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“IT FEELS A BIT LIKE IMPOSTER SYNDROME”: EXAMINING
THE ISSUE OF MASCULINITY AND DEPRESSION IN MALE
COLLEGE STUDENTS

A thesis

Presented to

The School of Social Sciences, Education & Business

Department of Higher Education and Student Development

Taylor University

Upland, Indiana

In Partial Fulfillment

of the Requirement for the Degree

Master of Arts in Higher Education and Student Development

by

Wil Story

May 2017

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**Higher Education and Student Development
Taylor University
Upland, Indiana**

CERTIFICATE OF APPROVAL

MASTER'S THESIS

This is to certify that the Thesis of

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entitled

“It Feels a Bit like Imposter Syndrome”: Examining the Issue of Masculinity and
Depression in Male College Students.

has been approved by the Examining Committee for the thesis requirement for the

Master of Arts degree
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Abstract

The purpose of this study was to examine how male students navigate depression and masculinity while at their respective institutions. The study explored the topic through analyzing quantitative survey data from the studied university, in addition to hearing male students' experience with depression and masculinity and considering university counselors' expert opinions about patterns they observe in male students. The study was guided by the following research questions:

1. Does depression influence how one perceives his own masculinity?
2. Does an individual's view of masculinity influence their willingness to seek professional help for depression?

Major findings surrounding depression and masculinity include depression's affects on emotions, loneliness, the importance of disclosing to others, and barriers when attempting to seek help from peers and professional counselors. Implications for practice include utilizing campus gatherings as spaces to raise awareness of mental health issues, educating faculty on identifying depression in students, and creating educational programs designed to educate peers—specifically male friends—on how to interact with students suffering from depression.

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Table of Contents

Abstract	iii
Acknowledgements	iv
Chapter 1 Introduction	1
Research Questions	3
Chapter 2 Literature Review	4
Collegiate Masculinity	4
Gender Role Theory	5
Hegemonic Masculinity	6
Marketing Masculinity	7
The Problem of Depression	8
Defining Depression	9
Recent Trends in Depression	10
Masculinity and Depression	11
Men's Willingness to Seek Help	12
Summary	14
Chapter 3 Methodology	15
Context	15
Participants	16
Analysis and Summary	16

Chapter 4 Results.....	18
Survey Data Regarding Depression and Counseling Services on Campus.....	19
Descriptions of Participants.....	21
Theme 1: Campus Climate Toward Mental Health	21
Theme 2: Participants Feelings of Incongruence	22
Theme 3: Loneliness	24
Theme 4: Negative Self-Esteem and Comparisons	25
Theme 5: Importance of Disclosing with Others.....	26
Theme 6: Barriers When Disclosing with Others	27
Theme 7: Barriers for Attending Counseling	28
How the University Can Help	28
Summary	29
Chapter 5 Discussion.....	30
Incongruence of Depression and Masculinity	31
Experiencing Loneliness	32
Negative Self-Esteem and Comparisons	33
Barriers When Seeking Help	34
Implications for Practice	35
Limitations and Implications for Future Research	37
Summary	39
References.....	40
Appendix A: Interview Protocol.....	46
Appendix B: Student Interview Questions	49

Appendix C: Counselor Interview Questions51

Appendix D: Follow Up Interview Questions53

List of Tables

Table 1. Themes of the Study	18
Table 2. CIRP Freshmen Survey Data.....	20
Table 3. CSS Survey Data	20

Chapter 1

Introduction

Beginning at an early age, boys are taught the importance of assimilating socially accepted characteristics of masculinity, and, as they grow older, the pressure to fulfill masculine ideals increases (Edwards & Jones, 2009; Newsom & Congdon, 2015). In addition to learning masculine gender roles from peers and family, examples of how men should appear and behave are rampant throughout various entertainment mediums (Clarke, 2009; Hatoum & Belle, 2010; Ricciardelli, Clow, & White, 2010). The literature shows these ideals contribute to men's disconnectedness from their emotions, specifically negative ones (Emslie, Ridge, Ziebland, & Hunt, 2006; Kilmartin, 2005). Also, when men feel they inadequately fulfill assigned gender roles, depression may occur (Good & Wood, 1995; O'Neil, Helms, Gable, David, & Wrightsman, 1986; Pederson & Vogel, 2007).

Depression is a mental illness increasing in male populations, especially within the college-age demographic (American College Health Association [ACHA], 2012, 2015). Knowing this, the current research sought to answer questions regarding how a male college student's depression may influence his perception of masculinity. This study hoped to identify potential relationships between masculinity and men with depression.

Men understand their masculine frameworks based on the social assumptions of what they must do in order to fulfill their gender role (Addis & Mahalik, 2003). Gender roles define characteristics of individuals and their actions (Connell, 1995); however, these assigned attributes may hinder men from seeking support for personal issues because they view help as a violation of masculine ideals (Mahalik, Good, & Englar-Carlson, 2003).

Hegemony is understood as the attributes of the most common and accepted forms of masculinity within a culture. Hegemonic masculinity “fosters a patriarchal social system, including how individual men’s identity perpetuates, contributes to, and reinforces patriarchy” (Edwards & Jones, 2009, p. 211). Hegemony encapsulates the most honored versions of masculine ideals, placing heterosexual men above women and homosexual men (Connell, 1995; Connell & Messerschmidt, 2005). This version of masculinity focuses on social pressures men confront when attempting to formulate an identity (Branney & White, 2008). Men whose characteristics reflect hegemony receive positive attention, while those who fail to conform to masculine standards may feel pressure to replace their personal values with those consistent with more accepted ideals (Edwards & Jones, 2009; Harris & Struve, 2009).

Some men who cannot fulfill their perceived masculine gender roles may experience a level of depression as a result of gender role conflict (O’Neil et al., 1986). Depression is an illness that affects the entire person (Kadison & DiGeronimo, 2004) and is characterized as either major or minor depression. Major depression heavily impacts one’s life, while minor depression is persistent and defined by symptoms that fail to meet the requirement for major depression (National Institute of Mental Health [NIMH], n.d.).

Reetz, Krylowicz, and Mistler (2014) found 39.77% of students coming into college counseling centers suffered from depression. Specifically, among college-aged men, there is an increase of students who experience depression, with 38.3% of college students describing themselves as “hopeless” and 26.7% who “[feel] so depressed it is difficult to function” (ACHA, 2012). These trends emphasize the importance of examining the reasons behind the increasing number of collegiate men suffering from depression.

Since men seek to achieve masculine ideals, they willingly avoid seeking help as a method of appearing more independent and confident. Men internalize messages such as “boys don’t cry,” which may result in the creation of self-stigma toward seeking help for personal issues (Vogel, Heimerdinger-Edwards, Hammer, & Hubbard, 2011).

Mahalik and Rochlen (2006) discovered help-seeking is perceived as incompatible with culturally-accepted masculine ideals, and men desire to have the least number of people possible acknowledging their depression.

Research Questions

The connection between masculinity and depression is important to consider. Therefore, the goal of the current research was to examine the relationship between depression and men’s perception of masculinity and their willingness to seek help. The following research questions guided the research and shaped the study’s infrastructure:

1. Does depression influence how one perceives his own masculinity?
2. Does an individual’s view of masculinity influence their willingness to seek professional help for depression?

