

WHEN DEPRESSION HITS MEN

by Frank Young Ph.D., R. Psych.1[1]

Depression is not easy to talk about or read about. It's a topic we might not want to think about even after we have dealt with avoidance, procrastination, and low motivation. Nevertheless, Calgary is not only the stress capital of Canada, it is also the depression capital of Canada, so I guess we cannot avoid its presence in ourselves or someone close to us. It affects all of us either directly or indirectly, whether at work, in our families, or among our friends. Depression is not just a temporary feeling of unhappiness when we have endured a loss or a disappointment or a run of bad luck. Depression is a persistent feeling of unhappiness accompanied by a negative outlook about ourselves, the future, and life in general. This feeling does not seem to lift for long, even when the person encounters some relief or positive change in circumstances. Depression can have a slightly different presentation in men compared to women.

When depression hits men, they are sometimes the last to know. Others tend to see it in their short temper, erratic or over-controlled decisions, greater work absences, overly defensive of themselves, while hypercritical of others. Often their productivity suffers as their teamwork declines. Anger management problems often appear as a mask for depression, as many men have learned early in life that other forms of emotional expression are signs of weakness. When depression sets in, men often begin to avoid people and spend more time obsessing about relatively unimportant details, while failing to decide effectively in carrying out the high-priority tasks and roles at work and at home. Eventually, the feedback from others confirms what they have begun to notice but no longer deny; they have become unhappy with their lives.

Women seem to notice more early warning signals about stress, anxiety, and depression. They tune into emotional issues, relationships, and distress more carefully, and monitor their emotional tone almost on a daily basis. They tend to have more intimate friendships that allow for talking about feelings, and there is less of a stigma in admitting that all is not going well on a personal level. Thus, in women, there is a greater likelihood that they will admit distress earlier and take corrective action to get the support and help they need to reverse the process of

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depression. Men are often in denial longer, and have less skill and close networks in which it is okay to ask for help in managing their lives.

Often a series of losses or disappointments can precipitate depression. Sometimes, a biologically-based depression can even occur in the absence of external stresses and losses, but this is relatively rare. When many stressful events collide in a short time, or there is little opportunity to work through their meaning and effect on the person, the results can accumulate in depression. What tends to make it develop in depression rather than anxiety or some other cluster of stress symptoms is often the cognitions of the person, that is, their way of thinking about life. People who have a mostly negative outlook and distrust of life tend to develop depression.

The role of cognition, attitude, and outlook is crucial in the understanding of depression.

This attitude is often unrelated to their degree of misfortune, although it is sometimes challenging to remain cheerful in adversity. The Italian movie “Life is Beautiful” is a good example of positive reframing of the human spirit under the oppression of adversity: it is the kind of thinking that reverses the opportunity for depression to take hold.

Cognitive distortions that accompany depression include:

- **Overgeneralizing:** saying that that because I made a mistake in this interview, then I am a total failure.
- **Catastrophizing:** saying that because I made an error that I will lose my job and be unable to support my family.
- **Selective filtering:** ignoring or discounting the good things I do or that happen to me and focusing instead about the bad things that have happened.
- **Overpersonalizing:** thinking that if Jennifer passed by me without talking to me she must be angry at me for something or other (whereas Jennifer just had other things on her mind and was too preoccupied with her own business to acknowledge my passing her).
- **Negative fortune telling:** because I had a bad start this morning, the rest of my day is ruined and will get progressively worse.

A depressed person can be aware at some level that these ideas are irrational, and yet they seem to have a strong and magical hold on the person’s thinking and therefore his moods. Sometimes

distorted thinking is like a strong flesh-eating bacterium: it needs a warm wet underground medium in order to thrive and multiply its influence. Exposed to the dry and open light of day, it withers and dies. **This is why cognitive therapy has proven to be extremely helpful in relieving and resolving the dysfunctional thinking and moods of depression.** It helps the person to face the irrationality of their thinking, and thus the moods that can result from it.

When an episode of **depression has gone untreated** for several months or years, or several life events have accumulated without emotional processing, men can sometimes try to push on bravely forward, while grinding down their capacity to function. The experience is like driving a car with an engine that has dirty oil or an oil leak: the motor keeps going until it seizes and burns out. **At that point the neurotransmitters in brain chemistry break down** and can no longer do their job. Men may develop sleep disorders; also they may lose their interest in social events, food, sex, and food; nothing seems fun anymore, and they are merely going through the motions of life and feel they can not go on with this meaningless existence. At this point suicidal thoughts should be taken with concern, because men typically choose much more lethal and irreversible methods of killing themselves (jumping off buildings) compared to women (overdosing on drugs).

At the point where the depression is interfering with motivation and general functioning, and where the person is progressively losing interest in the process of recovery, consideration should be given to the possibility of antidepressant medication to assist the action of **Cognitive Behavior Therapy**. This combination of both treatments is effective in well over 90% of these cases. However, for the majority

of cases of depression, psychotherapy, especially cognitive behavior therapy, is highly recommended for an enduring solution to this condition. Reinstating exercise, regular and balanced eating and sleeping, and a meaningful and caring family and social support system are vital in recovery, relapse prevention, and a healthy lifestyle that prevents depression from ever gaining a hold on your mood and life outlook.
