

the personal nature  
of **AGRICULTURE**



**Men and  
depression**

**R A N D Y R . W E I G E L**  
Extension Specialist, University of Wyoming, Cooperative Extension Service

UNIVERSITY  
OF WYOMING

B-1104

# UNIVERSITY OF WYOMING

Senior Editor: Tonya Talbert, College of Agriculture, Office of Communications and Technology  
Graphic Designer: Tana Stith, College of Agriculture, Office of Communications and Technology

*Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Glen Whipple, Director, Cooperative Extension Service, University of Wyoming, Laramie, Wyoming 82071.*

*Persons seeking admission, employment, or access to programs of the University of Wyoming shall be considered without regard to race, color, religion, sex, national origin, disability, age, political belief, veteran status, sexual orientation, and marital or familial status. Persons with disabilities who require alternative means for communication or program information (Braille, large print, audiotape, etc.) should contact their local UW CES Office. To file a complaint, write the UW Employment Practices/Affirmative Action Office, University of Wyoming, P.O. Box 3434, Laramie, Wyoming 82071-3434.*



*Men would rather kill themselves than admit they are depressed.*

**T**his chilling statement illustrates the complexity of male depression. Although depression is most often associated with women, the National Institute of Mental Health estimates three to four million men in the United States suffer from clinical depression at any given time and the rate is rising.<sup>1</sup>

Depression also appears to take a greater toll on men. Although more women attempt suicide, more men actually succeed and commit suicide at four times the rate women do. A recent study of Johns Hopkins medical students found that depressed men were twice as likely as their nondepressed counterparts to develop heart disease or die suddenly because of heart problems.<sup>2</sup>

### **What is depression?**

Depression means different things to different people. Depression can be a *symptom* (“I feel depressed”), a *sign* (“he looks depressed”), or a diagnosable disorder. Depression is a serious medical condition. In contrast to the emotional experiences of sadness and mood swings, clinical depression is a persistent mood disorder that in-

terferes with a person’s ability to function. The degree of impairment varies, but even in mild cases, there is significant distress or some interference in social, occupational, or other important areas of functioning. If impairment is severe, the person may lose the ability to function socially or occupationally.<sup>3</sup> People can become depressed overnight or the illness may come on gradually over months or years. Individuals vary as to whether their symptoms are mild, moderate, or severe. Some people will come out of their depression within weeks or months, and others may experience a fluctuating, chronic form for many years. Some people may have only one episode of depression, while others have many.

Depression is almost always caused by a combination of factors. Inheritance or genetic predisposition; developmental factors, such as loss of a parent; psychological factors, such as intense grief; and stress or trauma, such as coping with job loss, divorce or severe physical illness, can all lead to depression.<sup>4</sup>



## Recognizing depression in men

Common symptoms of depression include a sad mood, loss of interest or pleasure in activities that were once enjoyed, change in appetite or weight, difficulty sleeping or oversleeping, physical slowing or agitation, energy loss, feelings of worthlessness or inappropriate guilt, difficulty thinking or concentrating, and recurrent thoughts of death or suicide.<sup>5</sup> But some counselors contend that these might not be the only symptoms of male depression. Men may abuse alcohol or other drugs, display emotional outbursts, eat or work excessively, act impulsively or recklessly, become violent to themselves or others, and/or experience increased withdrawal from others. Doctors caution, however, about overgeneralizing all symptoms as associated with depression. They may be symptoms of other illnesses.

## Why depression affects men differently than women

Many men were raised to be John Wayne types. They were taught not to ask for or accept help and not to show emotion. Men were told to be strong, successful, in control, and capable of handling problems. They were expected to perform and perform well.

*"I learned to be who I was from my father, and my father was a very aloof person who showed no emotion. I never saw him show rage, real happiness, anything. Just real self-contained. And so I kind of learned guys don't cry, of course. They just kind of accept life and take it on the chin."*

(Patient in depression therapy)<sup>6</sup>



Warren Farrell, author of *The Myth of Male Power*, states that male depression and ultimately suicide, are tied to men's ability to provide. When that ability is eliminated, through unemployment, foreclosure, or retirement, men are at greater risk for suicide.

According to Farrell, "The single biggest solution to male suicide is making men feel needed as humans. Not just as wallets. When men feel needed primarily as wallets, they are more likely to commit suicide when their wallets are empty."<sup>7</sup>

Men's depression is defined by their experience of being male. Christine Heifner, a clinical nurse who specializes in male depression, has found certain characteristics in men who are more likely to develop clinical depression. These characteristics include:

- An acceptance of rigid, traditional gender identity roles
- A belief that acceptance by others is dependent on performance
- A lack of connectedness with others, especially with other men
- A developed hidden self (public and private)
- A feeling of having no control over their world<sup>8</sup>

## Living with a depressed man

Although depressed men need the understanding of others, they can be hard to deal with. A depressed person's anger and lack of concern can be disturbing to others. A depressed man may feel unworthy of friendship or question a friend's intent. Due to withdrawal, he may not want to engage in activities that can alleviate the



depression. But there are things a person can do to help.

**Talk to him.** Family and friends must tell him that they are concerned about him and the depression. Tell him that his depression is affecting the relationship and that he needs to get professional help.

**Assume an active role.** Take control of problems that need to be solved and plans that need to be made until he is up to handling more responsibility.<sup>9</sup> On the other hand, be careful not to do too much for the depressed person. A very fine line separates support and overprotectiveness. Some responsibility will help him stay functional.

**Do not moralize.** Do not pressure him to “put on a happy face,” or “snap out of it.” Don’t say, “toughen up.” These types of statements often sound like criticisms to a depressed person. He may feel worse after hearing such statements.

