
DEPRESSION AND MASCULINITIES: A SYSTEMATIC LITERATURE REVIEW OF BRAZILIAN JOURNALS¹

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ABSTRACT. The aim of this study was to search for and make a systematic review of the literature published on the issue "male depression" in the Brazilian scientific databases LILACS and SciELO Brazil, from 2003 to 2013. It investigates whether and how the study of masculinities has contributed to this field. We used eight gender descriptors and nine mental health/depression descriptors. LILACS returned 1378 articles and SciELO 386. The articles that have not dealt with depression as the main focus were discarded, as well as those that studied depression as a result of physical illnesses. Only 17 articles have fulfilled the inclusion criteria. Fifteen of those used quantitative methodology including psychometric tests; and 14 of them aimed at comparing male and female epidemiological data. Among the main factors associated with depression reported at all age groups analyzed (youth, adults and older populations) are low level of education, social class, unemployment and marital status (not having a partner). Predominantly depression has not been analyzed taking into account the studies on masculinities and race/ethnicity. Besides, only two of the surveys conducted interviews with men pointing, therefore, the invisibility of qualitative research and pauper number of research that listen to men. This study contributes with pointing out this gap.

Keywords: Masculinities; depression; mental health.

DEPRESSÃO E MASCULINIDADES: UMA REVISÃO SISTEMÁTICA DA LITERATURA EM PERIÓDICOS BRASILEIROS

RESUMO. O presente trabalho teve como objetivo fazer um levantamento bibliográfico e uma revisão sistemática da literatura brasileira publicada acerca do tema "depressão masculina" entre os anos de 2003 e 2013, nas principais plataformas brasileiras LILACS e SciELO Brasil. Buscou-se não apenas mapear esses estudos, mas analisar se e como os estudos das masculinidades têm contribuído para esse campo. Para tanto, foram utilizados oito descritores de gênero e nove de saúde mental/depressão. Foram encontrados na plataforma LILACS 1.378 artigos e, na base SciELO, 386. Os trabalhos científicos que não trataram a depressão como foco principal foram descartados, assim como aqueles que estudavam a depressão como decorrente de doenças físicas. Apenas 17 artigos enquadraram-se nos critérios de inclusão. Dentre eles, 15 utilizaram a metodologia quantitativa, usando testes psicométricos, e 14 destes tiveram como objetivo fazer um levantamento epidemiológico comparativo com as mulheres. Entre os principais fatores associados à depressão, apontados para todas as faixas etárias analisadas (jovens, adultos e velhos), estão baixa escolaridade, classe social, desemprego e estado civil (não ter uma companhia). De forma predominante, o fenômeno da depressão não foi analisado, levando-se em consideração os estudos das masculinidades e de raça/etnia. Além disso, apenas duas pesquisas realizaram entrevistas com os homens, o que aponta a invisibilidade de pesquisas qualitativas e um incipiente número de pesquisas que os escutem. A contribuição do presente estudo é apontar justamente essa lacuna.

Palavras-chave: Masculinidade; depressão; saúde mental.

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DEPRESIÓN Y MASCULINIDADES: UNA REVISIÓN SISTEMÁTICA DE LA LITERATURA EN PERIÓDICOS BRASILEÑOS

RESUMEN. El presente estudio tuvo como objetivo hacer una investigación y una revisión sistemática de la literatura publicada acerca del tema “depresión masculina” en las plataformas científicas LILACS y SciELO Brasil, de 2003 a 2013. Se buscó no sólo para mapear estos estudios, analizar si y como el estudio de las masculinidades han contribuido a este campo. Para tanto, se utilizó ocho descriptores de género y nueve de salud mental/depresión. Se encontró en la plataforma LILACS 1378 y en la base SciELO 386. Los estudios científicos no han tratado la depresión como el foco principal se descartaron, así como los que estudiaron la depresión como resultado de enfermedades físicas. Sólo 17 artículos se encuadran en los criterios de inclusión. Entre ellos, 15 utilizaron la metodología cuantitativa, incluyendo pruebas psicométricas y 14 de ellos tuvieron como objetivo hacer un levantamiento epidemiológico comparativo con las mujeres. Entre los principales factores asociados a la depresión señalados para todos los rangos etarios analizados (jóvenes, adultos y viejos) están la baja escolaridad, clase social, desempleo y estado civil (no tener pareja). De forma predominante, el fenómeno de la depresión no fue analizado llevando en consideración los estudios de las masculinidades y de la raza/etnia. Además de eso, sólo en dos investigaciones se realizaron entrevistas con hombres, lo que apunta a invisibilidad de investigaciones cualitativas y un incipiente número de investigaciones que los escuchen. La contribución de este estudio es precisamente apuntar esta omisión.

