains, change in sexual desire, stress intolerance, difficulty with decision making, need for autonomy, worries about future, self-criticism, blaming, and disillusionment. In their study they compared a sample of 102 men who had experienced a recent stressful life event. They compared their measures on their Masculine Depression Scale to an older instrument, *The Gotland Male Depression Scale* (1999), as well as three different instruments that were designed to measure traditional depression. They also assessed the sample with *The Conformity to Masculine Norms Inventory* (2003), and *The Male Role Norms Scale* (1986). The Gotland scale was used to validate their instrument. They found that those men who endorsed more externalizing symptoms on their *Masculine Depression*

Scale, and not as many of the traditional internalized symptoms also endorsed higher conformity to masculine gender norms (Magovcevic & Addis, 2008).

Breaking Free: How Men Justified Help Seeking

The double jeopardy of isolation and stigma for help-seeking may seem to put men in a hopeless cycle. However, men who did seek help often demonstrated complex cognitive renegotiations that enabled them to seek help and still maintain their sense of masculinity. Each man constructs his own unique hierarchy of important male role norms (O'Brien et al., 2005). Some men would cognitively negotiate threats so that help-seeking and the stigma of mental health were less dangerous than the destruction to self that depression causes (Sierra-Hernandez et al., 2014). Reframing was a key strategy. Some were able to see therapy as a strength, duty, or courageous act. Some saw help as a path toward becoming productive again (House et al., 2018). Perhaps most significant was reframing therapy as re-taking control from the way depression had overwhelmed their life (Emslie et al., 2007; House et al., 2018; Sierra-Hernandez et al., 2014).

Social interaction and relationships were also important. Many sought help when they were compelled by a friend or family member (Cole & Ingram, 2020). Also, if they observed other men doing it, the normalized behavior became more acceptable (Cole & Ingram, 2020; Sierra-Hernandez et al., 2014).

Implications for Treatment

Recommendations for Counselors

Each source in the literature review provided recommendations for mental health professionals working with men and depression based on their research. Because some men feel like they have compromised some of their manhood by seeking help for depression, it is important for counselors to help men support a new narrative for what it means to be masculine.

A counselor can do this by highlighting other masculine strengths, and reframing (Emslie et al., 2007; Kilian et al., 2020; Kiselica & Englar-Carlson, 2010). Since loss of control emerged as a critical theme in men's depression, it was effective for men to reframe therapy and help seeking as a way of taking back control (Emslie, et al., 2005). Finding new masculine narratives were particularly beneficial when working with older men who had lost their sense of purpose and productivity (Apesoa-Varano, Barker & Hinton, 2015). Others suggested externalizing the problem in order to shift it away from their internal self-worth. In this way reframing depression as an enemy to be fought, or battle to overcome (Novack et al., 2013; Sierra Hernandez et al., 2014; Wittenborn et al., 2012).

The research also highlighted a general male preference for more direct and active counseling methods (Neukrug et al., 2013). CBT and techniques that focused more on skill development made more sense to men than person-centered approaches. Men also felt more comfortable with titles like "executive coach" rather than counselor or therapist (Cole & Ingram, 2020) Therapist demeanors like friendliness, affirming, and collaborative teamwork were preferred (Kiselica & Englar-Carlson, 2010). Hinton et al. (2017) recommended Motivational Interviewing to help men maintain a sense of autonomy while shifting their motivation for change and acceptance. Group counseling also emerged as a powerful intervention in order to normalize depression, and allow men the opportunity to group bond, and support each other (Liang & George, 2012; Novack et al., 2013; O'Brien et al., 2005). Some endorsed better assessment strategies tailored to men's experience (House et al., 2018; Magovcevic & Addis, 2008).

Even though it might feel uncomfortable, counselors should be ready to address masculinity in treatment with men early on (De Rubeis et al., 2017; Eggenberger et al., 2021;

Oliffe et al., 2012). This may require some self-analysis of one's own gender bias and comfort addressing gender issues, especially in cases of a gender difference. Chuick et al. (2009), recommends using feminist theoretical perspectives to educate men on the role that gender socialization has played in forming their values and self-concept. From there, help by validating and expanding their sense of masculinity rather than criticizing it or expecting them to be more feminized to fit the therapy models (Kilmartin, 2005; Neukrug et al., 2013). Masculinity is not a problem to be solved, but rather a complex identity to be more fully explored (Novack et al., 2013). Men did well when given the safe space to express their depression symptoms without being criticized or shamed (Tang et al., 2014).

Several authors also urged that more should be done to create outreach, education and awareness (Neukrug et al., 2013; Stiawa et al., 2020; Tang et al., 2014). It would help if the public was more aware of the symptoms they should be watching for in themselves and their loved ones (House et al., 2018). Since men were more likely to seek help if they perceived the behavior was normalized, it follows that finding ways to make depression more visible through media and word of mouth will weaken the stigma (Sierra-Hernandez et al., 2014). Stiawa et al. (2020), also emphasized the need for counselors to be more educated on how gender issues influence mental health.

Specific Interventions

Positive Psychology: Positive Masculinity

Kiselica and Englar-Carlson (2010) have proposed a model for treating depression based on positive psychology that emphasizes men's strengths. They suggest working within the socialized masculinity structures that already exist. In this way they are meeting men within their cultural frameworks. There are many positive values in traditional masculinity. Emphasizing

their strengths like courage, humor, heroism, humanitarian service and male ways of caring helped men resolve the futility and worthlessness of depression. They also supported addressing and deconstructing the negative aspects of hegemonic masculinity like sexism and neglect. Their approach acknowledges that the negative coping mechanisms associated with masculinity perpetuate depression's hold, and that reframing will empower men to accept a more complex and positive version of themselves (Kiselica & Englar-Carlson, 2010). Other authors also supported the strategy to reframe depression struggles into positive male traits (Emslie et al., 2005; Neukrug et al., 2013; Stiawa et al., 2020).

Dynamic Interpersonal Therapy

Dognina & Chen (2018) demonstrated Dynamic Interpersonal Therapy specifically as a treatment for *masculine depression* through three case study vignettes. DIT directly addresses how our internal working models drive our interpersonal relationships. In this modality depression is treated as a relational disorder. The therapist collaborates with the client to create a map of internal beliefs and how they influence relational behavior and their sense of self. When hegemonic masculinity norms are at work to maintain power, isolate, and shut down emotions they make it difficult for men to find authenticity and safety in interpersonal relationships. That role strain can lead to depression. Dynamic Interpersonal Therapy seeks to build access to emotional vulnerability, openness and equality in relationships, thereby loosening the gender role norms that keep men constrained (Dognina & Chen, 2018).

Mindfulness

Mindfulness techniques have demonstrated effective relief for a multitude of mental health concerns, including depression (Karlin et al., 2013; Nakajima et al., 2018). Since men prefer more active interventions (Kiselica & Englar-Carlson, 2010), it would stand to reason that

some men would be resistant to mindfulness techniques. Mindfulness can involve mediation, or other active practices that involve having a present moment observational awareness that is non-judging. Nakajima et al. (2018) demonstrated that mindfulness skills used in collaboration with coaching techniques were more effective at reducing depression symptoms in both men and women than coaching skills alone.

Acceptance and Commitment Therapy

Acceptance and Commitment Therapy (ACT) is a treatment modality that uses mindfulness and other exercises to enhance present moment awareness and acceptance of distress rather than trying to solve the distress. Karlin et al. (2013) conducted a quantitative study on treating older veterans with depression using ACT. The study compared the results from a younger group of veterans to a group of veterans over 65. The younger group was 76.8% male, and the older group was 94.7% male. A study on ACT for veterans with depression is of relevance to our discussion on hegemonic masculinity and depression since the military tends to be a culture with higher adherence to traditional male norms. ACT is a very different approach for men with depression than other recommended active coaching styles because it promotes tolerance of the things that cannot be fixed. However, this is the reality that many older men face as they lose their abilities to control their lives. The study found that ACT was a highly effective treatment method for both older and younger veterans with depression, while just slightly less effective for the older sample (Karlin et al., 2013).

Gestalt

In contrast to ACT, Gestalt is another methodology that may have great potential for addressing men's ways of being. Gestalt has an extreme here and now orientation and is also very active. Novack et al. (2013) demonstrated how Gestalt can be particularly effective for men

with depression from a theoretical standpoint and illustrated with case examples. Because gestalt values each client in their unique context it can foster a safe space for men to be themselves and not experience shame. Gestalt uses active experimentations in the session to help build awareness, which creates more power of choice. The authors supported clients to build a more holistic masculine identity, and framing depression as an enemy, rather than making masculinity the problem. Men in the case studies expressed appreciation for learning more emotional access and expression using gestalt techniques (Novack et al., 2013).

Existentialism

Wrestling with questions of meaning, purposelessness, loss of choice and death create developmental crises of consciousness that could lead anyone to a depressed episode. Existential questions of purpose, mortality and choice are of particular relevance to men since hegemonic values create an image of man being an almost indestructible productive protector who is in complete control of his own life. When reality shakes those contracts, men are left with an existential crisis. In a study on patients in palliative care, Robinson et al. (2017) discovered that those near the end of life desired to hasten death when they had lost a sense of hope and purpose. The subjects' outlook significantly lowered their sense of quality of life. Robinson et al. (2017) concluded that existential theoretically oriented therapy would be an appropriate method to address depression in both men and women at this stage of life in order to resolve this sense of crisis. Liang & George (2012) also recommend existential approaches since *masculine depression* contains themes like hopelessness, worthlessness and loss of control.

Emotionally Focused Couples Therapy

A final article with a theoretical recommendation for a specific therapeutic intervention for masculine depression is Wittenborn et al. (2012). They examine how Emotionally Focused

Couple's Therapy is unique approach to reaching men that enlists their partners as allies in a fight against depression: their common enemy. This lit review has already explored theories that depression can be caused or exacerbated by relational strain. EFT works with couples together to reduce negative interactions. The treatment is rooted in attachment theory and works to create a safe base in the relationship to express emotion and vulnerability. From there men have a supportive relationship at home from which to work through their depression. As a bonus, men are more likely to go to couples therapy than single therapy for themselves because couples therapy is less stigmatized (Wittenborn et al., 2012).

Multicultural Considerations

A majority of the studies collected for this review were based on American, Canadian, or Western European populations of mostly white, straight, males and may have included small percentages of racial or sexual minorities (Charteris-Black, 2012; Chuick et al., 2009; Cole & Ingram, 2020; De Rubeis et al., 2017; Eggenberger et al., 2021; Emslie et al., 2005; Emslie et al., 2007; House et al., 2018; Karlin et al., 2013; Kilian et al., 2020; Magovcevic & Addis, 2008; Nadeau et al., 2016; O'Brien et al., 2005; Oliffe et al., 2012; Robinson et al., 2017; Sierra Hernandez et al., 2014; Stiawa et al., 2020).

Several studies from other countries and populations were also included. Apesoa-Varano, Barker & Hinton (2015), Apesoa-Varano, Barker & Unutzer et al., (2015) and Hinton et al., (2017) were all based on samples that were half white and half Mexican American. Liang & George (2020) was conducted with a small group of Christian men from urban South India. Nakajima et al., (2018) sampled Japanese undergraduate students. Rungreangkulkij et al., (2019) is a Thai study. Tang et al., (2014) sampled college students in Canada, and 11 of their 21 respondents were of Asian heritage.

Some unique data emerged relating to culture specifically. Some of the Mexican men described experiencing *ataque de nervios* rather than saying depression. *Ataque de nervios* is a culturally bound experience of mental distress which may conceptually overlap with depression, but is not a synonym (Apesoa-Verano, Barker & Unutzer, et al., 2015). The Mexican sample also reported experiencing more general malaise, while white men talked more of worthlessness (Apesoa-Verano, Barker & Unutzer, et al., 2015). Black men's experience with loss of control was compounded by racism. They are more likely to experience unemployment, less wealth, and micro-aggression. Black men also tended to align more strongly with hegemonic male norms (Dognina & Chen, 2018). The Liang & George (2020) study highlighted some concerns unique to their intersectional Christian, Indian, male culture. These men described a more extreme emotional distancing from their fathers, and even their mothers as they were being trained to be stoic young boys. They also had the uniqueness of being a religious minority in their community. In some ways their Christian faith was a protective factor and aided in their recovery, but they also described ways that it was lonely and ostracizing, in one case even from his own wife. Such cultural circumstances are risk factors for developing depression (Liang & George, 2020). Rungreangkulkij et al. (2019) concluded that Thai men's experience with depression was like that of men from other cultures and countries.

