



Emotional Suppression and Depression in Indian Men

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ABSTRACT

This cross-sectional study investigated the relationships between cognitive reappraisal, emotional suppression and depression in a sample of 78 men residing in rural Bengaluru. It is important to study whether emotional suppression is a factor contributing to depression among men and in what way they both are correlated. The study seeks to gain more insights about men mental health. The study adopted a correlational design for this cross sectional study. The design aimed to assess the correlation between emotional suppression and depression, as well as explore the prevalence of self-reported emotional suppression among Indian men (aged 19-65 years). The data was collected using emotional regulation questionnaire short form (ERQ-S) and patient health questionnaire (PHQ-9). This data was collected through online using Google forms. Spearman's rank order correlation was used to evaluate the relationships between emotional suppression, cognitive reappraisal and depression. The findings revealed a significant moderate negative correlation between cognitive reappraisal and emotional suppression, supporting the notion that these represent distinct and somewhat opposing emotion regulation strategies. However, contrary to prevailing literature, no statistically significant direct correlations were found between either cognitive reappraisal or emotional suppression and depression in this sample. This highlights



the potential complexity of these associations, particularly within specific cultural contexts.

Introduction

Background and Context of the Study

The study of emotional suppression and depression in men is rooted in the understanding that gender significantly influences the expression and experience of emotions, and consequently, the manifestation of mental health conditions like depression.

Societal Expectations and Masculinity Norms

Traditional masculine norms often dictate that men should be stoic, strong, and in control of their emotions. Expressing vulnerability, sadness, or fear is frequently perceived as a sign of weakness or a deviation from the ideal of masculinity. This societal conditioning begins early in life, where boys may be discouraged from crying or expressing feelings openly.

The influence of traditional masculine norms extends far beyond simple societal expectations. These norms are often deeply ingrained through various socialization processes:

- * Family upbringing: Boys may be explicitly or implicitly taught to "be strong," "not cry," and "handle things themselves." Displays of vulnerability might be met with disapproval or even punishment, conditioning them to suppress emotions from a young age.

- * Peer interactions: Among male peer groups, emotional expression can be seen as a sign of weakness, leading to teasing, social exclusion, or a loss of status. This reinforces the idea that suppressing emotions is necessary for social acceptance and maintaining a masculine identity.

- * Cultural traditions: In many cultures, specific rituals, rites of passage, and societal roles for men emphasize strength, resilience, and emotional control.

These pervasive influences create a powerful pressure for men to internalize emotional suppression as a core component of their masculine identity.

Emotional Suppression as a Coping Mechanism



In response to these societal pressures, many men learn to suppress or hide their emotions. This can become an ingrained coping mechanism to avoid judgment, ridicule, or feelings of inadequacy. Instead of outwardly expressing distress, men might internalize their feelings, leading to a disconnect between their inner emotional experience and their outward presentation. They may also express distress through more "socially acceptable" masculine behaviours like anger, irritability, or risk-taking.

The Development of Emotional Suppression as a Maladaptive Coping Strategy

When faced with emotional distress, and lacking healthy outlets or the perceived permission to express these feelings, men often resort to emotional suppression as a primary coping mechanism. This can manifest in various ways:

- * Inhibition of outward expression: Consciously or unconsciously avoiding facial expressions, body language, or verbal communication that might reveal their emotions.
- * Cognitive reappraisal aimed at denial: Attempting to reframe or dismiss their feelings as unimportant or invalid.
- * Distraction and avoidance: Engaging in activities or focusing on external factors to avoid confronting their emotions.
- * Physical tension: Holding emotions in the body, leading to muscle tension, headaches, or other physical symptoms without necessarily acknowledging the emotional root.

While emotional suppression might offer a temporary sense of control or protection from perceived negative social consequences, it ultimately becomes maladaptive because it prevents the healthy processing and resolution of emotions.

