



RECOGNISING DEPRESSION IN MALE COUNSELLING CLIENTS WHO DO NOT FIT STANDARD DIAGNOSTIC CRITERIA

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Outline

- Depression defined
- Prevalence of depression in men
- Difficulties in identifying depression in men
- Men's coping
- Signs of depression in men
- Factors contributing to difficulties in identifying depression in men
- What may help
- Suggestions for practice
- Bibliography

Depression defined

DSM-5 Criteria for Major Depressive Disorder

Low mood or a loss of interest or pleasure in daily activities for more than two weeks

- Impaired function: social, occupational, educational
- Symptoms: At least 5 of these 9, present nearly every day:
 - 1. Depressed **mood** or **irritable** most of the day, nearly every day
 - 2. Decreased **interest** or **pleasure** (anhedonia) in most activities, most of each day
 - 3. Significant **weight change** (5%) or change in appetite (not through dieting)
 - 4. Change in **sleep**: Insomnia or hypersomnia
 - 5. Change in **activity**: Psychomotor agitation or retardation
 - 6. **Fatigue** or loss of energy
 - 7. **Guilt/worthlessness**: Feelings of worthlessness or excessive or inappropriate guilt
 - 8. **Concentration**: diminished ability to think or concentrate, or more indecisiveness
 - 9. **Suicidality**: Thoughts of death or suicide, or has suicide plan
 - Mixed symptoms: May include some manic symptoms but not qualify as mania (DSM-5)

Depression defined (cont'd)

Depressive Episode (may be part of Major Depressive Disorder OR an isolated episode)

A (Key) - Depressed Mood; Loss of interest and enjoyment in usual activities; Reduced energy and decreased activity

B – (Ancillary) Reduced self esteem and confidence; Ideas of guilt and unworthiness; Pessimistic thoughts; Disturbed sleep; Diminished appetite; Ideas of self harm

Mild: 1 from A plus 1-2 from B

Moderate: 1 from A plus 2-3 from B

Severe: All 3 from A plus 3 from B

Other types of depression in DSM-5

- **Persistent Depressive Disorder** (chronic)
- **Disruptive Mood Dysregulation** (children up to 18y)
- **Premenstrual Dysphoric Disorder**

Simple definition

(<http://www.nhs.uk>)

Psychological symptoms:

continuous low mood, hopelessness and helplessness, low self-esteem, feeling tearful, feeling guilt-ridden, **feeling irritable and intolerant of others**, having no motivation or interest in things, finding it difficult to make decisions, not getting any enjoyment out of life, feeling anxious or worried, having suicidal thoughts or thoughts of harming yourself

Physical symptoms:

moving or speaking more slowly than usual, change in appetite or weight (usually decreased, but sometimes increased), constipation, **unexplained aches and pains**, lack of energy or lack of interest in sex (loss of libido), changes to your menstrual cycle, disturbed sleep (for example, finding it hard to fall asleep at night or waking up very early in the morning)

Social symptoms:

not doing well at work, taking part in fewer social activities and avoiding contact with friends, neglecting your hobbies and interests, having difficulties in your home and family life

Prevalence of depression in UK

Measuring National Well-being: Life in the UK, 2016 and (2013): Adults aged 16–64 and living in England (GHQ)

