

NARRATIVES ON DEPRESSION, MASCULINITY AND WORK. A STUDY WITH LIFE STORIES OF CHILEAN MEN

NARRATIVAS SOBRE DEPRESIÓN, MASCULINIDAD Y TRABAJO. UN ESTUDIO CON RELATOS BIOGRÁFICOS DE HOMBRES CHILENOS

NARRATIVAS SOBRE DEPRESSÃO, MASCULINIDADE E TRABALHO. UM ESTUDO COM RELATOS BIOGRÁFICOS DE HOMENS CHILENOS

Francisco Aguayo

Pontificia Universidad Católica de Valparaíso, Chile

ABSTRACT: Each year in Chile, one in ten men have demonstrated signs or symptoms of depression. (MINSAL, 2018; Center for Conflict and Social Cohesion Studies, 2018). However, both in the country and in the rest of Latin America, there are few studies that address male depression from its qualitative and narrative aspects. The aim of this study was to analyze reports of depression in men and their references to concepts of hegemonic masculinity. A qualitative study was carried out with interviews with five Chilean men who experienced a depressive process. With a life story methodology, the depressive processes in each biography were explored. The results show that men report depression and malaise from a crisis or main drama, and according to aspects that challenge the values of hegemonic masculinity.

KEYWORDS: Masculinities; Depression; Male depression; Hegemonic masculinity.

RESUMEN: En Chile, uno de cada diez hombres presenta indicios o síntomas de depresión cada año. (MINSAL, 2018; Centro de Estudios de Conflicto y Cohesión Social, 2018). Sin embargo, tanto en el país como en el resto de Latinoamérica, son escasos los estudios que aborden la depresión masculina desde sus aspectos cualitativos y narrativos. El objetivo de este estudio fue analizar los relatos de depresión en hombres y sus referencias a los valores de la masculinidad hegemónica. Se realizó un estudio cualitativo con entrevistas a cinco hombres chilenos que habían pasado por un proceso depresivo. Con una metodología de relato de vida, se exploraron los procesos depresivos en su biografía. Los resultados muestran que los hombres narran la depresión y su malestar a partir de una crisis o drama principal y según aspectos que desafían los valores de la masculinidad hegemónica.

PALABRAS CLAVE: Masculinidades; Depresión; Depresión masculina; Masculinidad hegemónica.

RESUMO: No Chile, um em cada dez homens apresenta sinais ou sintomas de depressão a cada ano (MINSAL, 2018; Centro de Estudios de Conflicto y Cohesión Social, 2018). No entanto, tanto no país quanto no restante da América Latina, são poucos os estudos que abordam a depressão masculina a partir de seus aspectos qualitativos e narrativos. O objetivo deste estudo foi analisar os relatos de depressão em homens e suas referências à masculinidade hegemônica. Foi realizado um estudo qualitativo com entrevistas com cinco homens chilenos que vivenciaram um processo depressivo. Com uma metodologia de relato de vida, foram explorados os processos depressivos em sua biografia. Os resultados mostram que os homens relatam a depressão e seu mal-estar a partir de uma crise ou drama principal, e de acordo com aspectos que interpelam valores da masculinidade hegemônica.

PALAVRAS-CHAVE: Masculinidades; Depressão; Depressão masculina; Masculinidade hegemônica.

Introduction

In Chile, although depression affects women in greater proportion (Ministerio de Salud [MINSAL], 2018), the prevalence in men is significant and these do not usually receive greater attention from policies or adequate responses from services or communities. Annually, male depression is a mental health problem that can affect up to one in ten men in the country. According to the National Health Survey for the year 2016-2017, one in ten men presented signs of suffering from depression in the previous year (MINSAL, 2018). The Social Longitudinal Study of Chile, in turn, determined that 9% of men had moderate-severe or severe symptoms of depression in 2018 (Centro de Estudios de Conflicto y Cohesión Social, 2018). For its part, the National Survey of Employment, Work, Health and Quality of Life points out that 16,7% of the male workers surveyed reported feeling melancholic, sad or depressed for more than two weeks in the previous year (Ministerio de Salud, Dirección del Trabajo, & Instituto de Seguridad Laboral, 2011).

Male depression in Chile is more prevalent in men of working age (25-64 years) and in those of low socioeconomic status (20,8% versus 11,8% in the general male population) (MINSAL, 2011). Likewise, from the age of 45, both depression and suicidal ideation increase in this group (MINSAL, Dirección del Trabajo & Instituto de Seguridad Laboral, 2011; MINSAL, 2018).

Suicide is another health problem that is usually related to depression and that affects men in greater proportion (Oliffe et al., 2019). In Chile, more than 1800 completed suicides are recorded each year, according to available data between 2015 and 2017 (Departamento de Estadísticas e Información de Salud [DEIS], 2019). Men represent 83% of suicides (Vicente, Saldivia, & Pihán, 2016), which shows the high risk in this population. According to the latest National Health Survey 2016-2017, 1,7% of men showed suicidal ideation (MINSAL, 2018).