The Complex Interplay with Depression in Men

The link between emotional suppression and depression in men is multifaceted and contributes to the under-recognition and potential misdiagnosis of depression in this population:

- * Masking of classic symptoms: By suppressing outward expressions of sadness or withdrawal, men may not present with the typical symptoms of depression that clinicians often look for.
- * Increased likelihood of "masculine" symptoms: As previously mentioned, suppressed emotions can manifest as irritability, anger, aggression, substance abuse, or a general sense of emotional numbness.



These behaviours might be misinterpreted as personality traits or coping mechanisms rather than indicators of underlying depression.

* Reluctance to seek help: The very norms that encourage emotional suppression also discourage help-seeking for mental health issues. Admitting to feeling depressed or needing support can be seen as a sign of weakness, further isolating men and preventing them from accessing treatment.

* Impact on treatment: Even when men do seek help, their tendency to suppress emotions can hinder the therapeutic process. Difficulty identifying and expressing feelings can make it challenging to engage in talk therapy and address the root causes of their depression.

The link between Emotional Suppression and Depression:

Emotional suppression, the conscious or unconscious attempt to inhibit the outward expression of emotions, can significantly contribute to the development and maintenance of depressive symptoms. Here's an elaboration of this connection:

Internalization of Negative Affect

When individuals consistently suppress their emotions, particularly negative ones like sadness, anger, fear, or anxiety, these feelings don't simply disappear. Instead, they are often internalized. This internalization can manifest in several ways:

* Increased physiological arousal: Suppressing emotions can actually lead to heightened activity in the sympathetic nervous system, the body's "fight-or-flight" response. Chronic activation can contribute to feelings of anxiety, tension, and irritability, which are often comorbid with or precursors to depression.

* Negative self-talk and rumination: Unexpressed negative emotions can fuel negative thought patterns and self-criticism. The energy spent suppressing outward expression might be redirected inward, leading to increased rumination on negative experiences and self-deprecating thoughts, core features of depression.

* Emotional "leakage": Despite conscious efforts to suppress, emotions can sometimes "leak out" in subtle or unintended ways, such as through passive-aggressive behaviour, irritability, or unexplained physical symptoms. This can lead to interpersonal difficulties and feelings of guilt or shame, further exacerbating depressive symptoms.



Impaired Emotional Processing and Regulation affect, poor emotional regulation, and potentially physical. Recognizing the role of emotional suppression highlights the importance of considering gender as a crucial socio-cultural factor influencing the experience and expression of mental illness. This necessitates:

- * Developing more gender-sensitive diagnostic tools and approaches.
- * Educating clinicians and the public about the diverse ways depression can present in men.
- * Challenging harmful masculine norms and promoting healthier emotional expression in men.

Despite growing global recognition of the prevalence and impact of depression, and increasing attention to gender-specific mental health experiences, the interplay between emotional suppression and depression among men in India remains understudied and poorly understood. This is a significant gap, given the unique socio-cultural context of India, which is characterized by:

- * Strong patriarchal norms and traditional expectations of masculinity: These norms often emphasize stoicism, emotional control, and the suppression of vulnerability in men. Expressing emotions like sadness, fear, or anxiety may be perceived as weakness or a deviation from the ideal masculine identity.
- * Collectivist cultural values: While offering strong social support in some ways, collectivist cultures can also discourage the open expression of personal distress that might burden the family or community. Men may feel pressure to maintain harmony and avoid displaying emotional struggles.

Need of the present study

The study of emotional suppression and depression in Indian men is crucial for several compelling reasons:

1. Addressing a Silent Crisis:

- * High Suicide Rates: India has a concerning high rate of suicide among men, accounting for a significant majority of all suicides. This alarming statistic underscores a potential mental health crisis that may be masked by societal expectations and reluctance to seek help.
- * Under-Reported Depression: Men, in general, are less likely to report depression than women due to societal pressures around masculinity. This is likely amplified in the Indian context where stoicism and emotional control are often highly valued in men.



* **Atypical Depression Presentation:** Depression in men occurs differently than in women, often presenting as irritability, anger, substance abuse, or physical symptoms rather than sadness. This can lead to under diagnosis and delayed or inappropriate treatment.