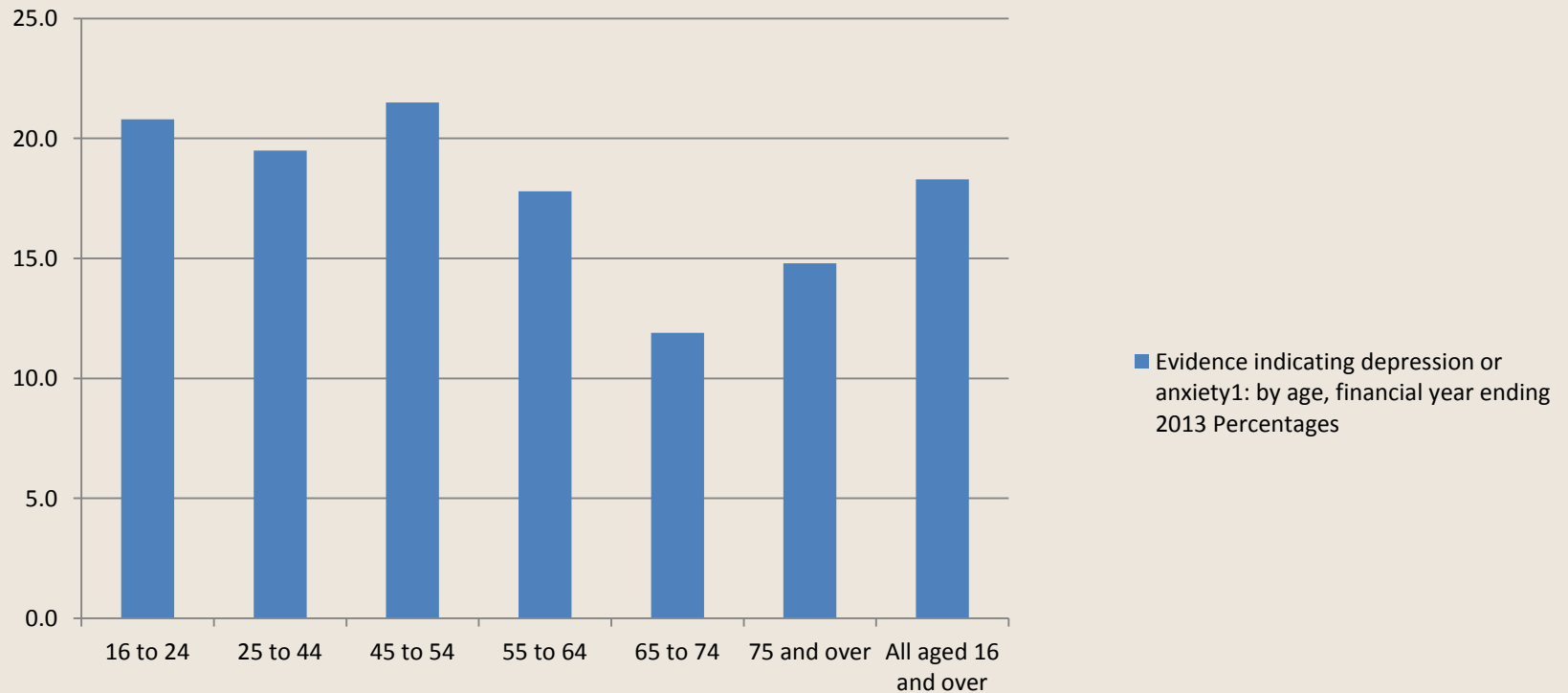
Women	Men	ALL
22.5 (21.5 in 2013)	16.8 (14.8 in 2013)	19.7 (18.3 in 2013)

- In 2009/10 more than 1 in 10 adults (11 per cent) in England were diagnosed with depression ([Office of National Statistics \(2011\): Health, Social Trends 41](#))
- Depression: 2.6% & Mixed depression and anxiety: 9.7% ([The Health & Social Care Information Centre, 2009, Adult psychiatric morbidity in England](#))
- In 2009 suicide rates were highest among males aged 15 to 44 years (18.0 per 100,000) and among females aged 45 to 74 years (5.8 per 100,000)
- Depression or anxiety higher: 45 to 54 year olds (22.8%), whereas lowest: 65 to 74 (14.4%) ([Measuring national well-being: Life in the UK: 2016](#))
- Percentage with some evidence indicating depression or anxiety increased to 19.7% in 2014 from 18.3% in 2013

Office for National Statistics

Source: Measuring National Well-being: Life in the UK, 2015

Evidence indicating depression or anxiety¹: by age, financial year ending 2013 Percentages



Office for National Statistics

(Source: Understanding Society, the UK Household Longitudinal Study, Wave 2, 2010–11)

**Respondents with some indication of anxiety and depression , 2010–11
(Based on General Health Questionnaire) (N=40,000; 35-60 min interviews)**

United Kingdom	Percentages		
	All	Men	Women
16 - 24	17	14	21
25 - 29	19	17	22
30 - 34	19	16	21
35 - 39	18	14	22
40 - 44	21	17	24
45 - 49	22	19	23
50 - 54	22	20	25
55 - 59	21	17	23
60 - 64	16	15	17
65 - 69	14	13	15
70 - 74	15	12	18
75 - 79	17	16	17
80 and over	20	19	21
All aged 16 and over	19	16	21

