

Men and Depression

While many studies have reported a lower level of depression in men, it may be far more prevalent if a broader number of symptoms are considered.

He who conceals his disease cannot expect to be cured. Ethiopian Proverb

Much has been made of the differences between the genders in recent years. The popular book *Men are from Mars and Women are from Venus* by John Gray generated a whole new discussion of the differences between men and women and how they can successfully be managed in relationships. Gender differences are also recognized in conditions like ADHD, substance abuse, suicide and depression. Studies have demonstrated that rates of depression are almost twice that for women than for men. Some argue that this difference is merely an artifact of women seeking treatment more often than men. Others point to the difference in the way men and women approach problems. Men are more action oriented when dealing with their emotional distress. Sometimes this leads to successful problem solving and at other times to destructive coping behaviors like substance abuse.

Consequently, it has been theorized that depression may be masked by the ineffective coping behaviors engaged in by men. These behaviors would include excessive alcohol intake, substance abuse and increased risk taking behaviors. Alcohol and substances are used to deal with the pain associated with depression by numbing the tension and creating states of relief. Risk taking behavior could involve a variety of excitement seeking including driving fast, gambling, or indiscriminate sexual behavior with the similar goal of reducing psychological pain and enhancing good feeling. These behaviors contribute to a coping style meant to *distract* the depressed man from his unhappiness.

Gender role learning may contribute to the way in which men express their depression. Psychological distress tends to be denied by men and viewed as weakness despite signs of irritability and increased episodes of angry outbursts. The depressed man often finds it more acceptable to *externalize* his distress by finding fault with others. The seriousness with which men assume their role of protector and breadwinner may get expressed in a variety of ways. The depressed man may experience an obsession with work that may result in an over involvement in work activities. In struggling with his pain he may avoid the help of others and prefer to do things himself. His *withdrawal* serves to promote a sense of self-reliance and autonomy. The depressed man may secretly harbor harsh self-criticism for his perceived failures in his career development. The desperate and suicidal man may make impulsive plans to care for loved ones in the case of death or disability.

It is not as if depressed men experience their distress in a manner that is totally different from women. They report sadness or dysphoria, thoughts of death, problems with sleep,

appetite and fatigue much the same as women do. Many men will also admit to suppressed feelings of shame, guilt and inadequacy that have built up over the years.

Men usually obtain help for depression when there is some threat to their self-esteem or self-respect. This can occur when a man experiences a loss of some kind whether it is a rejection in a relationship, loss of status at work or a decline in physical ability. For most men this is usually experienced as "failure." Sometimes the loss is experienced as a significant assault on a man's sense of competency and self-esteem particularly when it involves a rejection by another human being. The wound from this experience can engender extreme feelings that result in aggressive behavior. Custody battles fueled by a rejected partner in divorce, homicidal/suicidal behavior and stalking are examples of behavior representing deep wounds.

As a member of the Michigan Psychological Association, I am serving on a committee to bring attention to the growing incidence of depression in our society. Committee volunteers are working with physicians who are interested in offering depression screenings to their patients. Screenings will be performed in participating physicians' offices on or about October 11, 2001, a day designated as Depression Screening Day. Psychologists will volunteer time to perform the screenings and refer patients for treatment those patients who show elevated levels of depression. The MPA hopes this effort will bring more effective evaluation and treatment for patients who present their emotional distress to their primary care physician.