



Stop Pretending Nothing's Wrong

It's hard for men to admit or even recognize their own depression. How to get help.

BY MICHAEL C. MILLER, M.D.

TERRY BRADSHAW HAD A LOT TO feel good about during the early 1990s. As a quarterback for the Pittsburgh Steelers, he had won four Super Bowls. He gained a spot in pro football's Hall of Fame the first year he was eligible. And when he retired from football as a player in 1984, he made

the jump to the broadcast side look easy. His cheerful and direct style earned him popularity among viewers and a collection of Emmy Awards from the TV pros. Yet the surfeit of success left Bradshaw oddly joyless. Each Super Bowl victory left him dreading the prospect that he would fall short the next season. And as he amassed more cars, land and horses, he

took less and less pleasure in them. His light shined smartly on national television, but inside he felt fearful and empty. And through it all, Bradshaw now recalls, "I didn't consider remotely that I might be depressed."

OK, men. Fine. Let's not call it depression. Let's call it a joyless life. But let's stop pretending that nothing is wrong. By official counts, women in this country become depressed at nearly twice the rate (12 percent each year) as men (7 percent). But scientists no longer trust these figures. What sets men and women apart, many believe, is not vulnerability to depression but the ability to acknowledge it. Manliness, no matter where you live, is tied up with strength, independence, efficiency and self-control. Denying depression may help us feign those virtues, but the cost of denial is huge. How huge? Men commit suicide at *four times* the rate of women.

The denial is not always conscious. Consider the experience of my colleague, a physician who endured years of mild but chronic low mood. He never felt good unless he was busy—so, like many physicians, he threw himself into his work. On a day off, he wouldn't know quite what to do with himself; then he would get *really* down, thinking he had wasted the day. Romance would energize him in the short run, but he would withdraw after the first wave of excitement, frustrating himself and his partner. His co-workers and friends saw him as a competent, bubbly guy, and his career advanced steadily, but he sometimes found himself driving on a bridge and realizing how easy it would be to crash through the barrier.

It was only after he married, and began to see himself through the eyes of his wife and children, that my colleague realized how burdened and irritable he had become. "I wasn't enjoying the things I should have," he recalls. "I was getting down on myself for small mistakes." Finally, after seeing many of his own patients respond well to antidepressants, he decided to try one himself. Four years later, he still marvels at the difference it made. "I feel better, and my wife says I'm easier to live with," he says. "I can change a light bulb now without an argument."

Bradshaw and my colleague kept their lives on track while they suffered, but many men transmute their depression into other pathologies. Some seek relief in alcohol or drugs—solutions that only compound the problem—while others express their unhappiness through reckless or violent behavior. Researchers sometimes call these pathologies "depressive equivalents," noting that the lower rate of depression in men is almost perfectly bal-

Mind of a Man

anced by higher rates of addiction and antisocial behavior. It's worth noting that in Amish and some Orthodox Jewish communities, where cultural prohibitions block these outlets, men and women have about equal rates of depression.

Life is, of course, full of pain, sadness and frustration—and toughness is often an appropriate response. But there's a difference between being tough and settling for a life of what Thoreau described as "quiet desperation." Getting help with depression is as consistent with masculine ambitions as an exercise program or a solid financial plan. It should be a no-brainer. Talk therapy can help you with problem solving and teach you to manage painful feelings constructively, and there are now more than a dozen effective antidepressants. Don't assume that taking one of these drugs is somehow a cop-out. Life events may help push us into depression, but the condition itself has a biological basis, and targeting the physiological causes is often the surest way to alleviate it. Changing your biology through sheer grit is like running a marathon with a broken leg. It can be done, but not well. Medication may cause some uncomfortable side effects (upset stomach, sleep disturbances, delayed orgasm, headache), but it won't alter your personality. In fact, most people who respond to antidepressants feel *more* like themselves, not less.

When Bradshaw's third marriage dissolved five years ago, he took the leap and got enormous relief from an antidepressant. "It's the hardest thing I've ever done," he says, "but my whole life has changed. I like my life now." He runs a horse business, spends time with his two teenagers and remains both a popular sports analyst and a sought-after motivational speaker.

Not every man can win a Super Bowl, but most can beat depression if they're brave enough to seek help. The stigma remains, and can't be wished away. But stigma causes much less harm than depression does, and treatment can make life much more worth living. The National Institute of Mental Health has launched a campaign to counter the negative typecasting of depressed men. As NIMH experts make clear (see menanddepression.nimh.nih.gov), confronting depression is not about admitting weakness or defeat. More often, it's about restoring your mojo and reclaiming simple pleasures. Bradshaw, when asked what he enjoys now that his depression is treated, told me, "Eatin' peanuts." Now that's manhood.

MILLER is editor in chief of the Harvard Mental Health Letter (health.harvard.edu/mental).



Boys Don't Cry: Men and Depression

Men are less likely to admit they're depressed than women, and may turn to alcohol, drugs and violent behavior instead of seeking treatment. A look at who's affected and how:

Depression Ratio

2:1

Women are twice as likely as men to report depression.

Suffering Now

6 mil.

Depression affects more than 6 million men in any one year.

During a Lifetime

9%

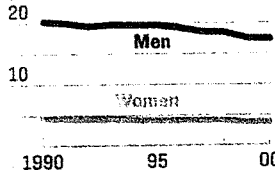
Some 9% of men report depression at some point.

During 2000

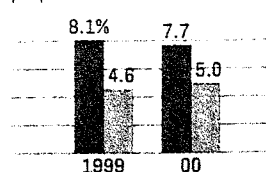
2%

Men received psychotherapy during 2% of all visits to the doctor.*

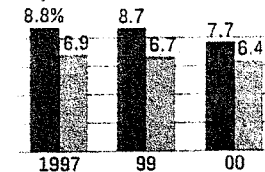
U.S. suicide rate per 100,000 people



Illicit drug use people older than 12



Heavy drinking 18 years and older



Men are more likely to report fatigue, irritability and loss of interest in work, as opposed to the sadness, feelings of worthlessness and excessive guilt that are commonly mentioned among women.

- Persistently sad, irritable or anxious moods
- An exaggerated sense of guilt, hopelessness or pessimism
- Feelings of emptiness, worthlessness or helplessness
- Loss of interest in pleasurable pursuits, including sex
- Decreased energy; trouble with appetite and sleep
- Difficulty concentrating, remembering, making decisions

*DOES NOT INCLUDE VISITS TO PSYCHOLOGISTS. ALL STATISTICS FOR U.S. SOURCES: NIH, CDC, AMERICAN PSYCHOLOGICAL ASSOCIATION