There was very little representation in this literature sample from the sexual minority perspective. Masculine depression is a construct thought to be affecting men who adhere more strongly to hegemonic masculine gender norms. This is a gender culture that defines itself in opposition to homosexuality. Gay slurs are often used as insults to shame men into conforming (Emslie et al., 2005). One perspective offered by Emslie et al. (2005) is that gay men with depression were more able to accept depression diagnosis because they already felt unique

against the milieu of the larger culture. Depression simply became another part of their identity that was different. Since men with varying sexualities also have varying ways of constructing their masculine identity, more research ought to be conducted to address this population's concerns regarding sexuality, gender identity and depression.

Being a man is one part of a complex intersectional identity that is also influenced by race, religion, sexuality, region and socio-economic status. Each of these have an impact on how a man constructs masculinity, and how closely he will identify with hegemonic male norms (Dognina & Chen, 2018). Because gender groups are heavily socialized by culture to perform different normative roles, femininity and masculinity are also cultures. Considering how gender influences the experience of mental health is a multi-cultural issue (Evans, 2013).

Limitations of the Literature

This chapter has reviewed academic journal literature from the last twenty years that focused on men's depression as an experience that differs from what some consider a more feminine version that is officially accepted. This review included articles that covered models of men's depression, the role of hegemonic masculine role norms, men's unique expression and experiences, barriers to help-seeking, and recommendations for treatment. Much more literature exists regarding the conceptualization of depression and masculinity studies that go back further than twenty years, which is beyond the scope of this paper to include.

One limitation of the literature is that most of the studies were qualitative in nature. While this is valuable from a discovery perspective, more quantitative research is needed to provide accurate and appropriate treatment for men and women with depression. One area would be to seek more research that supports the various proposed models for masculine depression from a more empirical standpoint (Addis, 2008). It is still unclear whether the differential in

depression diagnosis numbers is based on sex, masked symptoms, treatment avoidance, or a completely different depression construct like *masculine depression.* More research is also needed that directly compares a male sample with a female sample. Several authors cautioned against stereotyping in research and treatment of men and women (Addis & Mahalik, 2003; Emslie et al., 2007; Sierra Hernandez et al., 2014). Including both genders in the studies would help to avoid such assumptions and overgeneralizations.

One author brought up that a major limitation for studying this construct is that these subjects do not want to show up to be studied (Emslie et al., 2005). Men who are in denial about depression are strong, silent and mistrust the mental health field and therefore will not sign up to be polled or interviewed.

As stated earlier, there is a dearth of research from sexuality minority perspectives on this subject. Most of the research focused on a hetero-normative and binary conceptualization of gender. Much more could be done to bring nuance to the research on depression and construction of masculinity from a variety of perspectives.

Finally, studies supporting specific treatment modalities for men with depression were primarily theoretical or qualitative. Research and statistics show us that men are completing suicide much more frequently than women and experiencing gender role strain from hegemonic norms that lead to distress. The mental health systems are missing their opportunities to help this population because they do not seek it, they are being misdiagnosed, or they are treated with the wrong methods once they do. More research is needed to empirically support specific treatment methods tailored to men who align more with traditional male norms and are experiencing some form of masculine depression (Evans, 2013). Since this represents a mental health crisis for this population, the remainder of this thesis will analyze the content that exists in the American

Counseling Association journals that specifically addresses treatment and conceptualization of

men's depression.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

Introduction

This chapter describes the methodology used to investigate the research questions outlined by this study. The Qualitative Content Analysis (QCA) method developed by Margrit Schrier (2012) systematically describes the meaning of a large set of data. Content Analysis in general is used to select relevant pieces from a larger data set based on a research question. QCA was the research method used for this study. It is a unique method because the coding frame can be flexible as the data is encountered. Schrier's QCA can be used for inductive or deductive research.

Inductive means to go from several specific pieces of information and make broad generalizations. It is used when there is insufficient starting knowledge about the phenomena (Elo & Kyngas, 2007). *Deductive* means to begin with a starting premise and collect specific answers from the data. Deductive content analysis is frequently used for theory testing when there is already previous knowledge of the subject (Elo & Kyngas, 2007). For this study, Schrier's QCA was used for questions 1, the quantitative research questions, and questions 2 & 3 which are deductive questions. For the inductive question, a specific QCA abstraction coding method proposed by Elo & Kyngas (2007) was used. This inductive process includes 3 steps using open-coding, creating categories, and abstraction (Elo & Kyngas, 2007). This study replicated the method used by Suomala-Folkerds (2019), who completed a qualitive content analysis of death themes in counseling journals. This researcher decided to replicate Suomala-Folkers method because both studies were aimed at discovering themes and addressing topics

that may have deficits in the counseling literature. Qualitative Content Analysis is used to determine the number of articles in a specified data set, and then to analyze the themes of their content. Just as Suomala-Folkers (2019) used QCA to investigate how the ACA has addressed death, this researcher used QCA to investigate how the ACA addresses men and depression over a set period.

The subject matter initially sought for this study included all articles that focus on men and depression from selected journals published by the ACA. However, since the initial search of the proposed content only yielded one qualifying article, the search terms were broadened. The following sections will review the statement of purpose, including the research questions, and the revised search criteria. It also describes in detail the steps of QCA and how it was used in this study.

Description of the QCA Process by Steps

Schreier (2012) outlines an eight-step process for completing QCA: (1) decide on the research question, (2) select the material to be studied, (3) build a coding frame, (4) divide the material into units of coding, (5) try out the coding, (6) evaluate and modify the coding frame, (7) conduct the main analysis, and (8) interpret and present findings. This chapter will describe Steps 1 through 6 in detail and briefly describe Steps 7 and 8. Step 8 is covered later in the results and discussion chapters (Suomala-Folkerds, 2019).

Step 1: The Guiding Research Questions

This study was guided by four research questions. This section provides a brief overview of those questions and how they were investigated.

Research Question #1 (RQ1)

How many articles in the selected counseling journals focus on men and depression between 2012 and 2021, and what percentage of the total published articles do they represent? (Quantitative). This question was meant to discover the scope of literature that covers the topic of men and depression for counselors and to arrive at a specific numerical answer. The findings here indicate how prevalent this topic exists in the counseling journals. The answers reveal where the gaps are in the research and education on this topic.

Research Question #2 (RQ2)

What specific types of studies and literature exist to explore men and depression (qualitative, quantitative, or theoretical) in each of the journals from 2011 to 2021? (Quantitative and deductive). This question aims to create further insight from question 1 by categorizing the types of studies the identified articles represented. The purpose of this question was to discover if the counseling journal literature on men and depression are more weighted toward investigating the phenomenon (qualitative), providing thought experiments and hypothesis (theoretical) or are doing experiments to measure the construct and/or effective treatments (quantitative). This was relevant because it revealed the stage of the academic conversation. If most of the articles are theoretical or qualitative, then the phenomena is still being explored, rather than having evidence-based solutions offered to manage the phenomena.

Research Question #3 (RQ3)

What specific recommendations are given to counselors for treating men with depression in the research that exists in the selected counseling journals from 2012 to 2021? (Qualitative and deductive). This question was utilized as a subset of the coding frame specifically concerned

with the theme of treatment methods. This question is of particular importance to the purpose of the study by specifically looking for treatment recommendations and implications highlighted by the articles in the counseling journals that focus on men and depression.

Research Question #4 (RQ4)

What categories or themes emerge from the counseling literature that focuses on men and depression between 2012 and 2021? (Qualitative and inductive) A QCA coding frame was used to identify themes and concepts in the identified articles. The point of this analysis was to get a sense of the abstracted overarching themes that the selected articles discussed.

Step 2: Select the Material to be Studied: Journals to be Examined

This study will search for articles addressing men and depression from the following ACA publications: *Journal of Counseling and Development* (JCD), *Journal of Humanistic Counseling* (JHC), *Journal of Multicultural Counseling and Development* (JMCD), and *Counselor Education and Supervision* (CES).

JCD was chosen because it is the flagship journal for counselors. The JCD is a key inclusion to the study to discover themes in the counseling research literature that are relevant to counselors. JHC focuses on tolerance, diversity, and human rights. Hegemonic masculinity is a gender diversity issue, and the reviewed literature proposes that it may be a root cause for the way men experience depression. JMCD was included because gender differences are a cultural issue. CES was relevant to include as well because it may have articles on diagnosis or treatment of depression for men and how to educate and supervise counselors on these topics.

This study examined articles selected from the four identified journals over a period of ten years, from 2012 – 2021. This was to discover research and themes that are most recent and relevant in the professional conversation about gender and mental health.

Process of Article Selection

In order to select the articles for this study, and to answer RQ1, *How many articles in the selected counseling journals focus on men and depression between 2012 and 2021, and what percentage of the total articles do they represent?* the tables of contents (TOC) were retrieved for each journal publication. The TOCs were accessed through the Minnesota State University Moorhead library using Academic Search Complete. The TOCs for each of the four journal publications in the ten-year set were downloaded into electronic PDF and then printed. Once all TOCs were printed, the article titles listed in the TOCs were manually searched for key words. Initially, the search terms that the titles must have included were the words *depression or suicide* AND at least one of the following terms: *man, men, male, masculine, masculinity or gender*.

Because this search only resulted in one qualifying article, the search terms were then expanded. The next wave of selection considered any article title from the four journals published between 2012-2021 that included the terms *man, men, male, masculine, masculinity, machismo or gender.* The final selection for analysis in the research study was made if those articles addressed research question three by recommending counselor interventions for mental health treatments in general, and if they centered on masculinity as the focus for those recommendations. This meant that the focus of the research was no longer depression specifically, but a broader QCA of men's mental health concerns.

Dependability of the article selection process was ensured by a second auditor to review the TOCs. In this study, the second auditor was the researcher's advisor. Selection results were

compared between the researcher and secondary auditor, and the broader scope of the search terms were agreed upon.

The selected articles were then accessed through the EBSCOhost database. Each article was downloaded and printed. The articles were tallied, counted and listed in an Excel spreadsheet. The percentage was calculated based on the total number of articles published in the four journals between 2012-2021

Step 3: Develop a Coding Frame and 4: Divide the Material into units of Coding

Next, a coding frame was developed to analyze the data, which was guided by the research questions. Suomala-Folkerds (2019) used a coding sheet that was replicated and slightly adjusted to fit the research questions of this study. For RQ2, W*hat specific types of studies and literature exist to explore men and depression (qualitative, quantitative or theoretical) in each of the journals from 2011 to 2021?,* each article was coded as one of the three types of studies on the coding sheet and then tallied and counted. Quantitative includes any study that uses an empirical method aimed at finding measurable results. Qualitative studies are those using methods to discover and describe phenomena. Theoretical articles do not include a research study, but draw conclusions based on other research in order to propose models or clarify concepts.

RQ3, *What specific recommendations are given to counselors for treating men with depression in the research that exists in the selected counseling journals from 2011 to 2021?* Recommendations for treatment can be defined as any specific therapeutic intervention offered and supported by the selected journal articles in the data set. Addressing this question required the creation of a sub-set in the coding frame (Schrier, 2012). In this study, this was done by

including a specific question on the coding sheet. Any content in any of the articles that specifically addressed treatment for men and depression also needed to be coded in the coding sheet, even if treatment is not the overall theme of the individual article. This is a deductive method, where a sub-category is created, and the article is searched specifically for material that fits the category (Elo & Kyngas, 2007).

RQ4 is where QCA becomes more complicated and yet also utilizes the strengths that make the method necessary. Elo & Kyngas' (2007) coding process was followed in this study to categorize themes found in the articles. The first step was an open-coding process with the researcher reading the articles and making notes in the margins. The notes indicated themes addressed in the article that may have relevance in a larger context and may also appear in other articles. Those themes that were noted along in the text as the researcher read through are called *headings* (Elo & Kyngas). The articles were read twice, within a time span of between 10-14 days in order to ensure reliability and approach the content with a fresh set of eyes. The 10–14-day span is recommended by (Schreier, 2012). The second step was to list all the headings that could possibly be found from the articles onto the coding sheet and develop generic category groupings. Abstraction is the third and final step in Elo and Kyngas (2007), which is the process of taking the categories developed in the second step and assigning a single comprehensive theme for each article. Abstraction is an inductive process that is both systematic and interpretive to arrive at a generalized theme for each article (Elo & Kyngas, 2007). The three -step inductive coding method was used to answer RQ4: W*hat categories or themes emerge from the counseling literature that focuses on men and depression between 2011 and 2021?*

Coding for Each Journal

Once the articles were read and coded, the abstraction for each article was listed in a spreadsheet. Themes were created based on grouping the abstractions, and each article tallied based on its assigned coded theme. This researcher spent approximately 3-4 hours with each of the 23 selected articles between the two different readings. This amount of time allowed the researcher to develop dependability and ensure that the themes in the analysis honored the original context in the articles and eliminate biased conclusions.

