

# EMOTIONAL WELLNESS MATTERS

VOLUME XVI, NUMBER 1



**T**he incidence of depression in our society seems to be on the rise. Recent estimates suggest that as many as one in three of us will experience some form of depression within our lifetimes. Others claim that depression may even represent a symptom of our times which are characterized by alienation, lack of strong community bonds, and hopeless economic situations for many.

It is normal to feel sad and experience down days occasionally. Most people go through normal periods of feeling dispirited, especially after they experience a loss or any other period of stress. But what specialists call clinical depression is different from just being “down in the dumps.” The main difference is that the sad or empty mood does not go away after a couple of weeks – and everyday activities like eating, sleeping, socializing, or working can be affected.

People who experience depression describe it as agonizing pain that cannot be shaken and seems to have no end in sight. They feel trapped and talk about having a dark, empty pit in their chest or stomach that cannot be filled. Some depressed people suffer so much that they may even contemplate suicide. Virtually all people with depression complain about reduced energy, reduced concentration, and the inability to complete projects. About eighty percent of depressed people say they have trouble sleeping, with frequent nighttime awakening during which they worry about their problems. Many people with depression oversleep during the daytime. Sufferers of this disorder report that they have had either an increase or a decrease in their appetite, sometimes accompanied by weight gain or loss. About fifty percent of people with depression say that their symptoms are worse in the morning and that they feel a bit better by evening. Half of all people with depression report only one severe episode within their lifetimes, but



**Roger W. Plantikow, D.Min., LMFT**  
*Pastoral Counselor*  
(Diplomate, AAPC)  
**Marriage and Family Therapist**  
(Approved Supervisor, AAMFT)

**500 Morris Avenue**  
**Springfield, New Jersey 07081**

**147 North Evergreen Drive**  
**Greentown, Pennsylvania 18426**

**973-376-6336**  
**[www.rwplantikow.com](http://www.rwplantikow.com)**

Pastoral Psychotherapy helps individuals, couples, and families work through painful and pressing difficulties in their relationships with themselves and others. For some, the difficulties are a loss of sense of self or direction. For others, there is a failed or endangered relationship. And for some others, they deal with a fading faith or estrangement from God.

Whatever the issue, I seek to provide a safe space and relationship for a process of exploration, discovery, and growth.

#### **Areas of Special Interest –**

*Emotionally Focused Couples Therapy*  
*Dealing with Affairs*  
*Grief Work*  
*Anxiety*  
*Depression*  
*Traditional Psychotherapy*

the remainder may have this happen twice, or repeatedly, during their lives.

Here are some symptoms of major depression –

- Diminished ability to enjoy oneself
- Loss of energy and interest
- Difficulty concentrating; slowed or fuzzy thinking; indecision
- Magnified feelings of hopelessness, sadness, or anxiety
- Changes in sleep and/or appetite
- Feelings of worthlessness or inappropriate guilt
- Recurring thoughts of self-destruction or death.

These symptoms, however, describe only most women and some men. There is another form of depression, male-type depression, that has a different set of symptoms.

## Male Depression

Because of the socialization patterns found in our society, depression in men takes on a different look. Men do everything they can to avoid appearing vulnerable, weak, or indecisive. While women tend to think through or process their feelings when they feel depressed, men tend to take action. Men who are depressed usually don't admit to feeling sad, although they may feel fatigued or irritable. They usually don't have a name for their feelings, but they know they feel deadened inside. Thus, they turn to activities in order to distract themselves from their sad feelings. Sometimes these activities are adaptive, such as going out to find a job if he is unemployed, but at other times men distract themselves in destructive ways, like avoidance, denial, or acting out. They are reluctant to take responsibility for their underlying feelings of sadness – which they neither name nor admit to.

Let's consider some of the main ways that men negotiate depression –

### *Unhappiness with Himself*

A man dealing with depression may express profound dissatisfaction with himself, his accomplishments in life, and his ability to deal with the challenges of everyday life. His way of framing his life experiences takes on a negative tone. He may feel that he has missed out on opportunities experienced by others and that he has failed as a protector and provider. He looks on life as a glass half empty and has difficulty in rewarding himself for his true life accomplishments. He may find it challenging to see his setbacks as only temporary or as an opportunity to overcome his adverse experiences.