Chapter 2

Literature Review

Collegiate Masculinity

Men's pre-college experiences are important factors in the creation and perception of their masculinity (Harris, 2010). Participants in Edwards' and Jones' (2009) study stated they learned masculine expectations so early it was difficult to remember a time before them. The expectations of men evolve from being told to "be tough" in elementary school into playing sports and breaking rules in middle school and into consuming alcohol and being sexually active in high school. Additionally, these participants planned for college to be "four years of freedom" to party and engage in accepted masculine culture (p. 216). Men attribute their understanding of masculinity to their learned experiences, and they behave within these constructs throughout college. Harris (2010) studied college men's meanings of masculinities and found three factors that consistently influenced their beliefs of masculinity in college: parental influences, male peer interactions, and playing sports and other "masculinizing" activities (p. 307).

Harris and Struve (2009) examined masculinity in collegiate men and found participants believed their campus emphasized patriarchy and competition among men. Participants described the masculine examples set by athletes and fraternity members as the most accepted forms of masculinity. Students also believed their college campus continuously provided opportunities to "hook up" with female students, and men were

celebrated after engaging in sexual practices with multiple women. When considering the amount of competitiveness on campus, participants described the pressures they felt to outperform male peers in areas common on college campuses, such as alcohol consumption, video games, sports, and academics.

Throughout their life, men are encouraged to disconnect from their feelings in order to pursue socially accepted forms of masculinity, which teaches men to show their emotions in “disguised form” even if this creates an unrecognizable and potentially misunderstood self (Lynch & Kilmartin, 1999, p. 45). Because the pursuit of particular masculine ideals is continuously ingrained into men, some act out in ways that contradict personal values (Edwards & Jones, 2009). Kimmel (2008) believed proving masculinity is a relentless, continual process.

Gender Role Theory

Gender Role Theory defines gender as “the cultural and historical ways in which biological sex differences are played out at the individual and social level” (Branney & White, 2008, p. 3; Connell, 1995). Masculine gender roles create a standard of characteristics men must reach; otherwise, they do not fulfill social expectations.

Creating a set of gender role expectations is harmful for individuals, especially those who feel disconnected from the set of gender ideals to which they must subscribe. In light of this, men can internalize their masculine gender roles and may avoid certain actions if they go against what they perceive is expected of them as men.

Masculine identity development. Expectations for individuals to fulfill their prescribed gender role begin at a young age. Socialization with a culture’s dominant gender norm is an integral component in a person’s development. Edward and Jones

(2009) described three phases men undergo when seeking their identity. The first phase describes men's feeling to create a type of masculinity "mask" in order to be understood as men. This mask results from a desire to represent a masculine image and to conceal characteristics culture does not affirm as masculine. Men may find themselves creating this masculine façade both intentionally and unintentionally.

The second phase of male identity is performing in order to match society's understanding of masculinity. A person uses this mask as a catalyst for behavior "to overcompensate and prove their manhood to others and to themselves," fearing his natural characteristics do not fulfill a society's description of normalized gender beliefs (Edwards & Jones, 2009, p. 216). College men engage in hyper-masculine activities to gain acceptance from peer groups, but there is danger in strictly behaving through a mask, because men may not feel completely understood by peers (Harris, 2008).

The final phase is recognizing the "consequences of wearing a mask" (Edwards & Jones, 2009, p. 219). Undergoing phase three of masculine identity development involves critical experiences or influences that assist men in overcoming the desire to only perform certain aspects of masculinity. Basing performances off an idealized version of masculinity prevents meaningful relationships with men and women. Removing the "mask" of masculinity can be daunting and difficult, but it allows men to disregard the need to behave continually within specific masculine scripts. Instead, they are allowed to experience a truer self not hindered through expectations.

Hegemonic Masculinity

Hegemonic masculinity is the social representation of gender and the totality of socially accepted forms of masculinity and the way it is expressed (Branney & White,

2008; Connell & Messerschmidt, 2005). Hegemonic masculinity is not a static characteristic but, rather, a quality that reflects the most culturally accepted forms of masculinity (Connell, 1995). Hegemony also refers to ways heterosexual, racially majority men sustain a prominent social position while women and homosexual men are placed on lower social ranks. If men wish to pursue hegemonic characteristics, they must disassociate themselves with feminine characteristics or actions others may perceive as gay (Connell, 1995; Newsom & Congdon, 2015).

Marketing Masculinity

Understanding the relationship between men and the media is important, because, oftentimes, men feel pressured to pursue a specific masculine archetype exemplified in advertisements (Hatoum & Belle, 2010). Clarke (2009) examined different magazines targeted at male readers and found they emphasize men “are not to have feelings, particularly negative feelings” (p. 208). These magazines reinforced accepted ideals of masculinity, including reluctance to acknowledge negative feelings, viewing emotional recognition as weakness, and not communicating one’s issues with anyone else. Male readers may feel pressured to behave in a manner consistent with such depictions of men and may believe expressing emotions will taint others’ perceptions of their masculinity.

Ricciardelli et al. (2010) investigated examples of hegemonic masculinity in seven issues of various men’s lifestyle magazines—including *Details*, *OUT*, *GQ*, *Men’s Health*, *Esquire*, *Maxim*, *Stuff*, and *FHM*—in hopes of determining whether different magazines depicted the same type of masculinity. The emerging themes from their study were “depictions of the male body, aesthetics and grooming, and men’s fashion” (pp. 68–69). *Maxim*, *Stuff*, and *FHM* all depicted sexualized images of women, emphasized

sports and entertainment, and downplayed emotionality and thoughtfulness. In contrast, *GQ* and *Details* downplayed the concept of the sexualized female, instead focusing on materialistic wealth as the identifiers of status. Additionally, *Details* and *GQ* emphasized and encouraged the concept of metrosexuality in male readers. Last, *Esquire*, *OUT*, and *Men's Health* depicted various forms of metrosexuality within heterosexual readers, gay readers, and readers concerned with muscularity, respectively.

Films and television also impact the ways in which male viewers understand their masculinity. The film *The Mask You Live In* (Newsom & Congdon, 2015) interviewed political scientist Caroline Heldman, who discussed three cultural archetypes displayed throughout these mediums: the silent, non-emotional male character; the superhero who utilizes violence as a method of maintaining control; and the “thug” character, largely portrayed by men of color, whose character qualities are mostly depicted as violent. Also, filmmaker Byron Hurt noted hyper masculinity—exaggerated behaviors reflecting stereotypical beliefs about men—and hyper-violence are found in music genres such as rap, with lyrics about having money, power, and respect.

The Problem of Depression

Depression is one of the most common, yet least discussed illnesses, and it affects people of every demographic. Thus, it is not surprising to find an abundance of students suffering from depression, resulting in an “epidemic” of depression on college campuses (Kadison & DiGeronimo, 2004, p. 95). In 2014, the NIMH (n.d.) estimated 15.7 million Americans aged 18 years or older experienced at least one major depressive episode in the last year. Eagan et al. (2014) indicated that “students’ self-rated emotional health dropped to 50.7%, its lowest ever” (p. 13). Additionally, 9.5% of new students felt

“frequently” depressed (p. 13). These statistics evidence why colleges and universities need to understand the varying mental health of its incoming class.

Suicidal tendencies may develop from untreated depression or unspoken hopelessness. Eagan et al. (2014) found 7.4% of surveyed students admitted to “seriously considering suicide,” while 1.2% actively attempted suicide (p. 14). The Center for Collegiate Mental Health (CCMH) (2016) identified 9.3% of students seeking university counseling services made a suicide attempt within the last academic year. Suicide is the second leading cause of death among those aged 20-24 (Kadison & DiGeronimo, 2004). Depression is a major factor at colleges and universities and, if left untreated, could cause a more devastating side effect. Therefore, institutions of higher education should acknowledge these realities and examine how best to serve suffering students.