Step 5: Try Out the Coding and 6: Evaluate and Modify the Coding Frame

Steps 5 and 6 are a unique strength of QCA, because they create flexibility to the research method as the data is encountered (Schrier, 2012). Once the researcher starts the process, they may need to adjust some categories, by splitting them into two more specific categories, or adding or eliminating categories or sub-sets. It is important that the adjustments be made to better align with the research questions and purpose of the study.

Step 7: Conduct the Main Analysis and 8: Interpret and Present Findings

Step seven of the research method is to complete the research process. Step eight from Schrier's (2012) QCA is to interpret and present the findings. Chapter 4 in this study presents the findings recorded in the coding frame to answer the four research questions. In chapter 5, this author discusses and interprets the findings of the research.

<div align="center">

Establishing Dependability and Trustworthiness

</div>

Establishing dependability and trustworthiness are essential to ensure a properly conducted qualitative research study. Dependability is the quality of being able to replicate the study. Dependability was established in this study in two ways. First, the initial data selection of articles was conducted with a second outside auditor. Second, reliability of the coding process

was ensured by time spent with the content and reading each article twice with a 10–14-day span in between each read. This time span was indicated by (Schrier, 2012), as a way to ensure that the researcher comes to the same conclusions in two different sessions and helps reduce researcher bias.

In QCA, *trustworthiness* ensures that the study addresses the subject it is intending to investigate (Schrier, 2012). Flexibility of the coding frame helps to establish trustworthiness, because you can adjust the categories as you encounter the content. By the end of the process, the coding frame should accurately represent the themes of the data and be aligned with the purposes established by the research questions (Schrier, 2012). Trustworthiness of this study was established by four criteria outlined by the Applied Doctoral Center (2012): credibility, transferability, dependability, and confirmability. *Credibility* was established by the rigorous process the researcher used to collect the data. The Elo & Kyngas (2013) model of QCA requires the researcher to find as many headings as possible from the article and then review the process at a later date with a fresh perspective. Thus, the researcher spends a lot of time immersed in the data before categories, abstractions and conclusions can be established. *Transferability* requires that the findings can be linked to similar contexts. Transferability is established in the discussion section of this paper where emerging themes from this study are compared and contrasted to those discovered in the literature review. Rich descriptions of the content also help establish transferability. *Dependability* is ensured by using an outside auditor throughout the research process. *Confirmability* means that the researcher is not being driven by biases. This is achieved by intentional bracketing by the researcher, and self-awareness about pre-conceived conclusions. The Elo & Kyngas (2013) model also reduces bias through the extensive coding and abstraction process.

It is important that the researcher reviews their own contact with the subject matter, including their values, beliefs and relationships so that they are aware of possible biases. I am a 42-year-old white female living in the mid-western United States. I grew up in a family that espoused conservative Christian values. My mother and father are still married, and my father was a blue-collar worker, driving a delivery truck for 36 years. I have one younger brother. I am heterosexual and was married to a heterosexual man for sixteen years. I have two teenage sons, and one non-binary teenager. Traditional gender roles were strongly encouraged through narratives in my home and church in my upbringing. As I matured, I became open to a wider variety of gender definitions and expressions. As I review the data about men and depression, it will be important for me to remember that my gender, race, culture and family history influences my perspective.

My personal beliefs about masculinity have influenced my interest in the subject and inspired me to do research. I believe men have many unique strengths. Some of their strengths are biological, and others are from socialized values and norms. A healthy enactment of masculinity is one that is rooted in honest self-awareness, and honors the validity and equality of women, children and other men who express their masculinity differently. I believe masculinity can have many possible meanings and can be individually determined. I admire many male friends and family members who use their unique male traits to enhance their quality of life and relationships. I have also observed how toxic masculinity can cause harm to women, children, other men, and our entire social system. On an individual level, I grieve for men who have been shamed into shutting down parts of themselves that were considered unmasculine according to hegemonic norms. My hope is that our culture is shifting to create more space for men to

experience all the parts of themselves, their emotions and preferences in a way that is whole, human, accepted, and healthier for our entire society.

Summary

This chapter outlined a step-by-step process for how Qualitative Content Analysis was utilized to select and analyze the data for this study. This chapter identified the ACA journal publications that were searched for article content, and why each journal is relevant to the topic of men and depression for counselors. The research questions were established, which guided the article selection, and development of the coding frame. Finally, reliability and trustworthiness in the study were discussed. This research methodology was followed in order to more fully investigate how the counseling journals address men and depression, as well as broader mental health issues, how they are experienced in ways that are unique to men's gendered experience, and address proposed treatments, which is the purpose of this study.

CHAPTER FOUR

FINDINGS

This chapter outlines the findings of the study after completing the qualitative content analysis process for the set of proposed journals. The systematic analysis was completed of the four journal American Counseling Association journals from 2012-2021 *Journal of Counseling and Development* (JCD), *Journal of Humanistic Counseling* (JHC), *Journal of Multicultural Counseling and Development* (JMCD), and *Counselor Education and Supervision* (CES). The results of the research questions outline the results section below.

Results of the Research Questions

Research Question #1 (RQ1)

How many articles in the selected counseling journals focus on men and depression between 2012 and 2021, and what percentage of the total published articles do they represent?

The first step in the process to answer this question involved the selection of articles. In this process, the Tables of Contents were printed from each proposed journal publication in the ten-year span and the titles were searched for key words: m*en, masculinity, male or gender* AND *depression or suicide.* In the first search of all four journals for ten years, only one article was found that matched the initial search criteria.

Shephard & Rabinowitz, 2013 (JCD)

Because of the lack of articles matching the search criteria, the advisor and researcher decided to expand the scope and search terms for the study. The search terms were expanded to

include any article title with the key words *man, men, male, masculine, masculinity, machismo or gender* and then to determine if the articles focused on recommendations for counseling men. This broadens the topic focus of this thesis from more than just men and depression and includes other mental health issues for men. Yet, the focus of the study remains on how counselors can be better equipped to care for men in practice.

In the JCD 24 articles were found that included a male key word in the title. Of those 24, the auditor and researcher agreed on 15 articles to select that focused on counseling men.

In the JHC 4 articles were found that included a male key word in the title. Of those 4, the auditor and researcher agreed on 3 articles to select that focused on counseling men.

In the JMCD 7 articles were found that included a male key word in the title. Of those 7, the auditor and researcher agreed on 5 articles to select that focused on counseling men.

In the CES 3 articles were found that included a male key word in the title. Of those 3, the auditor and researcher agreed on 0 articles to select that focused on counseling men.

The total number of ACA journal articles selected for the qualitative content analysis portion of this study were 23 articles in the span of 2012-2021.

There were 17 articles that included a male key word but were not selected either because they did not focus on counseling interventions, or because they centered on another aspect of intersectional identity that overshadowed the influence of masculinity in their research. Those de-selected articles are listed here.

Journal of Counseling and Development

Amola & Grimmett, 2015.
Bozard & Young, 2016.

Butler et al., 2013.
Clark et al., 2013.
Dispenza, 2015.
Evans, 2013.
Hines & Holcomb-McCoy, 2013.
Michel, Hall, Hays, & Runyan, 2013.
Vargas et al., 2016.

Journal of Humanistic Counseling
Bonner et al., 2021.

Journal of Multicultural Counseling and Development

Barcus & Crowley, 2012.
Hairston et al., 2018.
Heard, Courtney & Ricard, 2018.
Wilson, Henriksen, Bustamante & Irby, 2016.

Counselor Education and Supervision

Crockett et al., 2018.
Dollarhide et al., 2018.
Hannon et al., 2019.

Therefore, to answer the first research question directly, from 2012-2021 in the JCD 15 relevant articles were found, out of a total 456 published articles, or 3.3% of JCD articles. In the JHC, 4 relevant articles were found, out of a total 152 published articles, or 2.6% of JHC articles. In the JMCD 7 relevant articles were found, out of a total 182 published articles, or 3.8% of JMCD articles. In the CES 0 relevant articles were found, out of a total of 206 articles, or 0% of CES articles.

Overall, 23 relevant articles were selected from the 4 journals, out of a total 996 published articles, or 2.3% of total articles.

The relevant articles that were selected for this study are listed below.

Journal of Counseling and Development (15)

Burlew & Shurts, 2013.

Duffey & Haberstroh, 2013.
Duffey & Haberstroh, 2014.
Englar-Carlson & Kiselica, 2013.
Evans, Carney & Wilkinson, 2013.
Gladding & Villalba, 2014.
Johnson, 2016.
Neukrug, Britton & Crews, 2013.
Novack, Park & Friedman, 2013.
O'Neil, 2013.
Reed, 2014.
Robertson, 2013.
Shen-Miller et al., 2013
Shephard & Rabinowitz, 2013.
Washington, 2018.

Journal of Humanistic Counseling (3)

Hannon & Vereen, 2016.
Shermer & Holmes, 2018.
Stare & Fernando, 2020.

Journal of Multicultural Counseling and Development (5)

Arora, Metz & Carlson, 2016.
Estrada & Arciniega, 2015.
Lin et al., 2021.
Herrera, Ownes & Mallinckrodt, 2013.
Vera, et al., 2012.

Counselor Education and Supervision (0)

Research Question #2 (RQ2)

*W*hat specific types of studies and literature exist to explore men and depression

(qualitative, quantitative, theoretical or other) in each of the journals from 2012 to 2021?

Qualitative Studies (3)

Johnson, 2016. (JCD).
Lin et al., 2021. (JMCD).
Reed, 2014. (JCD).

Quantitative Studies (4)

Arora, Metz & Carlson, 2016. (JMCD)
Estrada & Arciniega, 2015. (JMCD)
Herrera, Ownes & Mallinckrodt, 2013. (JMCD)
Vera, et al., 2012. (JMCD)

Theoretical Articles (16)

Burlew & Shurts, 2013. (JCD)
Duffey & Haberstroh, 2013. (JCD).
Duffey & Haberstroh, 2014. (JCD).
Englar-Carlson & Kiselica, 2013. (JCD).
Evans, Carney & Wilkinson, 2013. (JCD).
Gladding & Villalba, 2014. (JCD).
Hannon & Vereen, 2016. (JHCD).
Neukrug, Britton & Crews, 2013. (JCD).
Novack, Park & Friedman, 2013. (JCD).
O'Neil, 2013. (JCD).
Robertson, 2013 (JCD).
Schermer & Holmes, 2018 (JHCD).
Shen-Miller, 2013. (JCD).
Shephard and Rabinowitz, 2013 (JCD).
Stare & Fernando, 2020. (JHCD).
Washington, 2018. (JCD).

The intention of this question was to discover the phase of academic discourse on the topic of men's mental health and counseling. The findings above are significant because most of the articles are theoretical. The three qualitative articles are gathering new information directly from samples of men to explain and explore their experiences with more descriptive language. The theoretical articles are linking constructs and ideas in order to propose methods or models to use when treating men, however, those methods and models are in the proposal phase, and do not have empirical studies designed to test their efficacy. Another significant finding is that the four quantitative articles were studies designed to measure the correlation of constructs, for example a survey to find correlations between help seeking attitudes and gender (Arora, Metz & Carlson, 2016). Therefore, none of the selected articles were empirical quantitative studies designed to measure treatment efficacy for men.

Research Question #3 (RQ3)

What specific recommendations are given to counselors for treating men with depression in the research that exists in the selected counseling journals from 2012 to 2021?

This section reports the findings that answer the deductive research question looking for specific counseling recommendations from each article. Such recommendations fell into four categories. The first are general ways of being that a counselor should be mindful of when working with men. Second, are more general skills that can be used to address masculinity. Third, are specific interventions, theories or models that have been proposed based on research. Fourth, are recommendations that are greater than the immediate counseling relationship such as outreach, or reforms for the profession to make it more male-friendly.

