Praise for *I Don't Want to Talk About It*

"This is a sobering, powerful book about male depression both 'covert' and 'overt.' The book moves on to new ground both in language and story. *I Don't Want to Talk About It* is exhilarating in its honesty and grief; it moves forward like a hurricane."

—Robert Bly

"The most provocative in a flood of new books on depression. . . . The only volume that speaks exclusively to and about depressed men."

—Pamela Warrick, *Los Angeles Times*

"Even in this era of managed care and Prozac, therapy is still an art. Mr. Real emerges in this book as an artist who plays his theories with the passion and skill of Isaac Stern in concert."

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"A tour-de-force, this landmark book uncovers a hidden epidemic with devastating effects. In an elegant novelist style, Terrence Real traces the shadow of male depression from father to son. And in a bold, courageous way, he tells his own story of trauma and recovery, which shines like a golden thread throughout the book."

—Connie Zweig, Ph.D., author of *Romancing the Shadow*

"Riveting reading. You pick it up and can't put it down. . . . *I Don't Want to Talk About It* could get you started on a conversation with yourself that would allow you to shed a burden you've been carrying a long time."

—Jane Tompkins, *The Raleigh News & Observer*

"Terry Real writes with understanding and compassion for his own father, for himself as a father of young sons, and for the many men in his practice whose stories he tells. Like a good novel, *I Don't Want to Talk About It* pulls you in and keeps you reading. Beautifully written; it's an important book for all of us."

—Olga Silverstein, author of *The Courage to Raise Good Men*

"Boys in our culture are taught that real men are stoic. The ability to not complain, endure pain, and strive in the face of adversity is admired and celebrated in story and song. The price paid for this isolation is depression. Terry Real has produced a seminal work that is likely to be the text of choice for therapists and patients for many years."

—Pia Mellody, author of *Facing Love Addiction* and *Facing Co-Dependence*

"Clear, compelling . . . strongly reasoned. . . . The book is wise beyond its stated scope: in setting up a model, nature, and etiology and treatment of male depression, Real ends up offering—with some gender variants—an almost universal paradigm."

—*Publishers Weekly*

"This is a very beautiful book, one that can help a multitude of men, women, and children. Written with grace and graced with humor, *I Don't Want to Talk About It* goes down as smoothly as a sigh, but it carries the power to change your life."

—Edward Hallowell, M.D., author of *When You Worry About the Child You Love* and *Driven to Distraction*

"An absorbing and informative look at the hidden long-term depression that constricts or undermines the relationships of many American men. . . . An important and rewarding work."

—*Kirkus Reviews*

I DON'T WANT TO TALK ABOUT IT

Overcoming the Secret Legacy of Male Depression

Terrence Real

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With gratitude
this book is dedicated to my wife,
Belinda Berman,
and our sons,
Justin and Alexander,
who remind me that hope
is the remembrance of the future.

The pebble my son
spraypainted gold

rests in my palm, a gift,
and he asks in a clear, high

temporary voice
who taught me my life

is base and needs great pain
to turn itself into gold?

And who taught them?
And for what, and whose, reasons?

—Richard Hoffman,
History

Let the dead pray for their own dead.

—James Wright,
Inscriptions for the Tank

Author's Note

All of the cases described in this book are composites. They have been deliberately scrambled in order to protect my clients' rights of confidentiality and privacy. No client found in this book corresponds to any actual person, living or dead.

Acknowledgments

It is fitting that this book, with its emphasis on men's relationships, should owe so much to so many. The thoughts presented here would not have been possible were it not for the genius of two very different women, Olga Silverstein and Pia Mellody, each a legendary figure in her field. I borrowed Olga's daring in abandoning current theories of male development. It was she who first conceived of this book at all, and I see it as a companion to her superb treatment of mothers and sons, *The Courage to Raise Good Men.* As with Olga, my debt to Pia is obvious throughout the book. Not only has her work thoroughly informed my practice with clients, it has changed my own life. Jack Sternbach has taught me most of what I know about running men's groups. It was Jack who first made clear to me the revolutionary perspective of Joe Pleck, and it was Jack who introduced me to the idea of lovingly holding men accountable, of men as "wounded wounders." I want also to thank my colleagues and friends at the Family Institute of Cambridge, a teaching facility that has been responsible for training three generations of family therapists throughout New England. In particular, I wish to pay homage to my own mentors, Charles Verge, Caroline Marvin, Richard Chasin, Rick Lee, David Treadway, Sally Ann Roth, and Kathy Weingarten. Any light that passes through my work with men and their families is principally yours. I am enormously grateful.

