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Approach and avoidance: understanding men's depression and life satisfaction via explicit motives and pathological narcissism

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Abstract

Background: Previous research has highlighted motivational factors as being important in depression. The current study sought to examine the role of explicit motives and pathological narcissism in men's experiences of depression symptoms. The study examined a two-factor Approach-Avoidance model where we hypothesized approach-oriented motives and avoidance-oriented motives to predict variability in depression through two separate pathways. Pathological narcissism was conceptualized as a form of avoidance motives. **Methods**: Participants were self-identified men seeking information about depression (N = 3769) who completed online self-report measures of depressive symptoms, pathological narcissism and explicit motives. **Results**: We found that approach-oriented motives predicted fewer depressive symptoms, while avoidance-oriented motives predicted more depressive symptoms through a separate pathway. Structured equation modeling provided support for the hypothesized model over alternative models. Pathological narcissism, and narcissistic vulnerability in particular, may be associated with avoidance motives. **Conclusions**: These findings help provide further insight into men's experiences of depression and inform treatment considerations.

Keywords

Men; Depression; Motivation; Pathological narcissism

1. Introduction

Depression in men has garnered increasing research interest in recent years as an important topic given the consistent link between mood, masculinity and male suicide risk [1–3]. Investigation of depression in men have highlighted the importance of several factors, such as emotional suppression, somatic symptoms, substance use, anger/irritability and risk taking [4–6]. These factors are often linked to pervasive traditional masculine norms (*e.g.*, emotional restriction and self-reliance) [7, 8]. Continuing to develop a more comprehensive understanding of the psychological underpinnings of depression in men is important for theory-building and for informing the development of effective psychological interventions. Many aspects of men's experiences of mental health and psychopathology appear to have salient motivational components. For example, given the importance of emotional suppression in depression among men [7, 8], explicit motives related to concealing vulnerable emotional experiences, being or appearing autonomous and self-reliant, or fitting with masculine norms may be important. Motivation is also important in behaviours characterising male-specific patterns of depression, such as alcohol and substance use [9, 10] and aggression

[11]. These actions are often associated with reward-seeking approach motives, and avoidance motives related to escape from aversive experiences. Therefore, elucidating the link between various types of motives with depression may contribute to advancing theoretical understandings of mental health in men. Motives may represent an important target in treating depression for men.

Previous examinations of motivational aspects of depression and mental health have emphasized the distinction between approach and avoidance motives. Reinforcement Sensitivity Theory posits both a behavioural inhibition system (BIS) that motivates avoidance of conditioned aversive stimuli, and a behavioural activation system (BAS) that motivates approach towards appetitive stimuli [12, 13]. Previous studies have linked depression to diminished BA response to positive rewards and heightened BIS response to negative events [12]. Similarly, reduced approach-oriented motivations and plans, and higher levels of avoidance-related plans, have been found in individuals experiencing depression [14, 15]. Individuals with depression have been found to experience lower power, achievement, and affiliation motives, though most consistently at the implicit level [16]. Elevated avoidance and reduced approach motives and behaviours have been theorized to con-

strain an individual's opportunities for having positive experiences, and for encountering reinforcements for non-depressed behaviours [17]. Schönbrodt and Gerstenberg [18] characterized a similar distinction between approach and avoidance motives at the self-reported explicit level via the Unified Motives Scale (UMS). Their model identified four approach motive subscales: "achievement" motives for attaining excellence and mastery; "power" motives for having influence, status, and prestige; "affiliation" motives for positive relations with casual acquaintances; and "intimacy" motives for close relationships with significant others. The model also identified a single "avoidance" motive factor for moving away from undesired goal-states, setbacks, and negative emotions. Approach motives were positively correlated with each other, but not with avoidance motives [18]. However, research has not yet examined the UMS framework in the context of men's experiences of mental health, nor with other aspects of personality.

Motivation has long been understood as closely linked to personality (*e.g.*, [19, 20]). One well-studied personality-level contributor to distress and psychopathology in men, with salient motivational components, is pathological narcissism [21, 22]. Pathological narcissism has been linked to depression [23], interpersonal problems [24], suicidality [25, 26], maladaptive coping strategies [27], and psychological distress [28]. It is often found to be higher in men than women on average (*e.g.*, [29]). It is characterized by maladaptive regulation of unstable self-image and self-esteem [22, 30]. The core personality dynamic of individuals high in pathological narcissism involves attempts to manage fragile self-concept and sense of vulnerability [31–33]. Such individuals often display the co-existence of grandiosity (self-inflation and admiration-seeking) and vulnerability (dysphoria and diminished self-esteem), and at times a rapid fluctuation between