Defining Depression

Depression is a “disease that affects every body system and many functions of the brain” (Kadison & DiGeronimo, 2004, p. 92). The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013) stated depression is indicated when five or more symptoms occur over a two-week period: depressed mood most of the day, less interest in most activities, significant weight gain or loss, insomnia or hypersomnia, restlessness or slower body movement, fatigue, feelings of worthlessness or guilt, inability to think or concentrate, and recurrent thoughts of death or suicide. However, the difference between depression and general moodiness should be noted. Ainsworth (2000) defined moodiness as a transient emotion resulting from an irritant, while depression is “a serious . . . physical illness that clouds the mind of sufferers [and] robs them of joy and peace” (p. ix). Additionally, depression increases

chances of other psychological disorders, including anxiety and eating disorders, substance abuse, and potentially suicide (Kadison and DiGeronimo, 2004).

Depression can be separated into two categories: major and minor depression. With severe symptoms that interfere with the ability to enjoy life, major depression includes disruptive mood dysregulation, premenstrual dysphoric disorder, persistent depressive disorder, and major depressive disorder. Conversely, minor depression, or “persistent depressive disorder” is “characterized by having symptoms for two weeks or longer that do not meet full criteria for major depression” (NIMH, n.d., p. 2). Properly understanding depression is imperative so colleges and universities avoid misdiagnosing sad students or improperly categorizing a student’s depressive symptoms.

Physiological responses. Though a mood disorder, depression may also have negative physiological effects. Frodl et al. (2008) found depressive episodes exacerbated a loss of gray matter density (GMD) in “some areas of the frontal, temporal, parietal, and occipital cortices and the cerebellum” (p. 1159). Those with depression also can have a smaller hippocampus — the brain section controlling emotions — than those without depression, because stressful events suppress the creation of new brain neurons. Stressors begin in the hypothalamus, sending corticotrophin-releasing hormones (CRH) through the body and causing an instinct to retaliate or flee. Depressed people receive larger doses of CRH, which may cause emotional confusion in stressful environments (Harvard Medical School, 2009.).

Recent Trends in Depression

Data shows an unfortunate increase in the amount of college-aged men suffering from depression. The American College Health Association (ACHA) (2012) found

38.3% of men felt “hopeless” in the 2011-2012 academic year, while 26.7% “felt so depressed it was difficult to function” (pp. 13–14). Their Spring 2015 survey found a 2.4% increase in men who felt a sense of hopelessness and a 3.1% increase in students who could not function because of depression (ACHA, 2015). Research shows the number of men suffering from depression is slowly increasing; thus, it is imperative to begin discussing how masculinity intersects depression.

Masculinity and Depression

Since men feel pressured to embody specific gender roles, they may ignore signs of depression in order to appear masculine. Therefore, if there is any hope of understanding how men and depression relate, it is necessary to examine what men believe about depression and, subsequently, their willingness to seek help.

Men and depression. Men learn from early stages of development to avoid displaying emotions that may appear non-masculine. Men create perspectives of help-seeking and depression from broader social constructs (Johnson, Oliffe, Kelly, Galdas, & Ogrodniczuk, 2012). Men learn societal clichés such as “boys don’t cry” early in life, which result in a learned belief that non-masculine emotions are inappropriate (Vogel et al., 2011). Consequently, men have less experience in identifying emotions and can thus misunderstand how to navigate mental illness. Kilmartin (2005) believed men are “socialized to avoid introspection and the awareness of disempowering feelings, many men fail to recognize that they have a mental problem in need of attention” (p. 96). In Chuick et al.’s (2009) study on depression in men, participants “described how masculine role norms limited social acceptance of their depressive experiences, prohibited their expression of depression, and restricted the ways they could seek help” (p. 311).

Emslie et al. (2006) conducted a qualitative study exploring the depression experience of 16 male participants. They found men oftentimes described their depression as misery and used vivid descriptions of their experiences. They also described feelings of isolation or imprisonment as well as times of darkness and torment. Consistent with research depicting male's fears of others' changing perspectives caused by knowing of their depression, participants identified times in which depression affected their sense of masculinity because they were labeled "sissies" or "gays" for expressing their feelings (p. 8). Since many men are discouraged at early ages from talking about emotions, particularly negative ones, they may misunderstand how properly to identify or cope with mental illness that might arise during their lifetime.

Gender role conflict. Since men often allow socially accepted masculine characteristics to shape their identity, depression may occur if men feel they are unable to meet expectations of behaving in a masculine manner. Gender role conflict is considered a psychological state in which accepted gender roles negatively impact a person who ultimately feels unable to fulfill his or her potential (O'Neil et al., 1986). Good and Wood (1995) found men with depression experience a conflicting situation: men experience depression because they feel incapable of reaching a social standard, yet they avoid counseling because help-seeking does not fit into the masculine role.

Men's Willingness to Seek Help

Men's gender role conflicts may negatively impact their desire to seek counseling for depression, but counseling can positively benefit these men. When counseling "normal[izes] depression as well as emphasiz[es] the generally favorable outcomes of depression treatment," it becomes particularly helpful for men by providing an

opportunity to discuss their emotions (Rochlen et al., 2009, p. 8). Similarly, collegiate counseling centers can implement strategies to reach hesitant male students: drop-in appointments, online consultations, group therapy, Internet resources, or peer counselors (Kitzrow, 2009).

However, a growing amount of literature discusses men's dislike for engaging with help-seeking for personal issues. To develop strategies that normalize help-seeking for men, it is important to research the reasons behind their hesitant attitudes. Because men learn to behave in stereotypically masculine ways at a young age, they often believe others will not positively respond to a show of emotions (Vogel et al., 2011). As a result of disconnecting from their emotions, some men may create a self-stigma about seeking assistance for illnesses such as depression (McCusker & Galupo, 2011; Vogel et al., 2011). Self-stigma is the "internalization of negative views of society toward mental illness and seeking help" (Vogel et al., 2011, p. 369). Some men have self-stigma because seeking help seems inconsistent with traditional masculine characteristics such as control and independence (Addis & Mahalik, 2003). Mahalik and Rochlen (2006) affirmed this concept of help-seeking as a betrayal of masculine characteristics in their 2006 survey of 153 men. Their participants confirmed that they tended to avoid professional help and stated they would rather converse with a friend, wait for symptoms to pass, distract themselves, or talk with a romantic partner because these strategies helped to conceal their symptoms from people with whom they interacted in public.

Similarly, Tang, Oliffe, Galdas, Phinney, and Han's (2014) study on college men found participants were willing to deny their weakness and limit the self-disclosure of their illness. Men defined denying weakness as the possibility that disclosing an illness

may label them as inferior or weak in relation to other men. Participants actively limited their self-disclosure in the interest of saving face in front of their peers. One participant stated, ““You’re not supposed to open up to other guys about that. You’re supposed to seem confident and strong and you can accomplish things on your own . . . that’s what proves your value to other people”” (p. 221).

Summary

As mentioned previously, expectations to behave in ways perceived as appropriately masculine create pressure on men to fit into a socially accepted framework of masculinity (Branney & White, 2008; Connell, 1995). Additionally, masculine archetypes are consistently present throughout media and advertisements aimed at men (Clarke, 2009; Hatoum & Belle, 2010; Ricciardelli et al., 2010). Men develop their beliefs on masculinity early in life, and they carry these perceptions into college (Edwards & Jones, 2009; Harris, 2010; Harris & Struve, 2009).

