

The Sexes@work.calm

Male depression: a sign of hope

According to the *World Report on Violence and Health*, published by the World Health Organization (WHO, Geneva, 2002), there were approximately 1.6 million violent deaths in the world in the year 2000.

What is the leading cause of these deaths? Not war. Not homicide. Suicide. Half of the violent deaths in the world are self-inflicted.

Think about it. So much time and energy and focus on wars and violent crime in our daily news, when the person we ought to fear most, if we choose to live in fear, is right there in the mirror every morning.

When companies look at workplace health and safety, what gets more attention: physical safety measures to protect us from violent ‘others,’ or mental health promotion? The former, hands down. In recent years, a few companies are ‘getting it’ and adding proactive health promotion actions. Things like fitness programs or memberships, counselling through employee and family assistance programs, wellness programs, lunch-n-learn seminars, emotional intelligence, education awareness programs (on diversity or gender or ability), personal development, coaching — the list is growing.

Bottom-line dollars have been driving the change. The cost of benefits is skyrocketing, and the end of the upward spiral is nowhere in sight. The cost of related legal problems (bigger in the US but a concern in Canada) is growing. The largest category of complaints in human rights cases in many jurisdictions is no longer sexual harassment. Disability tops the list: and increasingly ‘invisible’ mental disability due to depression, anxiety, stress.

How do we address what we cannot see? In my workplace workshops, we talk about a common situation. Someone returns from a leave of absence for mental health reasons. Due to privacy laws, often the supervisor or manager knows nothing about the actual illness, nor do the co-workers. The person is on light duty, perhaps half days. Everyone is overworked, or coping with the fear of layoff or terrorism or whatever, or asked to do more with less. Soon resentment builds. “What’s wrong with him? He looks fine to me!” It’s one thing to help out when someone has a broken leg: you can see the problem, understand it, and you are reasonably sure there is an end in sight. None of those conditions are met in a situation of depression. Getting the person back to work on a limited basis is usually the best prescription, but to succeed he/she needs a supportive, not hostile, working environment.

These workplace examples are only the identified, diagnosed, and treated cases. Author Jed Diamond talks about dynamic (‘acting out’) and magnetic (self-blame or ‘acting in’) depressions. Far more men exhibit the characteristics of dynamic depression (blaming others, lashing out, denial of any personal problem). So while men have the highest rates of suicide (over age 60 worldwide the rate for men is twice that of women, in the US men commit suicide at four times the rate of women, and the male rates are 10 times higher in the 2 years after divorce), most

research on depression would identify higher rates for women. Not so, says Diamond: “I believe that depression in men is much more prevalent than many believe, but is often hidden behind such behaviours as excessive anger, substance abuse, or overwork.” [“Depression: the Silent Killer of Men” by Jed Diamond, ©2004). Suicide statistics lend credence to his theory.

This subject hit close to home for me when I discovered some years ago that a man who is very important to me lives with depression. I found it very difficult to deal with, to understand, to know how to help (he didn’t ask for help and rejected my attempts to be supportive). I knew I needed to learn more — fast. Another male friend had committed suicide a few years before, and I was terrified. It seemed ‘out of the blue’ — he was young (early 40s), wealthy, a successful businessman, and a community leader. He was also short, slight in build, a poet, and a sensitive soul. He often felt down, and struggled with intimate relationships. When his marriage ended, he hung himself.

I turned to a number of sources, including Terrence Real’s *I Don’t Want to Talk About It: Overcoming the Secret Legacy of Male Depression* — what an eye-opener. I also found great insight into my own behaviour, and the emotions and dysfunctions that show up for loved ones of the person experiencing depression.

I read a number of scientific studies which tend to treat depression on a physical level with medication, and/or with therapy for the ‘psychological disease.’ I see a place for those perspectives, but I resonate as well with a quote I found and posted on my office whiteboard: “Most of the mental illness in this world is caused by the avoidance of legitimate suffering.” [C.G. Jung]

What if depression is a necessary step for humanity? The WHO Report talks about solutions to violence at societal, community, relationship, and individual levels. As is typical for us in the western world, our response to the ‘disease’ of depression has been largely directed toward the individual. There is deep suffering at the societal and community and relationship level — and some individual feelings of depression are an inevitable human response. Acknowledging the reality of poverty (of resources or spirit) or violence or despair is a necessary step to healing it.

To build our own mental health, and by extension our sustainable global community, we need to be willing to address the challenges that breed despair. That we are able to is obvious. For example, do we have the resources and capacity to feed all of the world’s children? Yes: there is no lack of food. Are we organized to do it? Not yet. But *men* have paved the way and developed the framework to get us there. Today, 51 of the 100 largest economies on the planet are multinational corporations, not countries — all led by men. They feed and employ hundreds of thousands of people, and produce and move billions of dollars worth of products and services (none of them yet devoted to feeding people, but the organized capacity for the movement of food and water is clearly developed). A few countries are doing a decent job of caring for almost all of their citizens (also currently led by men). We need local and global, country and corporate solutions to hunger and poverty, since every geographic region on the planet can face food shortages (drought, cold, plagues, whatever). Organized multinational efforts can feed all of our children. We have the technology.

Sam Keen wrote, more than a decade ago: “The only revolution that will heal us is when men

really get, in their hearts and not just in their heads, that children are their first priority — before work, money, sex, power.” I have hope for our future when I see so many men today who not only agree with Mr. Keen, they are willing to fight for the systemic and structural changes necessary to make it their reality. In North America alone, there are dozens of men’s parenting groups, and awareness of the systemic barriers men face to equal parenting is rising, in the same way that awareness of the systemic barriers women face in the workplace has risen for the past few decades. (If you’re interested in accelerating the pace of change on this particular issue in Canada, you can visit <http://www.canadianepc.org>, the Canadian Equal Parenting Council).

For those of you who, like me, might occasionally (or more than occasionally) find your ‘opportunities for growth’ showing up at the relationship level, Terrence Real followed his book on male depression with *How Can I Get Through to You? Reconnecting Men and Women* (©2002) It’s a real gem. I also found Jed Diamond’s the *Irritable Male Syndrome: Managing the 4 Key Causes of Depression and Aggression* (© 2004) helpful.

At the workplace level, I don’t know of a shining example to mention when it comes to understanding and proactively addressing male depression. Men’s issues have not been high on the agenda (‘gender’ has been a code word for ‘women’s issues’). If you work for one, please do let me know! I do know many companies that are increasingly willing to invest in mental-health promotion activities, even though it can be difficult to demonstrate a measurable direct benefit to the bottom line. And a few are willing to explore, in their growing understanding of gender dynamics, the premise put forward by Warren Farrell in his book *Father and Child Reunion*:

“Just as the last third of the twentieth century was about creating equal opportunity for women as workers, so the first third of the 21st century will be about creating equal opportunity for men as parents. Neither goal will be achieved until both goals are achieved.”

Male depression: do we have a long way to go? No question. But women were angry and depressed about their lack of economic opportunity, and look how much change has taken place in a few short decades. As more men pay attention to and take action to meet their emotional and relationship needs, they get healthier and so do their children, our communities get stronger and stronger, our corporate values start to shift — and the global possibilities get truly exciting.

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