Regarding depression treatment in the health system, a significant gap in care is observed in the case of men. The national depression program has traditionally served a low percentage of men (Minoletti, & Zaccaria, 2005). In primary care, on the other hand, 198.416 people were diagnosed with depression in 2018, and, among these, only 16,2% were male (DEIS, 2019). This shows that, in the face of depression, they attend and access health services to a lesser extent.

Until now, most of the research on depression in men in Latin America and Chile consists of epidemiological studies (Kohn et al., 2018; MINSAL, 2018; Rodríguez, Kohn & Aguilar-Gaxiola, 2009; Vicente et al., 2006; Vicente et al., 2016). Although they provide an x-ray of the magnitude of the problem and allow some distinctions to be made among population groups, they do not delve into its cultural or narrative aspects. Research that addresses these last dimensions is scarce and comes almost exclusively from developed countries (Krumm, Checchia, Koesters, Kilian, & Becker, 2017; Seidler, Dawes, Rice, Oliffe, & Dhillon, 2016; Whittle et al., 2015), with the exception being a qualitative study by Windmüller (2016) in Brazil and another by Londoño, Peñate and Rodríguez (2017) about how men and women in Colombia respond to a scale of depression symptoms. In the case of Chile, studies in mental health services have been carried out with samples mostly of women, because they are the main consultants and this determines that there are little national data on depressive distress in men (Crempien et al., 2017; Martínez et al., 2017).

Narratives about depression and masculinity

This study takes as references the life story approach (Bertaux, 2005; Bruner, 1991, 2003; Gergen, 1996; Piña, 1988, 1999) and critical masculinity studies (Connell, 2019; Messerschmidt, 2018).

Connell understands masculinity as a configuration of practices, which are situated in a structure of gender relations and have a historical trajectory (Connell, 2019). There is a plurality of masculinities as well as hierarchies between them (Connell & Messerschmidt, 2013). Hegemonic masculinity (HM) is a relational concept and one of its distinctive elements is that it is installed through legitimization or justifications of unequal relationships between men and women, between masculinities and femininities, and between masculinities (Messerschmidt, 2019). HM is also a set of attributes, norms or values (Connell, 2019) that defines what is acceptable or unacceptable gender behavior in a given context (Messerschmidt, 2019) and is built through cultural consensus and persuasion (Messerschmidt, 2018). HM is a reference pattern rather than a common pattern, since few men embody it (Connell, & Messerschmidt, 2013). HM is the most admired way of being a man in a given context. It is, in turn, normative, as men position themselves in reference to it, and it defines forms of subordination of women and men (Connell, & Messerschmidt, 2013). HM persuades and encourages men to adhere to it so they can achieve more power, prestige or privileges. HM is embodied, that is, it expresses itself through the body and its bodily practices. Health and the body are affected by social processes (Connell, & Messerschmidt, 2013). In this way, risky or careless health practices are usually related to HM. Bodies participate in social action and are intertwined with the social context. Thus, bodies are at the same time objects and agents of social practices.

HM can be challenged or questioned (Messerschmidt, 2019), it occurs in a certain socio-historical context, being susceptible to change or transformation, rearrangement, adjustment or revision (Messerschmidt & Messner, 2018). Masculinity is in constant negotiation in the context of relationships and institutions in which men participate (Courtney, 2000). Finally, another relevant aspect of HM is that it is built through language, narratives, and also through non-discursive practices such as the actions of institutions that organize areas such as work (Connell & Messerschmidt, 2013).

In existing research on male depression, narratives of masculinity appear as antecedents or supporters of depressive processes. In turn, HM norms or values such as being strong, tough, invulnerable, self-sufficient or competent are at stake in depression (Krumm et al., 2017; Mahalik & Dagirmanjian, 2019; Seidler et al., 2018; Whittle et al., 2015). In depressive processes, men may feel that they lose masculinity or power and struggle to recover what they have lost (Krumm et al., 2017). For Oliffe et al. (2010), men with depression remain in a position of subordination and therefore lose attributes of hegemonic masculinity.

Some studies indicate that men often face these processes with atypical, outward, avoidant or risky behaviors (Brownhill, Wilhelm, Barclay, & Schmied, 2005; Chuick et al., 2009; Londoño et al., 2017). Other research describes, in turn, that men present symptoms that do not necessarily coincide with the usual description of diagnostic manuals such as the DSMV and the ICD11, such as irritability, emotional disconnection, alienation at work, abusive consumption of alcohol and suicidal behaviors (Chuick et al., 2009; Heifner, 1992; Johnson, Oliffe, Kelly, Galdas & Ogrodniczuk, 2012; Krumm et al., 2017; Oliffe et al., 2010; Whittle et al., 2015). This means that male depression is not adequately investigated and is therefore underdiagnosed (Affleck, Carmichael, & Whitley, 2018; Krumm et al., 2017; Rochlen et al., 2009).