Depression is becoming an increasing problem on college campuses (Kadison & DiGeronimo, 2004; Reetz et al., 2014). Some men view depression as an assault on their masculinity, and they feel unable to reach their full potential as masculine beings (Emslie et al., 2006; O’Neil et al., 1986). Subsequently, men’s self-stigma may dissuade them from seeking help because they perceive that doing so reveals signs of weakness (Addis & Mahalik, 2003; McCusker & Galupo, 2011; Vogel et al., 2011). The purpose of this research was to explore further the relationship between college men and depression and to examine depressed men’s willingness to seek counseling.

Chapter 3

Methodology

The present case study examined depression and masculinity in male college students at a faith-based institution. Case studies are one component of qualitative research in which “the researcher relies on the view of participants; asks broad, general questions; collects data consisting largely of words; describes and analyzes these words for themes” (Creswell, 2008, p. 46). Specifically, a case study contains “an in-depth exploration of a bounded system” (p. 476). An intrinsic case study approach best suited this study because it allowed the researcher to observe and understand multiple participants’ specific experiences and explanations of how depression and masculinity intertwine on a specific university campus. The researcher hoped to answer both research questions through interviews with participants in order to understand fully how depression manifests itself within men’s understanding of masculinity (Creswell, 2012).

Context

The case study was conducted at a small, faith-based institution located in the Midwest. Approximately 2,000 students attend the university, and roughly 90% of the students live on campus. The student ratio is 55% female, 45% male, and the student body represents 43 states and 33 foreign countries. The university implements a whole-person approach to education and student development, seeking to integrate faith and

student learning. The institution prides itself on building intentional community in which students develop within residence halls, classrooms, and extracurricular activities.

Participants

Prior to IRB approval, the researcher conducted a pilot interview to prepare the questions for participants to ensure the best data was collected. Based on the pilot interview, some interview questions were reviewed for clarity to ensure they were safe for interview participants. The researcher used purposeful sampling with the intent of finding participants who had experienced the phenomenon of depression (Creswell, 2012). The researcher interviewed five participants: two male students who had sought university counseling services for depression and three college counselors with a variety of experience working with male college students at the studied university. The researcher conducted follow-up interviews with both student participants and one university counselor to gain additional information concerning safeguards for male students with depression. The student participants described conversations or patterns they had witnessed during their depressive experiences, while the counselor participants described patterns they see in male students.

Analysis and Summary

In order to gain a quantitative perspective on the studied university, the researcher examined the institution's CIRP Freshmen Survey and College Senior Survey (CSS) data. Both surveys are components of the Higher Education Research Institute's (HERI) data on college students. HERI is a long-standing organization "regarded as the most comprehensive source of information on college students" (HERI, 2017a). The CIRP Freshmen Survey detailed information about incoming first-year college students based

on survey results, and the CSS was created as a survey for graduating seniors (HERI, 2017b, 2017c). The gathered information from the HERI data provided the researcher a quantitative number of first-year male students and graduating male seniors who frequently experienced depression in addition to those who expressed a high probability of seeking counseling.

The researcher utilized in-person, semi-structured interviews in hopes of gathering participants' best descriptions of depressive and masculine patterns they have seen on campus (Creswell, 2008). Prior to the beginning of each interview, the researcher reviewed an informed consent document with participants so they understood the questions being asked in addition to informing them of their opportunity to remove themselves from the study for any particular reason. Additionally, the researcher used an electronic recording device to assist in accurately transcribing the interviews.

Before beginning to analyze the data, the researcher used member checking in order to reassure participants they had been properly understood. After transcribing the interviews and checking them with participants, the researcher established a "detailed description of the case and its settings" (Creswell, 2012, p. 199). The researcher used categorical aggregation in order to create meaning from the participants' varying experiences and observations of depressed male students. Finally, the researcher developed overall generalizations so "people can learn from the case either for themselves or to apply to a population of cases" (p. 200).

Chapter 4

Results

This case study generated information regarding the experiences of depressed male students at a faith-based institution. Protocol questions were grounded in themes from literature and institutional data. Six themes emerged from interviews addressing each research question.

Table 1

Summary of the Study's Themes

<u>Themes</u>	<u>Sub-Themes</u>
Participants' Feelings of Incongruence	Defining Masculinity
	Emotional Imbalance
Loneliness	Shame
	Navigating Relationships
Negative Self-Esteem and Comparison	
The Importance of Disclosing to Others	
Barriers when Disclosing to Others	Peoples' Perspectives
	Peer Indifference or Confusion
Barriers for Going to Professional Counseling	Feeling Weak
	Timeline of Visiting Counseling

This chapter begins with a descriptive statistical examination of the institution's CIRP Freshmen Survey and College Senior Survey (CSS) to see what level of male students dealt with issues of depression and what percentage believed they had a "very good chance" of seeking counseling. The results also present interview participants' opinions about the institution's current state of institutional awareness of depression on campus at the beginning of the case study results. Next, based on the interviews with men experiencing depression and university counselors, the researcher provides a description of the experiences of depressed men on the studied campus. Finally, the case study concludes by reporting participants' perspectives addressing how the institution can best provide support for depressed male students.

Survey Data Regarding Depression and Counseling Services on Campus

The researcher gathered information from the CIRP Freshmen Survey and College Senior Survey (CSS) to identify potential trends in the number of men who felt frequently depressed and those who sought personal counseling. The CIRP Freshmen Survey is part of the Higher Education Research Institute's (HERI) comprehensive data on incoming first-year college students based on their "background characteristics, high school experiences, attitudes, behaviors, and expectations for college" (HERI, 2017c, para. 1). The CSS, distributed as an "exit survey for graduating seniors," focuses on collegiate outcomes and post-graduation plans (HERI, 2017b, para. 2).

The researcher examined potential trends in male students who felt "frequently" depressed and who reported a "very good" chance of them seeking counseling from university counselors. As seen in Table 2, the number of first-year students at the university who consistently feel depressed has decreased. Although CIRP data shows an

overall trend of a decrease in those who would strongly consider utilizing the counseling center between 2009 and 2011, there was a 6.6% increase from 2011 to 2014.

Table 2

CIRP Respondents Feeling “Frequently” Depressed

	<u>Percentage Who Feel “Frequently Depressed”</u>	<u>Percentage Who Marked a “Very Good Chance” of Visiting the University Counseling Center</u>
2009	8%	11.3%
2011	7.4%	4.3%
2014	5.4%	10.9%

No consistent trend exists among CSS respondents who felt “frequently” depressed and the number who visited the counseling center. In Table 3, the number of students with frequent depression rose for two years before declining. Still, there are more students who feel depressed than those who frequently visit the counseling center.

Table 3

CSS Respondents Feeling “Frequently” Depressed

	<u>Percentage Who Feel “Frequently Depressed”</u>	<u>Percentage Who Marked a “Very Good Chance” of Visiting the University Counseling Center</u>
2010	6.5%	7.4%
2012	8.3%	9.1%
2013	12.5%	6%
2015	9.2%	7.7%

Descriptions of Participants

In order to explore the case of masculinity and depression on the studied university's campus, the researcher interviewed multiple participants from across the institution. Two student participants (Student Participant A and Student Participant B) were males who sought personal counseling for periods of depression. These participants discussed personal experiences with depression while studying at the university and represented men with depression. Three additional participants (Counselor 1, Counselor 2, and Counselor 3) were female counselors at the studied university with a history of treating depressed male students. They acted as professionals whose experiences were based on history or patterns they recognized in depressed male students.

Theme 1: Campus Climate Toward Mental Health

While interview participants did provide a positive opinion regarding campus counseling, there appeared a difference between communicating about specific issues like depression. Counselor 2 concurred, "You know, the counseling center and what people will think of you—there's not that much [stigma] here." Student Participant B (SPB) noted the difference in opinion of counseling between his hometown and the university: "I think a huge part of why I waited so long is the stigma of mental health back home, and there's a lack of stigma here at [the university]."

