Depressed Dads: Do We Wake up Grumpy or Let Him Sleep?

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Call it a sixth sense but the second George’s keys turn the front door, his once delighted-to-see-him children, Tia 8, and Tyrone 9, vanish to their rooms. In striking contrast, their mom, Anita, stands motionless at the kitchen almost like a robot programmed to chop vegetables. She neither looks up nor says hello as George enters the kitchen where she is preparing tonight’s dinner. Anita wasn’t always so stiff. Six months ago, she would greet George with a kiss or a hug and couldn’t wait to hear about his day and to have him help with dinner. But recently, George seemed to lose interest in their marriage, spending time with the family and helping out at home. Worse, it seems that everything from her choice of clothes to casual comments from the children pissed him off.

Tonight would be no exception. With a cold bottle of beer in hand, George rifles through the kitchen drawer. "Where’s the damn opener! " he barks. Anita, now immune to these nightly tirades, nonchalantly replies that she has no idea. Enraged, George gets in her face and screams that she had better find it and bellows for the children to come to the kitchen “right now!” Understanding what’s about to happen to the kids Anita snaps, “Stop yelling, check over there-- what the hell is wrong with you anyway!”

Down the hall, just behind the slightly opened bedroom door, Tia clutches a box of Kleenex ready to dry mom’s tears later on. Tyrone’s little fists are clenched ready to punch his dad—if only he was as big as the hulk. Much later that evening after George finally calms down and descends armed with a six pack and trusty bottle opener into the basement, an emotionally drained Anita tries desperately tries to salvage the evening by making small talk over dinner. Even though a place is set for George at the table, no one asks when or if he will ever join them again for dinner. They simply hope one day the man they love will change. Tyrone, though, no longer cares and secretly wishes his dad was dead.

The Smith family is not alone. Men are among depression’s most serious casualties. About 6 million men suffer with depression each year. Although nearly 80 % of all successful suicides are committed by depressed men and it is well known that men who are depressed are four times more likely to commit suicide than women, thousands remain untreated. The consequences of untreated and unrecognized depression are devastating to the family. Marriages of depressed men report greater rates of dissatisfaction and divorce. Children of a depressed parent report higher rates of low self esteem, poor self image, depression and behavioral disturbances. It is expected that depression will rank second only to heart disease as the leading cause of disability by the year 2020. Depression’s worst possible outcome, suicide, affects men more than women and is the third leading cause of death for black men between the ages 15 and 24.

Devastating as these facts are, thousands of men still receive no treatment for their depression for a multitude of reasons. Some men, and their families, deny, or are not immediately aware the presence of a major depression until very late and the damage to the family is widespread; some may be aware but underestimate depression’s subtle yet debilitating effects and naively expect, or worse demand, that they or their family member snap out of it. Others view depression as a personal weakness or character flaw that makes it embarrassing to talk about. At the extreme end of the spectrum, too many men men self treat through drinking, gambling, using drugs, sexual indiscretion or committing suicide. Many depressed men experience highs—the opposite of depression—and think that they can't be depressed, mistaking an elevated, expansive or irritable mood and extraordinary energy requiring little to no sleep as a sign that they are in fact better or
not depressed. Nothing could be further from the truth. These men may actually suffer from a type of depression called Bipolar Disorder, which can present as depressed or irritable or way too happy and can include distractibility, spending too much, making reckless decisions, rapid speech and grandiose delusions.

**How to Recognize Depression and Approach Him**

Families of dads are usually unsure and unable to get men into treatment. Although the trend is changing, men are still notoriously reluctant to go to the doctor. This resistance is especially evident in men of color who tend to be private, quiet, and skeptical of accepting help even from well meaning family members—much less, traditional medical and, worse, mental health professionals.