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In every step of my travels through a dark wood I have benefited from help and good company. A blessing to all my fellow travelers.

Contents

Preface

When *I Don't Want to Talk About It* was first published in 1997, depression was widely seen as primarily a "woman's disease," in much the same way that alcoholism, decades earlier, had been seen as almost exclusively a disorder plaguing men. Back then, the general view at the time was that women were somewhere between two to four times more likely to suffer from depression than men were, a claim that has since been contested. I am proud of the role this book played in bringing the epidemic of male depression into public awareness and since its release many of its, at the time, new ideas have been generally accepted by the mental health field and, to some degree, by the public. I argued that depression in men was ignored and underreported. Men, unlike most women, would tend to deny or minimize the condition and would not seek help for it. Responsibility for both men's denial and their refusal to seek treatment fall squarely on the doorstep of traditional masculine values.

The essence of traditional masculinity is the delusion of invulnerability. The more invulnerable you are the more manly you are, the more vulnerable you are, the more *girly* you are—and *girly* is quite emphatically not a good thing. Consequently, men as a group tend to downplay, or out and out ignore, anything deemed *weak* and are reluctant to ask for help. As I wrote: "A man is as likely to reach out for help with his depression as he is to ask for directions." The denial of vulnerability is a lie. As humans, we are all vulnerable at the core. I tell the men I work with: "Trying to deny your human vulnerability is like trying to outrun your own rectum. It has a way of following you wherever you go." Trying to live up

to this superhuman ideal sets many men up for unacknowledged anxiety and shame, often contributing to depression when the individual judges himself harshly for "not living up." Depression is a condition of vulnerability. A depressed man is not only overwhelmed, which shows he is *weak*, but he is overwhelmed specifically by feelings, emotions. What kind of *real man* lets his emotions get the better of him? For women depression carries the stigma of an emotional disorder. But it is not *unwomanly*. For men, however, the condition often sets up compound shame. The man feels ashamed of feeling ashamed, embarrassed that he's depressed. And he hides it. As one patient put it: "Trying to live up to the code can kill ya. First, they cut your legs out from under you. Then, when you feel rotten about yourself, they cut off your arms so you can't reach out for help." Until it's too late. One of the uncontested facts about male depression is the skyrocketing suicide rates. While women are more likely to attempt suicide, four out of five deaths by suicide are men. With traditional male efficiency, when men decide to do away with themselves, they often do.

Just as shame makes it less likely that a man will admit his distress, it often makes it less likely that those around him will acknowledge his condition. Primary physicians, the first line of defense against depression, miss the disorder in men upward of 70 percent of the time. Many are never trained to spot depression's symptoms or even ask about them. There's often a felt sense that confronting a man's depression somehow unmasks him, making him even more vulnerable, and more at risk. Under patriarchy—which, make no mistake, is the system we all live within to this day—protecting the fragile male ego can be an unwritten commandment. Depression in men often goes unrecognized because the man himself denies its severity and those around him, including at times medical professionals, collude with him.

It is imperative that we destigmatize the issue of male depression and get men who suffer access to help. Because the great news is that help really does help. The treatment of depression is one of psychiatry's wonderful success stories. It is estimated that 80 to 90 percent of those who get professional help for depres-

sion, usually a combination of psychotherapy and medication, report substantial relief. Yet, fewer than two out of five sufferers get help. That's just heartbreaking. And utterly unnecessary. I wrote this book to empower men to rise up against our traditional socialization and dare to get the help we need and deserve. And to empower men's partners and families to insist on health and good self-care in the men we love. If your partner is depressed and he refuses to be evaluated by a trained professional, my strong advice is to drag him to couples therapy and tell him, "You may not have a problem with the way you've been behaving but I do and that means that we do. And we're going to do something about it." By one means or another, get your family member in front of a trained professional and lay out to that person, in specific detail, what makes you suspect depression may be at play. This is not the time to be shy. This is not the time to say, "Well, he has to want it himself." I understand that your power may have limits, but do what you can to help.