However, two participants commented on the difficulty between balancing a cultural acceptance of counseling and a campus climate that may not fully understand the issues men experience. SPB believed acknowledging an issue differs from action, stating, "I think even when there's an awareness of an issue, [men] choose not to address it, because addressing it feel like, 'I don't want to be the poster child of the feeling man.'"

Student Participant A (SPA) agreed: “I think the hardest thing is not having the general student population really be aware what it’s like to be dealing with [mental illnesses]”. Furthermore, SPB believed “letting someone into [your struggles] is—it’s being defeated in some ways. Like, I don’t know, like, once you give up doing it all on your own is defeating for a guy.”

A final component of participants’ understanding of current campus climate is how university faculty manage student mental health issues on campus. Counselor 2 discussed the role faculty and staff play in students’ issues: “There’s usually some adult, whether it’s a coach or hall director or professor they’ve had a lot in class . . . when I think of the ones I’ve seen, there’s at least one person on campus who knew they were having problems.” Additionally, Counselor 1 viewed hall directors as integral to assisting students in managing such issues. Describing the prevalence of hall directors on the university’s campus, Counselor 1 offered, “Hall Directors, I feel they do a really good job. [The counseling center] tries to go into their [department] meetings once or twice a semester to talk about [various topics], because [we] want them to feel empowered.”

Theme 2: Participants’ Feelings of Incongruence

Participants were first asked about any potential connection between masculinity and depression. While all participants discussed how depression affects masculinity in some capacity, they dissected various components of the issue: two participants discussed issues with culture’s understanding of masculinity, and three participants explained how depression impacts one’s emotions.

Sub-theme: Defining masculinity. Three participants articulated their definitions of culture’s gender role expectations for men. For example, SPA

communicated common emotions associated with men, such as “strong” and “courageous,” while SPB stated, “The only real emotion acceptable for men to express is anger.” Both participants identified a frustration with men who step outside of prescribed gender roles, as well as the difficulty of acknowledging other emotions. Describing his opinion of masculine stereotypes, SPB said, “I think stoic[ism] and [anger] are the two most accepted emotions for men. Feeling things other than that, and in some cases not knowing where [other emotions] come from, it’s a bit of imposter syndrome.”

Sub-theme: Emotional imbalance. Based on society’s beliefs about emotions men should display, four participants disclosed how depression impacted male students’ confusion surrounding non-accepted emotions. Counselors 2 and 3 believed depression can cause men to question themselves; men may wonder “Why am I feeling this way?” or question if failures result from a lack of proper masculinity. Describing his feelings of emotional imbalance, SPA said,

For me, it was really hard being emotionally unstable. Like, it almost . . . made the depression worse in the sense of, like, I was beside myself with sadness. I had no idea why I was sad. I was literally crying, but I didn’t have the slightest idea of what I was sad about. And that scared me, [because] I should be able to control these emotions.

The emotional imbalance participants described creates a difficult balance for male students navigating depression and gender roles. For example, Counselor 1 indicated, “[Depression] leads to, I think, a really difficult intersection between ‘How do I balance what culture has told me and what depression leads me to [believe]’, because they are so incongruent often that that feels difficult to navigate.” These participants connected

depressive feelings and its incongruent intersection with cultural depictions of masculinity. Additionally, SPA described how depression made his struggles feel insurmountable, which hindered his ability to realign his mind toward positive emotions.

Theme 3: Loneliness

The next major theme was experiencing a sense of loneliness caused by depression. Counselor 2 discussed how male students find it easier to isolate themselves from peers during periods of depression due to shame. When characterizing depressed male students, Counselor 3 stated,

They'll talk about how they isolate, and I think that's really characteristic of depression as well. I don't think they know what that's about for them. Some of them don't want to be verbally aggressive, or some are so self-deprecating they feel they don't deserve to be around people.

Two participants discussed how depression can cause isolation, stemming from a fear of negatively affecting others. Counselor 1 noted how individuals are more likely to shut down within interactive environments, which causes a lack of engagement with relationships. For example, SPA described how he isolated himself from peers and avoided communicating with others: “. . . you feel like you're going to screw things up.” Participants described how isolation can exacerbate feelings of shame in depressed men.

Sub-theme: Shame. Two participants articulated how shame often accompanies feelings of negative emotions, especially in men since they believe these are not allowed within prescribed gender roles. SPA said shame “causes you to want to hide it; it causes you to try and control by hiding it, and that never works.” Additionally, male students must wade through a layer of shame when navigating depressive emotions. Counselor 1

reflected, “So often for males, shame leads to this kind of clamming up and ‘we don’t talk about our problems as much’, [or] accepting [emotions].”

Sub-theme: Navigating relationships. Because shame is a byproduct of depression, it affects men’s relationships with others. SPA stated, “I think so many people who struggle with depression try to hide it, because they feel . . . I know for me, it’s made me feel very, like, inferior, if that makes sense.” Additionally, SPB articulated how he has withdrawn from some relationships because they feel “unsafe,” and depression has caused him to change behavior around specific people.

Since depression elevates feelings of shame, Counselor 3 said some students experience feelings of worthlessness and failure either as a friend or boyfriend, which may increase isolation within relationships. Counselor 1 agreed, “So one thing with relationships I hear is, ‘I’ve ruined everything’ or ‘Because I’ve pulled away for a while, relationships have developed, and I’ve screwed everything up’, which only increases the isolation.” Counselor 1 stated that reentering friend groups can become an issue for depressed individuals, who fear exclusion by those who with more developed friendships.

Theme 4: Negative Self-Esteem and Comparison

How depression affects self-esteem and causes men to compare themselves with others became a major theme after coding participant interviews. Counselor 2 believed that “comparison definitely happens. I think it’s from ‘why?’ or ‘I don’t understand, because this person seems to have it all together, and [a depressed man] is doing good to get out of bed.” SPA discussed self-hated from depression:

Self-esteem especially is really attacked. So, that was really difficult. Self-esteem is one of the biggest. Just a lot of pain, I guess, can be turned inward

during depression. So it was like, I hate myself, [and] I hate how I'm feeling, so I hate myself.

Counselor 1 stated residence halls can be tricky environments for depressed men, because they can compare themselves with large numbers of peers. Living with peers is a consistent component of the college environment, but it may create a more difficult layer for depressed men to navigate in order to avoid comparing themselves to others. SPA described the difficulty of living in his residence hall, because seeing male peers “look like they have it all together” and “in general being so much more, like, more of a man” increases negative self-talk.

Theme 5: Importance of Disclosing with Others

Counselor 3 believed relationships outside of the counseling center are important for depressed men, who typically attend counseling after someone they are close with recommends seeing a professional. After discussing an experience of sharing about depression with a peer, SPA stated, “I think a lot of people with depression, being able to share, um, what you're going through, um, with someone who truly cares about you is an absolute step to being able to overcome it.” Additionally, Counselor 2 noted individuals, specifically in mentoring roles such as a coach or teacher, have positive impacts on depressed male students, because they can recognize issues and refer students to the university counseling center. Finally, SPA communicated how positive relationships assisted him in getting better:

Especially [in my hall], I had no energy to reach out; not many people reached back. A few did, and those few made that [positive] impact. Sometimes you need a reason to work yourself out of that depression, [because] it's so much work.

Theme 6: Barriers When Disclosing with Others

While maintaining positive relationships outside the counseling center is imperative for depressed men, participants described various barriers blocking male students from sharing about their experiences.