According to narrative psychology, identity or the self are constructions generated from a story (Bruner, 1991; Gergen, 1996; McAdams, 2003). The notion of narrative includes the stories that are told about one's own life, with a sense of coherence and sequentiality, establishing coherent relationships between vital events (Gergen, 1996). The narratives are intimately related to the sense of oneself, which is built and rebuilt every time a biographical story is told (Avdi

& Georgaca, 2009). In these narratives, it is described what the producer of the story believes he has done, in what situations, in what way and for what reasons. At the center of this story there is a protagonist self that is in the process of construction (Bruner, 1991).

From a life story or a set of stories, the narratives allow an approach to the social understanding of the phenomenon of discouragement, located in its context (Bruner, 1991; Gergen, 1996). The story also allows knowing the problem (Bruner, 1991) and the attempts to solve it (Bruner, 2003). From a narrative point of view, depression can be understood as an obstacle in a person's biography to achieve, for example, their goals or motives, or, in the case of some men, to comply with the norms or values of the HM (Connell, 2019). Depression appears as something exceptional or unexpected, as a deviation from the canon (Bruner, 1991) that puts the values of masculinity in tension, unbalancing some of the elements of the narrative. In this way, the narrative approach allows us to address the phenomenon of male depression and understand the gender dimensions involved. Through narratives, depression can be analyzed as an episode, as an event, a stage, a life event or a process in a person's life.

The present study

This study addresses the problem of male depression and the gender dimensions involved in it. There is a significant gap in qualitative and critical studies in this field. The question that this research seeks to answer is how men report depression. The aim of the study is to analyze the narrative construction of depression and its references to the values of hegemonic masculinity. To this end, men who have gone through a depressive process in the last five years, with or without a clinical diagnosis, are interviewed using a life story methodology.

Methodology

The study was carried out with a qualitative methodology, following a multiple case design through narrative interviews with men who have gone through a depression, in order to explore the subjective construction of their experiences during their depressive processes (Piña, 1998, 1999; Stake, 2006). For this, we used a life story or autobiographical narrative methodology, which consists in narratives produced in an interview, focused on an episode, a stage or a process (Bertaux, 2005). Bertaux's perspective (1999) considers that the stories deal with a period or with a particular aspect of the life of a subject. In this way, the autobiographical account is not a journey through all the biographical experiences, but through those that are the most relevant around the topic of interest, in this case, male depression.

For the confirmation of the sample, an intentional sampling strategy of maximum variety was used, thus seeking to saturate the phenomenon studied and achieve an understanding of its various manifestations (Bertaux, 2005; Patton, 2002). The estimation of the number of interviews was carried out according to criteria of variation and heterogeneity (Bertaux, 2005). The complete study includes 16 interviews, in this article a subset of them is presented, selected around the work axis, given the importance of the work context in understanding their depressive processes. An age range of 30 to 60 years is considered to convene men of working age, given the higher prevalence in this group (MINSAL, 2011). The average duration of the interviews is 90 min.

Participants

For this article, five interviews with men who went through a depressive process were selected. Their ages range between 36 and 64 years. They are all heterosexual. Three are fathers, but of these, two are separated from the mother of their children. As for their place of residence, two of them live in Santiago, three in cities in southern Chile, although one of the latter recently moved to the capital. In relation to those who live with them at the time of the interview, four of them live with their parents, either due to unemployment or lack of work, returning from a trip, or due to the pandemic.

These five cases were diagnosed with depression by health personnel (doctor, psychiatrist or psychologist). Likewise, all were treated with psychotherapy and/or drugs. As for their schooling, they are professionals, three of them from the social sciences, one an engineer and the last from the education area. Regarding their occupation, two of them are employed, one unemployed and two have sporadic jobs.

Table 1: characteristics of the participants

ID	Pseudonym	Age	Profession, occupation	Title	Children	Resides with	Reason for your depression	Diagnosis	Min.
E1	David	42	Sociologist, app driver.	Screwed up (<i>Enmierdado</i>)	Son	Parents	Depression due to getting fired and separation	Yes	93
E2	Marcelo	36	Social worker. Unemployed.	I have been burned in life	Yes	Mother	Depression triggered by grief and difficulty in labor insertion	Yes	106
E3	Germán	64	Counselor. Employed, on leave from work.	Depression as a companion on my life path	Children	Partner and children	Depression due to work harassment	Yes	93
E4	Antonio	37	Engineer, work by project.	Collapsed	Yes	Parents (temporarily).	Depression due to alienation at work and by termination of a couple relationship	Yes	75
E5	Gabriel	38	Sociologist. Employed.	I am a sad soul	Children	Alone before the pandemic, with parents in the pandemic.	Depression due to chronic illness, workplace harassment	Yes	84

Note: age and activity at the time of the interview.