the two [34]. Severe manifestations in clinical contexts are often diagnosed as narcissistic personality disorder. While grandiosity is one of the most visible features of pathological narcissism, other strategies to cope with painful vulnerability have been identified. Pathological narcissism is associated with sensation-seeking, alcohol and substance use, and risk-taking behaviours, which may serve to distract from feelings of shame and emptiness [27, 35–37]. Individuals may also express narcissistic rage—intense anger or aggression to guard against feelings of inadequacy, shame, or humiliation when one's self-representation is weakened or challenged [38–40]. Therefore, many features commonly associated with highly narcissistic individuals may be understood as avoidance motives towards dysphoric emotional states that these individuals are particularly vulnerable to as a result of underlying fragile self-concept. Understanding the relation between avoidance motives and pathological narcissism may further elucidate barriers to men's help-seeking for mental health difficulties [7, 8], and highlight key personality variables impacting psychotherapy for depression in men.

The current study sought to elucidate the role of approach and avoidance motives, and pathological narcissism, in the context of men's depression. Pathological narcissism was conceptualized as related to avoidance motives, specifically the avoidance of dysphoric emotional states associated with awareness of one's vulnerability and fragile self-concept. We hypothesized an Approach-Avoidance model, wherein individual differences in the presence of approach-oriented motives contribute along one pathway to variability in depression; at the same time, a second factor characterized by avoidance of negative affective states, including pathological narcissism, contribute to variability in depression along a separate pathway (see Fig. 1). We predicted the four approach motives identified
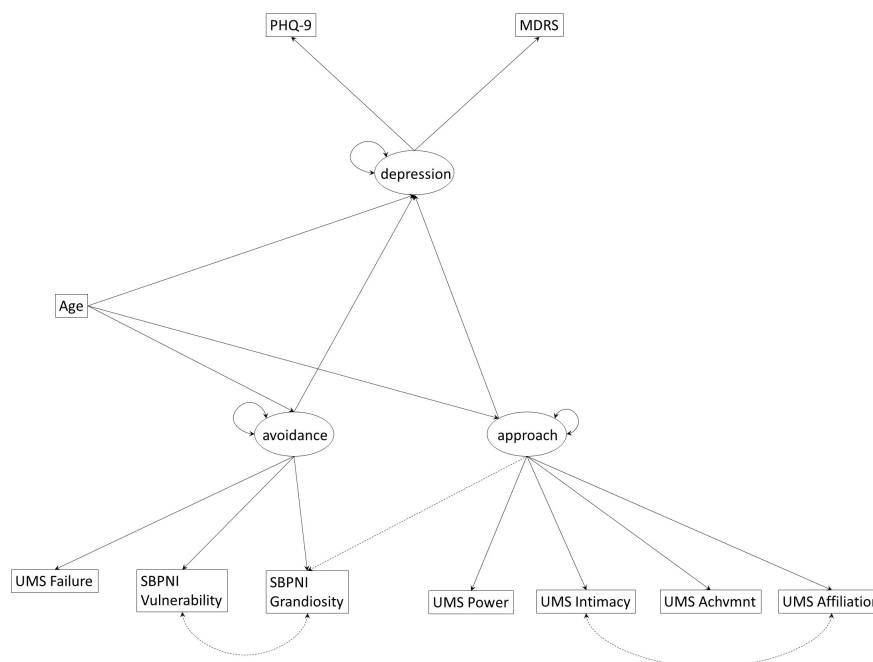

F I G U R E 1. Hypothesized approach-avoidance model. PHQ-9: Patient Health Questionnaire-Depression Module; MDRS: Male Depression Risk Scale; SBPNI: Super Brief Pathological Narcissism Inventory; UMS: Unified Motives Scale-3; Achvmnt: Achievement. Dashed line indicates subsequently added modification index to improve fit.

by Schönbrodt and Gerstenberg [18] would be linked to each other and inversely associated with depression symptom severity and decreased sense of satisfaction in life. We expected the avoidance motive identified by Schönbrodt and Gerstenberg would be associated with both the vulnerability and grandiosity aspects of pathological narcissism, and form a single factor positively associated with greater depression. Notably, we specifically hypothesized that grandiosity, despite potentially containing approach motive elements (*e.g.*, the enjoyment of engaging with a grandiose fantasy), would load onto a shared latent factor with avoidance motives. This was based on the theoretical perspective that grandiosity in pathological narcissism is a way to reduce the distress associated with fragile self-concept and sense of vulnerability [31–35], rather than facilitating enacting behaviours that would be effective in attaining approach-oriented goals such as actual power or achievement.