**Be available.** Tell him how much you care. Then listen without judgment. Urge him to get professional help. Offer to go along if doing so will help.<sup>10</sup>

**Watch and listen for signs of suicide.** Sometimes people who are thinking about killing themselves give away belongings or begin comments with “After I’m gone...” Take talk of suicide by a depressed man seriously. If you think suicide is an immediate possibility, do not leave him alone. Contact a mental health professional, hospital emergency room, or law enforcement agency immediately.<sup>11</sup>

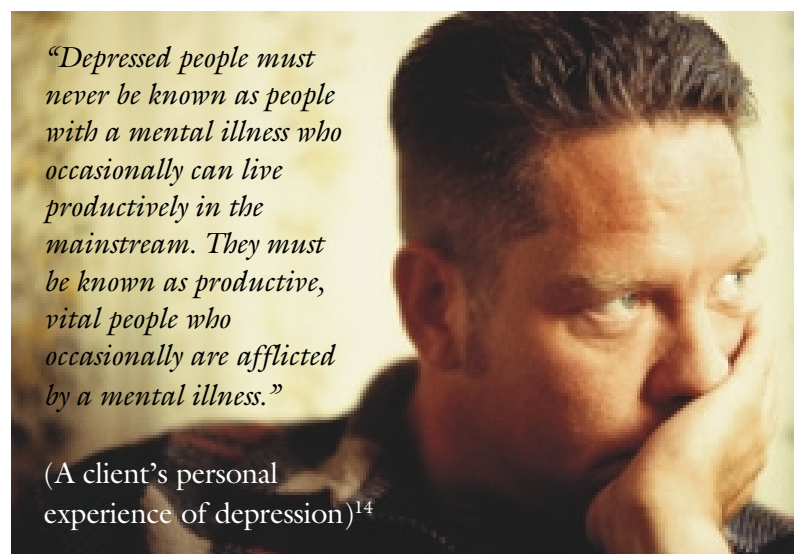
### **Treatment for depression**

Affecting approximately 19 million Americans, depression clearly takes its toll on both sexes. But even though 80 percent of

people who seek help will get relief, just one in three people actually seek help, and most of them are women. Because many men are brought up to believe that expressing emotion is largely a feminine trait, half as many men as women seek help or are diagnosed with depression.<sup>12</sup> Also, men may fear that being diagnosed with depression will cause others to see them as weak or may label them, which could hurt their present job security or future job prospects.

The most effective treatment for depression is a combination of antidepressant medication and counseling. Using a medication as prescribed by a physician or psychiatrist can help level out a man’s moods and give him the energy to talk with a trained counselor, therapist, or psychologist about his depression. Medications are most effective in relieving symptoms of depression. Counseling can help men change aspects of their thinking, feeling, and doing and find ways to relate that make them less vulnerable to depression.<sup>13</sup>

Advice for living with and supporting people with depression comes from a person who shares:







If men can realize that they have strengths, weaknesses, fears, and doubts and accept these as being human, then they will be less prone to depression.

### Sources of support

- To find a free depression screening facility near you, call the National Depression Screening Day's toll-free, year-round line at 1-800-573-4433.
- 1-800-SUICIDE is a suicide prevention, crisis intervention, and referral telephone number. A crisis counselor listens to depressed and suicidal callers and refers them to local resources 24 hours per day. Callers do not get a taped message.

### Additional sources of information

- National Institute of Mental Health: [www.nimh.nih.gov](http://www.nimh.nih.gov)
- National Depressive and Manic-Depressive Association: [www.ndmda.org](http://www.ndmda.org)
- National Alliance for the Mentally Ill: [www.nami.org](http://www.nami.org)

### References

1. National Institute of Mental Health, "The Invisible Disease: Depression," February 2001, <[www.nimh.nih.gov](http://www.nimh.nih.gov)>.
2. Heart Information Network, "Forty-Year Study of Men Finds Depression an Independent Risk Factor for Heart Disease," 28 July 1998. <[www.heartinfo.org](http://www.heartinfo.org)>.
3. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*, (Washington D.C.: American Psychiatric Association, 1994), 322.
4. John H. Greist and James W. Jefferson, *Depression and its Treatment*, (Washington D.C.: American Psychiatric Press, 1992), 8.

5. Denise Mann, "Depression Affects Men Differently than Women: Cultural Expectations May Explain Why," *Menstuff: The National Men's Resource*, <[www.menstuff.org](http://www.menstuff.org)>.
6. Christine Heifner, "The Male Experience of Depression," *Perspectives in Psychiatric Care*, 33, no. 2 (1997), 10-18.
7. Warren Farrell, *The Myth of Male Power*, (New York: Simon & Schuster, 1993), 171.
8. Heifner, 16.
9. Elizabeth, Stone, "Male Depression Decoder," *American Health*, May 1998, 102.
10. Robert J. Fetsch, *Letting Go of Your Depression* (Leaflet 323B), (Lexington, KY: College of Agriculture, 1982).
11. Patricia Nelson-Tanner, "Dealing With Depression," *Managing Drought: Stress and Family Resources*, <[www.ces.ncsu.edu](http://www.ces.ncsu.edu)>.
12. Mann.
13. Greist, 49.
14. Jaya Jambunathan, "Depression: Dealing With the Darkness," *Perspectives in Psychiatric Care*, 32, no.1 (1996), 29.



### Acknowledgements

Appreciation is extended to the following reviewers: Ben Silliman, University of Wyoming Cooperative Extension family life specialist; David K. Carson, professor, Department of Family and Consumer Sciences, University of Wyoming; Deborah L. Johnson, University of Wyoming Cooperative Extension educator; Robert J. Fetsch, Colorado State University Cooperative Extension human development and family studies specialist; and Daniel Weigel, University of Nevada Cooperative Extension human development specialist.