Interview production procedures

To contact the participants, a maximum variety intentional sample strategy was used (Bertaux, 2005; Patton, 2002) through calls on social networks. They were invited to participate as an interviewee in a study on depression in Chilean men. Inclusion criteria were mentioned in the call, such as having gone through a depressive process or depression in the last five years with or without a diagnosis, self-identifying as men, residing in Chile, being between 30 and 60 years old, being affiliated with the public health system. Exclusion criteria were current depression and/or suicidal ideation or other serious mental health illness. Although there were no cases that met these last criteria, some of the inclusion criteria, such as age or affiliation, were made more flexible.

Qualitative biographical life story interviews were conducted with the participants (Bertaux, 2005) to ensure an investigation of the central themes of the study, which were contained in an interview script (Kvale & Brinkmann, 2009; Piña, 1988).

All interviews were conducted by the researcher. These began by inquiring about the position of the interviewee in the interview based on the question: what motivated you to participate in this study? To start the life story, one of the formulas or slogans used was: tell me a story about the depressive process in your life or tell me your story about the depression. At the beginning the interviewees unfolded their story without interruptions. From the first silence or pause, specific aspects of each case were explored, such as antecedents, emotions, symptoms, relationships, attributions of causality and stages. The interview was conducted with attentive listening, seeking to build a relationship of trust. In turn, an active style (Bertaux, 1999) was used to inquire about those facts or meanings of greatest interest for the phenomenon studied. The narrative produced is considered an interpretation of his life or part of it (Cornejo, Mendoza, y Rojas, 2008; Messerschmidt, 2017).

In the context of the pandemic, the interviews were conducted through Zoom Meetings Platform and the audios were recorded through the same platform and then literally transcribed. To protect the anonymity of the participants, pseudonyms were assigned and data that would allow an interviewee to be identified, such as names or addresses, were eliminated.

Analysis procedures

For the analysis of the interviews, the methodology of narrative analysis of the life stories (Bertaux, 2005; Piña, 1988) was used together with a critical masculinity approach (Connell, 2019; Messerschmidt, 2018). The information obtained with the qualitative interviews was analyzed descriptively and interpretively through a multiple case approach (Bertaux, 2005; McLeod, 2010). The steps suggested by Connell (2019) in his study with men were followed using the biographical method, according to which a singular logic is first followed to approach each interviewee as a case and then a cross-sectional analysis of the set of cases is carried out.

For the initial analysis, a text was prepared for each life story, ordered chronologically and thematically, including as many relevant details as possible along with the most expressive quotes. In the text, the different elements of the story were organized in order to present coherence between themes, sequence and stages. In this first phase, we sought to understand the narration of each interviewee about their depressive process (Piña, 1998, 1999). In a second stage, an open coding of the interviews was carried out in order to deepen the inter-

pretation and analytical organization of the emerging categories (Charmaz, 2006). In this phase, on the one hand, the categories collected in the literature of masculinity studies were identified (Connell, 2019; Connell & Messerschmidt, 2013; Messerschmidt & Messner, 2018) and, on the other hand, those that are linked to narrative biographical research (Bertaux, 2005; Piña, 1998, 1999). The analysis was performed with the help of Atlas.ti v8 software, designed for textual data analysis. In the third and final step, a cross-sectional analysis (Connell, 2019) of the cases was carried out, seeking to identify and organize the primary narratives about depression, work, and masculinity.

Ethical procedures

The ethical procedures of the study were approved by the Bioethics Committee of the Pontifical Catholic University of Valparaíso (BIOEPUC-H-346-2020), which evaluated the project and considered that it complies with ethical standards and does not present risks to the participants. In the informed consent given to each participant, the study and its procedures were described in detail. Important aspects of the investigation were emphasized, such as willfulness, confidentiality, anonymity and protection of information. Each approval was recorded in writing or by audio.

Findings

We will address the findings by presenting, firstly, the life stories of five cases of men who went through depression and, secondly, a cross-sectional analysis of their narratives about depression, masculinity and work.

Five cases: life stories about depression

The five cases analyzed are presented below. First, each story is approached independently through a summary of the most important aspects of the narrative organized according to the most relevant milestones and stages of each depressive process. The use of the words of the interviewees themselves has been privileged. After each case, the central aspects in the narrative developed by the interviewee were analyzed. This case methodology was chosen following the proposal of Connell (2019) to reveal the depressive process inscribed in a biography.

David's case: screwed up (“enmierdado”)

David is 42 years old; he is the father of a son. In the context of the pandemic, he lives with his parents in the capital. His son lives with his mother in a city in southern Chile. He studied a career in social sciences. He has always had vocational doubts. His passion is music. He was married for about 15 years with the mother of his son. Shortly after becoming parents, they separated. David has had an active and involved fatherhood, facilitated by the fluid coordination he has with the mother. With her, he has maintained a flexible care scheme.

David's depressive process is related both to a job dismissal and to the separation of this last couple. He had a steady job and was fired. During this period, he spent a lot of time

isolated at his desk, making music, watching videos, and drinking beer. He felt unmotivated, frustrated and irritable. *Enmierdado* (screwed up). At that stage, he did not identify his discomfort as depression. He had a permanent feeling of indifference. He was very irritable with his partner. When he became aware that he needed help, he consulted first with a psychologist in the public health system and then with a general practitioner. Both diagnosed him with depression. During his depression, he made fatherhood his main activity.