So, the first reason male depression continues to be a hidden epidemic is that men simply deny it. But, as I detail in this book, many men do such a good job of denying their condition because they manage to hide it even from themselves. Unfortunately, there's no shortage of men who experience depression in its classic form. They feel blue, have sleep disruptions, eat too much or too little, withdraw. In other words, they feel what I came to call *overt depression*, with symptoms identical to those that plague women. Yet, in my view, a great many more men experience and express depression differently from women. In these instances, one doesn't actually see the depression itself, which is buried, but rather depression's footprints, the behaviors the man engages in to desperately ward off the depression. My contention is that not all but many of the behavioral difficulties we deem *typically male* are driven by an undealt with, even unacknowledged, core of depression. Men drink. We self-medicate, withdraw, have affairs, get angry, even at times violent, in an effort to flee the shameful feelings of helplessness and despair. If one compares epidemiological data on overt depression, it does look as though women

are much more prone to the disorder. But if one factors in data on substance abuse and domestic violence, magically the numbers even up. Men experience and express what I call *hidden* or *covert depression*. Women internalize distress. They tend to blame themselves and feel bad. They know they're in pain and reach out for help. Men externalize distress. They tend to blame others, or external circumstances. They run from their bad feelings, often into problematic behaviors. They are not in pain. The people they live with are.

Thankfully, a lot has changed over the last couple of decades. *Covert depression* in men has become largely recognized. A simple online search for "male depression," for example, yields the following.

From the Mayo Clinic:

> Depression can affect men and women differently. When depression occurs in men, it may be masked by unhealthy coping behavior. . . .
>
> Behaviors in men that could be signs of depression—but not recognized as such—include:
>
> • Escapist behavior, such as spending a lot of time at work or on sports
> • Physical symptoms, such as headaches, digestive problems and pain
> • Problems with alcohol or drug use
> • Controlling, violent or abusive behavior
> • Irritability or inappropriate anger
> • Risky behavior, such as reckless driving

From the National Institute of Mental Health:

> Depression can look different in men and women. Although men, women, and people of all genders can feel depressed, how they express those symptoms and the behaviors they use to cope with them may differ. For example, some men (as well as women) may show symptoms other than sadness, instead seeming angry or

irritable. And although increased use of alcohol or drugs can be a coping strategy for any person with depression, men may be more likely to use alcohol or drugs to help them cope.

Or this, from WebMD:

> Depression in men often can be traced to cultural expectations. Men are supposed to be successful. They should rein in their emotions. They must be in control. These cultural expectations can mask some of the true symptoms of depression. Instead, men may express aggression and anger—seen as more acceptable "tough guy" behavior.
>
> And men generally have a hard time dealing with the stigma of depression. They are more likely to deal with their symptoms by drinking alcohol, abusing drugs, or pursuing other risky behavior.

The prevalence of such heretofore unrecognized symptoms of male depression is so great that psychologist and author William Pollock recently spearheaded a movement to include "Male Depression" as its own distinct category in the American Psychiatry Association's *Diagnostic and Statistical Manual of Mental Disorders*, the foundational codebook used by insurance companies across the US.

If *I Don't Want to Talk About It* had simply outed the issue of male depression, I believe it would have performed a great service. The book's staying power, however, runs deeper. Because the book not only explores the ways that men and women in our culture tend to express depression differently from one another, but, more, that the causes of depression, its etiology, is different as well. In *Silencing the Self*, a groundbreaking book I consider the companion work to mine, psychologist and researcher Dana Crowley Jack investigates depression in women. Her research pointed repeatedly to the tendency in women to bury their true feelings, avoiding confrontation and conflict in favor of over-accommodation and self-blame. Crowley Jack was a student of the legendary feminist psychologist Carol Gilligan, and it shows. Her thesis about depression harkens back

to the essential wound to girls that Gilligan first described years earlier—the loss of "voice," the imposition, at the edge of adolescence, of, as Gilligan put it, "the tyranny of the nice and kind." Fifty years of feminism has helped many girls. I wish something similar had come along for boys. The imposition of the code of masculinity is still as alive today as it ever was. And still as damaging.

What emerges as one reads the literature on girls' development is that, sometime around the ages of ten to thirteen, girls are knocked out of the empowerment and authenticity they had enjoyed, learning, instead, to place their needs, even their perceptions, as secondary to those of others.