2. Materials and methods

2.1 Participants and design

Participants were recruited online via the HeadsUpGuys website (headsupguys.org), a leading global resource for men's mental health [41] and redirected to an independent survey site hosted by Qualtrics, where they were presented with the eligibility criteria and informed consent information. Eligible participants were adults ($\geq$18 years-old) who self-identified as men, and were able to read and understand English. No exclusion criteria were specified. Following provision of informed consent, 3769 participants completed the survey. Participant names were not collected; only internet protocol (IP) addresses and study identification numbers were recorded. Participants were recruited from October 2018 to March 2019. The study was approved by the Behavioural Ethics Research Board at the University of British Columbia (H17-01334). Three-quarters (74.8%) of the participants self-reported having a mental health problem. Mean age of participants was 38.6 years old (standard deviation of 14.9 years). Further sample characteristics are provided in Table 1.

2.2 Measures

Depression was measured using the Patient Health Questionnaire-Depression Module (PHQ-9) [42]. The PHQ-9 consists of nine items which correspond to *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) symptoms of major depressive episode [43]. Respondents rate the frequency of each symptom over the past two weeks, on a four-point scale, from "not at all" (0) to "nearly every day" (3). A higher total score represents greater severity of depression. In our sample, the PHQ-9 had Cronbach's α of 0.91.

Depression was also measured using the Male Depression Risk Scale (MDRS) [44]. The MDRS consists of 22 items designed to measure externalizing and male-specific depression symptoms, characterized by emotion suppression, drug use, alcohol use, anger/aggression, somatic symptoms, and risk-taking. Items correspond to behaviours and experiences related to one of the above aspects of depression. Respondents rate the frequency of each item over the past month, on an eight-

T A B L E 1. Sample characteristics (n = 3769).

Characteristic	Proportion
Ethnicity	
Aboriginal	1.8%
African	2.0%
Asian	6.7%
European	76.2%
Latino	2.7%
Multiple	4.8%
Other	5.7%
Country of residence	
Canada	45.8%
US	21.0%
UK	12.4%
Australia	10.0%
Other	11.0%
Sexual Orientation	
Heterosexual oriented	78.0%
Same-sex oriented	10.9%
Bisexual oriented	8.6%
Other	2.6%
Highest level of education completed	
Less than high school	4.3%
High school or equivalent	17.9%
Some college, no degree	21.9%
Technical degree	17.4%
Undergraduate degree	20.8%
Graduate degree	17.6%

point scale, from "not at all/0 days" (0) to "almost always/25+ days" (7). A higher total score represents greater severity of depression risk. In our sample, MDRS had Cronbach's α of 0.89. Both the PHQ-9 and the MDRS were included to capture both the traditional symptoms of depression characterized by DSM-5 criteria, as well as the externalizing and male-specific depression symptoms that have been shown to be important in this population.

Pathological narcissism was measured using the Super Brief Pathological Narcissism Inventory (SBPNI) [45]. The SBPNI consists of 12 items designed to measure the grandiosity and vulnerability aspects of pathological narcissism. Items represent experiences characteristic of one of the above aspects. Respondents rate their endorsement of each item on a six-point scale, from "not at all like me" (0) to "very much like me" (5). Higher scores on either subscale represents greater levels of that pathological narcissism facet. In our sample, SBPNI Grandiosity had Cronbach's α of 0.81 at baseline. SBPNI Vulnerability had Cronbach's α of 0.82.

Explicit motives were measured using the Unified Motives Scale-3 (UMS) [18]. The UMS consists of 15 items designed to measure five domains of explicit motives: achievement,

power, affiliation, intimacy, and avoidance. Items represent statements aligned with one of the above domains of explicit motives. Respondents rate their endorsement of each item on a six-point scale, from "strongly disagree" (0) to "strongly agree" (5). Higher scores on a subscale represent greater endorsement of that respective explicit motive. In our sample, Cronbach's α for UMS Achievement, Power, Affiliation, Intimacy, and Avoidance were 0.84, 0.70, 0.77, 0.74 and 0.71 respectively.

2.3 Data analysis

Structure equation models (SEM) were used to examine the hypothesized Approach-Avoidance model (Fig. 1). In our model, we included the association of age with latent factors as previous research highlighted the relationship of age with pathological narcissism [46]. We allowed the SBPNI subscales, and UMS Affiliation, Achievement, Intimacy, and Power, to correlate due to potential instrument-level similarities between items and subscales.