David has had low self-esteem since he was a child. On one hand, he feels that work and asserting himself in that area was a pending issue in his life. On the other hand, in music he feels comfortable, safe and motivated. Currently, he feels that he has recovered himself, takes care of himself and drinks less alcohol.

In David's narrative, job dismissal breaks with stability and leads him to a depression that is expressed through rage, using the metaphor of feeling *enmierdado*. David shows a masculinity with non-hegemonic aspects, such as sensitivity and caring for his son. However, he in turn presents a narrative of frustration and anger at the job dismissal. Specifically, for not being able to meet the norm of having and asserting oneself in a stable job. Although David had a hard time acknowledging that he was experiencing depression, he sought out professional support. Likewise, in this case, a narrative of insecurity is seen, a constant low self-esteem and vocational doubts are recognized, as well as the dilemma to dedicate himself to his passion: music.

Marcelo's case: I have been burned in life

Marcelo is a social worker; he is 36 years old. He is currently unemployed, is covered by unemployment insurance in the context of the Covid-19 pandemic and only has sporadic jobs. He lives with his mother in a city in southern Chile.

Marcelo suffered sexual abuse in his childhood by a domestic worker. In his adolescence, his father became disabled due to a stroke that left him dependent and inactive at work. Due to the care that his father required, he feels that he lost part of his youth. Marcelo says he experienced an outdated mourning because it took him time to connect with the loss. He recognizes this moment as the trigger for his depression. Also, it took him a while to start treatment, because he was postponing the search for help. He first went to a general practitioner with symptoms such as sleepiness, anguish and hypertension. The doctor pointed out that his symptoms were due to grief. Another doctor prescribed antidepressants and he continued the treatment for nine months.

Sometime later, Marcelo lost his job and returned to live with his mother. He was depressed and consulted for psychotherapy. He felt frustrated, lacked energy, had trouble enjoying himself, and had trouble sleeping. In addition, he saw the future with uncertainty and did not know what he wanted to do. The reason for his initial consultation was grief and unemployment, then he expanded it to address his personal projects.

In Marcelo's story, depression has to do with an out-of-date mourning due to the death of his father, as well as with unemployment and lack of job opportunities. On the one hand, is sensitive and thoughtful about gender issues, and self-aware. He has participated in reflection groups on men. On the other hand, unemployment has been a hard blow in his life and he has not been able to relocate his job. In this sense, he fails to fulfill a key mandate for men: working, having an income and economic independence. In turn, Marcelo simultaneously presents a narrative of frustration along with a narrative of insecurity, with low self-esteem.

Germán's case: depression as a companion on his life path

Germán is 64 years old, he has worked all his life in education, as a counselor in a municipal school. He is close to retirement. In his biography, Germán has had several depressive processes. The first was when he was studying at the University, in the south of Chile, far from his family. So, he lived precariously since his father was unemployed. At that time, he received care for depression at the university health service. Years later, he had a second trial, shocked by the news of a daughter's illness and disability.

His most recent depressive process is related to workplace bullying at the school where he has worked for decades. The new school management harassed several teachers for political reasons to resign. Germán felt abandoned by the institutions. He has felt unmotivated, very angry, anxious, his libido has decreased, he consumed more alcohol and isolated himself at home. As a result of this process, he received treatment and agreed to a work license. Although the Mutual health initiated an investigation for workplace harassment, Germán did not feel supported because they suggested that he should return to work immediately. The lack of an effective response to harassment increased his symptoms.

In Germán's narrative, his recent depression has to do with bullying and harassment at work that has made him go through a process of suffering. Masculinity in this case is of a more hegemonic nature, anchored in his work, in his career and work prestige. Workplace harassment broke Germán's dignity as a worker and took away his power. Thus, a narrative of fracture or breakage is manifested due to specific situation of workplace harassment. Since Germán has had other depressive episodes in his life, for different reasons, he says that depression has been a companion on his life path.

Gabriel's case: I am a sad soul

Gabriel is from the area of social sciences, originally from a small town in the south of Chile. At the time of the interview and in the context of the pandemic, he was teleworking and taking care of his daughters in a scheme shared with the mother.

Gabriel considers himself a melancholic person, who carried a sorrow all his life. He has always had low self-esteem and insecurity issues. His father had an ostentatious masculinity and Gabriel felt diminished and made invisible by him.

Gabriel became a father starting college and this marked a turning point in his life. In particular, the renunciation of his plans to study abroad brought him frustration and anger (*bronca*). These feelings then gave rise to melancholy and sorrow.