Counselor Ways of Being

Some of the most common recommendations in the selected articles involved general counselor ways of being that are more effective when working with men. Those recommendations included: being affirming (Englar-Carlson & Kiselica, 2013; Johnson, 2016), relatable (Reed, 2015), caring (Reed 2015), respectful (O'Neil, 2013), flexible (Johnson, 2016), collaborative (Johnson, 2016), non-labeling (Stare & Fernando, 2020), non-judgmental (Shen-Miller et al., 2013; Washington, 2018), not-shaming (Novack, Park & Freedman, 2013; Shephard & Rabinowitz, 2013), validating (Englar-Carlson & Kiselica, 2013; Neukrug, Britton & Crews, 2013; Robertson, 2013; Shephard & Rabinowitz, 2013), using empathy (Neukrug, Britton & Crews, 2013), focusing on the therapeutic relationship (Duffey & Haberstroh, 2013; Stare & Fernando, 2020; Robertson, 2013), unconditional positive regard (Englar-Carlson & Kiselica, 2013; Shen-Miller et al., 2013; Stare & Fernando, 2020), building trust (Herrera, Ownes & Mallinckrodt, 2013), using frank communication (Duffey & Haberstroh, 2013; Duffey &

Haberstroh, 2014), pragmatic feedback (Novack, Park & Freedman, 2013), use of humor
(Hannon & Vereen, 2016), eye-contact (Shephard & Rabinowitz, 2013), counselor empathy
(Stare & Fernando, 2020), and being multi-culturally competent (Stare & Fernando, 2020;
Washington, 2018). The counselor should be willing to experience discomfort (Stare &
Fernando, 2020), and have done self-awareness work (Shen-Miller et al., 2013; Stare &
Fernando, 2020; Robertson, 2013).

Specific Recommended Skills

Some general counseling skills were recommended by several articles for more efficacy
when treating men. First, it is important for counselors to consider the uniqueness of cultural
groups (Arora, Metz & Carlson, 2016), intersectional cultural contexts (Arora, Metz & Carlson,
2016; Lin et al., 2021; Neukrug, Britton & Crews, 2013; Stare & Fernando, 2020), gender
socialization (O'Neil, 2013), cultural conceptualizations of masculinity (Arora, Metz & Carlson,
2016; Burlew & Shurts, 2013), client's worldview (Evans, Carney & Wilkinson, 2013; Novack,
Park & Freedman, 2013), any other aspects of the environmental context (Reed, 2015) and to
assess for stigma (Arora, Metz & Carlson, 2016). Then in collaboration with the client to create a
safe place to explore (Evans, Carney & Wilkinson, 2013; Reed 2015), work on reframing
(Estrada & Arciniega, 2015; Hannon & Vereen, 2016; Herrera, Ownes & Mallinckrodt, 2013;
Shen-Miller et al., 2013), discussing masculinity (Duffey & Haberstroh, 2014; Estrada &
Arciniega, 2015), exploring possible masculinities (O'Neil, 2013; Englar-Carlson & Kiselica,
2013; Robertson, 2013), externalizing socially constructed stories (Duffey & Haberstroh, 2014),
focusing on strengths (Englar-Carlson & Kiselica, 2013; Estrada & Arciniega, 2015; Evans,
Carney & Wilkinson, 2013; Herrera, Ownes & Mallinckrodt, 2013; Shen-Miller et al., 2013;
Stare & Fernando, 2020), focusing on goals (Schermer & Holmes, 2018; Robertston, 2013),

using more male-friendly language (Evans, Carney & Wilkinson, 2013; Shen-Miller et al., 2013), skills training (Evans, Carney & Wilkinson, 2013; Herrera, Ownes & Mallinckrodt, 2013), using Socratic questioning to challenge masculinity constructs (Estrada & Arciniega, 2015), centering on the concept of *somebodiness* (Johnson, 2016)*,* allowing spiritual language (Johnson, 2016; Robertson, 2013), exploring meaning (Schermer & Holmes, 2018), addressing shame (Shen-Miller et al., 2013; Stare & Fernando, 2020; Robertson, 2013; Shephard & Rabinowitz, 2013), increasing self-acceptance (Burlew & Shurts, 2013), using action strategies (Duffey & Haberstroh, 2014), and storytelling (Duffy & Haberstroh, 2014; Stare & Fernando, 2020). Some recommended encouraging more emotional expression (Herrera, Ownes & Mallinckrodt, 2013; Schermer & Holmes, 2018; Shen-Miller et al., 2013), while others suggested delaying emotional work because it might trigger feelings of shame or incompetence (Neukrug, Britton & Crews, 2013; Shephard & Rabinowitz, 2013).

Theoretical Treatment Interventions

Several articles in the data set proposed a theory or treatment intervention that would be more tailored to men's needs in counseling.

Englar-Carlson & Kiselica (2013) outlined an approach that focuses on positive masculinity and male strengths. They argued that masculinity is frequently pathologized in feminist counseling scholarship. It is more helpful to honor the strengths that men already have, and to help them develop a more positive expression of masculinity that benefits their community (Englar-Carlson & Kiselica, 2013).

Novack, Park & Freedman (2013) illustrated how Gestalt counseling may be well-suited for working with men. They contended that men may prefer to work with this style because it is

more physical, in the present moment, and empowers choice. Gestalt also helps build personal awareness (Novack, Park & Freedman, 2013).

Duffy & Haberstroh (2014) propose a Developmental Relational Counseling model for working with men. To summarize, some men have a self-aggrandizing view of themselves, some have a self-denigrating view, while others have a more clear and balanced view of themselves in relation to others. The first two views are harmful to themselves and others. Strategies derived from Cognitive theory, Narrative therapy, and the Enneagram are used in DRC to help build self-awareness, empathy, and move men toward a more clear and balanced view (Duffy & Haberstroh, 2014).

Gladding & Villalba (2014) recommended finding positive male role models in films. They argued that films are readily accessible, and there are multiple possible selections to choose from that may be more suitable to a client's developmental age and culture. Role modeling can be a powerful way to inspire men and help them explore their goals and values. The process with the counselor is collaborative, and the client should be encouraged to identify lessons and attributes in the films (Gladding & Villalba, 2014).

Duffey & Haberstroh (2013) proposed a model for counseling men with music. Using this model, a counselor would direct the client to choose songs that represent memories in their life and then explore them with the counselor. Through this process men build a richer understanding of key moments in their life and develop more emotional awareness (Duffey & Haberstroh, 2013).

Washington (2018) also recommended a model using hip-hop and rap music to connect with Black males. First, it is necessary to assess if this type of music is of interest to the client, and not make assumptions. Washington (2018) asserts that the lyrics in hip-hop music represent

a shared black experience that gives emotional and verbal expression to their pain. There are also liberation themes which can help black men envision overcoming their struggles. In therapy, the rap music model involves connecting the music to their own life events, and eventually using their own words, and then taking transformative action (Washington, 2018).

Many of the articles recommended more general theoretical orientations from which to conceptualize the male client. Frequently mentioned were Holism (Hannon & Vereen, 2016; Johnson, 2016), considering multicultural identity (Arora, Metz & Carlson, 2016; Johnson, 2016), Existential (Burlew & Shurts, 2013 Johnson, 2016; Schermer & Holmes, 2018) Humanistic (Hannon & Vereen, 2016; Johnson, 2016; Schermer & Holmes, 2018; Shephard & Rabinowitz, 2013), CBT (Burlew & Shurts, 2013; Neukrug, Britton & Crews, 2013), Motivational Interviewing (Burlew & Shurts, 2013), Mindfulness (Burlew & Shurts, 2013), Feminism (Burlew & Shurts, 2013), Positive Psychology (Englar-Carlson & Kiselica, 2013), Narrative (Duffey & Haberstroh, 2014), and Solution-Focused (Reed, 2015).

Greater Reforms to the Profession and Community

Some of the journal articles focused on more systemic approaches to improving counselor care for men. In general, creating more outreach and building awareness about counseling that will appeal to the male population (Hannon & Vereen, 2016). More transparency and connection between various health-care services would make it easier to navigate the system (Lin et al., 2021; Neukrug, Britton & Crews, 2013). Some men stressed the importance of ensuring confidentiality (Lin et al., 2021). A few of the articles advocated for more counselor education and multicultural training (Estrada & Arciniega, 2015; Hannon & Vereen, 2016). Others acknowledged constructs in the profession that have been pathologizing to men in the past (Hannon & Vereen, 2016). Masculinity is not a pathology to be cured, but a complex

socially constructed identity (Novack, Park, & Friedman, 2013). One area of need is developing assessment tools that are more specialized to the way men experience their world (O'Neil, 2013).

A few articles focused on more community-based approaches. One suggestion was to develop more teams and clubs that enhance belonging and self-esteem for boys (Vera et al., 2012) and to create more safe community spaces for men to be expressive (Shen-Miller et al., 2013). Building more connection and peer support in your client's community creates protective factors (Neukrug, Britton & Crews, 2013). In addition, masculinity is addressed as a larger social justice issue (Hannon & Vereen, 2016). Community policy changes and sexual assault prevention programs, for example, may help address some of the systemic issues related to gender (Shen-Miller et al., 2013).

Research Question #4 (RQ4)

What categories or themes emerge from the counseling literature that focuses on men and depression between 2012 and 2021?

Introduction to the Six Themes

The following section provides an overview of the six major themes that emerged when using the Elo & Kyngas (2007) inductive QCA coding method. The themes were **Theme #1:** Male perspectives on historically female issues, **Theme #2:** Context, community, worldview and development, **Theme #3:** Expanding the meaning of masculinity, **Theme #4:** Help seeking barriers for men, **Theme #5:** Masculinity as a social justice issue, **Theme #6:** Racist oppression and masculinity.

Theme #1: Male Perspectives on Historically Female Issues.

This theme includes articles that provided a male perspective on issues that have historically been considered more female in the counseling literature.

Theme #2: Context, Community, Worldview, and Development.

This theme includes articles that mainly explored how a boy's sense of self and worldview are developed by interactions within their community and environmental context.

Theme #3: Expanding the Meaning of Masculinity.

This theme includes articles that attempted to reframe masculinity from a limiting construct to a more expansive and complex set of possible positive meanings.

Theme #4: Help Seeking Barriers for Men.

This theme includes articles that studied reasons that men are less likely to seek counseling.

Theme #5: Masculinity as a Social Justice Issue.

This theme includes articles that explored how limiting gender roles are harmfully oppressive to men and re-enforced by the group itself.

Theme #6: Racist Oppression and Masculinity.

This theme includes the articles the explored the intersectionality of racism and masculinity, and how the oppression of racism impacts their masculine identities.

Review of the Emerging Themes in ACA Literature

The following section provides a list of the articles that primarily support each of the emerging themes discovered through the Elo & Kyngas (2007) QCA process.

Theme #1: Male Perspectives on Historically Female Issues (2 articles).

Burlew & Shurts, 2013. (JCD).
Evans, Carney & Wilkinson, 2013. (JCD).

Theme #2: Context, Community, Worldview, and Development (3 articles).

Gladding & Villalba, 2014. (JCD).
Robertson, 2013. (JCD).
Vera et al., 2012. (JMCD).

Theme #3: Expanding the Meaning of Masculinity (7 articles).

Duffey & Haberstroh, 2013. (JCD).
Duffey & Haberstroh, 2014. (JCD).
Estrada & Arciniega, 2015. (JMCD).
Herrera, Owens, Mallinckrodt, 2013. (JMCD).
Novack, Park & Friedman, 2013. (JCD).
Reed, 2014. (JCD).
Schermer & Holmes, 2018. (JHC.)

Theme #4: Help Seeking Barriers for Men (3 articles).

Arora, Metz & Carlson, 2016. (JMCD).
Lin, et al., 2021. (JMCD).
Neukrug, Britton & Crews, 2013 (JCD).

Theme #5: Masculinity as a Social Justice Issue (4 articles).

Englar-Carlson & Kiselica, 2013. (JCD).
O'Neil, 2013. (JCD).
Shen-Miller, 2013. (JCD).
Shephard and Rabinowitz, 2013. (JCD).

Theme #6: Racist Oppression and Masculinity (4 articles).

Johnson, 2016. (JCD).
Hannon & Vereen, 2016. (JHC).
Stare & Fernando, 2020. (JHC).
Washington, 2018. (JCD).

Description of the Emerging Themes in the ACA Literature

The following section will provide an overview of the research themes and a description

of how the selected articles supported those themes.

Theme #1: Male Perspectives on Historically Female Issues (2 articles).

There are some constructs in the mental health world that are thought of as women's

issues. This is reflected both in public opinion and by the focus of the literature on these issues.

Therefore, when men present with these concerns in counseling, they face the added stigma of

struggling with something that is considered a women's problem. In addition, the way they

experience these issues differs from the way women experience them. Some scholarship has attempted to bridge this gap by investigating these concerns for men.

Burlew & Shurts (2013) discussed complications when diagnosing and treating Body Image Dissatisfaction (BID) in men. Typically, many people think of eating disorders and BID as a problem for women. However, Burlew & Shurts show that men also experience BID because of peer pressure, sports and ideal media images. Their BID is frequently more about muscle and shape than weight, which means that the diagnostic interviews designed for women may not accurately address the male experience of BID.

Evans, Carney & Wilkinson (2013), discussed counseling implications for men trying to find work-life balance. They showed that work-life balance has been covered more from a women's perspective in the past. Social changes such as more women entering the workplace, and men choosing to be more involved in parenting has made it more important now for men to also find balance. They also discuss how rigid conformity to restrictive gender norms, such as men being providers and more successful at work, can lead to greater stress for men.