Men find it difficult to talk about their depression

- Men don't talk for **fear** of others' reactions (Galasiński, 2008)
- Men don't talk in order to avoid being perceived as **weak** (Brownhill et al., 2005)
- Possibly as an effect of **self-stigma** since male ideal is to be independent and self-sufficient (Vogel & Wade, 2009)
- “a man who believed that he needed counselling may feel a strong **sense of failure**” (Vogel & Wade, 2009, p.22)
- Disbelief about disclosure of depression (Gough, 2015; Ramirez & Badger, 2014)
 - Feeling rejected and isolated (Ramirez & Badger, 2014)
 - Encourages men to express their depression in unhelpful ways (Olfiffe et al., 2012).

Men's coping

- “men ‘do’ gender when they are giving others the impression that they are not ‘doing’ health, especially mental health” (Robertson, 2006)
 - E.g. drinking alcohol, smoking, not eating healthily and so on
 - Shows defiance, resilience, autonomy and strength (Sloan et al., 2010).
 - Thus, help-seeking not masculine (O’Brien et al, 2003)
- Depressed men often work long hours
 - Praise from employers (Brownhill et al., 2005)
 - Adds to emotional load of men (Oliffe & Han., 2014)
 - May help bring personal issues to surface, transforming help-seeking into a valid and necessary behaviour (Oliffe et al., 2012)
- Conflicting messages:
 - On one hand, be proactive and seek help (Addis & Mahalik, 2003)
 - On the other hand, masculine ideals demand self-management and emotional control (Addis & Mahalik, 2003; Sloan et al., 2010)

Signs of depression in men

- Examples of signs of depression in men:
 - Anger or
 - Somatic symptoms (Addis, 2008; Addis & Mahalik, 2003; Hoy, 2012) or
 - Use of psychoactive substances or alcohol (Addis, 2008; Ridge et al., 2011) or
 - Not eating healthily (Sloan et al., 2010) or
 - Other risk-taking behaviour (Lester, 2014) or
 - By isolating themselves (Oliffe et al., 2012)
- Overall, neglecting wellbeing
- Difficult to recognise and to seek help about it (Möller-Leimkühler, 2002)

Effects of differing presentation

- Diagnosis based on typical symptoms of depression in women (Brownhill et al., 2005)
- Men express distress differently (Brownhill et al., 2005; Fields & Cochran, 2011).
- Different clinical presentation also leads to male depression not recognised and underdiagnosed (Brownhill et al., 2005)
- Depressed men do not get the professional care that they need (Ramirez & Badger, 2014)
- Picture further complicated by unwillingness of men to talk about their depression (Gough, 2015)

Factors contributing to difficulties in identifying depression in men

- Culturally defined expectations for **resilience** and **strength** (Courtenay, 2000)
 - Men are expected to “Stick it out”, “pull up their socks”, “get on with things” (Sierra Hernandez et al., 2014, p. 348).
 - Male participant in a north-American study: “My role (as a man) is to be strong. It’s weak to be depressed, sad and cry.” (Rochlen et al., 2010, p. 169)
- Men may be seeing their depression as just unhappiness (Rochlen et al., 2010).
- Men less likely to recommend that a depressed person sees a mental health professional (Klineberg et al., 2011)

Factors contributing to difficulties in identifying depression in men (cont'd)

- Depressed men were not as good at identifying or accepting their own symptoms as they were at recognising symptoms of depression in others (Rochlen et al., 2010)
- Paradox: Men who are most negative appear to be most at risk for depression (Ellis et al., 2015; Rochlen et al., 2010)

What inhibits men's help-seeking for their depression?