Sub-theme: Other people's perspectives. During a student's tenure at an institution, he may feel the need to conform to social pressures. SPA said, "A lot of [my fear of disclosing] has to do with what other people might think of you." Similarly, SPB's female peers have provided a safer space for disclosure; there is no fear of them perpetuating masculine stereotypes like male peers might. Participants noted that men's fears regarding others' opinions of them can affect their desire to seek counseling. Depressed men experience a double bind: while they are experiencing a mental health issue, they hesitate to disclose in order to maintain others' positive opinions.

Sub-theme: Peers' indifference or confusion. Student Participants A and B described how their negative experiences with peers hinder their ability to have helpful conversations concerning their depression. SPB believed male peers may not acknowledge issues because "you don't want to look like you care too much" for male friends. Although male students may observe problems with their depressed friends, participants felt a lack of response. Some of SPA's friends ignored signs of depression: "as a result, the support I needed from those friends wasn't there, because they just didn't really get it. It's easier for them to pretend nothing is going on." SPB viewed peers as oblivious to signs: "I think the observations are there, but . . . nobody has ever followed up on that. Not even with the knowledge . . . no one asks about getting lunch and hearing how you're doing." After discussing various ways peers can support friends, SPA stated:

A lot of these things aren't hard to do, they just require a little bit of awareness and understanding of how depression affects someone. And I think most people who experience it don't really know themselves, so it's something that's hard to do.

Theme 7: Barriers for Attending Counseling

Participants also articulated potential barriers for male students when deciding whether to seek professional help for depression. Male students expressed hesitancy to meet with a university counselor because it represents an inability to overcome an issue on his own. Counselor 1 stated, "To come [to the counseling center] means there is something on a totally different level, there is something going on that is not going in a way you think it should be or desire it to be." SPB concurred, "I look at counseling more as a place for weakness and not having everything together and more on the brink of something bad happening." Counselor 2 noted:

I think a big [reason] that comes to mind is the idea they can figure it out. And for that reason, that's why I never feel like we're the first [place they'll stop]. I think that's the biggest barrier—this idea that 'I should be able to handle this'.

How the University Can Help

The results of the case study conclude with participants' beliefs of how the studied institution can support depressed male students. Considering the institutional data and beliefs of depressed male students at the university, three participants discussed the importance of raising awareness of depression on campus.

Most of what participants discussed focused on a general need to raise awareness about mental health issues on campus. Participants stressed this awareness as integral to

removing shame from topics such as depression. SPB stated, “Knowing how prevalent [depression] is makes it less taboo, because in male culture...why aren’t we talking about it?” Similarly, SPA said that “making students know they’re not alone” is a main component of raising awareness because “it’s really easy to become disillusioned and feel like you’re the only one.” Counselor 1 stated the counseling center seeks to spread information: “One of my goals [for the counseling center] is to just get out and be around and connect more.” Transferring knowledge to individuals on campus can raise awareness for issues and preventative measures. SPB believed university programs may assist in changing opinions on campus, stating, “Um, looking at, uh, a religious institution, I think maybe a chapel a semester or year about . . . mental health. It might not apply to everyone, but there’s an awareness”.

Summary

The current research was based on institutional data and participant interviews at a faith-based institution. Participants provided meaningful information regarding the influence of depression on men’s understanding of their gender role and expectations placed on them as male students. They described how depression makes them feel emotions such as loneliness and shame, which hinders their ability to engage fully in relationships with peers. These students’ beliefs of masculinity hindered their desire to admit their struggles to peers as well as to university counselors. However, participants believed that the university is capable of raising awareness of mental health issues, which can hopefully improve knowledge of topics like depression and make a safer, inclusive environment for depressed male students.

Chapter 5

Discussion

The present case study examined the experience of depressed male college students at a faith-based institution. Based on HERI data, the institution has noticed a decrease in male first-year students who “frequently” feel depressed but a 6.3% increase since 2011 of those willing to seek personal counseling. Since 2013, the institution has noted a decrease in depressed male students and a 1.7% increase in those willing to seek counseling. The current trend at the university affirms participants’ beliefs that less stigma surrounds counseling. The present study was grounded in two questions: does depression influence how one perceives his own masculinity, and does an individual’s view of masculinity influence his willingness to seek professional help for depression?

To accomplish this goal, five participants provided insight into the issue of depression in male students at a specific institution. Two participants were students, and three were counselors from the university counseling center. Both students and a counselor were interviewed a second time for follow-up questions regarding seeking help. Existing literature shaped both the interview protocol and the following themes that emerged from the research data: incongruence between masculine stereotypes and emotions, loneliness, negative self-esteem and comparison, the importance of disclosing to others, barriers when disclosing to peers, and barriers hindering disclosing to professionals. Focusing on these themes, the following sections connect findings from

the present study to the literature, provide implications for student affairs practice, explore further research potentials, and provide particular limitations of the study.

Incongruence of Depression and Masculinity

Exploring the interaction between depression and masculine characteristics is integral to understanding what depressed men believe. Gender Role Theory creates specific, cultural expectations of gender, and students carry these lessons on gender roles with them as they enter college environments (Branney & White, 2008; Harris, 2010).

Most of the participants described how family expectations and rules about gender and disclosure begin at a young age, and particularly face-to-face interactions heavily dictate how people think about gender. SPA, for example, said, “In the small community I grew up in, um, there were a lot of gender roles: the guy was the provider, the emotional stability, and the leader of the household.” Similarly, Counselor 1 believed society creates gender roles that dictate how people should behave: “We get rewarded or punished based on those [norms] based on our experience.” As participants noted, male students enter the college environment with preconceived gender norms they have learned, and the college environment may exacerbate issues of masculinity.

Existing literature shows hegemonic masculinity is the conglomeration of the most culturally accepted forms of masculinity, typically resulting in praising heterosexual men, while minority races and homosexual men are placed on lower ranks in social hierarchies (Branney & White, 2008; Connell, 1995). Participants noted the Christian culture of the university praises particular types of masculinity on campus. For example, Counselor 1 believed the university could portray gender beyond stereotypes and create a broadened conversation about types of masculinity. It would be helpful for the university

to challenge specific beliefs about masculine stereotypes in order to create safe environments for individuals who feel outside of a typical masculine spectrum, and broadening the scope of masculinity can positively impact the student body.

Participants' descriptions of depressed men supported the literature's view that depression negatively impacts emotions, which confuses men; they learn male behavioral standards such as negative reactions toward showing particular emotions at a young age (Johnson et al., 2012; Vogel et al., 2011). Similar to the findings of Kilmartin (2005) and Chuick et al. (2009), the participants in the current study expressed the difficulty men face in navigating depression.

The literature shows how depression can diametrically oppose specific gender roles, exacerbating men's frustrations. Male students with gender role conflict feel incapable of fulfilling their roles as men but remain silent about issues such as depression in order to maintain masculine characteristics (Good & Wood, 1995; O'Neil et al., 1986). Participants in the current study noted how depression's negative impacts on men's emotions evolve into questions of whether they can represent masculine characteristics. For example, Counselor 2 noted clients in the university counseling center come with specific ideologies about how men should behave, and depression causes them to wonder how they have failed as men. The challenge is to talk with depressed men about the spectrum of masculinity and how expressing emotions does not disable one from being a man but, instead, places him on a healthy point on a spectrum of gender expression.