Theme #2: Context, Community, Worldview, and Development (3 articles).

Articles that applied to this theme explored various aspects of a boy's environmental context and how that influenced their worldview and development.

Gladding & Villalba (2014), explored the importance of positive male role models in a boy's development. They found that boys tend to emulate role models that they perceive are valued by their peer group and culture. If those role-models are from negative sources, they are likely to emulate toxic or anti-social male behaviors. If there is a lack of positive male role models in a boy's life, a counselor may find positive examples in films.

Robertson (2013) explored various stages of religious development and how they influence men's world view and ability to relate to themselves and others. Religion is an important part of identity for many men, which may have harmful or supportive influences. Robertson (2013) found that men who held more reductionist or exclusivist views had more difficulty with flexibility and acceptance. Nominalists did not closely identify with their religion. Those who held a holistic or pluralistic view had more tolerance for others, and openness to mystery and exploring meaning.

Vera et al. (2012), used quantitative methods to study correlations between different contextual variables and reported subjective well-being in urban adolescents and compared differences between two genders. They found that peer group belonging in schools and clubs was a greater factor for boys than for girls. Girls were more influenced by family and perceived community safety. The article also discussed how socialized gender roles tend to become more strongly enacted during adolescent development.

Theme #3: Expanding the Meaning of Masculinity (7 articles).

Articles in this theme all began with the premise that rigid adherence to traditional male norms leads to various experiences of psychological suffering. And yet, masculinity itself should not be pathologized as the problem. These authors proposed various theoretical counseling methods to help men construct a broader and more holistic meaning of masculinity.

Duffey & Haberstroh (2013), proposed a model for counseling men using song selections. They contended that music helps men explore more emotional depth, empathy and meaning in their life events. By integrating these experiences into their self-concept and masculinity concepts men can find greater self-acceptance and improve their relational functioning.

Duffey & Haberstroh also proposed a Developmental Relational Counseling model in 2014. This model is based on the Enneagram, Narrative and Cognitive theories. Using various strategies including the Enneagram helps men discover a more clear-and-balanced self-awareness and empathy for others. This method also includes externalizing the constructed stories of socialized masculinity and reframing them into a roadmap toward positive change.

Herrera, Owens & Mallinckrodt (2013) used quantitative methods to measure correlations of Machismo and Caballerismo as predictors of psychological distress. Machismo is a more aggressive and traditional Latino concept of masculinity, whereas caballerismo includes more expanded concepts of male caring. Their study found that higher identification with machismo correlated with more intense PTSD symptoms, and lower relationship satisfaction.

Estrada & Arciniega (2015) similarly used quantitative methods to study machismo and caballerismo. They found that Latino men who were more religious also tended to have greater correlations with caballerismo than machismo and had a higher sense of well-being. They concluded that it was important to work on expanding masculinity in counseling from a strength-based perspective.

Novack, Park & Friedman (2013) explored the advantages of using Gestalt counseling techniques with men. They showed how men tend to stay disconnected from their body and emotions in order to protect themselves from shame and vulnerability. Gestalt is oriented in action and the present moment, which may help men get in touch with a larger experience of themselves.

Reed (2014) used qualitative methods to discover more about men's perceptions and experiences with counseling. Reed (2014) discussed how restrictive male gender norms threaten men's health including depression, suicide, substance use, violence and avoidance of treatment.

Reed (2014) contended that addressing and expanding masculinity is an important intervention for society's health. They proposed exploring possible masculinities with clients using various counseling techniques.

Schermer & Holmes (2018) took an Existential perspective on male suffering. They asserted that a "will to masculinity," or pursuing being masculine as an end in itself, was ultimately unfulfilling. For men to navigate their current crisis they must reframe masculinity as a strategy to fulfill some other greater meaning.

Theme #4: Help Seeking Barriers for Men (3 articles).

These next three articles all highlighted reasons why men resist seeking counseling. They address the double bind of rigid masculinity being a predictor of psychological distress and of help-seeking avoidance. Two of the articles sample Asian populations, and the third one is more focused on medical issues and does not use a population sample.

Arora, Metz & Carlson (2016) used quantitative methods to measure correlations between gender, stigma and help seeking attitudes in South Asian students. As a minority in the U.S. South Asian men are at increased risk for depression and suicide. Their cultural construction of masculinity includes restricting emotion and complaints about pain while maintaining a strong sense of control. A high degree of perceived stigma frequently prevents this group from seeking mental health services.

Lin et al. (2021) used qualitative methods to explore Chinese gay men's perceptions of counseling. This group articulated many reasons why they would not seek counseling, which included cost, time and logistics, as well as lack of information and transparency about the profession. However, the primary reason Chinese gay men did not seek counseling was that they depended on alternative supportive communities and relationships.

Neukrug, Britton & Crews (2013) outlined ten different common medical health problems for men. They argued that these medical issues also cause mental and emotional distress, but that men who are diagnosed with these issues, such as testicular cancer, rarely seek mental health support in addition to their medical treatment. They contended that lack of counselor awareness and education around male issues is a major barrier for men. They proposed ways to make counseling more attractive to men which include better integrating the medical and mental health systems, providing more educational information, and working with communities and families.

Theme #5: Masculinity as a Social Justice Issue (4 articles).

These four articles add complexity to the scholarship on mental health and masculinity by framing it as a social justice issue. Men, and particularly white men, hold the dominant place of power and privilege in a patriarchal society. A great deal of the focus in the counseling profession is on advocating social justice for marginalized groups, be they racial, gender or sexual minorities, or lesser abled. Framing privileged men as an oppressed group may seem counter to the counseling profession's current trends. However, these articles demonstrated that the tactics men use to harm and oppress each other in order to maintain power as a group are also harmful to them and the whole society.

Englar-Carlson & Kiselica (2013) argued that men are in a current social crisis. They acknowledged a dark side of masculinity that perpetuates aggression, neglect, sexual violence and oppression. However, they proposed a positive psychology model that encourages men to overcome restrictive socialization, and instead pursue healthy masculine strengths. They contended that enactment of positive masculinity is pro-social justice.

O'Neil (2013) reviewed 30 years of research on gender role conflict. O'Neil demonstrated that gender role conflict, or restrictive enactment of gender roles, has been linked to over 70 forms of psychological distress. This article also highlighted ways that men oppress each other in order to maintain social power, such as bullying, emasculating, shame, setting impossible standards to achieve, stressful and physically demanding work environments, trauma and abuse.

Shen-Miller et al. (2013) used ecological systems theory to explore men's social context on a college campus and propose multi-system interventions. They demonstrated that men are facing a current mental and physical health crisis that is enforced in a multiple layered system of bi-directional social construction. The implications include substance abuse, partner violence, isolation, and other health risks to themselves in order to maintain their gender role enactment. Intervention, therefore, must also be multi-level and systemic.

Shephard & Rabinowitz (2019) focused on the link between shame and depression in men. They demonstrated that men use shame in order to reinforce gender normative behavior amongst each other. As a result, men become conditioned to avoid the feeling of shame. They frequently lack healthy ways to cope with and resolve their shame, and rather they use avoidance tactics such as aggression, substance use, isolation, rage, and bullying others. This cycle can lead to depression, and higher risk of death by suicide.

Theme #6: Racist Oppression and Masculinity (4 articles).

The last theme group contains four articles that were all focused on the unique intersectional identity of Black men. Their histories of slavery, racism and oppression drastically influences the way they construct their masculine identities. These articles highlighted important aspects for counselors to consider when working with this population of men.

Hannon & Vereen (2016) used humanistic theory to help conceptualize the construction of Black male identity. Systemic oppression has historically reduced Black men's sense of worth and stripped them of their agency. Hannon & Vareen argued that Black men must not be reduced to a set of parts but must treated as uniquely whole humans with worth and dignity.

Johnson (2016) used qualitative methods to explore the concept of *somebodiness* with a sample of ten Black men. The implications of Johnson's findings were that Black men reconstruct their identity from one that has been historically dehumanizing to one where they have inherent value as somebody. Frequently, Black men indicated that their faith was a powerful source for believing in their inherent *somebodiness.*

Stare & Fernando (2020) used Existential philosophy and phenomenological methods to explore the identity of young Black men in judicial settings. They contended that Black men experience ontological suffering as an oppressed group. They experience various forms of slavery and incarceration that are perpetuated by the systems of white capitalist culture, including within the counseling profession. They suggest that the Black male client should experience autonomy and power in their counseling relationships, as they work together to explore meaning.

Washington (2018) proposed using hip-hop and rap as a method for counseling Black men. This article outlined many ways that social forces oppress and restrict Black men. Hip-hop music can connect to culture, build awareness, offer an opportunity for emotional catharsis, and inspire liberation advocacy. These advantages can help Black men reconstruct a positive and active male identity.

CHAPTER FIVE

DISCUSSION

The purpose of this study was to explore how the ACA counseling journals from 2012-2021 addressed men and depression in ways that are unique to their gendered experience, and then to find better treatment recommendations. This purpose was inspired by research from other disciplines that have attempted to conceptualize *masculine depression.* The masculine depression concept has emerged as a possible answer to men's alarming rates of lethal suicide and the disparity between their mental suffering and lower rates of help seeking. Several articles from psychology, sociology, men's health as well as counseling were reviewed in chapter two to investigate the masculine depression phenomenon. This study then explored the ACA counseling journals to investigate how this profession has responded to that phenomenon in order to help men better.

Four research questions guided the QCA analysis and selection of articles over the last ten years from four ACA journal publications. This chapter discusses the findings from that research.

Discussion of RQ1 Results

How many articles in the selected counseling journals focus on men and depression between 2012 and 2021, and what percentage of the total published articles do they represent?

The first significant finding was that there was only one article that fit the initial search criteria. Shephard & Rabinowitz (2013) discussed shame and depression in men. Since this was the only article directly addressing the purpose of the study, it is clear that the counseling

profession is not focusing on a masculine experience of depression in the same way that some of the other disciplines have conceptualized in their research.

From there, the focus of the study had to expand in order to explore other articles on a more general topic of men's mental health. Articles were selected if they focused on masculinity and mental health and offered suggestions for how to improve treatment for men in counseling. This expanded search yielded 23 articles that were selected for the analysis. Although 23 articles provided much useful data and theory, it still represented a small percentage of the total published articles.

In her 2013 content analysis, Evans addressed the need for more research on men's issues in counseling. Evans found 66 articles in the JCD over 1981-2011, an average of 22 articles per year in the JCD alone. This researcher found 23 articles across four publications in a ten-year span from four ACA journal publications, 15 of those were from the JCD. Therefore, the rate of articles on men's issues in the last ten years has gone down since Evans brought the concern to light.

Another interesting factor in this study is that the Evans article and the Shephard & Rabinowitz article were both included in a special edition of the Journal of Counseling and Development in 2013 wherein all of the articles were devoted to men's concerns. In fact, 10 of the qualifying articles selected for this study were in issue 91, volume 4 of the Journal of Counseling and Development, 2013. Which means, only 13 other articles were found in any other volumes of the JCD, JMCD, JHC and SEC combined. Evans 2013 was trying address an important concern in the counseling literature. That being a lack of research devoted to better helping the male population. It appears that the ACA took heed of Evans' critique with a special edition in 2013, and then rarely talked about it again.

Some of the same concerns that Evans brought up may still be at play in the profession. Those being that there are more women than men in counseling, and that more work is being done to focus on women and minorities. With such a strong emphasis on multi-culturalism and social justice in our field, it may seem out of place to focus on the population that has the most privilege: men. For comparison purposes, this researcher also did a tally of articles from TOCs of the four ACA journals from 2012-2021 that mentioned *women* or *female,* in order to see if there was truly in imbalance of scholarly focus between those two genders. The tally yielded 30 articles that focused on women. Although that number is slightly more than the 23 articles on men that were selected, it is less than the 38 articles that we initially found that included *male, masculine,* or *men* in their titles. For this study, 23 that more accurately fit the research questions were selected down from that 38. Therefore, there has been slightly more of a focus on men's issues than women's in the last 10 years. However, another argument could be made that there is just less emphasis on conceptualizing by gender in counseling scholarship overall.

Gender ideas in our culture are shifting from a binary understanding to one that is more fluid and on a spectrum (Koehler, Eyssel & Nieder, 2018). As we are recognizing the ways that gender is socially constructed rather than genetically determined, it is becoming less popular in the counseling profession to refer to anything as a "man's issue" or a "woman's issue." Gender discourse is shifting in a much-needed way to better support LGBTQIA+ populations. However, there are still many individuals in our society who identify as a male or female, and their gender constructions strongly influence the way they experience their lives. Evolving gender constructs is yet another social change that men who are trying to perform masculinity must contend with in the current culture as they navigate the meaning of their own identity.