To evaluate our proposed Approach-Avoidance model, the data was randomly divided into two subsamples to facilitate confirmatory factor analyses. The Approach-Avoidance model was examined in the first subsample. Modification indices were used to identify sources of model misfit. We had hypothesized two distinct latent factors: pathological narcissism features reflecting avoidance motives, and approach and avoidance motives predicting depression. Therefore, we were specifically attentive to cross-loadings of UMS and SBPNI subscales onto both latent Avoidance and Approach factors, and direct paths between UMS and SBPNI subscales onto depression or life satisfaction. If our model requires these types of respecifications to obtain adequate fit, it would represent evidence against aspects of our hypothesis. The resulting modified model was then examined for fit in the second subsample. Criteria for acceptable model fit was defined as comparative fit index (CFI) greater than 0.95, root mean square error of approximately (RMSEA) less than 0.08, and standardized root mean square residual (SRMR) less than 0.08 [47].

We also tested several alternative models (see **Supplementary material**) to examine whether alternative explanations may provide better fit with the data. Specifically, we examined a One-factor model (**Supplementary Fig. 1**) wherein SBPNI and UMS subscales are part of a single latent personality construct; a Questionnaire-level model (**Supplementary Fig. 2**) wherein SBPNI subscales load together on one latent factor and UMS subscales load together on another factor; and a Three-factor model (**Supplementary Fig. 3**) wherein UMS Power and SBPNI Grandiosity subscales load on a separate Grandiosity factor. Relative model quality were examined using comparisons of Akaike information criterion (AIC), with lower AIC indicating better fit. Descriptive analyses were conducted in SPSS Statistics 27 (IBM, Armonk, NY, USA), and SEM analyses were conducted in the lavaan package for R (R Foundation for Statistical Computing).

3. Results

Zero-order associations between study variables are shown in Table 2. Both subsamples displayed an overall similar pattern of associations. PHQ-9 and MDRS were significantly positively correlated with each other ($p < 0.001$), as well as SBPNI Grandiosity and Vulnerability. The two depression measures were also both negatively correlated with UMS Affiliation motives in the two subsamples. The two SBPNI subscales were also significantly positively correlated with each other. SBPNI Grandiosity was significantly positively correlated with all UMS motive subscales, while SBPNI Vulnerability was significantly positively correlated with UMS Power and Affiliation. UMS Avoidance motives were also positively correlated with UMS Power and Intimacy, while not being significantly correlated with UMS Affiliation and Achievement. Age was also significantly negatively correlated with SBPNI subscales and PHQ-9 and MDRS, as expected per [46].

SEMs were used to examine the hypothesized Approach-Avoidance model (Fig. 1) in the first subsample. This model did not pass the chi-square test of fit ($\chi^2(31) = 681.54$, $p < 0.001$), which is biased in larger samples, and did not pass the criteria for acceptable fit via other fit indices (CFI = 0.919, RMSEA = 0.082, SRMR = 0.057). For relative fit, this model had AIC = 39,293.24. As this model did not achieve adequate fit except via the SRMR, modification indices were applied.

Fig. 2 shows the best fitting modified version of the Approach-Avoidance model in the first subsample. This model shows that avoidance-based motives (captured by UMS Failure, SBPNI Vulnerability and SBPNI Grandiosity) predicted greater depressive symptoms. Furthermore, the model suggests that approach-based motives, (captured by UMS Power, UMS Intimacy, UMS Achievement and UMS Affiliation), were associated with fewer depressive symptoms through a separate pathway from avoidance-based motives. This model did not pass the chi-square test of fit ($\chi^2(28) = 245.64$, $p < 0.001$), but showed acceptable fit via other fit indices (CFI = 0.953, RMSEA = 0.064, SRMR = 0.048). The modification of allowing SBPNI Grandiosity to cross-load onto both the Avoidance and Approach factors was required for adequate fit. For relative fit, this model had AIC = 38,863.34.

The fit of this modified model above was then examined in the second subsample (Fig. 3). In this subsample, the model did not pass the chi-square test of fit ($\chi^2(28) = 362.18$, $p < 0.001$), but showed acceptable fit via RMSEA and SRMR, but not CFI (CFI = 0.926, RMSEA = 0.08, SRMR = 0.053).

Alternative models described previously were also examined in the first subsample. The One-factor (**Supplementary Fig. 1**), Questionnaire-level, and Three-factor models (**Supplementary Fig. 2**), even after application of modification indices, did not show better relative fit than the Approach-Avoidance model, either via direct comparison of the AIC or via inspection of other fit indices (Table 3).

T A B L E 2. Pearson r correlations depression, life satisfaction and life meaning, pathological narcissism, and motives scales for the first subsample (n = 1886) and second subsample (n = 1883) of men at baseline.