2. Understanding Cultural Influences:

* **Traditional Masculine Norms:** Deeply ingrained cultural norms in India often dictate that men should be strong, self-reliant, and emotionally stoic. Expressing vulnerability or seeking help for emotional distress can be seen as a sign of weakness or a failure to uphold family honor.

* **Social Stigma:** Significant stigma surrounds mental illness in India, which can be a major barrier for men seeking help. They may fear judgment, ridicule, or social exclusion if they acknowledge their struggles.

* **Family and Social Expectations:** Men often face immense pressure to be the primary provider and maintain composure under stress, further discouraging the expression of emotions that might be perceived as hindering these roles.

3. Identifying Unique Pathways to Depression:

* **Emotional Suppression as a Risk Factor:** Research suggests that suppressing emotions can lead to increased stress, anxiety, and depression over time. Understanding how this dynamic plays out specifically for Indian men, within their cultural context, is crucial.

* **Coping Mechanisms:** Men who suppress emotions may often engage in unhealthy behaviors like substance abuse or aggression, which can exacerbate mental health problems. Studying these patterns in the Indian context can inform targeted interventions.

Impact on Relationships: Emotional suppression can hinder the formation of close, intimate relationships, leading to social isolation and loneliness, both of which are risk factors for depression.

4. Developing Culturally Sensitive Interventions:

* **Lack of Male-Friendly Spaces:** Mental health services in India may not always be perceived as welcoming or relevant to men, potentially contributing to lower rates of help-seeking.



* **Need for Tailored Approaches:** Interventions that address the specific cultural barriers and masculine norms influencing emotional expression in Indian men are needed to effectively promote mental well-being and reduce depression.

* **Community-Based Solutions:** Research can inform the development of community-based initiatives and peer support networks that encourage emotional openness and reduce stigma within male social circles.

5. Addressing Mental Health Disparities:

* **Higher Suicide Rates in Men:** The stark disparity in suicide rates between men and women in India highlights a critical need to understand the factors contributing to this vulnerability. Emotional suppression likely plays a significant role.

Methodology

Statement of the Research Problem

The lack of research specifically examining the relationship between emotional suppression and depression in Indian men leaves several critical questions unanswered:

- * How prevalent is emotional suppression as a coping mechanism among Indian men?
- * Is there a significant positive correlation between the tendency to suppress emotions and the prevalence or severity of depressive symptoms in this population?

Therefore, this research aims to investigate the relationship between emotional suppression and depression in Indian men, taking into account the unique socio-cultural context of India. Understanding this link is crucial for developing culturally sensitive and effective interventions to promote mental health and reduce the burden of depression in this population. Failure to address this gap may perpetuate the under-recognition and inadequate treatment of depression in Indian men, with significant consequences for their individual well-being, their families, and society as a whole.

Research Questions

- 1) What is the prevalence of self-reported emotional suppression among Indian men across different age groups?



This question aims to explore the prevalence of self-reported high, moderate, and low levels of emotional suppression among a stratified random sample of Indian men (aged 19-65 years) residing in Urban Bengaluru.

- 2) Is emotional suppression a factor causing depression?
- 3) Is there a statistically significant positive correlation between the tendency to suppress emotions and the severity of depressive symptoms in Indian men?

Key Objectives of the Study

- 1) To assess the prevalence of and patterns of self-reported emotional suppression among a sample of Indian men.
- 2) To determine the strength and direction of the association between emotional suppression and the severity of depressive symptoms in Indian men as measured by a validated depression scale.

Research Design

This study adopts a correlational design for this cross sectional study to explore the relationship between emotional suppression and depression among Indian men residing in Bangalore Urban. The design aims to assess the correlation between emotional suppression and depression, as well as explore the prevalence of self-reported emotional suppression among Indian men (aged 19-65 years)

Research Objectives

The key objectives of the study are:

- 1) To examine the relationship between emotional suppression and depression among Indian men.
- 2) To assess the prevalence of emotional suppression among Indian men across different age groups.