Even when men of color go to the doctor they may be less likely or willing to talk about their deeper feelings and troubling emotions. Unwitting health providers who focus chiefly on physical complaints or negative behaviors or habits often miss the diagnosis depression in men of color completely. Getting men in general to communicate feelings is no easy task for the health care provider or the family for that matter. Men of color present the additional dynamic of using privacy and silence as a reactive shield in a world that has too often been hostile and distrustful of them. "Making" them talk is nearly impossible; they will always determine how much and what will be shared—unless they are bipolar and talkative as a result.

Providers and family would do well to think like detectives and look for clues that might lead to the recognition of a hidden depression. First one should know men rarely tell you that they are depressed. Denial is usually full blown. Pushing a diagnosis of depression no matter how accurate will guarantee that he says less and less if he is not ready to talk. Timing, intonation, nonverbal expression and word choice are critical since depressed men, like women, tend to sensitive to what others around them behave. Depressed or not, many African American men are highly vigilant and exquisitely aware of social cues and can be turned off by the slightest error in communication by a treatment provider. Communicating respect and a nonjudgmental stance are critical to preserving the black male ego; failure to do so ensures that no trust and hence no dialogue. Second, know that in men the classic signs and symptoms of depression may be less apparent. Crying spells, hopelessness, helplessness, sad mood, poor appetite, poor asleep and difficulty concentrating, for example, may be buried under other less obvious manifestations of depression such as flying off the handle more than usual with his wife and children; being more critical than usual; being more quiet and non communicative than usual; drinking or smoking more than usual; watching more television than usual, working later hours; no longer able to relax or take breaks from work activities, more fatigued or more energetic than usual, wanting less sex than usual (or in some cases more) using the phrases containing the word "stress" more than usual. Other indicators include his complaining of physical ailments, including chest pain, back aches and headaches; no longer wanting to go with family on trips of outings; appearing to be "lazy" and unmotivated to do things around the home; saying something’s wrong but can’t figure out what it is; has stopped going to church or participating in spiritual activities; has lost his job and is not looking for work. If he is isolating, owns a weapon, and is losing weight or drinking heavily, direct confrontation with the presence of a trusted friend or family member may be the only approach.

These are just some of the ways depression might manifest in men who are less likely to talk directly and intimately. An astute wife, mother friend, child, or significant other would do well to consider depression if they should notice a pattern of consistency in any of the above. Of course, not every man who has a bad temper is depressed, nor is every man who is less interested in sex. There can be multiple explanations for observed behaviors. Low testosterone levels or loss of attraction can account for decreased sex drive, as can anxiety and stress account for increased drinking and smoking. So be careful: assessing depression is a complex task that requires knowledge not only of certain signs and symptoms, but of the different types of depression, and the
totality of a man’s personal history, recent life circumstances, worldview, general health status, family history, individual temperament and the socio-cultural system in which he functions.

**Power of the Family System: Getting Help for You First**

Since many men do not ever come into contact with mental health practitioners, family members can help by learning as much as they can about depression and its effects. Seeing the family as a system helps because as with any system, when one part of the system doesn’t work no matter how small or large, the whole system is affected. For example, if we view the human body as a system, we can readily see that removal of a toe may hamper our walking. A car is a type of system in which one misaligned wheel disturbs the balance. So is balance affected within the family system when one person is depressed. Be sure to check out your mental state and emotional health when caring or living with someone who is clinically depressed. If you can’t him to counseling, then you go. Why? Because it will affect family system positively. Think about our couple, George and Anita for a moment. Even if George was not ready for counseling, his depression has affected the entire family and the marriage. Working with a professional counselor, experienced minister, or trusted and knowledgeable friend, Anita may get several benefits including, learning more about depression and what to look for in George, herself and their children; emotional support and professional strategies on how to respond to the stresses and strains at home; and the possibility that when and if George comes around that there is a vehicle in place to address his depression. Wives or mothers or best friends are often the life-saving bridge to the “doctor” for many men who suffer from any number of medical illnesses, including depression. As one woman who helped her husband fight the ravages of depression recently shared with me in the office, Ultimately, I had to muster up the courage to help him either I had to wake up “grumpy” or just let him lay there asleep; and I love him way too much for that.”

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