To him, failure is a source of great shame. When shame comes to dominate a person's life, the negative thought process is magnified and leads to rage, defensiveness, and self-destructive behavior (such as substance abuse). The man will probably refuse to recognize the underlying

problem as depression – because that too would be a source of shame. Unfortunately, he would more productively address his depression by exploring it directly rather than engaging in self-blame and avoiding looking into the true causes of his unhappiness.

### *Blaming and Antagonizing Others*

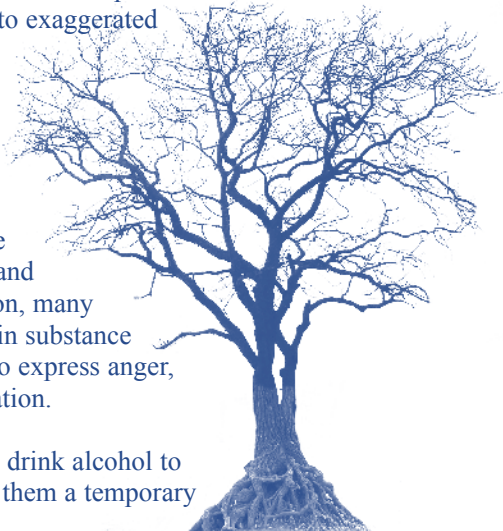
A man in depression defends against his feelings of sadness at all costs, and this leads him down the path of blaming others for his unhappiness. It's as if he tells himself, "I'm feeling bad and I know it's not because of anything I've done, so I need to find the cause outside of myself." He dreads living with his feelings of dysphoria, and knows at a certain level that he cannot take any more experiences that make him feel even worse about himself or more hopeless about the future. Therefore, to defend against this state, he goes on the offense.

The main targets of his blaming behavior is his family – the ones he is closest to – although others may bear the blame as well. He generates conflict with others seemingly out of the blue, although he may also ruminate over an issue and bring it up again and again without resolution. Relationships can be sorely tried during this phase of a man's depression – and even result in domestic violence. During the conflict he may sense a feeling of power and give his own feeling of unhappiness a cause and a name. A target out there is concrete and identifiable – and easier in a way to deal with than the uneasy feeling of emptiness he harbors inside. The drawback to attacking others, however, is that he ends up feeling even more alienated and isolated as the depression magnifies.

### *Seeking Stimulation*

Depression represents a threat to a man's traditional sense of masculinity. He feels weak, vulnerable, and unable to take action – and this is unacceptable to him. As a result, a man may turn to exaggerated hypermasculine behavior to address his inner fear of appearing powerless. He hates feeling ineffective, so he turns to highly stimulating experiences to convince himself that he is vital and powerful. For this reason, many depressed men engage in substance abuse, look for places to express anger, and seek sexual stimulation.

Men in depression may drink alcohol to excess because it gives them a temporary



experience of well-being – a way to escape the dreaded deadened feeling of depression. Similarly, they may use marijuana or stimulating drugs such as cocaine or methamphetamine. Unfortunately, alcohol and other drugs do give a temporary feeling of euphoria and escape from depression – and because it feels good, the man may go back to it repeatedly until an addictive pattern is established.

Anger provides a similar feeling of stimulation, not just psychologically but neurochemically. People report a sense of power and “being alive” during the adrenaline rush associated with explosive anger. Sexual experiences can provide a similar rush. However, the result is always the same – the temporary feeling of well-being is not a cure for the underlying depression. In fact, it distracts the person from engaging in behavior that will address the depression in a healthy and more permanent way.

### **Avoiding and Escaping**

When people feel bad, it is normal to try to find a way to escape from the negative experience. However, depression can be addressed therapeutically – and to avoid dealing with it is to perpetuate it. Men in depression engage in an infinite variety of avoidance and escape behaviors, anything to while away the time so that they don’t have to face the empty feelings of their depression. For example, the depressed man may “zone out” for extended periods of time. He may spend hours online, or watching TV, or reading. He may drink excessively or use drugs. He may have a series of sexual affairs. He may lose himself in his work. There are healthier strategies for dealing with depression.



### **Some Healthy Ways to Address Male Depression**

1. Give yourself permission to feel depressed. There is no shame in having a condition that so many people experience within the course of their lives – and accepting the reality of it will allow you to find better solutions to dealing with it.
2. Learn how to describe your feelings. Throughout the course of the day, take out some time to describe your mood at that moment. If you understand your feelings, you have an effective tool for having more control over your life and making better decisions.

3. Redefine what masculinity really means. It means being a whole person – flexible, adaptive, using every tool at your disposal for living an effective life. The healthy man knows when to exert control and when to yield control, and he knows that true intimacy keeps him healthy.
4. Try not to set difficult goals for yourself or to take on more responsibilities than you can realistically handle. Break large tasks into smaller ones. Set priorities and take things one at a time.
5. Realize that you may have a great many negative thoughts. Become conscious of having these thoughts and then distract yourself from them by thinking positively. When you have negative thoughts about your own life, remind yourself of all the positive things you have.
6. Postpone important life decisions until your depression is brought under control. If you must make major decisions, consult others who can be trusted and can take an objective view of the situation.
7. It is important during a depression to avoid the use of alcohol, drugs, or other forms of addiction (like excessive work, pornography, or video games). While you may feel a temporary “high,” this can lead to a dangerous pattern of highs and lows which can ultimately create a negative spiral that is very difficult to get out of.
8. Avoid impulsive actions. If you’re angry, tell yourself, “Don’t take action.”
9. Try to spend as much time as you can around other people. While this may seem impossible, it is better than being alone. It is important not to overdo it, however. Feeling better takes time.
10. Try to get some exercise. Pumping up your heart for even half an hour a day does wonders for your well-being, and you can do this by taking a walk. Don’t blame yourself, though, if you cannot accomplish as much as you think you should.
11. Treat yourself, everyday if possible, to some activity that makes you feel better. Cook a good meal or read a good book. Have a conversation with a friend. Put your arms around the one who loves you.

### **RECOMMENDED READING**

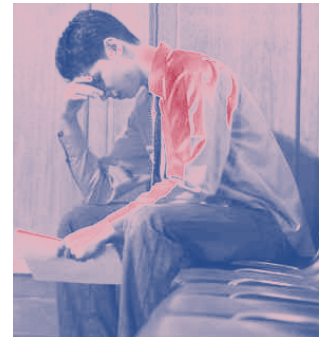
David B. Wexler

*Is He Depressed or What? What To Do When the Man You Love is Irritable, Moody, and Withdrawn.*

Paperback, 2006, \$15.95. ISBN: 1-57224-424-0.

# THE BACK PAGE

## Is the Man In Your Life Secretly Depressed?



**A**nswer the following questions with a “yes” or “no” response. If at least half of your answers are “yes,” it may be helpful to consult a therapist to discuss treatment strategies.

1. Does he harshly criticize himself?
2. Is he highly sensitive to the idea of being criticized or looking bad?
3. Does he have a limited vocabulary to describe his feelings?
4. Does he avoid situations where it might appear that he is failing?
5. Does he blame others for his bad moods?
6. Does he demand respect without earning respect?
7. Does he insist that all of his problems would be solved if only you would change?
8. Is he suspicious and guarded?
9. Is he a perfectionist?
10. Does he have addictive tendencies (substances, TV, the Internet, video games)?
11. Is he a workaholic?
12. Does he engage in high risk behaviors (driving fast, spending money unwisely)?
13. Does he insist that everything is fine when it’s not?
14. Does he avoid talking about relationship issues that need to be addressed?
15. Does he seem discouraged about the future?
16. Does he feel that everything is going wrong no matter how hard he tries?

This quiz is adapted from David B. Wexler’s book, *Is He Depressed or What?*

**Roger W. Plantikow, D.Min., LMFT**  
500 Morris Avenue  
Springfield, NJ 07081