- “Traditional” men find it more difficult to seek help for their depression (Addis, 2008)
 - Seeking help = loss of control (Vogel & Wade, 2009)
 - Traditional men try and cope on their own (Latalova et al., 2014)
- Heterosexual men who seek help are seen as less masculine (McCusker & Galupo, 2011).
- Seeking help or talking about depression is seen as more feminine (McCusker & Galupo, 2011)

Cultural influences in men's help-seeking

- Differences in perceptions of help-seeking between participants (n=4011) in a telephone survey from four countries (Germany, Hungary, Ireland and Portugal) (Coppens et al., 2013)
 - E.g. participants from Hungary or Portugal: a sign of weakness (Coppens et al., 2013)
 - Higher level of self-stigma: being male, older and having lower educational levels (Coppens et al. 2013)
- Griffiths et al. (2011): male participants as well as older participants and participants born in other countries were more likely to endorse coping alone
- Health promotion initiatives may reach men more successfully if those initiatives adopt a discourse that fits in with men's **masculine roles** and which portrays help-seeking as an opportunity for a man to make his **own choices** or even to **train other men** in expressing emotions (Sloan et al., 2010).

What can we do?

Normalise experiences of depression

- Message: depression not uncommon and not permanent (Fogarty et al., 2015)
- Depressive symptoms affect everyone (Addis & Mahalik, 2003)
- The media:
 - depression affects both men and women,
 - it can manifest itself in a variety of ways
 - it passes with time and with appropriate professional help (Scholz et al, 2015)
- Positive role models (Robertson & Williams, 2009; Roy et al., 2014; Scholz et al, 2015)

What would help depressed men?

- Help men share their experiences of depression and identify a broader spectrum of feelings other than anger and aggression (Oliffe et al., 2012)
- Men like to gather information (Robertson & Williams, 2009)
 - Men often use the internet to seek information and support (Gough, 2015)
 - Positive public perceptions of the internet as a valid source of help (Holzinger et al., 2011)
- For men: **mental health = illness** (Ellis et al., 2013)
- Depressed men will talk selectively about their depression (Emslie et al., 2006)

What would help? (cont'd)

- Higher levels of mental health literacy (Gulliver et al., 2012)
 - Exposure to information about depression (Latalova et al., 2014)
 - Hammer and Vogel (2010) reduce self-stigma in depressed men via a pro-counselling brochure for depression that was specifically aimed at men
- Depressed men are more likely to talk about their feelings and emotions where they perceive this as an endorsed and valued activity (Davey et al., 2006)
- Men are more likely to seek help if encouraged by a partner or a doctor (Hoy, 2012)

What would help? (cont'd)

- Depressed men who feel that they can help others with their depression are more likely to seek help for their own depression (Addis & Mahalik, 2003)
- Counselling for depression should be promoted to men as an act of courage and resourcefulness (Good & Wood, 1995)
- Men more willing to access healthcare services when requiring a serious approach in order for them to stay healthy (Noone & Stephens, 2008)
 - Perhaps helpful to me to see depression as a medical condition (Rochlen et al., 2010)
 - However: Hoy (2012) men may avoid professionals for fear that they may be asked to take medication when the men themselves perceived their difficulties as more complex
- Seeking help for depression possible when depressive symptoms accepted as part of one's identity (Farmer et al., 2012)

What would help? (cont'd)

- Younger men (17-21 years of age): depression part of everyday life in an attempt to feel normal and accepted (Martinez-Hernández et al., 2014)
- Men and, especially, older men may be finding it easier to seek help if this is seen as an act of bravery (Oliffe et al., 2012) or maintaining personal control (Rice et al., 2015)
- Media campaigns should target the specific needs of people in different countries/cultures

What would help?

Masculinity norms

Men avoid seeking help for depression since depression can be a threat to masculinity (Sierra Hernandez et al., 2014)

- Difficult to fit in owing to others' stereotypes (Addis & Mahalik, 2003)
 - Possibly the reason why younger men opt for self-help where possible (Ellis et al., 2013)
- The redefinition of masculinity may help men make help-seeking part of their gender identity and thus acceptable (Sierra Hernandez et al., 2014)
- E.g. older men could do activities that are complimentary to paid work such as volunteering and pursuing a hobby or special interest (Oliffe et al., 2013)
- Encouraged to view depression as a sign of resilience (Tannenbaum & Frank, 2011).

Suggestions for practice

- Men find it difficult to talk about their depression
 - Younger men normalise it
 - Older men adopt unhealthy practices or mask it
- Most at risk: men who subscribe to traditional masculine roles
- Promote coping as act of bravery
- Use gender-appropriate language
- Endorse help-seeking as a masculine characteristic
 - Need to stay healthy for self and others
 - Promote a serious approach to depression
 - May need to use medicalised language

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