A milestone in Gabriel's recent biography is the diagnosis of chronic kidney failure, which requires him to undergo dialysis three times a week. This illness not only made him collapse, but also made him see the future as dire, and increased his frustration. The diagnosis led him to an absolute suffocation, triggered internal conflicts, emotional end and a break. This also influenced the couple's divorce. The most intense discomfort lasted about two years. During this period, he had trouble sleeping, panic attacks and could not ejaculate. He also consumed a lot of alcohol and drugs.

On the other hand, work is an important source of frustration for Gabriel, since he is a victim of workplace harassment by his boss, who does not listen to him and makes him invisible. Gabriel has become discouraged, has lost the sense of work and feels treated like a piece of furniture.

Gabriel describes depression as the backyard of his life and defines himself as a sad soul. Since he has had psychotherapy and pharmacotherapy several times, he states that he has learned to deal with discouragement.

In Gabriel's story, melancholy and discouragement appear as companions from childhood. Gabriel presents a narrative of frustration and great anger, both because of the projects he had to give up due to fatherhood, as well as because of his chronic illness and workplace harassment. Kidney disease appears as the element that led him to collapse and that ended up burying the idea of resuming his postponed projects. These milestones have broken his career and his spirit. Gabriel also presents a narrative of insecurity, with low self-esteem since childhood.

Antonio's: collapsed

Antonio is an engineer and works, at the time of the interview, as a consultant. He comes from a conservative family. As a child he had a talent for mathematics. He recently arrived from a trip of several months and, for this reason, he finds himself living with his parents.

Antonio's most important depressive process began in the context of a project at the university that required enormous mental dedication and time. He worked about twelve hours a day and, because of this, he put everything else aside. So, he performed tasks for which he had no motivation or skills, and he did not know how to ask for help or set limits. He got stressed, complicated, alienated and finally collapsed. Along with this, he neglected his relationship with his partner at the time and with those close to him. There was an imbalance in his life as a result of this project and it was difficult for him to resume his studies. This started a depressive process that lasted about five years. It was difficult for him to achieve results, he was sensitive and felt exhausted. He even abandoned the plan to make that memory, he gave up.

On the other hand, he ended a relationship with a girlfriend (*polola*), an event that he considers a very important milestone for his depression. He was in a heavy depression. He felt in love, got frustrated, he could not forget her. He drank a lot of alcohol. He locked himself in his room, spent a lot of time lying down, lived between the bed and the computer. He would not open the curtains and had thoughts of suicide. He could not work like before, nor focus on results. When Antonio began to work for pay, at the age of 27, he initiated psychotherapy and pharmacotherapy. Therapy and work helped him get ahead. Over time he has become more aware of his intensity and emotions.

In Antonio's narrative, his depression is related to a stressful period in college, in which he was alienated at work. This made him collapse and lose the balance of his life. Now he is well, but for a long time he attributed his depression to his partner leaving him. In his account, Antonio's masculinity appears as alienated at work, self-demanding, and with low self-awareness, with a narrative of frustration for not achieving the success that he wanted at work and emotionally. Over time, with therapy, travel and through bible reading, he has become more aware of his personality and his emotional processes.

Cross-sectional analysis: Narratives about depression, masculinity and work

Work is a relevant axis for understanding depression in these five cases. The discomfort is linked to the loss of work or because it has been severely affected by alienation or harassment at work. In turn, the difficulty in finding a satisfactory work career or whether they have experienced resignations from work projects appear as elements that are understood as triggering or

aggravating depression. These aspects coexist with other dimensions that are also relevant for understanding a depressive process such as grief, separation from a partner or illness.

For David and Marcelo, being out of work has prevented them from complying with the values of hegemonic masculinity, and this has led them to become depressed. There is a narrative of frustration due to the loss of work and the difficulties in finding a stable job. Lack of employment prevents these men from appearing successful or assertive. In Germán's case, he has been pressured, harassed and humiliated at work. This calls into question or fractures his prestige and professional honor of decades in a school. In this case, workplace violence appears as the cause of depression. For Gabriel, for his part, the harassment at work has caused enormous frustration and contributes to his discouragement.

In Antonio's case, discouragement is related to a process of alienation at work, which leads him to suspend other dimensions of life to concentrate on work tasks which he could not adequately address. Gabriel, Marcelo and David have a narrative of insecurity, with low self-esteem, which takes away the strength or clarity to look for a job or to visualize where they want to lead their working lives. David, for example, is very afraid of boring others and feels that he has never been able to assert himself at work.

In turn, the main narratives that are linked to the depressive processes that we will call frustration, fracture or break, and insecurity, appear in the stories of the interviewees.

For David, Marcelo and Gabriel, the frustration has been intense and has been linked not only to sorrow and discouragement but, in two of them, also to a lot of anger. In these cases, it is observed a narrative of frustration that comes from this impossibility of complying with the norm or the values of the HM. For David, in particular, the primary expression of his discomfort is frustration and anger, but with little awareness that he is going through a depression:

I felt... a mixture of emotions, I was, as I was saying, super enraged ((breathes)) super frustrated. Eh... I feel that... eh... I was doing the constant exercise of shifting responsibility to others, eh for, for, for everything that had happened and that reinforced my, my ((breathes)), my, my, my... rage, with... with the situation, my frustration with... or disappointment with the... with the people ((breathes)) (E1, David: 28).