Rather than turning away from one in order to serve the other, the profession should pursue approaches that serve both or all populations according to their needs. Men are a large portion of our population, and the research demonstrates that many of them are negotiating a social identity crisis that leads to higher risk of isolation, substance abuse, violence and suicide. The unique needs of the male population need to be supported by evidence-based practices, and counselors who are better educated on men's issues.

Discussion of RQ2 Results

W*hat specific types of studies and literature exist to explore men and depression (qualitative, quantitative, theoretical or other) in each of the journals from 2011 to 2021?*

There were three qualitative studies, four quantitative studies, and seventeen theoretical articles included in this study. The point of this question was to assess the stage of the academic conversation on the topics of men's issues in counseling. The hope was to find studies supporting evidence-based counseling interventions for men. The qualitative articles explored phenomena of men's lived experience. The theoretical articles proposed treatment philosophies or models. The quantitative studies measured correlations of constructs to better understand how different phenomena effects male well-being. Therefore, there were zero studies found in the last ten years in the ACA journal articles that were empirically studying effective treatments for men. More research is needed to find methods that are proven to be efficacious with men.

Discussion of RQ3 Results

What specific recommendations are given to counselors for treating men with depression in the research that exists in the selected counseling journals from 2012 to 2021?

Several recommendations emerged from the ACA counseling literature in the last ten years for counseling men. There were four categories of interventions including general

counselor ways of being, specific skills, treatment models, and larger professional outreaches or reforms. Looking back to the literature review in chapter two, many of the recommendations found in this study mirrored those from other disciplines, and yet there were also some new considerations that the ACA journals brought to light.

Previously discussed from the literature review and found in the ACA 23-article data set was an emphasis on male strengths. Several articles in both sets mentioned the importance of focusing on strengths, rather than pathologizing masculinity, which would only perpetuate shame and resistance. Focusing on masculine strengths will validate men's identity, while helping them find a more positive and inspiring road forward. Reframing was also mentioned in many of the literature review articles and the ACA data set. Particularly, reframe that seeking counseling is a way of taking back control rather than continuing to feel the loss of control associated with mental illness. Maintaining a sense of control was found to be an important part of masculine identity. Another strategy mentioned in both sets was externalizing the problem. When men felt that the problem was part of themselves, they felt defeated and shamed. Showing that the problem was something external that they could work against gave them hope and purpose. Many articles also emphasized that men prefer more active and directive methods.

Some of the research in both sets made suggestions that were for the community or greater professional reforms. More outreach and education would be helpful to normalize mental health issues for men and promote help-seeking. More counselor education into masculinity and male issues would help create more understanding and empathy between the counselor and male client, especially in a field where most of the counselors are now female. In addition, more research on treatment, assessment and diagnosis for men is needed.

Another point on which the literature review articles and the ACA data articles agree is that counselors should address masculinity directly with their clients. Several forms of mental health suffering have been linked to gender role conflict and a more rigid enactment of masculinity, but each man differs in how he interprets and performs masculinity. A counselor should not make assumptions, but instead should carefully create a dialogue with their client to explore his worldview, identity, and how gender role socialization has influenced his thoughts, feelings and behaviors.

From the 23 ACA counseling journals articles, there were a few recommendation themes that emerged more prevalently than had been previously discussed in the literature review. Mainly, were the general counselor ways of being, or demeanor. Frequently, the ACA journals emphasized unconditional positive regard, validating, creating a positive relationship, being caring, relatable and using empathy.

In terms of specific counseling models, there were a few that appear in both the literature review, and the ACA data set of this research study. Kiselica & Englar-Carlson's strength based Positive Psychology model was outlined in a 2010 edition of *Psychotherapy Theory, Research, Practice, Training,* and a revised version was also published in the JCD in 2013. Novack et al.'s (2013) article on Gestalt was included here in chapter two, as well as appearing in the research data set. In addition, a few different articles in both sets recommended Existentialism as an effective way to conceptualize male suffering and find transcendent meaning.

More creative theoretical methods for counseling men were outlined in the ACA journals that did not appear in the literature review. Duffey & Haberstroh's (2014) model on Developmental and Relational counseling was a unique blend of Cognitive, Narrative and the Enneagram designed to help men build empathy and broaden their experience of themselves and

others. Gladding & Villalba (2014) recommended finding positive male role models in films. Two different articles (Duffey & Haberstroh, 2013; Washington, 2018) proposed methods using music to help men explore emotions, life memories and find meaning.

Some research from other disciplines in the literature review relied on more quantitative methods to test the effectiveness of methods like CBT, ACT, and Mindfulness on men with depression. The ACA journals, however, are more theoretical in nature, and focus on more humanistic and creative methodology. Overall, the ACA recommendations tend to be more centered on developing the counseling relationship than on proving or testing evidence-based treatment models.

Discussion of RQ4 Results

What categories or themes emerge from the counseling literature that focuses on men and depression between 2012 and 2021?

The themes that emerged from the 23 ACA counseling journal articles were **Theme #1:** Male perspectives on historically female issues, **Theme #2:** Context, community, worldview and development, **Theme #3:** Expanding the meaning of masculinity, **Theme #4:** Help seeking barriers for men, **Theme #5:** Masculinity as a social justice issue, **Theme #6:** Racist oppression and masculinity.

The literature review in chapter two was also organized by six themes headings. They were: 1. Conceptualizing depression for men, 2. Hegemonic Masculinity, 3. Men's experiences and expressions of depression, 4. Men's barriers to help seeking, 5. Treatment recommendations, and 6. Multicultural considerations.

Conceptualizing Experiences and Expressions of Men's Depression

Two major themes missing from the ACA counseling journals were represented by themes 1 and 3 of the literature review. Those being a conceptualization of masculine depression, and men's experiences and expressions of depression. While these topics have been researched from psychology, men's health and sociology, the counseling research has not furthered the discussion on how men experience depression differently than women. A major focus of the literature review and a purpose of this study was to find a better conceptualization of masculine depression. The reason for that was because of the high rates of suicide and mental suffering for men that is going on undiagnosed and untreated. Some of the research from other fields have proposed that men are masking or transforming their depression symptoms into a different experience that does not fit the diagnostic criteria. This theme was absent from the ACA journals in the last ten years. The only article that did focus on masculinity and depression (Shepherd and Rabinowitz, 2013), focused on the impact of shame and depression. They discussed that shame impacts men's gender socialization experience and should be carefully navigated in counseling. But they did not go as far as to say that shame transforms men's experiences of depression into something diagnostically different than women's experiences.

There is some analogy between theme heading one in the literature review and research **Theme #1:** Male perspectives on historically female issues. Even though the counseling journals did not explore depression from this perspective, two articles did discuss ways that men experience a problem in a different way than women. The articles on Body Image Dissatisfaction for men (Burlew & Shurts, 2013), and work-life balance for men (Evans, Carney & Wilkinson, 2013) argued for different assessment practices because these issues are relevant and yet slightly different for men because of gender role socialization. Depression is also an issue that has been viewed as a female problem in the past. The research in the literature review supports finding

better ways to conceptualize and assess depression for men, even though the ACA journals do not address it.

Hegemonic Masculinity

Theme heading number two in the literature review, hegemonic masculinity, was addressed by two different research themes in this study's findings. Those being **Theme #3:** Expanding the meaning of masculinity, and **Theme #5:** Masculinity as a social justice issue. Hegemonic masculinity is a complex topic with many implications. As it relates to men's health, the ACA journal articles were in overwhelming consensus that a rigid enactment of hegemonic masculinity creates gender role conflict which has been linked to many forms of psychological suffering including depression. Several articles from the ACA journals recommended helping men expand their concept of masculinity using various interventions. Possible masculinities may include more ways of caring, expanded emotional vocabulary, and a focus on positive male strengths. Male gender socialization uses shame, restriction and bullying tactics in order to enforce a type of masculinity that maintains social power. This can be conceived as a type of inter-group oppression, which makes it appropriate to describe masculinity work as a social justice issue. Hegemonic masculinity can also include violence, abuse and microaggressions against women, children, minorities and LGBTQIA+ individuals. Expanding male ways of being reduces male isolation and suffering associated with strict gender role enactment. The literature in the ACA journals supported that improving men's mental health has benefits for all members of society.

Men's Barriers to Help Seeking

Theme heading number four in the literature review, men's barriers to help seeking, was mirrored in this study by research **Theme #4:** Help seeking barriers for men. Male socialization

frames help seeking as weakness since men should be self-sufficient. Also, some research suggests that men find it intimidating and emasculating to navigate the health care system. More education, community outreach, and empowerment could help overcome some of these barriers.

Treatment Recommendations

Theme heading number five from the literature review, treatment recommendations, was covered extensively by RQ3, and so was not included as an independent theme in RQ4. All 23 articles selected for this study from the ACA journals from 2012-2021 provided recommendations for counseling men, which is why they were selected for the study.

Multi-Cultural Considerations

Theme heading number six from the literature review, multi-cultural considerations, had some overlap with research **Theme #6:** Racist oppression and masculinity. The research included in the literature review had a few studies investigating samples of Asian and Mexican men. There were no studies in the literature review exclusively focused on Black men. Some qualitative studies had some Black men in their samples and provided insight on their unique experiences. They reported that Black men tended to adhere more strongly to hegemonic masculinity, and that their experience with loss of control was compounded by racism. In the ACA data set, four of the 23 articles were exclusively focused on Black male identity and the impact of racist oppression. A history of incarceration and being treated as sub-human has complicated the way that Black men construct their identity. They also believe they are supposed to be strong, independent providers with power, but systemic racism has consistently blocked their way from accomplishing these masculinity tasks. The four ACA articles recommended different approaches to liberate, reframe, find meaning, and restore Black male identity as a valued *somebody.*

In the ACA data set of 23 articles, there were two studies that focused on Asian populations, two studies with Latino populations, the four already mentioned that focused on Black male issues, and one other that sampled an "urban population" which was mixed including a majority of Black and Latino people. There was only one study that focused on gay men. The ACA journals are doing well to focus on masculinity from the perspective of various ethnic and racial groups. Although there certainly have been several articles in the ACA in the last ten years on LGBTQIA+ concerns, there does not appear to be any on how gay or bisexual men construct masculinity and how that impacts their mental health besides the one article on Chinese gay men and their help seeking barriers.

Summary of the Discussion

To summarize the discussion, this study illuminated some rich content and themes addressing mental health issues for men. The ACA counseling journals published 23 articles between 2012-2021 making treatment recommendations that consider the impact gender socialization has on men. There is significant agreement between the ACA journals and the larger scope of academic literature on the detriments of hegemonic masculinity. Strict gender role conformity can diminish men's mental health and their relationships. Toxic masculinity is a social justice issue because men use shame tactics to oppress each other in order to maintain group power, which also has negative consequences for women, children, racial and sexual minorities. Counseling men to expand their sense of masculinity by focusing on positive strengths has been proposed to restore balance. Maleness is not something to be cured, but a complex social identity that can be utilized to find positive and fulfilling meaning in life. Although this study found several helpful articles on counseling men, it did not find articles in the ACA journals that discussed a masculine depression concept. This was one of the main aims

of the study because of the focus found in the greater academic literature on masculine depression and masked symptoms. The need for better answers on this subject is great because there remains a disparity between the high rate of male suicide completion, and the low rate of men being diagnosed and seeking help for depression. The ACA journals did address possible barriers to help seeking but did not address ways that men experience depression differently than women. Therefore, there were no new insights on diagnosis and treatment specifically for men with depression.

Limitations

A possible limitation of this study is that it only covered the last ten years. That time frame was an intentional choice in order to pick up where Evans's 2013 content analysis left off. However, the specific research method and purpose of this study were slightly different. There have been some shifts in the profession on gender issues that may be more noticeable over a longer period. There are now far more women in counseling practice and research in a field that has been historically dominated by men (Evans, 2013).

In addition, the way counselors talk about gender is changing. The binary concept has dominated for centuries. Gender fluid and non-binary concepts are currently transforming cultural conceptions. Things are changing quickly, and the move for more gender affirming language that includes trans, non-binary, gender fluid and other ever expanding LGBTQIA+ identities is also a major focus for the counseling profession (Koehler, Eyssel & Nieder, 2018). The shift also creates a limit for this study because its focus is on one of the traditional binary genders. It may be out of vogue to conceptualize problems as either women's issues or men's issues. It also becomes more challenging to create studies that are inclusive, and still measure constructs that provide helpful insights for a variety of populations.