	MDRS	PHQ-9	Grand	Vulner.	Avoid.	Power	Affilia.	Intima.	Achiev.
PHQ-9	0.64*								
Grand	0.17*	0.19*							
Vulner.	0.34*	0.42*	0.66*						
Avoid.	0.35*	0.42*	0.41*	0.59*					
Power	−0.15*	−0.01	0.38*	0.22*	0.13*				
Affilia	−0.15*	−0.23*	0.25*	0.04	−0.01	0.29*			
Intima.	−0.11*	−0.07	0.26*	0.11*	0.12*	0.17*	0.45*		
Achiev.	−0.02	−0.04	0.16*	0.03	0.02	0.28*	0.22*	0.24*	
Age	−0.16*	−0.16*	−0.38*	−0.31*	−0.34*	−0.15*	−0.15*	−0.11*	−0.04
	MDRS	PHQ-9	Grand	Vulner.	Avoid.	Power	Affilia.	Intima.	Achiev.
PHQ-9	0.65*								
Grand	0.17*	0.16*							
Vulner.	0.32*	0.37*	0.63*						
Avoid.	0.30*	0.40*	0.36*	0.59*					
Power	0.04	−0.06	0.40*	0.22*	0.11*				
Affilia	−0.16*	−0.26*	0.26*	0.03	−0.06	0.29*			
Intima.	−0.03	−0.06	0.27*	0.12*	0.10*	0.16*	0.46*		
Achiev.	−0.02	−0.07	0.16*	0.04	0.02	0.33*	0.21*	0.27*	
Age	−0.17*	−0.13*	−0.36*	−0.27*	−0.28*	−0.14*	−0.14*	−0.12*	−0.02

represents p < 0.001.

MDRS: Male Depression Risk Scale; PHQ-9: Patient Health Questionnaire-9; Grand: Super-Brief Pathological Narcissism Inventory (SBPNI) Grandiosity; Vulner.: SBPNI Vulnerability; Avoid.: Unified Motives Scale-3 (UMS) Avoidance; Power: UMS Power; Affilia.: UMS Affiliation; Intima.: UMS Intimacy; Achiev.: UMS Achievement.
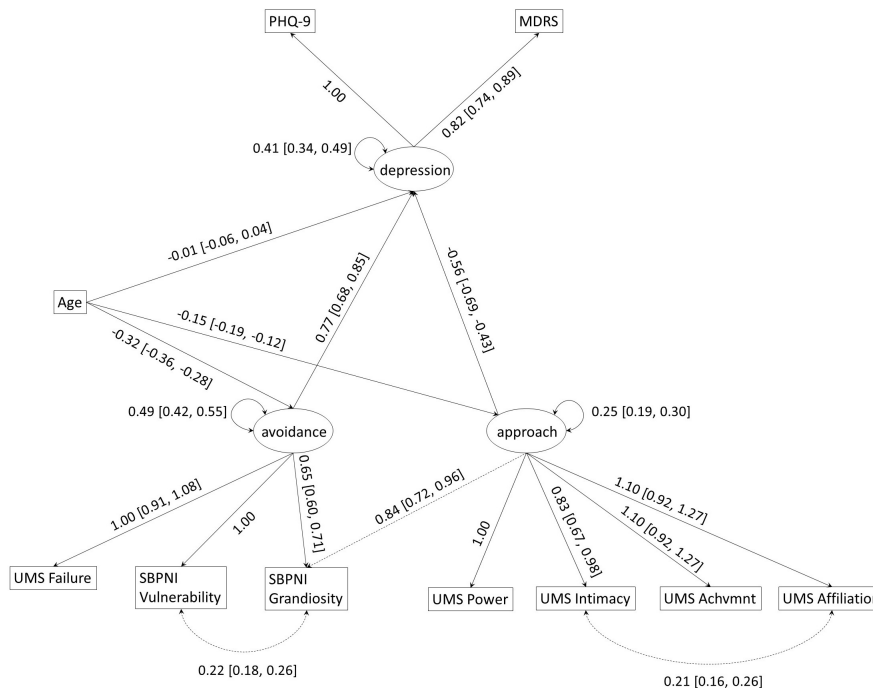