Palabras-clave: Masculinidad; depresión; salud mental.

Si la masculinité s'apprend et se construit, nul doute qu'elle peut changer. Au XVIIIe siècle, un homme digne de ce nom pouvait pleurer en public et avoir des vapeurs ; à la fin du XIXe, il ne le peut plus, sous peine d'y laisser sa dignité masculine (Badinter, 1993, p. 51).

Data from the World Health Organization (WHO) show that in average 1 (one) in every 20 people reported having had an episode of depression in the previous year, as well as it affects approximately 350 million people. It has also been reported that almost 1 million people commit suicide because of this, which means that 3.000 people day everyday (WHO, 2012).

In most countries, depression varies between 8% and 12%. Cultural differences and different risk factors seem to affect the expression of depression, however some of them are common. Aspects such as poverty, low level of education, relatives with depression, exposure to violence, being separated or divorced, especially in the case of men, and other chronic diseases, have a strong correlation with depression. In addition, there is an important epistemological difference: depression occurs two to three times more in women than in men (WHO, 2012).

According to Zanello (2014), it is necessary that the epistemological data be taken as construed data, and not as facts. In order to do so, it is necessary to take into consideration, before doing statistical gathering, the syndromic description of what has been currently called “Depression”.

Authors such as Shear, Halmi, Widiger and Boyce (2007), Phillips and First (2008), Widiger and First (2008) e Zanello (2014) have pointed out the engendering of the description of this clinical condition. According to Lutz (1985), the emotional state of sadness is seen as one of the defining traits of the pathologic state of depression, if not the most central. Zanello (2014) ascribes, in this sense, the presence of “crying”, a given example of the symptom of sadness in one of the main manuals for the classification of mental diseases/disorders (Diagnostic and Statistical Manual of Mental Disorders – DSM). However, its expression is mediated by gender values. In Western culture, men undergo subjectivation in a hegemonic idea of virility, in which they should suppress the affective expression of fragility, what leads them to rare public displays of crying or in front of other people (Zanello, 2014).

The absence of this symptom could lead to a lack of perception of sadness in many men, and, thus, to the non-occurrence of the diagnosis of depression among them. Zanello (2014) points out to the fallibility of trusting in epistemological data in the area of mental health, without critiquing an epistemological basis, especially regarding matters of gender. In this sense, the lack of questioning could lead to a hyper-diagnosis of depression among women, and to an under-diagnosis in the case of men.

Taking into consideration this perspective, authors such as Phillips and First (2008), and Widiger and First (2008) propose solutions to the maintenance of classificatory manuals for diagnosis starting from the available literature on this subject. On the one hand, there are those who suggest that there should be a different description of the signs and of the symptoms of certain syndromes for men and for women; on the other, there are those who disagree about the need of differentiated descriptions, and they point out that the difference should occur in the number of necessary symptoms to make up a syndrome, being a man or a woman. In spite of the existence of criticism, mainly to DSM IV, there have never been significant changes in DSM V.

The cultural construal of masculinity(ies) seems, therefore, to affect the expression of male suffering. According to Welzer-Lang (2001), masculinities are configurations of social and cultural practices that are passed on in acts, codes, performances, and rites. Learning to be a man starts in childhood, in social spaces, clubs, schools, and mainly among their peers. According to the author, codes become rites, and, then, hierarchic operators. In our culture, this learning process happens in suffering, in the pain caused by competition, by having to be better, to stiffen the body, and not showing fragility. Men's mimesis would be a mimesis of violence: (1) initially violence against oneself; (2) violence – war against others. In sum: these are constructions that are permeated by ideas of a fabricated virility, always in the imperative – duty of being a man and in negative – of not being similar to women (Badinter, 1993; Welzer-Lang, 2001).

As a consequence of these markers, a virile learning takes place and is construed in a homophobic paradigm. That is, discrimination against people who display or show some characteristics attributed to the other gender. This ensures to “big men” privileges at women's expenses (like all men), but also to the expense of men themselves – “their peers”. In this double power are structured male hierarchies (Welzer-Lang, 2001).

The idea of a hierarchy of masculinities grew directly from violence experienced by homosexual men and from heterosexual men's prejudice. Maybe only a minority of men adopts the hegemonic masculinity. However it is still the norm. There is a mismatch between the essence of the concept and the enormous multiplicity of social construction that ethnographers and historians have documented with the aid of the concept. The fundamental characteristic of this category remains the plurality and the hierarchy between masculinities, in which the ideal/hegemonic one is white and heterosexual (Connell & Messerschmidt, 2013; Pereira, 2014).

Considering this, a question is posed of how the cultural configuration of masculinities, in Western culture, presents and contributes to the configuration and to the expression of mental disorders, especially depression in men. This is a relevant question.

The study of male health began late in the decade of 1970, and the process of male health and disease, in the decade of 1990 (Medrado, Lyra, & Azevedo, 2011). In spite of the advances in the (broad) area of male health, studies about mental health are still very incipient.

Taking into consideration the contribution that studies about masculinities may bear to the field of mental health, specifically to the comprehension of male depression, the present study aimed at selecting bibliographic material and making a systematic review of the Brazilian literature published between the years 2003 and 2011 about the theme of “male depression”, in the main Brazilian platforms LILACS, and SciELO Brazil.

Methodology

In this paper, we used the method of bibliographic research and of systematic review of the literature about the theme of “male depression”, in two major Brazilian scientific platforms, LILACS and SciELO.

The systematic review consists of gathering previous published studies about a specific theme aiming at looking for answers to specific questions. This demands the definition of a research problem, a strategy for searching for studies, the establishment of criteria of inclusion and exclusion of papers, aiming at making a thorough analysis about the quality of the selected literature (Costa & Zoltowski, 2014; Petticrew & Roberts, 2006).

These platforms were chosen because they gather most part of the literature of well-rated Brazilian journals. LILACS is a bibliographic index of the literature relative to health science since 1982; it congregates approximately 1500 journals, indexed and non-indexed. SciELO is an electronic library that gathers an ample collection of scientific journals making the papers freely available. As a research mechanism, it is possible to confine the research of terms to SciELO Brazil, which is connected only to Brazilian journals. The research was conducted in this platform, since the goal of this paper is to gather available Brazilian publication on the theme.

For this research, it was considered papers published between 2003 and 2013. The search was conducted in August and September of 2014, and the analysis was conducted from August 2014 to August 2015. The search was divided in 6 (six): a) numerical survey of publications, and exclusion of repeated articles; b) survey of the abstracts; c) classification by theme; d) reading of the papers; e) categorization; f) analyses. The process was conducted by two people. There was no conflict of interest.

It was used two descriptor groups. The first, related to men, comprises eight descriptors: *man*; *men*; *gender*; *masculinity*; *masculinities*; *virility*; *masculine*. The second group, related to depression, comprises nine descriptors: *depression*; *symptoms of depression*; *depressive disorder*; *greater depressive disorder*; *humor disorder*; *madness*; *mental suffering*; *psychic suffering*; *mental health*. The combination of these descriptors resulted in 72 different combinations.

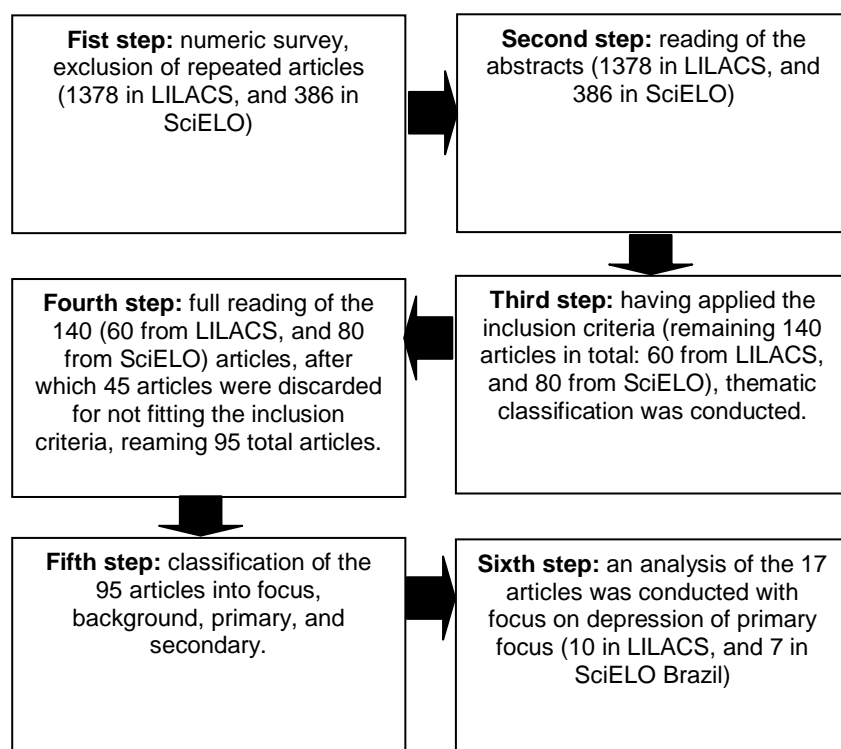
The research on the platforms was conducted by using descriptors as *Boolean operators* (AND), as well as *truncation* (star mark) to variations of a word. Initially, the research resulted in 1378 articles in the LILACS database, and 386 articles in SciELO database.

All abstracts were read and analyzed; and the repeated ones were excluded. The inclusion criteria were the following: a) deal with depression as a sociocultural phenomenon, as disease, syndrome, disorder, and/or a set of symptoms; b) having men, or men and women as their research subject; c) research with Brazilian subjects, carried out under the filiation of national or global institutions; d) theses and dissertations were disregarded; e) all ages above 16 were considered.

It is important to point out that it was not always the case that this data was evident in the abstracts. In these cases, papers underwent careful analysis later on. Once the inclusion criteria were applied to the databases research, there remained 60 papers in LILACS, and 80 papers in SciELO. These papers were read in their integrity and were submitted to an analysis with the following classification: *focus* (depression as main topic); *background* (depression among the body of disorders and/or pathologies); *primary* (depression not resulting from physical diseases); and *secondary* (depression as a result of some biomedical alteration, of surgical intervention, and/or of other interurrences).

After the thorough reading of all articles, 45 more were discarded from both platforms for various reasons, such as: dealt with bipolar depression; did not deal directly with depression; researches prior to 2003 and posterior to 2013; and for not dealing with male subjects.

Finally, there remained the following for each group: primary focus (10 in LILACS, 7 in SciELO Brazil); secondary focus (4 in LILACS, 15 in SciELO Brazil); primary background (9 in LILACS, 27 in SciELO Brazil), secondary background (5 in LILACS, 18 in SciELO Brazil).

Figure 1. Steps in the method of selection of articles for the systematic review.

After the classification in the two scientific databases, only seventeen papers that dealt with depression as *total focus* were selected (depression as main topic, and excluded articles that took into consideration other pathologies) and as *primary focus* (depression not resulting from physical diseases).

These papers were thoroughly analyzed concerning the following factors: how the theme came about (research by institutional demand, and/or research motivation); year of publication; theoretical field of the researcher; sex of the researcher; age span of the male subjects; sex of the subjects (if only men, or men and women); presence or absence of an explicit or implicit theory of depression; presence or absence of theories about gender and masculinity; race/ethnicity.

Results and discussion

Out of the 17 papers, 16³ focused on a comparison between men and women, only 1 (one) focused exclusively on men (Botti et al., 2010). There was predominance on studies about the prevalence of depression.

Out of the 17 papers, 15 dealt with the incidence of symptoms or with depression as a syndrome/disorder. The diagnosis was made using different instruments, among which were the following scales, questionnaires, tests, a diagnostic manuals: *Yesavage Scale of Depression* (Gonçalves & Andrade, 2010; Siqueira et al., 2009), two papers; *Center for Epidemiologic Studies Depression Scale* (Coelho et al., 2013), one paper; *Brief Scale of Geriatric Depression* (Oliveira et al., 2012), one paper; *Edinburgh Scale of Post-natal depression* (Cunha et al., 2012), one paper; *Patient*

³(Avanci, Assis & Oliveira, 2008; Batistoni, Neri & Cupertino, 2010; Borges, Benedetti, Xavier, & D'Orsi (2013); César et al., 2013; Coelho et al., 2013; Cunha, Bastos, & Duca, 2012; Damião, Coutinho, Carolino, & Ribeiro, 2011; Ferreira & Tavares, 2013; Gonçalves & Andrade, 2010; Justo & Calil, 2006; Leite, Carvalho, Barreto, & Falcão, 2006; Lima, Silva, & Ramos, 2009; Oliveira et al., 2012; Rocha, Ribeiro, Pereira, Aveiro, & Silva, 2006; Siqueira et al., 2009; Zinn-Souza et al., 2008).

Health Questionnaire (Zinn-Souza et al., 2008; César et al., 2013), two papers; Geriatric Depression Scale (Lima et al., 2009), one paper; Cornell Scale (César et al., 2013), one paper; Beck inventory (Botti et al., 2010; Rocha et al., 2006), two papers; Center for Epidemiological Studies – Depression Scale (Batistoni et al., 2010), one paper; Mini Exam of Mental State (Ferreira & Tavares, 2013), one paper; Self-reported – SRQ-20 (Leite et al., 2006), one paper; Questionnaire BOMFAQ, for tracking depression (Borges et al., 2013), one paper. These were the main instruments used in self detection of depression, that is, in the selection of the subjects of the studies, despite having some researches that used other instruments for more qualitative evaluation.

Three studies (Zinn-Souza et al., 2008; Avanci et al., 2008; Rocha et al., 2006) focused on dealing with the prevalence of depression among teenagers, and they found the following tendencies: 7,5%, 10%, and 45,7%. The majority was among girls in all study cases. In researches whose focus group was elders, 9 papers⁴, incidence rate was greater among women (in 8 papers, varying between 14,2% and 58%). In the only research that dealt with adults (Botti et al., 2010), prevalence rate was 56,3%. And studies conducted with all ages, in three papers (Botti et al., 2010; Coelho et al., 2013; Cunha et al., 2012), except with teenagers, that is, adults and elders, prevalence rate was of 16,1%, 28,7%, and 56,3%, and it was higher in studies that compared men and women.

Out of the 15 researches on prevalence, only in 2 (two), interviews were conducted (Batistoni et al., 2010; Coelho et al., 2013). However, in the interviews questionnaires and diagnostic scales were used. That is, subjects' reports did not figure as important; and the goal with the interviews was merely a confirmation of the presence or absence of symptoms of depression previously described in manuals, which was characterized by a binary logic of psychiatric conduction (Zanello, Macedo, & Romero, 2012). In this sense, the research of Batistoni et al. (2010) mentions that interviews with elders were conducted, but did not point to what was actually said in the interviews, only highlighting in their speeches the manifestation of depression symptoms.

In the research of Coelho et al. (2013), in the same fashion as Batistoni et al. (2010), although 3007 people were interviewed, only the duration of the interview is reported, but there is no reference to the reports made by interviewees, and what was the actual contribution of these reports to the study, what leads us to conclude that no effective qualitative analysis of the material was carried out. The emphasis was put on statistical and descriptive material of symptoms of depression confirmed by tests and diagnostic scales.

It must be mentioned the almost inexistence of qualitative researches, as well as on the preponderance of comparative studies of occurrence of depression among men and women by using psychological tests and classificatory manuals (DSM and CID). In order to understand psychic suffering, which is mediated by culture, it is necessary to listen to what these people have to say (Maluf & Tornquist, 2010; Zanello, 2014).

Only 2 (two) papers did not conduct prevalence studies. The study by Justo and Calil (2006) aimed at pointing out the differences in depression between men and women based on a literature review. The predominant prevalence in female sex was justified, on the one hand, based on genetic and hormonal facts, and, on the other, based on psychosocial aspects, such as vulnerability resulting from the overwhelming amount of domestic chores, sexual abuse during childhood, among others. There was no question about the criteria that could underdiagnose cases of depression in men, for example.

In the second research, by Damião et al. (2011), the main goal was to identify psychosocial factors that are at play in the etiology of depression in order to lean the Social Representation about depression among teenagers. This study had exploratory descriptive characteristics, based on qualitative and quantitative methods. A total of 505 subjects took part in this study, among which 269 lived in Teresina, and 236 lived in Natal. Generally speaking, male teenagers presented traits of depression related to conduct problems and obedience, while female teenagers that developed more subjective traits, interpreted by the authors as a feeling of sadness.

Based on CDI (Children's Depression Inventory), which constitutes an adaptation of BDI (Beck's Depression Inventory), in the city of Natal, out of the 236 subjects (mixed; public and private schools),

⁴ (Batistoni et al., 2010; Borges et al., 2013; César et al., 2013; Ferreira & Tavares, 2013; Gonçalves & Andrade, 2010; Leite et al., 2006; Lima et al., 2009; Oliveira et al., 2012; Siqueira et al., 2009).

5% presented indicative traits of symptoms of depression, and in the city of Teresina, the rate was 11,1%. Among all factors researched in CDI, female subjects obtained higher scores. Among the factors, we could cite sadness, ideation of suicide, and crying. This prevalence was explicated in the light of the neural-hormonal female functioning; that is, even when subjects were heard, the explanation remains to be rest on biological causes, which draws away from social aspects of gender and race. What is more, researchers used in an uncritical way the diagnostic symptom.

Most part of the 17 researches was published in Southeast region of Brazil (10), followed by Northeast region (5), and, lastly, by South region (2). Thirteen out of the 17b researches were published between 2008 and 2013. This could have happened given the implementation of the National Politics for Integral Male Health in 2008 (Ministério da Saúde, 2008).

With respect to the sex of the subjects, only one research dealt specifically with men (Botti et al., 2010), while others compared men and women. Prevalence rate of depression was of 56,3% in men who live in street condition in the city of Belo Horizonte. The higher frequency of deep depression was among young adults; mild, light, and severe depression among men who have been living in the streets between one and six months.

Regarding the sex of the researches, all researches were conducted with co-authors, varying between 2 (two) and 7-8 (seven-eight) mixed co-authors (men and women). The theoretical-methodological affiliation of researchers was varied: physical education; nursing; physical therapy; medicine; psychiatry; collective health; public health; occupational therapy. It should be noted that only 1 (one) research was conducted by psychologists (Rocha et al., 2006), even though psychology plays an important role in the psychiatric reform and in discussions about mental health in Brazil.

A great number of scientific papers do not explicate what lead to the theme of "male depression". We suppose that most of these papers were motivated by academic research. Governmental demands that appear were the following: EPIDOSO Project at Unifesp (Lima et al., 2009); Assisted technology for elders cared at units of family health project (Oliveira et al., 2012); Inquiries EpiFloripa Elders (Borges et al., 2013); Demand from the National Secretary Anti-drugs – SENAD (Coelho et al., 2013).

Regarding the age span, 9 (nine) papers dealt with old age, 4 (four) papers with teenagehood, 3 (three) with all age spans (except childhood), and only 1 (one) with male adults. No research was found with children (among the methodological framing that considers only primary depression). It must be pointed out that only research by Botti et al. (2010) dealt with male adults, even after the implementation of National Politics for Integral Male Health in 2008, whose focal group is adult males, between the ages of 20 and 59.

Table 1. Classification of articles about depression (17) analyzed according to stage of life, methods, and theoretical field of researches in indexed journals in LILACS and SciELO Brazil.

Authors	Title	Scientific databse	Stage of life	Method	Prevalence (yes/no)	Diagnostic instrument	Theoretical field of the researcher
Siqueira et al. (2009)	<i>Analysis of depression in elderly living in the shelter "Christ the Redeemer", applying the Scale of Geriatric Depression (SGD)</i>	SciELO Brasil	Elders	Quantitative	Yes	<i>Escala de Depressão de Yesavage</i>	Fisioterapia
Leite et al. (2006)	<i>Depression and aging: study comprising participants of</i>	SciELO Brasil	Elders	Quantitative	Yes	<i>Questionário "Brasil Old Age Schedule" - BOAS</i>	Occupational Therapy and Collective Health

the "Senior Citizens Open University"

Justo & Calil (2006)	<i>Depression – does it affect equally men and women?</i>	SciELO Brasil	Adults	Narrative Review of Literature	No		Psychiatry
Zinn-Souza et al. (2008)	Factors associated with depression symptoms in high school students in São Paulo, Brazil	LILACS	Teenagers	Quantitative	Yes	<i>Escala Patient Health Questionnaire</i>	Public Health and Environmental Health
Lima et al. (2009)	<i>Depressive symptomatology and its associated factors in an urban cohort of elderly</i>	LILACS	Elders	Quantitative	Yes	<i>Geriatric Depression Scale</i>	Medicine
Borges et al. (2013)	<i>Associated factors of depressive symptoms in the elderly: EpiFloripa study</i>	LILACS	Elders	Quantitative	Yes	<i>Questionário BOMFAQ - rastreamento da depressão</i>	Physical Education and Collective Health
Coelho et al. (2013)	Higher prevalence of major depressive symptoms in Brazilians aged 14 and older	LILACS	Adolescents, Adults, Elders	Quantitative	Yes	<i>Escala de Depressão do Centro de Estudos epidemiológicos</i>	Psychiatry, Neuroscience, Social Medicine
Batistoni et al. (2010)	<i>Prospective measures of depressive symptoms in community-dwelling elderly individuals</i>	SciELO Brasil	Elders	Quantitative	Yes	<i>Escala Center for Epidemiological Studies - Depression</i>	Humanas

Authors	Title	Scientific database	Stage of life	of MÉTODO	Prevalence (yes/no)	Diagnostic instrument	Theoretical field of the researcher
Cunha et al. (2012)	<i>Prevalence of depression and associated factors in a low income community of Porto Alegre, Rio Grande do Sul</i>	LILACS	Adults/elders	Quantitative	Yes	<i>Escala de Depressão Pós-Natal de Edimburgo</i>	<i>Family and collective health</i>

Gonçalves & Andrade (2010)	Prevalence of depression in elderly assisted in a geriatric ambulatory in northeastern Brazil	LILACS	Elders	Quantitative	Yes	Escala de Depressão de Yesavage	Medicine
Botti et al. (2010)	Prevalence of depression among adult men in the streets in Belo Horizonte	SciELO Brasil	Male adults	Quantitative	Yes	Inventário de Beck	Nursing
Ferreira & Tavares (2013)	Prevalence and factors associated with the rates of depression among elderly residents in rural areas	LILACS	Elders	Quantitative	Yes	Mini Exame do Estado Mental - MEEM	Nursing
Rocha et al. (2006)	Depressive symptoms in adolescents of a private school	SciELO Brasil	Teenagers	Quantitative	Yes	Inventário de Beck	Psychology, Statistics, Medicine
Avanci et al. (2008)	Depressive symptoms during adolescence: a study on psychosocial factors in a sample of teenage students in a city in Rio de Janeiro State, Brazil	LILACS	Teenagers	Quantitative	Yes	Self-Reported - SRQ 20	Public Health
Oliveira et al. (2012)	The symptomatology of self-referred depression by elderly people who live in a shantytown	SciELO Brasil	Elders	Quantitative	Yes	Escala de Depressão Geriátrica Breve	Nursing, and Collective Health
César et al. (2013)	Prevalence of depressive symptoms among elderly in the city of	LILACS	Elders	Quantitative	Yes	Escalas de Cornell; Questionário Patient Health	Medicine

	<i>Tremembé, Brazil</i>					<i>Questionnaire</i>
	<i>Social representations of depression in gymnasium - a research about two Brazilian capital cities</i>	<i>LILACS</i>	<i>Teenagers</i>	<i>Qualitative</i>	<i>No</i>	<i>Psychology</i>
<i>Damião et al. (2011)</i>						

In line with what has been pointed out above, most of public demands that motivated the studies were related to old age, and, non coincidentally, this phase of life is the most focused on the studies found. This could easily be a possible engendered symptom, in our culture, in which being old and being out of the work and sexual “market” (hegemonic ideas of masculinity) could create psychic disruption (Zanello, Silva & Henderson, 2015).

None of the articles took into consideration gender studies in general, and, barely mentioned masculinity studies. Even authors who compared the two sexes in their social related aspects did not make use of these studies, although this epistemological field had been expanded and gained strength since the decades of 1960-1970. What is more, only two researches (Gonçalves & Andrade, 2010; Borges et al., 2013) took into consideration racial/ethnic factors, although there are studies that argue that racial identity and racism are factors suffering and of risk to mental health (Fanon, 2008; Amantino & Freire, 2013; Pinho, 2014; Zanello & Gouveia, in press).

Research conducted by Gonçalves and Andrade (2010) portrays the prevalence of depression affecting African-American sedentary men, with aggravation according the advanced age the worsening of quality of life. Out of the 16 African-American subjects that took part in the study, 15 presented symptoms of depression (93,8%). Among 22 mulatto subjects, in 11 (eleven) were found symptoms of depression (50%). And out of the 64 white subjects, 25 were identified with symptoms of depression (39,1%). In research conducted by Borges et al. (2013), authors that identified race, although did not conduct racial analysis, because, according to them, statistical test did not reveal any significant difference between the quality of life and the manifestation of symptoms of depression.

The following factors were pointed out as being related to depression in men, considering all age spans analyzed: belonging to less prestigious social classes (Borges et al., 2013; Justo & Calil, 2006; Oliveira et al., 2012); having low degree of education (Batistoni et al., 2010; Borges, et al., 2013; César et. al., 2013; Cunha et al., 2012; Justo & Calil, 2006; Leite et al., 2006; Oliveira et al., 2012); being at the board line of extreme poverty (Botti et al., 2010); being unemployed (Botti et al., 2010); consumption of psychoactive substances (Avanci et al., 2008; Zinn-Souza et al., 2008); being single, separated, divorced, or widowed (Borges et al., 2013; Cunha et al., 2012; Gonçalves & Andrade, 2010; Justo & Calil, 2006; Leite et al., 2006; Oliveira et al., 2012; Lima et al., 2009); being young and working in lower social classes (Zinn-Souza et al., 2008); living in the North of Brazil (Coelho et al., 2013); live in the country side (Ferreira & Tavares, 2013); being African-American (Gonçalves & Andrade, 2010).

In talking about make mental health in prevalence studies it is important to emphasize that factors correlated with depression refer to men and to women, since only one study focus in male subjects, that is, in other studies there were no specifications for each sex.

With respect to depression in teenagehood, studies pointed out the following factors associated: dissatisfaction with life; physical and sexual violence from caregivers, in case, mother and father (Avanci et al., 2008); the older the teenager the higher the chances of them feeling depressed due the lack of success in school because of universities’ entrance exams (Rocha et al., 2006); personal consumption of psychoactive substances (Avanci et al., 2008; Zinn-Souza et al., 2008)); having to work

and study at the same time, in the case of research carried out with public schools students (Zinn-Souza et al., 2008).

In old age, studies have pointed out the high prevalence of depression. This is most common “disorder” in this period of life given functional incapability (Batistoni et al., 2010; Borges et al., 2013; Ferreira & Tavares, 2013; Leite et al., 2006; Oliveira et al., 2012; Siqueira et al., 2009), which increases after the age of 70 (Gonçalves & Andrade, 2010; Leite et al., 2006; Lima et al., 2009; Oliveira et al., 2012).

Even though factors associated to depression have been pointed out for each period of life, no study presented question about “how” and “why” these factors are characterized as vulnerability for men. As Welzer-Lang (2001) points out, masculinities are passed on by learning, acts, codes, performances, and rites. In this sense, learning “how to become a man” by performatic means, marked by the hegemonic masculinity, could differ from a teenager, to an adult, and an elder. Old age, for example, can be lived by the loss of identity traits, marked by the struggle of sexual virility, and working virility exerted during youth and adult life (Zanello et al., 2015). During teenagehood, on the other hand, failing in school puts in question the matter of being efficient and productive, and, therefore, the possibility of success of a certain hegemonic performance of being a “man”. In sum, it is necessary that more qualitative research be done, in which a space for listening to these people is created, where they can share their life stories. These researches, in which the age and phase of life are important markers, could identify significant cultural configurations for the construction of masculinities, as well as the factors that put them in check.

Final considerations

The main purpose of this paper was to gather Brazilian papers published between 2003 and 2013 from the two main scientific Brazilian platforms, LILACS and SciELO Brazil, about the theme of male depression, taking into consideration the contribution of studies about masculinity to the field of mental health.

Fourteen of the seventeen papers found focused on an epidemiologic compassion of occurrences of depression among men and women by means of testing, and only in two studies people were listened to by means of interviews. Most of the papers dealt with the elder population: eleven out of the seventeen papers approached elders, in which nine papers focused only in this population, and two included all age spans, except for childhood. None of the papers used gender theory and theory of masculinities to conduct their theoretical and methodological analysis.

As pointed out above, the symptoms described for diagnostic classification have been questioned regarding gender framing. The most clear example, in this case, would be the detection of sadness through crying, which is more frequent among women. This puts into evidence the necessity of question about the variability of its expressions, mediated in our culture by values and gender ideas. As seen above, most part of men unlearns very early not cry in front of others or to demonstrate weakness because of the imposition of hegemonic masculinity reassured by violence among peers. This alone could raise question about what would be privileged symptomatic formation in cases of male depression, and if these are contemplated in the lists presented in manuals.

The factors correlated in the articles with cases of male depression suggest the sharing of values and ideas about masculinity, such as: being single, separated, divorced, or widowed; social class, and age. Possibly there are gender-based reasons that lead most single, separated, divorced, or widowed men, and old men who lose their sexual virility, and men of lower social classes, to present symptoms of depression.

Before summing up, it is necessary to remark on the limitations of the present research: first, there may be articles published about the theme that did not appear in the research conducted on the two scientific databases because they were not published in indexed journals; second, the possibility of using other descriptors that were not considered in this study. Thus, in spite of the fact that there were

72 combinations of descriptors, it is possible that some articles fell out of the research, by the simple fact that authors of these papers chose other descriptors.

We suggest, based on the articles we found, that in order to understand the sense and correlations of depression with associated factors, it is necessary that more qualitative researches be conducted, specially those which create a space for patients to be heard in clinics, and in which those more subjective aspects of masculinities and their different interpellations in the different stages of a man's life.

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