Marcelo, for his part, feels great frustration because he has not been able to find a stable job or become financially independent. This is also related to an unfavorable context, in a small city, with few opportunities for someone with his training.

The frustration of, for example, of... because I still eh I worked a long time, I specialized, I studied and I wasn't seeing any results in that matter. Like I felt that I also uh uh... I should as at this point maybe have something else, more secure uh... at work or maybe like, like that about... having my own space, living alone... then like those things like I felt like very, very frustrated (E2, Marcelo: 85).

In the cases of Germán and Gabriel, there is a narrative of fracture due to the violence associated with harassment at work. This has broken the stable employment trajectory, in the first case, or psychologically annulled the interviewee, in the second. In the latter, chronic disease appears as the element of break and collapse of previous plans. In the following quote, Gabriel recounts the frustration due to the sacrifices he had to make once he became a father, assuming the responsibility of supporting the family. Later, he alludes to the appearance of

a chronic illness that led him not only to collapse but also to abandon the idea of resuming pending projects:

I assumed the responsibility of... of taking care of my... my daughter and my wife, especially who did not work, who studied. And to support us for many years... so no... I didn't do what I always wanted to do, which was to continue studying... it restricted me from a lot of things, working abroad, traveling, eh... and I kept that to myself, I, I kept everything that... eh... all that anger and frustration, and when a disease appears that paints you this future that I am living today, which is super disastrous, eh... ah there I collapsed, collapsed, everything has gone to the crest (E5, Gabriel: 78).

In the cases of David, Marcelo and Gabriel, low self-esteem appears as an important antecedent for understanding depression. Discouragement also increases in them the experience of not complying with the values of the HM or the feeling of insecurity. A narrative of insecurity is observed in these interviewees, rooted in childhood as low self-worth or as little external evaluation, specifically from the father figure. This currently translates into a feeling of little security or uselessness. In Gabriel's case, for example, depression has affected his self-image and has questioned his value and usefulness:

What has cost me more is the image of, of... of a person... of a person ((laughs)) not only of a person of integrity, it has affected me a lot, because already... it has cost me to know what I am good for, eh... if it is I'm really good for something, what am I useful for? Eh, if I am desirable in my life? even in the erotic, sexual. Eh, if it is that... before getting to the productive, let's say, it is if it is that I am... eh... if it is that I serve, finally, right? If I'm good for something. That cost me a lot, a lot (E5, Gabriel: 117).

Marcelo relates how the depressive process determines the deterioration of his self-esteem, his feeling of being competent. In this case, depression takes away his strength. In this regard, Marcelo describes the social demand for men to be successful, self-sufficient, firm and brave. Faced with this, depression puts that demand in crisis, because it makes him look weak:

there is this vision that deep down you have to be like... eh... self-sufficient or, or... mm or be... let's say, of... successful, of... to always show yourself too, eh firm or or... or... eh... or brave, or that faces all situations as with... with fortitude eh... and, and these... these states as more depressive I think they also eh... make you look weaker or more vulnerable in front of... of... of the world (E2, Marcelo: 155).

After reviewing the analysis by case and then the cross-sectional analysis, we will move on to the discussion of these findings.

Discussion

The aim of this study was to analyze the narrative construction of depression in men and its references to the values of hegemonic masculinity. For this, five men who have gone through a depressive process in the last five years were interviewed using a life story methodology.

The analysis of masculinity appears as an important dimension for understanding depression in men. The masculinity of the interviewees is challenged by certain events, milestones or experiences that make it difficult for them to comply with the gender norm, which can lead to a depressive process. The values of masculinity in the cases studied are challenged by life experiences such as a duel, a separation from a partner or a chronic illness, work experiences such as job dismissal or work stress, as well as experiences of violence such as workplace harassment. Depending on the case, these experiences can threaten aspects such as prestige, power, health or job stability. As revealed in similar studies, depression stresses HM values or norms such as being self-sufficient or competent (Krumm et al., 2017; Mahalik & Dagirmanjian, 2019; Seidler et al., 2018; Whittle et al., 2015). On the other hand, the process of discomfort or depressive suffering threatens or hinders work, family or social functioning. Another particular aspect in this sample is that in some of the cases a distancing (Connell & Messerschmidt, 2013) from the HM is observed through novel or less hegemonic narratives such as sensitivity to gender issues, greater self-awareness, a fatherhood involved or a critical view of traditional masculinity.