F I G U R E 2. Structural equation model of best fitting modified version of the Approach-Avoidance model for the first subsample (n = 1886). Model did not pass the chi-square test but showed adequate fit via other indices: $\chi^2(28) = 245.64$, $p < 0.001$; CFI = 0.953; RMSEA = 0.064; SRMR = 0.048; AIC = 38,863.34. PHQ-9: Patient Health Questionnaire-Depression Module; MDRS: Male Depression Risk Scale; SBPNI: Super Brief Pathological Narcissism Inventory; UMS: Unified Motives Scale-3; Achvmnt: Achievement. Dashed line indicates added modification index to improve fit.
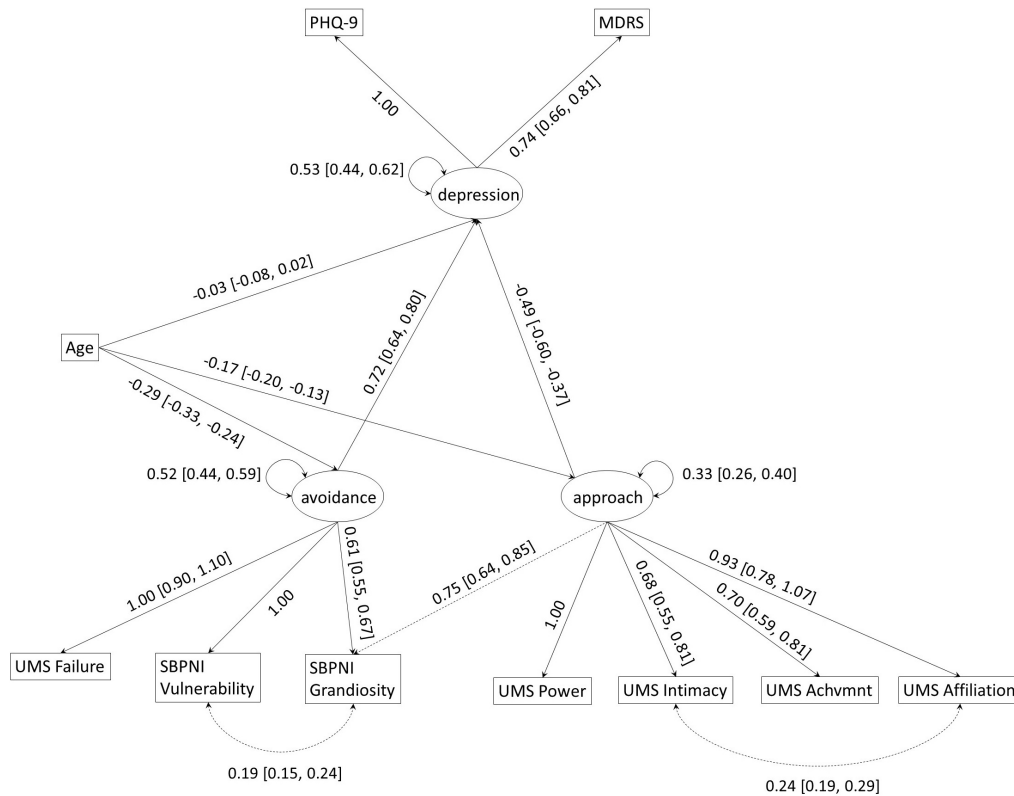
F I G U R E 3. SEM of best fitting modified version of the Approach-Avoidance model for the second subsample (n = 1883).
Model did not pass the chi-square test but showed marginal fit via other indices: $\chi^2(28) = 362.18, p < 0.001$; CFI = 0.926; RMSEA = 0.08; SRMR = 0.053. PHQ-9: Patient Health Questionnaire-Depression Module; MDRS: Male Depression Risk Scale; SBPNI: Super Brief Pathological Narcissism Inventory; UMS: Unified Motives Scale-3; Achvmnt: achievement. Dashed line indicates added modification index to improve fit.

T A B L E 3. Fit indices for the hypothesized approach-avoidance model and alternative models, after applying modification indices, examined for the first subsample (n = 1886) of men at baseline.

	Approach-avoidance	One-factor	Measurement-level	Three-factor
χ^2	245.64	798.94	1091.91	662.17
df	35	30	29	27
CFI	0.953	0.834	0.771	0.863
RMSEA	0.064	0.117	0.139	0.112
SRMR	0.048	0.097	0.125	0.089
AIC	38,863.34	39,412.64	39,707.60	39,281.87

CFI: comparative fit index; RMSEA: root mean square error of approximately; SRMR: standardized root mean square residual; AIC: Akaike information criterion.

4. Discussion

The current study proposed a model linking explicit motives with pathological narcissism in the contribution of personality to depression in men. We hypothesized pathological narcissism features and avoidance motives would load together into a latent factor (Avoidance), while approach motives would load together into another latent factor (Approach).

We hypothesized that both Avoidance and Approach would make separate contributions to depressive symptomology, including the externalizing features of male-type depression. Our modified Approach-Avoidance model had acceptable fit with our data in the two subsamples, and the modified

Approach-Avoidance model demonstrated superior fit than alternatives. It fit better than the One-factor model where all explicit motives and pathological narcissism traits were loaded onto a single latent factor, suggesting that narcissism and motives are conceptually distinct. It also fit better than the Questionnaire-level model where all UMS subscales were loaded onto a latent factor and SBPNI subscales were loaded onto another latent factor, suggesting that avoidance-based explicit motives (UMS Failure) were more closely associated with pathological narcissism than they are to approach-oriented explicit motives (other UMS subscales).