Population

The population for this study includes adult men from urban Bangalore aged 20-50 years old.

Participants were 78 adult men with different demographic backgrounds.

Sampling method

Convenience sampling will be used to draw representative sample of men where participants are selected based on their accessibility and willingness to participate.



The selection criteria for participants

- 1) Adult men residing in Bangalore urban.
- 2) Adult men who is able to understand the study materials.

There were no specific exclusion criteria otherwise.

Instruments

The Emotion Regulation Questionnaire-Short Form (ERQ-S) is a concise, 6-item self-report questionnaire designed to measure an individual's typical use of two common emotion regulation strategies:

* Cognitive Reappraisal: This involves changing the way one thinks about a situation to alter its emotional impact. For example, instead of viewing a job loss as a personal failure, one might reappraise it as an opportunity for growth and a career change. The ERQ-S assesses this with items like, "When I want to feel more positive emotion (such as joy or amusement), I change the way I'm thinking about the situation."

* Expressive Suppression: This involves inhibiting the outward behavioral expression of emotions. For instance, someone might try to hide their sadness or anger by maintaining a neutral facial expression and tone of voice. The ERQ-S measures this with items such as, "I keep my emotions to myself."

The ERQ-S is a shorter version of the widely used 10-item Emotion Regulation Questionnaire (ERQ). The ERQ-S includes three items to assess cognitive reappraisal and three items to assess expressive suppression. Individuals respond to each item using a 7-point Likert scale, ranging from "strongly disagree" to "strongly agree." Higher scores on each subscale indicate a greater tendency to use that particular emotion regulation strategy.

The ERQ-S is valuable in research and clinical settings where a brief assessment of emotion regulation strategies is needed. It allows researchers to examine how these strategies relate to various psychological constructs, such as well-being, psychopathology, and interpersonal relationships. Clinicians can use it to gain insight into their clients' habitual ways of managing their emotions, which can inform treatment approaches.



For example, research using the ERQ-S has shown that a greater use of cognitive reappraisal is often associated with higher levels of well-being and lower levels of psychopathology, while a greater use of expressive suppression is sometimes linked to increased psychological distress.

The Patient Health Questionnaire-9 (PHQ-9) is a widely used, brief, self-report questionnaire designed to screen for and measure the severity of depression in adults. It's a valuable tool in various healthcare settings, including primary care, mental health clinics, and research. It helps identify individuals who may be experiencing depressive symptoms and warrant further evaluation for a depressive disorder. The questions are based on the diagnostic criteria for Major Depressive Disorder outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM). While not a substitute for a clinical interview, it can contribute to the diagnostic process. It can track the severity of depressive symptoms over time, allowing clinicians to monitor treatment response. It's a standardized measure used in research studies to assess depression prevalence and treatment outcomes.

The PHQ-9 consists of nine core questions, each corresponding to one of the nine diagnostic criteria for Major Depressive Disorder. Individuals are asked to rate how often they have been bothered by each symptom over the past two weeks.

The scores for each item are summed to obtain a total score, which can range from 0 to 27. The total PHQ-9 score is used to categorize the severity of depressive symptoms:

- * 0-4: Minimal depression
- * 5-9: Mild depression
- * 10-14: Moderate depression
- * 15-19: Moderately severe depression
- * 20-27: Severe depression

Demographic Survey

A brief questionnaire will collect demographic data (age, education, occupation and marital status).

Data collection procedure

Data was collected through Google forms using Self-Report questionnaires to reach a wider geographical area within Bengaluru.



Data Analysis

Correlational Analysis was conducted using Spearman’s rank order method to test the H1, examining the relationship between emotional suppression and depression among the sample population.

Results and Analysis

The data was analyzed as below:

- 1) Descriptive statistics for study variables
- 2) Tests of Normality
- 3) Spearman’s rank order correlation
- 4) Regression Analysis

Result analysis involves interpreting and summarizing the data collected to answer the research questions. This helps in understanding the significance of the findings and draw meaningful conclusions. It’s a crucial step in transforming raw data into actionable outputs.