In these interviews, three specific dimensions that are linked to hegemonic masculinity and its values are revealed. We call the first one frustration narrative due to the high level of frustration observed in their experiences or in how they coped with them. This emotion either discouraged them or made them very angry. In the second, called narrative of insecurity, they become aware of an affected self-esteem or security either during depression or at specific moments in the biography of the interviewee. Finally, a narrative of fracture in which a milestone that breaks the mood or other aspects, such as work or health, is recognized. In this sense, Fuller (2001) points out that those men who fail to comply with HM experience a lot of frustration. Studies on male depression indicate that questioning certain aspects of HM or its values, such as feeling that one has a defective, incomplete or far from the norm masculinity, can trigger discouragement or depression (Olliffe et al., 2010). In the analysis of the life stories of men with depression in Brazil, Windmüller (2016) observes a failure in the personal agency of masculinity. Likewise, it has been found that depression can reduce attributes of masculinity such as job performance, security or psychological strength. They may feel that they lose masculinity and power, so recovering may mean re-appropriating those lost attributes (Krumm et al., 2017).

Some of the interviewees, in line with other studies, report emotional disconnection (Rochlen et al., 2009) or anger. The latter has been described as an emotion closer to HM, a way of resisting or coping with discouragement (Krumm et al., 2017). Some symptoms stand out, which in other studies on male depression have been called atypical, avoidant or outward, such as irritability, anger, alienation at work, alcohol or drug use (Brownhill et al., 2005; Chuick et al., 2009; Krumm et al., 2017; Londoño et al., 2017). For the study of male depression, it is important to rescue the emotional language of the participants and identify the symptoms that are an expression of their discomfort as they narrate or interpret them. Atypical symptoms have been called this way because they are not usually interpreted as depressive symptoms either by those who suffer from them, by health providers or by diagnostic manuals. However, the field of symptoms requires more attention from research on male depression to contribute both to the understanding of discomfort in men, as well as to the design of measurement instruments and better clinical research.

In accordance with previous research (Krumm et al., 2017; Staiger et al., 2020), most of the interviewees were not more aware of experiencing depression during its most critical mo-

ment. Only one of the interviewees was aware of his depression while it was occurring, but not in the other cases that did not recognize or identify it as such. In them, awareness takes time and is a retrospective interpretation. Studies indicate that this low awareness would lead men to minimize the problem and has been related, therefore, to the decreased willingness of this group to seek help in mental health (Krumm et al., 2017; Staiger et al., 2020; Valkonen & Hanninen, 2013). In this regard, it is suggested that men would find it easier to recognize themselves as stressed than depressed (Krumm et al., 2017). In line with what was found in other studies (Johnson et al., 2012; Seidler et al., 2018), the interviewees develop different strategies for coping with the depressive process, such as going to a health service or a mental health service, taking care of their child, lean on their partner or family, read or listen to music.

Depression is a stage or a process in biography. The life story method has allowed an approach to depressive processes in men inscribed in a biography, rescuing their narratives and allowing the analysis of how masculinity is threatened or affected. This allows an approach to the phenomenon of depression and a search to explore this little-known territory of the narratives of men. This study contributes to the knowledge of male depression with a gender reading approaching the narratives of men during these processes. The findings are useful for the debate on the need for a review of depression research and diagnostic instruments in order to make them more sensitive to gender singularities in men's distress. In turn, this research can contribute to the clinic of male depression and to a better understanding of the depressive experience in men, since it offers categories that emerge from their narratives and from the language, they use to refer to their experiences, symptoms, and emotions.

Among the limitations of this study, first appears the homogeneity among the interviewees, which is partly explained by the methodology of the call. In all cases they show a voluntary interest in sharing their experience, an awareness of having been depressed, and they had a diagnosis and mental health care. Likewise, it is a sample of professional men, several of them trained in the social sciences, and heterosexual. In future works, other cases that provide greater heterogeneity of experiences will be presented and aspects such as the symptoms experienced as well as the barriers to seeking help will be delved into.

The research challenges in the field of male depression are multiple. A relevant one is to have more critical and qualitative studies that delve into both subjectivity and male discomfort and that contribute to the understanding of the experience of depression and mental health of men. There is also a need to investigate the existing cultural and stigma barriers that make it difficult for men experiencing depression to seek help. In this line, it is also necessary to understand the barriers of the health system against discouragement in male population. It is also necessary to know how depression influences the risk of suicide to advance in the understanding and prevention of this phenomenon. Further studies located in Latin America will contribute to the research on male depression as well as to the design of services, clinical and community interventions that are more relevant to male culture.

Acknowledgments

Dr. Juan Guillermo Figueroa (COLMEX), Dr. Guillermo Rivera (PUCV).

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FRANCISCO AGUAYO FUENZALIDA

<https://orcid.org/0000-0003-4113-952X>

Doctoral researcher. School of Psychology. Pontifical Catholic University of Valparaíso, Chile.

Email: faguayo@gmail.com

History	<p>Submission: 23/4/2021</p> <p>Review: 19/012022</p> <p>Acceptance: 22/01/2022</p>
Financing	Beca ANID de Doctorado 21180911.
Approval, ethics and consent	The doctoral research project from which this article was presented and prepared was presented and approved by the Bioethics Committee of the Pontifical Catholic University of Valparaíso, Chile (BIOEPUC-H-346-2020).