Implications

The Qualitative Content Analysis on the last ten years of ACA journals reveals a deficit on helpful research for treating men with depression. The greater scope of literature has proposed models of a masculine form of depression that provide complex insight for understanding men's experience. The counseling profession has missed or ignored this opportunity to improve its approach with men. Evans alerted the ACA to this deficit in 2013. In response, the JCD published one special edition that focused completely on male issues, which included 10 of the articles selected for this study. In the seven years that followed, from 2014-2021 only five more articles in the JCD addressed counseling men. More research is needed that acknowledges the way gender socialization transforms men's experience of depression.

In addition, there were no studies in the ACA journals from 2012-2021 that provided evidence-based support for specific treatments. The literature that exists is either theoretical, qualitative, or quantitative studies that compare constructs. The counseling literature has proposed some unique and creative interventions based on sound theory for improving interventions with men. However, more quantitative studies on the effectiveness of those treatments would lend more scientific credibility to those proposed interventions.

Conclusion

Improving conceptualization and treatment that better fits men's experiences and needs is a crucial move for counselors. There is a masculine identity crisis in this current time and culture. Men are struggling to navigate the meaning of their life roles. Failure to resolve this crisis increases male gender role conflict which often leads to psychological suffering and too often, death by lethal means of suicide. Reframing hegemonic masculinity is also a critical social justice issue because the negative versions of its enactment impact everyone in society.

The larger scope of research has explored ways in which some men experience depression differently than women because of their gender role socialization. Loss of a sense of control, restricted emotion, and an emphasis on self-sufficiency causes men to mask or transform their depression symptoms into something more external. These symptoms include acting out with more aggression, risky behaviors, isolation, substance abuse and suicide.

A qualitative content analysis of the ACA journals from 2012-2021 illuminated how the counseling profession has addressed male issues in the last years. They have highlighted the link between restrictive gender enactment and psychological suffering for men. Some of them explored complex identity development based on environment and context. They also addressed help-seeking barriers that impact men. Several articles focused on multi-cultural issues including intersectionality and racism. The ACA articles proposed several unique and creative treatments better suited to men's needs that were based on sound counseling theory.

The ACA journals, and especially the flagship JCD, are the pulse of the profession. The culture of this profession greatly impacts the way that counselors treat their clients and has ripple effects on the culture at large. Counselors look to the literature to remain relevant and to be scientifically ethical with their treatments. This study revealed that there remains a deficit in the ACA journals on the topic of men and depression. More research is needed to improve conceptualization, diagnosis and treatment.

References

Addis, M. E., & Mahalik, J. R., (2003). Men, masculinity, and the contexts of help seeking.
American Psychologist, 58(1), 5-14. http://dx.doi.org.trmproxy.mnpals.net/10.1037/0003-
066X.58.1.5

Addis, M. E. (2008). Gender and depression in men. *Clinical Psychology: Science & Practice,
15*(3), 153-168. https://doi.org/10.1111/j.1468-2850.2008.00125.x.

Amola, O. & Grimmett, M. A. (2015). Sexual identity, mental health, HIV risk behaviors, and
internalized homophobia among Black men who have sex with men. *Journal of
Counseling & Development, 93*(2), 236-246. https://doi.org/10.1002/j.1556-
6676.2015.00199.x.

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders
(5th ed.). Washington, DC: Author.

Apesoa-Varano, E. C., Barker, J. C. & Hinton, L. (2015). Shards of sorrow: Older men's
accounts of their depression experience. *Social Science & Medicine, 124,* 1-8.
http://dx.doi.org.trmproxy.mnpals.net/10.1016/j.socscimed.2014.10.054

Apesoa-Varano, E. C., Barker, J. C., Unutzer, J., Aguilar-Gaxiolal, S., Johnson, M. D., Tran, C.,
Guarnaccia, P., & Hinton, L. (2015). Idioms of distress among depressed white-non-
Mexican and Mexican-origin older men. *Journal of Cross-Cultural Gerontology, 30*(3),
305-318. http://dx.doi.org.trmproxy.mnpals.net/10.1007/s10823-015-9267-8

Applied Doctoral Center. (2012, September 19). *Trustworthiness of qualitative data.*
https://library.ncu.edu/c.php?g=1013606&p=8394398.

Arora, P. G., Metz, K. & Carlson, C. I. (2016). Attitudes toward professional psychological help seeking in South Asian students: Role of stigma and gender. *Journal of Multicultural Counseling and Development, 44*(4), 263-284. https://doi.org/10.1002/jmcd.12053

Barcus, C. G. & Crowley, S. L. (2012). Training ethnic minority graduate students in a white man's program: Don't get bucked off. *Journal of Multicultural Counseling & Development, 40*(2), 70-81. https://10.1002/j.2161-1912.2012.00007.x.

Bonner, M. W., Ford, D. J., Ferguson, A. L., Nadrich, T., Branch, C. J., Hannon, M. D. & Vereen, L. G. (2021). Creating homeplace for Black male counselor educators: A heuristic inquiry. *Journal of Humanistic Counseling, 60*(3), 215-236. https://doi.org/10.1002/johc.12166.

Bozard, R. L. & Young, J. S. (2016). The roles of family, friends, and romantic/sexual partners in the body image of sexual minority men. *Journal of Counseling & Development, 94*(2), 150-160. https://doi.org/10.1002/jcad.12072.

Burlew, L. D. & Shurts, W. M. (2013). Men and body image: Current issues and counseling implications. *Journal of Counseling and Development, 91*(4), 428-435. https://doi.org/10.1002/j.1556-6676.2013.00114.x.

Butler, S. K., Evans, M. P., Brooks, M., Williams, C. R. & Bailey, D. F. (2013). Mentoring African American men during their postsecondary and graduate school experiences: Implications for the counseling profession. *Journal of Counseling and Development, 91*(4), 419-427. https://doi.org/10.1002/j.1556-6676.2013.00113.x.

Centers for Disease Control and Prevention. (2020). *Web-based Injury Statistics Query and Reporting System (WISQARS) Fatal Injury Reports.* Retrieved February 9, 2021, from https://webappa.cdc.gov/sasweb/ncipc/mortrate.html

Center for Disease Control and Prevention. (2018). *Prevalence of Depression Among Adults Aged 20 and Over: United States, 2013–2016.* https://www.cdc.gov/nchs/products/databriefs/db303.htm

Charteris-Black, J. (2012). Shattering the bell jar: Metaphor, gender, and depression. *Metaphor and Symbol, 27,* 199–216. https://doi.org/10.1080/10926488.2012.665796

Chuick, C. D., Greenfeld, J. M., Greenberg, S. T., Shepard, S. J., Cochran, S. V. & Haley, J. T. (2009). A qualitative investigation of depression in men. *Psychology of Men & Masculinity, 10*(4), 302-313. https://doi.org/10.1037/a0016672

Clark, M. A., Ponjuan, L., Orrock, J.,Wilson, T. & Flores, G. (2013). Support and barriers for latino male students' educational pursuits: Perceptions of the counselors and administrators. *Journal of Counseling & Development, 91*(4), 458-456. https://doi.org/10.1002/j.1556-6676.2013.00118.x.

Cochran, S. V., & Rabinowitz, F. E. (2000). Men and depression: Clinical and empirical perspectives. San Diego: Academic Press.

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 and Masculinities, 21*(3), 441-452. http://dx.doi.org.trmproxy.mnpals.net/10.1037/men0000245

Crockett, S., Elghoroury, D., Popiolek, M. & Wummel, B. (2018). The lived experiences of men in a Master's counseling program. *Counselor Education & Supervision, 57*(2), 98-115.

De Rubeis, J., Lugo, R. G., Wittho, M., Sutterlin, S., Pawelzik, M. R. & Vogele, C. (2017). Rejection sensitivity as a vulnerability marker for depressive symptom deterioration in men. *PLoS ONE, 12*(10).

      http://dx.doi.org.trmproxy.mnpals.net/10.1371/journal.pone.0185802

Dispenza, F. (2015). An exploratory model of proximal minority stress and the work-life interface for men in same-sex, dual-earner relationships. *Journal of Counseling & Development, 93*(3), 321-332. https://doi.org/10.1002/jcad.12030.

Dognina, J. S., & Chen, C. K. (2018) The secret sorrows of men: impact of Dynamic Interpersonal Therapy on 'masculine depression.' *Psychoanalytic Psychotherapy, 32*(2), 181–196. https://doi.org/10.1080/02668734.2018.1458747

Dollarhide, C. T., Mayes, R. D., Dogan, S., Aras, Y., Edwards, K., Oehrtman, J. P. & Clevenger, A. (2018). Social justice and resilience for African American male counselor educators: A phenomenological study. *Counselor Education & Supervision, 57*(1), 2-17. https://doi.org/10.1002/ceas.12090.

Duffy, T. & Haberstroh, S. (2013). Deepening empathy in men using a musical chronology and the emerging life song. *Journal of Counseling & Development, 91*(4) 442-450. https://doi.org/10.1002/j.1556-6676.2013.00116.x.

Duffy, T. & Haberstroh, S. (2014). Developmental relational counseling: Applications for counseling men. *Journal of Counseling & Development, 92*(1), 104-113. https://doi.org/10.1002/j.1556-6676.2014.00136.x.

Eggenberger, L., Fordschmid, C., Ludwig, C., Weber, S., Grub, J., Komlenac, N. & Walther, A. (2021). Men's psychotherapy use, male role norms, and male-typical depression symptoms: Examining 716 men and women experiencing psychological distress. *Behavioral Sciences, 11*(6), 83-83. https://doi.org/10.3390/bs11060083

Elo, S. & Kyngas, H. (2007). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107–115. doi: 10.111/j.1365-2648.2007.04569.x

Emslie, C., Ridge, D., Ziebland, S. & Hunt, K. (2005). Men's accounts of depression: Reconstructing or resisting hegemonic masculinity? *Social Science and Medicine, 62*(9), 2246-2257. https://doi.org/10.1016/j.socscimed.2005.10.017.

Emslie, C., Ridge, D., Ziebland, S. & Hunt, K. (2007). Exploring men's and women's experiences of depression and engagement with health professionals: More similarities than differences? A qualitative interview study. *BMC Family Practice, 8.* 1-10.

Englar-Carlson, M. & Kiselica M. S. (2013). Affirming the strengths in men: A positive masculinity approach to assisting male clients. *Journal of Counseling & Development, 91*(4), 399-409. https://doi.org/10.1002/j.1556-6676.2013.00111.x.

Estrada, F. & Arciniega, G. M. (2015). Positive masculinity among Latino men and the direct and indirect effects on well-being. *Journal of Multicultural Counseling and Development, 43*(3), 191-205. https://doi.org/10.1002/jmcd.12014.

Evans, A. M., Carney, J. S. & Wilkinson, M. (2013). Work-Life balance for men: Counseling implications. *Journal of Counseling & Development,* 91*(4)* 436-441. https://doi.org 10.1002/j.1556-6676.2013.00115.x.

Evans, M. P. (2013). Men in counseling: A content analysis of the Journal of Counseling &

   Development and Counselor Education and Supervision 1981–2011. *Journal of*

   Counseling & Development, 91(4), 467-474.

   http://dx.doi.org.trmproxy.mnpals.net/10.1002/j.1556-6676.2013.00119.x

Good, G. E. & Wood P. K. (1995). Male gender role conflict, depression, and help seeking: Do

   college men face double jeopardy? *Journal of Counseling and Development, 74,* 70-75.

Gladding, S. T. & Villalba, J. (2014). Imitation, impersonation, and transformation: Using male

   role models in films to promote maturity. *Journal of Counseling & Development, 92*(1),

   114-121. https://doi.org/10.1002/j.1556-6676.2014.00137.x

Hairston, T. R., Laux, J. M., O'Hara, C., Roseman, C. P. & Gore, S. (2018). Counselor education

   student's perceptions of wellness and mental health in African American men: The effects

   of colorism. *Journal of Multicultural Counseling & Development, 46*(3), 171-185.

   https://doi.org/10.1002/jmcd.12100.

Hannon, M.D., Nadrich, T., Ferguson, A. L., Bonner, M. W., Ford, D. J. & Vereen, L. G. (2019).

   Contributing factors to earning tenure among Black male counselor educators. *Counselor*

   Education & Supervision, 58(2), 82-97. https://doi.org/10.1002/ceas.12133.

Hannon, M. D. & Vereen, L. G. (2016). Irreducibility of Black male clients: Considerations for

   culturally competent counseling. *Journal of Humanistic Counseling, 55*(3), 234-235.

   https://doi.org/10.1002/johc.12036.

Hays, D. G. & Erford, B. T. (2018). *Developing Multicultural Counseling Competence: A*

   Systems Approach (3rd Ed.). Pearson.