Table

1

Descriptive Statistics for Study Variables (N = 78)

	M	SD	Median	Min	Max	Range	IQR
Age	32.56	7.73	31.50	19	65	46	10.25
Cognitive Reappraisal	13.13	4.30	14.00	3	21	18	7.00
Emotional Suppression	13.06	4.41	13.00	3	21	18	6.00
Depression	8.45	6.00	7.00	0	27	27	7.50

Note: M= Mean, SD= Standard Deviation, IQR= Interquartile Range.

Table 1 presents the descriptive statistics for the study variables (N = 78). The mean age of the participants was 32.56 years (SD = 7.73), with a range of 19 to 65 years (IQR = 10.25). The mean scores for Cognitive Reappraisal and Emotional Suppression were similar, at 13.13 (SD = 4.30, IQR = 7.00) and 13.06 (SD = 4.41, IQR = 6.00), respectively. The mean score for Depression was 8.45 (SD = 6.00, IQR = 7.50), indicating a moderate level of depressive symptoms in the sample.

The next step is to assess whether the given data is normally distributed or not. This would help us confirm whether to use parametric or non parametric statistics. To assess the normality of the



distributions, both the Kolmogorov–Smirnov and Shapiro–Wilk tests were conducted. Results are shown in Table 2.

Table

2

Tests of Normality

	Test	Statistic	df	p
Age	Kolmogorov-Smirnov	.133	78	.002
	Shapiro-Wilk	.925	78	.000
Cognitive Reappraisal	Kolmogorov-Smirnov	.107	78	.028
	Shapiro-Wilk	.966	78	.037
Emotional Suppression	Kolmogorov-Smirnov	.097	78	.067
	Shapiro-Wilk	.960	78	.016
Depression	Kolmogorov-Smirnov	.134	78	.001
	Shapiro-Wilk	.934	78	.001

Interpretation for Each Variable (using a significance level of $\alpha = 0.05$):

Based on these tests , for a significance level of 0.05: Age, Cognitive Reappraisal, and Depression are found to be not normally distributed in this sample by both the Kolmogorov-Smirnov and Shapiro-Wilk tests. Emotional Suppression shows mixed results, but considering the greater power of the Shapiro-Wilk test for this sample size, it is also not normally distributed, suggesting the use of non-parametric tests for out other correlational analysis.

Since the data isn't normally distributed, Spearman's rank order correlations were calculated to examine the relationships among the primary variables. Results are reported in Table 3.

Table

3

Correlations among Age, Cognitive Reappraisal, Emotional Regulation, and Depression

Variable	1	2	3	4
1. Age	—			



2. Cognitive Reappraisal	-.127	—
3. Emotional Suppression	-.030	.449** —
4. Depression	-.057	-.100 .201 —

Note. N = 78. $p < .01$. Correlation coefficients are reported to three decimal places.

The correlation of emotional suppression with different variables:

* Correlation with Age: .030. This indicates a very weak, positive correlation but this relationship is not statistically significant.

* Correlation with cognitive reappraisal: $-.449^{**}$. This indicates a moderate, negative, and statistically significant ($p < .01$) correlation between Cognitive Reappraisal and Emotional Suppression.

* Correlation with Depression: .100. This indicates a weak, positive correlation but this relationship is not statistically significant.

Cognitive reappraisal showed $-.201$. This indicates a weak, negative correlation but this relationship is not statistically significant.

Key Findings

A statistically significant moderate negative correlation was found between Cognitive Reappraisal and Emotional Suppression ($\rho = -.449$, $p < .01$). As the use of Cognitive Reappraisal increases, the tendency to engage in Emotional Suppression significantly decreases, and vice versa.

Discussion

The findings of this study provide more details into the relationships among age, cognitive reappraisal, emotional suppression, and depression in this sample (N = 78).

The descriptive statistics revealed a moderate level of depressive symptoms within the sample. The similar means for cognitive reappraisal and emotional suppression suggest that participants engaged in both emotion regulation strategies to a comparable extent on average.