Experiencing Loneliness

Participants argued depression can create periods of feeling lonely and isolated from peers. Such isolation is typically self-induced based on beliefs of being unworthy

of interacting with others or shame for experiencing depressed feelings. Emslie et al. (2006) described how male participants isolated themselves based on their sense of masculinity. By isolating, they could navigate depression without others knowing. Specific participants in the current study described their experiences with isolation on campus. For example, SPA said depression impacted the lens through which he saw the world, and he described depression as “pure and total loneliness” because others cannot physically see depressed thoughts. Although loneliness is an issue during times of depression, simply combating it by inviting individuals to events may not work. One participant stated that depressed college males have lower energy levels, removing the desire to be social. SPA described the struggle of isolation: “I cut myself off from [friends], I cut myself off from them, I distance myself . . . and now they’re not responding because they don’t know what to do.” Peers of depressed individuals may support the National Alliance on Mental Illness’s (2017) advice of returning to a regular routine such as watching films or eating dinner with friends, because spending time with a depressed person in activities unconnected with their illness is important to recovery.

Negative Self-Esteem and Comparisons

Similar to depressed men’s feelings of shame is their negative self-esteem and the temptation to compare themselves with other men. Since men with depression are unhappy with themselves, they are more likely to experience decreased positive self-image and may compare themselves to those without depression. Research shows depressed individuals tend to overestimate others’ abilities and underestimate themselves (Beck, 1967; Martin, Abramson, & Alloy, 1984). A number of participants stated that depressed students wondered why other students seem collected and healthy, while they

struggled to go about their day. SPA believed that, during his depression, “any sort of confidence in who I was [got] pretty much sucked away.” While no participants detailed an exact process of how male students stop comparing themselves to others, some noted how the university counseling center attempts to cultivate positive self-talk based on the idea that depression is an illness, not an identity.

Barriers When Seeking Help

The current study identified a theme of the importance of disclosing depressive feelings to others in order to ensure a higher chance of successfully overcoming periods of depression. Overall, while participants were aware of the benefits of disclosing their struggles to someone else, they did articulate hesitations men have when considering telling others about depression. All participants affirmed the literature’s findings that a counseling center can become a positive environment for depressed men, making a distinction between the stigma of the counseling center and the stigma of disclosing to others about their visits to the counseling center (Kitzrow, 2009; Rochlen et al., 2009).

While participants noted a lessened stigma surrounding counseling on campus, students expressed a contradiction: stigmas remain about issues male students experience. For example, SPB said male students have the potential to trust student leaders less who disclose their experience with counseling, and male peers typically do not emotionally engage with friends who talk about counseling sessions. Despite the struggles of informing others about attending counseling sessions, participants believed it was their responsibility to be vulnerable with certain peers and that, many times, these peers were respectful and helpful toward participants.

Although the current study's participants had positive experiences with disclosure to others and to the counseling center, one still may attach many personal stigmas to help-seeking. Student participants in the current study discussed their hesitancy to disclose with peers for fear of affecting how people perceive them and how their peers tend to ignore signs of depression. Participants also discussed how male peers are likely to notice troubling signs but avoid inquiring about them out of fear of looking too caring.

Depressed men may not disclose their issues, and male peers avoid signs of depression in their friends due to a self-stigma of seeking help. The literature shows males create stigmas of counseling based on gender roles and the dissonance between confessing an issue and appearing strong for others (Addis & Mahalik, 2003; McCusker & Galupo, 2011). Participants affirmed these findings, discussing the fear of looking weak when entering a counseling center. Counselor 1 stated attending a counseling center is a sign of unforeseen issues that individuals cannot handle themselves, and it takes time for men to admit this. Because men are likely to deny their issues based on avoidance of weak characteristics, men enter counseling centers in more severe states than female peers.

Implications for Practice

The current research affirmed depression impacts male students' understanding of masculinity, and these beliefs influence their desire to seek either peer or professional help for their mental illness. Although depression can become a serious issue for male students, they are less likely to disclose their struggles with others out of fear of changing perspectives or appearing weak. This is vital information for a higher education institution. Male students experience struggles throughout their undergraduate tenure,

but they are less likely to disclose their problems with peers. However, if a college does not discuss the masculine gender culture on campus, male students may not understand it is acceptable to share about their problems. Student affairs professionals should be aware that male culture is a prominent influence on students, so beginning conversations in areas on campus such as male residence halls may combat damaging notions of hegemonic masculinity. As the literature shows and participants reinforced, the dominant culture has an influence on how males perceive themselves and others, especially during periods of depression. Therefore, it is integral to show positive male role models to students who can create conversations surrounding topics of masculinity.

The literature illustrates how depression can detrimentally impact a student's academic performance. Therefore, colleges and universities should intentionally inform professors of the signs of depression. Signs of depression within the academic setting include failing grades, sudden changes in academic performance, or prolonged periods of missed classes. In order to alert professors better, institutions should offer educational seminars about mental health. Participants articulated how professors are oftentimes considered lynchpins on university campuses, especially by first-year students. Therefore, it is imperative professors become intentional in building trust with students during the start of the semester. Professors should insert a section about mental health into their syllabi and provide on- and off-campus resources for students struggling throughout the semester. Finally, the university counseling center must connect with academic affairs by providing informational meetings throughout the school year designed to educate faculty on specific mental health concerns.

Student affairs professionals should consider how programmatic efforts on campus can raise awareness for particular issues or begin conversations among the student body. However, a tricky component of depression is a lack of energy, which may influence depressed students' ability to engage with a program. Therefore, universities should consider campus-wide programming that discusses mental health issues such as depression without singling out individuals. The current research took place at a Christian university with consistent chapel programming three times a week, and a few participants said these types of events are effective methods of discussing mental health. Chapel sessions typically emphasize corporal attendance, so large numbers of students would be present for a service about mental health. Since the literature shows dominant cultures dictate how individuals usually experience a particular issue, the results of the current study support the infusion of mental health education into systems already in place at the university (Connell, 1995). If student affairs professionals desire to create inclusive spaces for depressed students, they must consider ways in which education can occur on campus in order to raise awareness about issues that may affect a large portion of the student body during their time at the institution.

Limitations and Implications for Further Research

One of the potential limitations for this study was the low number of personal interviews. Although the current participants provided their beliefs of the current university and the issue of depression on campus, additional participants would have provided a more robust understanding of depression in male college students. Specifically, interviewing more male participants in the future will provide a larger pool of experience for what depressed male students believe about their own masculinity and

their other male peers. A second limitation was the fact the research took place at a specific faith-based institution in the Midwest. Although Christian universities across the country share common core beliefs, they may hold different beliefs about the intersection between Christianity and mental illness. Additionally, geography may influence how individuals perceive masculinity. SPB noted how his conservative upbringing affected his beliefs of gender roles, but a Christian institution comprised of students from diverse geographical regions may yield different results. A final limitation was researcher bias. Although the current researcher believed a hermeneutical approach to this study was integral, bias must be accounted for when examining the results and discussion. The current researcher identified as a male who has had experience with depression and help-seeking from a university counseling center.

Implications for future research. Because of the timeline for research, the focus of the current study found overarching themes of depressed male students' experience at a faith-based institution. Future research could include longitudinal studies based on first-year males entering college with depression and could track how their understanding of masculinity and help-seeking evolves throughout the four undergraduate years. In the present study, one participant lived in an all-male residence hall while another lived in a co-ed hall, which may have created different opportunities for participants to disclose to peers of various genders. Therefore, future studies could compare depressed male students in all-male and those in co-ed halls to examine potential similarities or differences between their beliefs of masculinity and their desire to seek help. Finally, much of the existing research discusses how specific environments such as sports teams or fraternities perpetuate negative masculine stereotypes. Therefore, future research

could examine how members of athletic teams or members of single-sex Greek organizations influence beliefs of masculinity on campus.