These findings suggested avoidance motives may have an important contribution to men's depression symptoms, encom-

passing both internalizing and externalizing features. This appeared to be consistent with the literature examining motivation for behaviours in depression more generally, which highlighted the role of BIS in psychopathology at the neuropsychological level [12, 13]. For male-type depression presentations specifically, avoidance of dysphoric emotional states may be an important mediator of behaviours like alcohol and substance use, risk-taking or sensation-seeking behaviours, or suicide attempts. Avoidance-based motives were also associated with lower life satisfaction levels and life meaning. There may be a similar mechanism, wherein overvaluing escaping failure or negative emotional states may constrain or forestall a man's engagement with uncomfortable behaviours or situations that are important to his growth or goal attainment.

These findings highlighted the association between explicit avoidance motives and pathological narcissism traits in the context of men's mental health. Existing literature on pathological narcissism emphasizes vulnerability to dysphoric emotional states associated with fragile self-concept and low self-esteem [31–33]. Individuals with this susceptibility often attempt to manage threats to self-image through grandiose fantasies and seeking admiration. The current findings supported the conceptual consistency between narcissistic vulnerability and the content of the UMS Failure subscale, in particular for the UMS Failure items that capture distress following interpersonal rejection, goal setbacks, or reputation loss [18]. This particular type of avoidance motive and narcissistic vulnerability may also underlie the emotional suppression and overvaluing of self-reliance seen in male-type depression [7, 8]. Disclosure of emotional distress (other than anger) and seeking help for such difficulties may be particularly distressing to men high on narcissistic vulnerability, especially if it challenges their socialized embodiment of masculinity and male identity. Therefore, the Avoidance latent factor may represent a core vulnerability to negative emotions in response to setbacks and stressors, which also includes avoidance of distress related to fragile self-concept and challenges in self-image regulation.

Consistent with Schönbrodt and Gerstenberg [18], we found that achievement, power, intimacy, and affiliation motives loaded together onto a latent Approach factor separate from failure motives. This latent factor may have captured a general propensity towards prioritizing personal growth and goal attainment. Reduced endorsement of approach motives, explicitly and implicitly, have been shown in patients with depressive disorders [14–16]. These findings therefore supported explicit approach-oriented motives, and potentially the tendency towards using such motives as guides for action, as an aspect of personality that is associated with less severity of symptoms of depression. The opposing directionality of the link between approach and avoidance motives with depression are particularly notable given that at the zero-order correlational level, there was a pattern of positive correlations between measures for narcissistic vulnerability, avoidance motives, and approach motives. These findings also suggested approach-based explicit motives and avoidance-based motives separately explain some of the variability in mental health and wellbeing in men. As suggested by Trew [17], reduced approach-oriented motives, and elevated avoidance-oriented motives, may limit a person's opportunities to have positive life experiences and receive reinforcement for non-depressive behaviours.

In contrast to our hypothesis, narcissistic grandiosity represented one source of model misfit. Adequate fit for the Approach-Avoidance model was only achieved by allowing SBPNI Grandiosity to cross-load onto both the Avoidance and Approach factors. Zero-order correlations also showed SBPNI Grandiosity being consistently correlated with both avoidance and approach motives on the UMS. This suggests that grandiosity may not be a clear manifestation of either approach or avoidance. Therefore, narcissistic grandiosity and narcissistic vulnerability may not be manifestations of the same underlying latent concept, and may fit with conceptualizations of grandiosity and vulnerability as distinct types or aspects of narcissism [48, 49]. This may also be aligned with grandiosity as a defensive strategy to guard against negative emotion states not by avoiding those states but by refocusing on positive experiences.

This pattern may fit with findings of narcissistic personality disorder being associated with higher reactivity of the BAS, rather than BIS, from a Reinforcement Sensitivity Theory framework [50, 51], and previous research on approach-oriented motivation in proactive aggression in the context of narcissism and other personality disorders [11, 40]. Therefore, approach motives may also be important in facilitating externalizing psychopathology symptoms in men, including those related to pathological narcissism. As well, grandiosity, whether at lower levels and in its non-pathological form [52], or when emphasizing its agentic (which could conceptually include approach-oriented) elements [53], have been found in other studies to be linked with higher well-being in some contexts [54, 55]. Finally, the item content of the SBPNI, which emphasizes the fantasy rather than entitlement or exploitative aspects of grandiosity, and the self-report nature of the study, may not be best suited to capture the theoretical link between narcissistic grandiosity and attempts to guard against narcissistic vulnerability.