The correlation analysis revealed a significant moderate negative relationship between cognitive reappraisal and emotional suppression. This finding aligns with theoretical expectations and previous



research (Gross, 1998), suggesting that these two emotion regulation strategies are somewhat inversely related. Individuals who reported using more cognitive reappraisal, a putatively adaptive strategy involving reinterpreting a situation to change its emotional impact, tended to report using less emotional suppression, a maladaptive strategy involving inhibiting the outward expression of emotions.

However, contrary to much of the existing literature (Gross & John, 2003; Richards & Gross, 2000), this study did not find a statistically significant correlation between emotional suppression and depression in this sample. While the direction of the correlation was positive ($\rho = .100$), indicating a slight tendency for higher suppression to be associated with higher depression, this relationship was not strong enough to be statistically significant at the $p < .01$ level. Similarly, the weak negative correlation between cognitive reappraisal and depression was also not statistically significant.

The lack of significant correlations between the emotion regulation strategies and depression in this sample warrants further consideration. Several potential explanations could account for these findings. Firstly, the cross-sectional nature of the study limits our ability to infer causal relationships. It is possible that the interplay between emotion regulation and depression is more complex and bidirectional than a simple linear correlation captured at a single time point.

Secondly, cultural factors specific to the study population (potentially Indian men in Bengaluru, although this was not explicitly stated in the provided data) might influence the relationship between emotion regulation and depression. Cultural norms around emotional expression and coping mechanisms could moderate or mediate these relationships in ways not fully captured by standard Western-developed measures and theoretical frameworks.

Thirdly, other variables not included in this study, such as social support, stress levels, specific types of stressors, or other coping strategies, might play a more significant role in predicting depression in this sample, potentially overshadowing the direct effects of emotional suppression or cognitive reappraisal.

Finally, while the sample size of 78 is reasonable for correlation analysis, it might not have been sufficient to detect small to medium effect sizes if they exist in the population. Future research with larger and more diverse samples is needed to further explore these relationships.

The non-significant correlations involving age suggest that, within this sample, age was not significantly associated with the use of these emotion regulation strategies or with the level of reported depression.



Conclusion

This study investigated the correlations among age, cognitive reappraisal, emotional suppression, and depression in a sample (N=78). The findings revealed a significant moderate negative correlation between cognitive reappraisal and emotional suppression, supporting the notion that these represent distinct and somewhat opposing emotion regulation strategies. However, contrary to prevailing literature, no statistically significant direct correlations were found between either cognitive reappraisal or emotional suppression and depression in this sample. Furthermore, age did not show significant associations with any of the other study variables.

The absence of significant direct relationships between emotion regulation and depression in this study suggests that the interplay between these constructs may be more complex than simple linear associations, particularly within the specific context of the study population (likely Indian men in Bengaluru). Cultural factors influencing emotional expression and the experience of depressive symptoms, methodological limitations such as the cross-sectional design and reliance on self-report measures, and potential mediating or moderating variables not examined in this research may have contributed to these findings.

While the significant inverse relationship between the two emotion regulation strategies aligns with existing theory, the non-significant links with depression highlight the need for further, culturally nuanced research in this area. Future studies employing longitudinal designs, qualitative methodologies, and the exploration of potential mediating and moderating factors are essential to gain a more comprehensive understanding of how emotion regulation strategies relate to mental health outcomes among Indian men. The findings of this study underscore the potential influence of cultural context and the complexity of psychological constructs, emphasizing the importance of continued investigation to inform culturally sensitive interventions and promote mental well-being.

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Emotion Regulation Questionnaire-Short Form (ERQ-S)

We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your **emotional experience**, or what you feel like inside. The other is your **emotional expression**, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale:

	Strongly disagree	1	2	3	Neutral	4	5	6	Strongly agree
1		1	2	3	4	5	6	7	
2		1	2	3	4	5	6	7	
3		1	2	3	4	5	6	7	
4		1	2	3	4	5	6	7	
5		1	2	3	4	5	6	7	
6		1	2	3	4	5	6	7	



PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

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