Heard H., Courtney, C. C. & Ricard, R. J. (2018). Contextualizing the concept of

intersectionality: Layered identities of African women and gay men in the Black church.

Journal of Multicultural Counseling & Development, 46(3), 206-218.

https://doi.org/10.1002/jmcd.12102.

Herrera, C. J., Owens, G. P. & Mallinckrodt, B. (2013). Traditional machismo and caballerismo

as correlates of posttraumatic stress disorder, psychological distress, and relationship

satisfaction in Hispanic veterans. *Journal of Multicultural Counseling & Development,*

41(1), 21-35. https://doi.org/10.1002/j.2161-1912.2013.00024.x

Hines, E. M. & Holcomb-McCoy, C. (2013). Parental characteristics, ecological factors, and the

academic achievement of African American males. *Journal of Counseling &*

Development, 91(1), 68-77. https://doi.org/10.1002/j.1556-6676.2013.00073.x.

Hinton, L., Sciolla, A. F., Unützer, J., Elizarraras, E., Kravitz, R. L. & Apesoa-Varano, E. C.

(2017). Family-centered depression treatment for older men in primary care: A

qualitative study of stakeholder perspectives. *BMC Family Practice, 18,* 1-9.

https://doi.org/10.1186/s12875-017-0659-4

House, J., Marasli, P., Lister, M., & Brown, J. S. L. (2018). Male views on help-seeking for

depression: A Q methodology study. *Psychology and Psychotherapy: Theory, Research*

and Practice, 91, 117–140. http://dx.doi.org.trmproxy.mnpals.net/10.1111/papt.12144

Johnson, P. D. (2016). Somebodiness and its meaning to African American men. *Journal of*

Counseling & Development, 94(3) 333-343. https://doi.org/10.1002/jcad.12089.

Karlin, B. E., Walser, R. D., Yesavage, J., Zhang., A., Trockel, M. & Taylor, C. B. (2013).

Effectiveness of acceptance and commitment therapy for depression: Comparison among

older and younger veterans. *Aging & Mental Health, 17*(5), 555-563.

https://doi.org/10.1080/13607863.2013.789002

Koehler, A. Eyssel, J. & Nieder, T. O. (2018). Genders and individual treatment progress in

(non-)binary trans individuals. *Journal of Sexual Medicine 15*(1), 102-113.

http://doi.org/10.1016/j.jsxm.2017.11.007

Kilian, R., Muller-Stierlin, A., Sohner, F., Beschoner, P., Gundel, H., Staiger, T., Stiawa, M.,

Becker, T., Frasch, K., Panzirsch, M., Schmauß, M. & Krumm, S. (2020). Masculinity

norms and occupational role orientations in men treated for depression. *PLoS ONE,*

*15(*5). http://dx.doi.org.trmproxy.mnpals.net/10.1371/journal.pone.0233764

Kilmartin, C. (2005). Depression in men: Communication, diagnosis and therapy. *Journal of*

*Men's Health & Gender, 2(*1), 95-99.

https://dx.doi.org.trmproxy.mnpals.net/10.1016/j.jmhg.2004.10.010

Kiselica, M. S. & Englar-Carlson, M. (2010). Identifying, affirming, and building upon male

strengths: The positive psychology/positive masculinity model of psychotherapy with

boys and men. *Psychotherapy Theory, Research, Practice, Training, 47*(3), 276-287.

https://doi.org/10.1037/a0021159

Liang, T. K. L. & George, T. S. (2012). Men's experiences of depression and the family's role in

gender socialization: A phenomenological study from urban south India. *Journal of*

Comparative Family Studies, 43(1), 93-131.

Lin, C., Moore, D. D., Espinoza, S. A. & Nylund, D. (2021). Barriers of Chinese gay men to

counseling. *Journal of Multicultural Counseling & Development, 49*(4), 214-224.

https://doi.org/10.1002/jmcd.12226.

Magovcevic, M. & Addis, M. E. (2008). The masculine depression scale: Development and

psychometric evaluation. *Psychology of Men and Masculinities, 9*(3), 117-132.

https://dx.doi.org.trmproxy.mnpals.net/10.1037/1524-9220.9.3.117

Michel, R. E., Hall, S. B., Hays, D. G. & Runyan, H. I. (2013). A mixed methods study of male

recruitment in the counseling profession. *Journal of Counseling & Development, 91*(4),

475-482. https://doi.org/10.1002/j.1556-6676.2013.00120.x.

Nadeau, M. M., Balsan, M. J. & Rochlen, A. B. (2016). Men's depression: Endorsed

experiences and expressions. *Psychology of Men & Masculinity, 17*(4), 328-335.

https://dx.doi.org/10.1037/men0000027

Nakajima, M., Takano, K., & Tanno, Y. (2018). Mindfulness relates to decreased depressive

symptoms via enhancement of self-insight. *Mindfulness, 10*, 894–902.

https://doi.org/10.1007/s12671-018-1049-2

Neukrug, E., Britton, B. S. & Crews, R. C. (2013). Common health-related concerns of men:

implications for counselors. *Journal of Counseling & Development, 91*(4), 390-397.

https://doi.org/10.1002/j.1556-6676.2013.00109.x

Novack, J., Park, S. J. & Friedman, A. N. (2013). Integrated masculinity: Using gestalt

counseling with male clients. *Journal of Counseling & Development, 91*(4), 483-489.

https://dx.doi.org.trmproxy.mnpals.net/10.1002/j.1556-6676.2013.00121.x

O'Brien, R., Hunt, K. & Hart, G. (2005). 'It's caveman stuff, but that is to a certain extent how

guys still operate': Men's accounts of masculinity and help seeking. *Social Science &*

Medicine, 61(3), 503-516.

https://dx.doi.org.trmproxy.mnpals.net/10.1016/j.socscimed.2004.12.008

Oliffe, J. L., Ogrodniczuk, J. S., Bottorff, J. L., Johnson, J. L. & Hoyak, K. (2012). "You feel

like you can't live anymore": Suicide from the perspectives of Canadian men who

experience depression. *Social Science & Medicine, 74,* 506-514.

https://dx.doi.org.trmproxy.mnpals.net/10.1016/j.socscimed.2010.03.057

O'Neil, J. M. (2013) Gender role conflict research 30 years later: An evidence-based diagnostic

schema to assess boys and men in counseling. *Journal of Counseling & Development,*

91(4), 490-498. https://doi.org/10.1002/j.1556-6676.2013.00122.x

Reed, E. E. (2014). Man up: Young men's lived experiences and reflections on counseling.

Journal of Counseling & Development, 92(4) 428-437. https://doi.org/10.1002/j.1556-

6676.2014.00169.x

Rhodes, J. & Smith, J. (2010). "The top of my head came off": A phenomenological interpretive

analysis of the experience of depression. *Counseling Psychology Quarterly, 23*(4), 399-

409. https://doi.org/10.1080/09515070.2010.530484.

Robertson, J. M. (2013). Perceiving religious men through counselor eyes: Risks and tips.

Journal of Counseling & Development, 91(4), 410-418. https://doi.org/10.1002/j.1556-

6676.2013.00112.x.

Robinson, S., Kissane, D. W., Brooker, J., Hempton, C. & Burney, S. (2017). The relationship

between poor quality of life and desire to hasten death: A multiple mediation model

examining the contributions of depression, demoralization, loss of control, and low self-

worth. *Journal of Pain and Symptom Management, 53*(2), 243-249.

https://doi.org/10.1016/j.jpainsymman.2016.08.013

Rungreangkulkij S., Kotnara, I., Kittiwatanapaisan, W. & Arunpongpaisal, S. (2019). Loss of

control: Experiences of depression in Thai men. *Walailak Journal of Science &*

Technology, 16(4), 265-274.

Schermer, T. W. & Holmes, C. W. (2018). Will to masculinity: An existential examination of

men's issues. *Journal of Humanistic Counseling, 57*(3), 191-207.

https://doi.org/10.1002/johc.12082

Schreier, M. (2012). *Qualitative content analysis in practice.* Thousand Oaks, CA: Sage.

Shen-Miller, D.S., Isacco, A., Davies, J. A., St. Jean, M. & Phan, J. L. (2013). The men's center

approach: Ecological interventions for college men's health. *Journal of Counseling &*

Development, 91(4), 499-507. https://doi.org/10.1002/j.1556-6676.2013.00123.x.

Shepard, D. S. & Rabinowitz, F. E. (2013). The power of shame in men who are depressed:

Implications for counselors. *Journal of Counseling & Development, 91*(4), 451-457.

http://dx.doi.org.trmproxy.mnpals.net/10.1002/j.1556-6676.2013.00117.x

Sierra Hernandez, C. A., Han, C., Oliffe, J. L. & Ogrodniczuk, J. S. (2014). Understanding

Help-Seeking Among Depressed Men. *Psychology of Men & Masculinity, 15*(3), 346-

354. https://doi.org/10.1037/a0034052

Stare, B. G. & Fernando, D. M. (2020). Existential-Humanistic counseling with young Black

men in judicial settings. *Journal of Humanistic Counseling, 59*(2), 106-122.

https://doi.org/10.1002/johc.12133

Stiawa, M., Müller-Stierlin, A., Staiger, T., Kilian, R., Becker, T., Gündel, H., Beschoner, P., Grinschg, A., Frasch, K., Schmauß, M., Panzirsch, M., Mayer, L., Sittenberger, E. & Krumm, S. (2020). Mental health professionals view about the impact of male gender for the treatment of men with depression - a qualitative study. *BMC Psychiatry, 20,* http://dx.doi.org.trmproxy.mnpals.net/10.1186/s12888-020-02686-x

Suomala-Folkerds, A. (2019). Death: A qualitative content analysis of counseling journals, 1986– 2016. [Doctoral Dissertation: Minnesota State University Mankato]. Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato. https://cornerstone.lib.mnsu.edu/etds/942/

Tang, M. O. T., Oliffe, J. L., Galdas, P. M., Phinney, A. & Han, C. S. (2014). College men's depression-related help-seeking: a gender analysis. *Journal of Mental Health, 23*(5), 219– 224. https://doi.org/10.3109/09638237.2014.910639

Thoreau, H. D. (1908). Walden, or, Life in the woods. London: J.M. Dent.

Vargas, A. P., Park-Taylor, J., Harris, A. M. & Ponterotto, J. G. (2016). The identity development of urban minority young men in single-mother households. *Journal of Counseling & Development 94*(4), 473-482.

Vera, E. M., Moallem, B. I., Vacek, K. R., Blackmon, S., Coyle, L. D., Gomez, K. L., Lamp, K., Langrehr, K. J., Luginbuhl, P., Mull, M. K., Telander, K. J. & Steele, J. C. (2012). Gender differences in contextual predictors of urban, early adolescents' subjective well being. *Journal of Multicultural Counseling & Development, 40*(3), 174-183. https://doi.org/10.1002/j.2161-1912.2012.00016.x.

Washington, A. R. (2018). Integrating hip-hop culture and rap music into social justice

counseling with Black males. *Journal of Counseling & Development, 96*(1), 97-105.

https://doi.org/10.1002/jcad.12181.

Wilson, A. D., Henriksen, R. C., Bustamante, R. & Irby, B. (2016). Successful Black men from

absent-father homes and their resilient single mothers: A phenomenological study.

Journal of Multicultural Counseling & Development, 44(3), 189-208.

https://doi.org/10.1002/jmcd.12046.

Wittenborn, A. K., Culpepper, B. & Liu, T. (2012). Treating depression in men: The role of

emotionally focused couple therapy. *Contemporary Family Therapy: An International

Journal, 34*(1), 89-103. doi.org.trmproxy.mnpals.net/10.1007/s10591-012-9176-8

Appendices

Coding Sheet for Journal Article

Journal: (Circle One)

    a. Journal of Counseling and Development

    b. Journal of Multicultural Counseling and Development

    c. Journal of Humanistic Counseling

    d. Counselor Education and Supervision

Article #_____

1. Author_____

2. Year_____

2. Title_____

3. Volume #_____

4. Issue #_____

5. Pages_____

7. Keywords Used_____

8. Did the article have any themes related to recommended treatments List here (For Research

Question #3) _____

9. Type of Article (Circle One) (Research Question #2)

    a   Qualitative

    b   Quantitative

    c   Theoretical

    d   Other

Inductive Coding Process Developed by Elo & Kyngas (2007)

1. **Open Coding** - Article is read through two different times while making notes in the margins and writing as many headings in the margins of the article as possible.

Notes from that Process:

2. Record those headings and themes here:

3. **Categorization** - Take the headings and themes and make them into categories here:

4. **Abstraction** - Take those categories and record a main theme here: