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**Research Paper** 



# Study the Effect of Masculinity on Symptoms of Depression among Indian Seafarers

Sakhi Verma<sup>1</sup>, Dr. Neelima Goswami<sup>2</sup>\*

# **ABSTRACT**

Depression being a psychiatric condition that can root from psycho-social and biological factors, it is a mood disorder that is very common and has a wide variety of reasons such as isolation, psychological trauma, loss of a loved one among many other reasons. The healthcare facility specially for mental health in India is still developing and the societal biases and stereotypes prove to be redundant in the situation. There is a stigma around the mental health condition of men due to the prevailing idea of toxic masculinity which promotes "toughness" and "tolerance" in men. The current study discusses this pressing issue in the context of seafarers who work in unusual work conditions, away from their loved ones, in isolation from the world for months. It is designed to study the correlation between masculinity and depression in Indian seafarers. The sample of the study consisted of three hundred Indian seafarers. The sub-scales of MMPI-II were used to measure depression and masculinity. One sample t-test and Pearson's correlation were used to find the relation between the two variables. The results demonstrate a weak positive correlation between depression and masculinity in Indian seafarers. Hence, the hypothesis of the study has been accepted. There is a need for further research into this topic as there is lack thereof, to get more specific and reliable results between the two variables.

**Keywords:** Masculinity, Depression, MMPI-II, Seafarers

epression is the most common psychiatric condition in the world today. Depression is the product of a complex interplay of social, psychological and biological causes. (WHO, 2020) People who have undergone adverse and traumatic life events (difficulty or loss of employment, bereavement and loss of a loved one, intense psychological trauma) are more probable to develop depression.

Therefore, in the Indian cultural framework, men oftentimes experience a persistent feeling of obligation to 'prove' their masculinity by cohering to numerous traditionally defined conducts and actions. Some examples of that are multifaceted masculine ideals, including "status", "toughness", "tolerance," which hinder seeking aid or support and promotes the deviant coping-mechanisms and styles. These are proved to be dangerous for their mental wellbeing, even in the longer run.

<sup>2</sup>Sentier Mind

<sup>&</sup>lt;sup>1</sup>Sentier Mind

<sup>\*</sup>Corresponding Author

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Although, there are various definitions of social support that exist in research on mental health (McKenzie, et al, 2018), most studies on sex differences concentrate on two broad forms of support. First is emotional support that comprises of emotional stabilization and empathy, such as being willing to listen to or to be sympathetic amid times of turmoil. The second type of support is instrumental support, which requires functional aid or concrete help from the others, such as help needing physical effort or financial assistance. The most widely documented conclusion from researches on sex differences is that men put more focus on social relationships that offer instrumental support, while women appear to seek more emotional support (McKenzie, et al, 2018). Bryant-Bedell & Waite (2010) in their qualitative analysis of middle-aged men with depression, recorded that men identified feelings of isolation, sorrow, and anxiety as well as actively pursued emotional support and need to share their feelings with loved ones.

Seafarers are specifically stripped of this 'social support' as a result of being on the ship with only simulated or no interaction with the physical world for long stretches of time. The norms of masculinity and the denial of these emotional needs lead to the effects of depression and poor mental well-being. (McKenzie, et al, 2018)

The World Health Organisation (WHO, 2020) reports that 264 million people globally are impacted by depression and notes that "The burden of mental disorders continues to climb with substantial effects on health and significant social, human rights and economic repercussions across all the countries around the world." Seafarers could be particularly susceptible to psychological distress and illnesses, who endure several periods away from the home operating in stressful conditions, as compared to the remaining population.

Recent findings suggest that high percentages of seafarers tend to suffer from depression as compared to other work classes, and that environmental influences, career satisfaction, and self-rated fitness are some of the determinants of mental health problems in seafarers. Well known communication challenges at sea and serving far from home will make it a significant struggle for seafarers to have access to resources and secure health care. Even if therapy is available, mental health stigma and concerns over job-security make it tougher for seafarers to request assistance when they need it. The multifaceted masculine stereotypes are a major obstacle to seafarers in the Indian setting. Another factor impacting Indian seafarers' mental health seems to be that India is home to diverse cultures and faiths that contribute to a culturally diverse crews and that may leave seafarers feeling isolated in close environments with workmates who do not have much in common. Further to this, the consequences of bullying and harassment will be much stronger in a ship setting where there is little escape from the offender. (Seidler, et al, 2016)

It can be difficult to work at sea as anxieties over piracy threats and emergencies at sea can impose their toll on seafarers. Therefore, the purpose of this paper was to examine the evidence in the Indian Seafarers regarding correlations between masculinity and depression.

# METHODOLOGY

# **Participants**

Participants included 300 male mariners working in the Indian Maritime industry. The participants' age ranged between 20 and 65 years.

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#### Test Used: a brief history

The original Minnesota Multiphasic Personality Inventory (MMPI) was published in 1940 and the second revised version—the MMPI-2—was published in 1989. It is the most widely used psychometric test for measuring adult psychopathology in the world. The MMPI-2 is used in mental health, medical and employment settings.

To test the hypothesis, participants (male seafarers) were administered by using MMPI-2. The MMPI-2 is a 567 item, true/false self-report measure of a person's psychological state. Its validity and reliability have been established. The inventory comprises three validity scales – lie (L), infrequency (F), and correction (K) and ten clinical scales: Hypochondriasis (Hs), depression (D), hysteria (Hy), psychopathic deviate (Pd), masculinity-femininity (Mf), paranoia (Pa), psychasthenia (Pt), schizophrenia (Sc), mania (Ma), and social introversion (Si). The three validity scales make it very difficult to fake the MMPI-2 results.

#### Assessments and Measures

The MMPI-2 questionnaire which has 10 clinical scales was administered in the standard manner to male seafarers. To assess the correlation between masculinity and hypochondriasis, data of only two subscales (hypochondriasis and masculinity-femininity) were considered.

- **1. Depression** (**D**) The Depression scale measures clinical depression, which is characterized by poor morale, lack of hope in the future, and a general dissatisfaction with one's life. The scale contains 57 items.
- **2. Masculinity/Femininity** (**Mf**) The Masculinity/Femininity scale measures interests' invocations and hobbies, aesthetic preferences, activity-passivity and personal sensitivity. It measures in a general sense how rigidly a person conforms to very stereotypical masculine or feminine roles. The scale contains 56 items.

#### Hypothesis

Depression is more prevalent in seafarers who score higher in masculinity.

# RESULTS

Table 1 shows that Pearson's r is .155. Since this is less than .5 and .7 a weak but positive Correlation is observed between these two variables. The significance level of .007 indicates that the relationship between the two variables is highly significant. Positive correlation between the two variables depicts that as scores on sub-scale escalates, so does scores on sub-scale Masculinity-Femininity, and vice-versa. In short, the results are as follows: The variables Depression (D)and Masculinity-Femininity (Mf) were significantly and positively correlated r = 155, N = 300, p < .001. We, therefore, have significant evidence to reject the null hypothesis.

Table 1-Correlation between the two variables

		Depression (D)	Masculinity Femininity (Mf)
Depression (D)	Pearson Correlation	1	.155**
	Sig. (2-tailed)		0.007
	N	300	300
Masculinity	Pearson Correlation	.155**	1
Femininity (Mf)			
	Sig. (2-tailed)	0.007	
	N	300	300

<sup>\*\*.</sup> Correlation is significant at the 0.01 level (2-tailed).

Table 2- Mean and SD of Depression and Masculinity-Femininity (Mf)

	N	Mean	Std. Deviation	Std. Error Mean
Depression (D)	300	55.24	7.404	0.427
Masculinity Femininity (Mf)	300	46.26	10.332	0.597

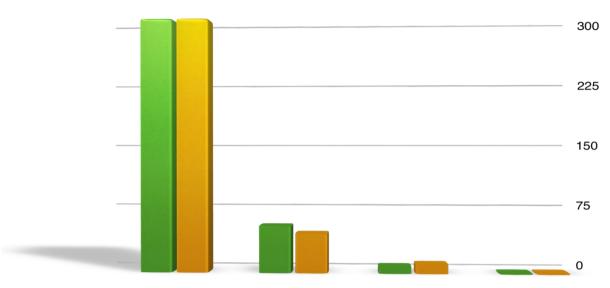


Figure 1: Mean and SD of Depression and Masculinity-Femininity (Mf)

It was predicted that among Indian mariners, Depression and masculinity have a positive relationship. A one-sample t-test was conducted to test this prediction. As can be seen in Table 2, the mean score of Depression for the total sample (N=300) was 55.24 and a standard deviation of 7.404. Similarly, the mean score of Masculinity-Femininity for the total sample (N=300) was 46.26 and a standard deviation of 10.332 which further describes that they fall much in the same range which could also been seen in Figure 1 depicting the Mean and SD of sub-scale Hypochondriasis and Masculinity-Femininity.

# DISCUSSION

The present study hypothesized that seafarers high on Depression will also have high scores on the Masculinity-Femininity scale. The results support the hypothesis showing a weak but positive correlation between the two variables.

This is also supported by research done earlier by Staiger, T. (2020) who found that, on four distinct levels, males with depression described their experiences with help-seeking and service use:

(i) attitudes about depression, (ii) perceptions of society perspectives on depression, (iii) experiences in the family setting, and (iv) experiences with mental health services. Interventions should be created to decrease the stigma of being "unmanly" and to increase men's ability to deal with being unable to work. Peer-led men-only groups may boost members' self-esteem and help them reveal their flaws. Training for health workers on the influence of male norms on mental health is advised in the context of GPs' mediating function.

Men's experiences with depression were investigated in research, published in the journal Psychology of Men & Masculinities by Paul Ingram and Brian Cole (2020), examined into whether factors could cause men to seek treatment for depression and how sex roles conflict

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and self-stigma affected those decisions. About 400 undergraduate males participated in a role introduction, in which they were asked how they would behave if they were facing the characteristics of a narrative depicting a guy suffering from depression. Professional aid, such as consulting a counselor, self-help, informal help, such as communicating with friends or dear ones about their experiences, or avoiding difficulties were all options for respondents. Respondents who experienced gender role conflict and self- stigmatizing beliefs were less likely to seek therapy, according to the findings. The former alludes to disagreements about social expectations of how males should act, whilst the latter pertains to the idea that seeking professional treatment makes one insufficient or weak. Those who reported gender role conflict, on the other hand, were more prone to engage in avoidant activities and to rely on social supports.

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# Conflict of Interest

The author(s) declared no conflict of interest.

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