An important limitation of the current study is the use of a correlational method. Thus, we were not able to directly show that pathological narcissism or explicit motives causes depression symptom presentation. Indeed, reduced approach motives and increased avoidance motives, and experiences consistent with narcissism, may represent other facets of depressive psychopathology. Our current approach was also subject to potential confounds, particularly with regard to the role of anxiety. Given the prominent comorbidity between depression and anxiety [56], and the potential for narcissistic vulnerability to be associated with higher anxiety in interpersonal contexts [28, 49, 57], some of the patterns seen regarding correlates of depression may be due to an overlap with anxious distress. Consideration of this overlap between depression and anxiety may help reconcile the current findings with past research suggesting that anxiety, rather than depression, is more consistently associated with elevated avoidance motives [14, 15]. Nevertheless, our results suggested that increased avoidance motives may be an important aspect of the clinical picture among men seeking help for depression, even if this is ultimately due to shared covariance with anxiety. As well, caution should be used when attempting to generalize the findings from the current study to any particular population of

men or to a specific male patient, due to the heterogeneity of the study's sample of men with regards to demographic variables and severity of depression symptoms.

The current investigation focused on explicit measures of all study variables, which may also impact the interpretability and applicability of the findings. Implicit aspects of personality, cognition, and behaviour will be important to examine further: implicit motives have also been shown to be important in depression [16], while a recent study suggested that explicit and implicit sense of meaning in life can have differential associations with depression symptoms [58]. It is also possible that some individuals who were particularly high on narcissistic grandiosity may have been more inclined to over-represent their Approach-oriented explicit motives. The current study was also limited to a convenience sample of men who were seeking information about depression. Individuals high on pathological narcissism in particular may have viewed their difficulties as reasonable, ego-syntonic responses to their environment, and thus may not readily seek information about mental health problems, resulting in range restriction in our data. Our current findings were also not generalizable to women and people of other genders; our focus on men's experiences of depression may account for some of the discrepancies between our findings and that of studies in more mixed-gender [15]. Finally, despite some demographic diversity in the current respondents, most participants were of European descent living in English-speaking countries, limiting the applicability to other cultural and social contexts.

Beyond addressing the above limitations, further studies in this area would benefit from connecting approach and avoidance motives and pathological narcissism with other psychological and sociological factors. For example, our Approach and Avoidance factors may be linked to the Two Continua model of mental health which emphasizes the role of Big Five personality traits of extraversion-agreeableness and emotional stability/neuroticism [59], and/or with theories related to approach and avoidance motivations in the context of group memberships and interactions [60]. Examination of the association between male-type depression and other personality dynamics that are also known to be related to avoidance motives and present barriers in help-seeking, such as perfectionism [61], may also shed further light on the pathogenic mechanisms and treatment issues present in this population. Additional research might be useful for understanding whether and where individual men's experiences of masculine gender norms fits specifically within an approach and avoidance framework, as well as understanding at a broader sociocultural level the role of gender norms and messages, and systemic barriers to access to care for men [62–64]. Further research on how these effects may be moderated by demographic variables such as age, cultural/ethnic background, and sexual orientation and by severity of depression symptoms, as well as whether the Approach-Avoidance model is also applicable to people of other genders' experience of depression, would be helpful in understanding the generalizability of the findings.

5. Conclusions

Our current findings have important implications for understanding the personality underpinnings of mental health concerns in men, and suggesting targets for intervention and further research. This study is among the first to integrate explicit approach and avoidance motives with pathological narcissism in understanding depression, with a specific focus in men and male-type depression. Our findings showed that both approach motives and avoidance motives were significant correlates of depression, and provided further evidence for the importance of both BAS and BIS systems in contributing to men's mental health and wellbeing [12]. This provides additional theoretical justification for psychotherapies, such as behavioural activation therapy and acceptance and commitment therapy, aimed at facilitating approach motives and behaviours and/or increasing tolerance of negative emotion states, for the treatment of depression and related concerns (*e.g.*, [65, 66]). Our findings further highlight the role pathological narcissism and similar personality dynamics can play in men's experiences of depression, and in help-seeking, assessment, formulation, and treatment [48, 67] for reducing depression symptoms and enhancing life satisfaction and wellbeing among male patients.

AVAILABILITY OF DATA AND MATERIALS

The dataset used for the current study is available from the corresponding author upon reasonable request.

AUTHOR CONTRIBUTIONS

JSO, DK, JLO, SMR and ZS—designed the research study and collected data. SSD—analyzed and interpreted the data. SSD and HO—wrote the manuscript. All authors contributed editorial changes to the manuscript. All authors read and approved the final manuscript.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

The study was approved by the Behavioural Ethics Research Board at the University of British Columbia (H17-01334). All participants provided informed consent.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

SUPPLEMENTARY MATERIAL

Supplementary material associated with this article can be found, in the online version, at https://oss.jomh.org/files/article/1905502943829737472/attachment/Supplementary%20material.docx.

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