Summary

Although research is limited, it continues to identify how depression and negative masculine stereotypes can hinder a male student's college experience. The purpose of the current research was to examine what male students with depression believe about masculinity and how these opinions shape students' desire to seek help from peers or professionals. The study affirmed existing research by finding that depressed male students experience incongruence between masculine culture and feelings of depression, loneliness, and negative self-image. Although the results of this study identified specific benefits of disclosing depression to others, there are specific barriers such as shame, feeling weak, or a stigma grounded in others' perceptions. While participants in the study communicated a healthy experience thus far with depression and the college experience, many male students may feel uncomfortable sharing their stories, which only increases the importance of continual efforts to raise awareness for mental health on college campuses. The findings of this study should encourage student affairs professionals to continually seek new information regarding depression and the male student population in order to tailor helpful strategies for particular institutions and student bodies.

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Appendix A

Interview Protocol

[“It feels a bit like imposter syndrome”: Examining the issue of masculinity and depression in male college students at a faith-based institution]

You are invited to participate in a research study exploring masculinity and depression. You were selected as a possible subject because you came through the counseling center. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

The study is being conducted by Wildon Story.

STUDY PURPOSE

The purpose of this study is to interview college counselors in order to understand any possible connection between depression and the ways in which men understand their own masculinity. Literature shows masculinity characteristics are socially constructed, and admitting to depression is the antithesis of accepted masculinity. The study seeks to examine participants’ stories in relation to the literature in order to explain any potential connection.

NUMBER OF PEOPLE TAKING PART IN THE STUDY:

The study will interview between 8 and 12 participants. If you agree to participate, you will be a subject who will be participating in this research.

PROCEDURES FOR THE STUDY:

If you agree to be in the study, you will do the following things: Participants will meet with the researcher one time for a recorded, semi-structured interview. The interview time will vary depending on how long each participant takes to answer the researcher’s question.

RISKS OF TAKING PART IN THE STUDY:

While on the study, the discomforts are:

The risks of completing the interview includes possible loss of confidentiality (only in situations which are required by law.

The risk of feeling uncomfortable when answering interview questions.

The risk of past emotions reoccurring when discussing students’ experiences.

There may also be risks that we cannot predict.

In order to best safeguard you against some risks, the following measures can be used:

When taking part in the interview, let the researcher know if you are unable or too uncomfortable to answer a question.

If, at any time, there seems to be extreme emotional or physical pain caused by the interview process, the researcher will terminate the interview and remove the participant(s) from the study. Additionally, the researcher will contact the university counseling center to alert of any possible negative repercussions.

BENEFITS OF TAKING PART IN THE STUDY:

The benefits to participation that are reasonable to expect are being apart of a research effort, and overarching conversation, studying the relationship between depression and its effects on views of masculinity.

ALTERNATIVES TO TAKING PART IN THE STUDY:

You may choose to back out of the interviews at any time. If you do not want to participate in interviews, the alternative is not participating in the study.

CONFIDENTIALITY

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Your identity will be held in confidence in reports in which the study may be published and databases in which results may be stored. The interviews will be tape recorded, but only the researcher, Wildon Story, will have access to them. Additionally, the interviews will be destroyed at the end of the thesis process.

PAYMENT

You will not receive payment for taking part in this study.

CONTACTS FOR QUESTIONS OR PROBLEMS

For questions about the study or a research-related injury, contact the researcher Wildon Story at 901-517-6902. In the event of an emergency, you may contact him at the same number.

VOLUNTARY NATURE OF STUDY

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Your decision whether or not to participate in this study will not affect your current or future relations with Taylor University.

SUBJECT'S CONSENT

In consideration of all of the above, I give my consent to participate in this research study.

I will be given a copy of this informed consent document to keep for my records. I agree to take part in this study.

Subject's Printed Name: _____

Subject's Signature: _____ **Date:** _____

Printed Name of Person Obtaining Consent: _____

Signature of Person Obtaining Consent: _____ **Date:** _____

Appendix B

Student Participant Interview Questions

1. Do men ever discuss their understanding of masculinity while seeking counseling? How do they describe these beliefs about what a man should be?
2. Have you seen depression impact men's understanding of their own masculinity?
 - a. Do men describe how depression influences their understanding of others' masculinity?
3. Have you seen depression impact men's overall college experience?
 - a. How have men explained its impact on their relationships?
4. How have you seen depressed men describe the relationships in their life?
 - a. Is there any difference between family versus friend or peers?
 - b. Do men discuss these relationships' influence on their understanding of masculinity? Do they discuss the influence these have on their understanding of depression?
5. Does depression influence how they relate to other people?
6. Have men ever disclosed their depressed feelings with friends or family?
 - a. How do men describe others' reactions to their depressed feelings?
 - b. Do men articulate any barriers to disclosing these feelings with family or peers

7. Have you seen if men's understanding of masculinity affects their willingness to seek help?
 - a. Have particular family or peer male relationships affected men's willingness to attend counseling for depression?
8. Are counseling centers often male students' first choice to disclose particular issues, or are they seen more as a last-chance effort to get better?
 - a. When thinking about attending counseling, do you know if men consider the gender of available counselors?
9. Do men express how their relationships with others might change if people knew they attended counseling?
10. What do you believe are barriers for college men when deciding to attend counseling for depression?
 - a. How can universities alleviate some of these issues?
11. What aspects of the college environment do you believe impact men's desire to seek counseling, whether positive or negative?
12. Are these aspects that may increase men's chance of experiencing depression?

Appendix C

Counselor Participant Interview Questions

1. Literature says we learn gender role from a young age. How have male students described the masculine ideals they grew up with?
 - a. Have you seen depression impact men's understanding of their own gender role?
 - b. Do men describe how depression influences their understanding of others' gender role?
2. Have male students described a pressure to fit into masculine norms in college? How has depression changed this desire to fit into a masculine norm?
3. Are there aspects of college that may increase men's chance of experiencing depression?
4. Do male students in counseling describe how depression impacts their relationships or friendships?
 - a. Is there any difference between family verses friends or peers?
 - b. Is there a difference between male and female relationships?
5. Do male students ever disclose their depressed feelings with friends or family?
 - a. How do men describe others' reactions to their depressed feelings?
 - b. Do men articulate any barriers to disclosing these feelings with family or peers?

6. Have you seen if men's understanding of masculinity affects their willingness to seek help?
 - a. Have particular family or male peer relationships affected men's willingness to attend counseling for depression?
7. Are counseling centers often male students' first choice to disclose particular issues, or does it seem more of a last-chance effort to get better?
 - a. Does the gender of a counselor play a part in men's willingness to seek help?
8. Do men express how their relationships with others might change if people knew they attended counseling?
9. What do you believe are barriers for college men when deciding to attend counseling for depression?
 - a. In your opinion, how can universities alleviate some of these issues?
10. What aspects of the college environment do you believe impact men's willingness to seek counseling, whether positive or negative?

Appendix D

Participant Follow-Up Interview Questions

1. What do you think colleges can do to help male students with depression?
 - a. What do you think faculty and staff can do?
 - b. What can peers do?
2. Do you believe there is a relationship between Christianity and people's understanding of depression and masculinity?
 - a. If there is one, is the relationship comparative between church and school?

Is the relationship between a Christian church and masculinity or depression different than a Christian university and masculinity or depression?
3. What do you believe is the best way to provide support for male students with depression?
 - a. What about helping students within a Christian environment?
4. What are the practical ways in which you have seen the university counseling center assist you in learning coping mechanisms?