By contrast, the essential wound to many boys comes much earlier. Research shows that between the tender ages of three and five, most boys show a demonstrable decrease in their willingness to express emotion—particularly vulnerable ones. They still feel them. But they know better than to express them. Manliness equals invulnerability. Manliness means not being "feminine," soft, weak, needy. Yet we connect with each other precisely through our vulnerabilities. A person who denies his own humanity is a person living alone—even among others. If the wound to girls is disempowerment, the wound to boys is disconnection. The way we "turn boys into men" is through disconnection. We teach them to disconnect from their feelings, from their needs, from others. We call this "learning to be independent."

Patriarchy, the masculine code, lands on our sweet, sensitive, big-hearted sons like a bomb. Man after man recounts heartrending tales of abuse, like the adult sex offender who recalled how his stepfather ceremoniously lined up his whole family on their porch one morning to snatch this boy's "blanky" from his pleading hands and burn it to ashes. "You're too old for that sissy bullshit," he remembered being told. He was three. I called this initiation into the masculine code "normal boyhood trauma," and I believe it lays the seeds for depression in boys and men later in life. If underneath many of the difficult behaviors we see as *typically male* lies an unacknowledged pool of depression, then at the heart of that pool lies even more deeply buried trauma. Because the impo-

sition of our masculine code, the willful renunciation of half of our natural humanity, is intrinsically traumatizing. And, as if that weren't enough, this is enforced through violence—emotional and, at times, physical attacks. After fifty years of feminism, for a girl to cross over into boy land—to be aggressive, competent, challenging—may earn her some grief. But when a boy dares cross over into girl land, the immediate response can be truly ugly, and frightening, like the tale of the boy in a fancy private boys' school who remembered being duct-taped by a gang of older boys from head to toe, immobilized, and laid on an empty classroom desk from sun-up till dark, whimpering. No water, no food, no bathroom, no company, and no pity.

If the wound to girls is disempowerment, the wound to boys is disconnection—from their feelings, their needs, and from others. And the cost of disconnection in boyhood is a disconnected adult. How many men do we clinicians see in our practices who have trouble expressing love? Who have trouble expressing anything emotional? This is not biological. If anything, research tells us that little boys are even more emotional, more sensitive, than little girls. Until the mantle of patriarchy lands on them.

FROM DISCONNECTION TO RECONNECTION

Healing Men's Depression Is a Three-Step Process

First, the defensive maneuvers of the individual, the things he's doing to escape, must be dealt with. Affairs must end. Drinking, drugs, even excessive work or exercise must be brought into reasonable proportion. Sobriety must be achieved—often, through tailored treatment for substance abuse and process addiction, like harm reduction or 12-step programs. And acts of violence must be addressed, family members must be kept safe, and specific treatment for domestic terror must occur. Many professionals get this wrong. Because of the silo approach often separating addiction treatment from psychiatry, many professionals will lead the man and his family down the rabbit hole of thinking that once his underlying issues are dealt with, pat-

terns of self-medication or acting out will somehow melt away. This is grandiose and wishful thinking. Before the miracle of AA, the treatment of choice for alcoholism was psychoanalysis. Men spent years on the couch figuring out why they drank, while their livers rotted and their families were in peril. While it's not perfect, the gift of AA's "disease model" lay in breaking such a useless inquiry. You drink because you're an alcoholic. Now, what are you going to do about it? If a covertly depressed man is fortunate, he may get a dual diagnosis, he may be seen, for example, as both an alcoholic and as having a mood disorder. But many professionals try to deal with the depression while ignoring the man's reliance on substances or destructive actions. Years of clinical experience have convinced me that, first, such defenses and compensations must be reined in. Once the self-medication or escapist activities stop or moderate, the underlying depression comes streaming to the surface. As a clinician, I rarely find I need to pursue the depression; it manifests quickly and virulently as soon as the man stops avoiding it. Then the newly explicit condition can be dealt with in much the same way one deals with any depression—through therapy and, often, medication. I say: The cure for covert depression is most often overt depression. And the cure for overt depression in men? Intimacy—with himself and others. If disconnection is the disease, reconnection is the cure.

"You have paper and a pen there?" I ask. Bill nods. It is our third session together. "Okay," I tell him. "I want you to write down these seven words in a column, one under the other. Ready?" Another nod. "Joy, pain, anger, fear, shame, guilt, love," I tell him, and he dutifully inscribes them. "These are seven primary emotions. Like primary colors, Bill, okay? There are millions of hues of colors, but they're all made up of a few. Same here. Cool?" Again, the nod. Christine, Bill's wife, sits beside him, waiting, softly radiating a mix of managed impatience and goodwill. "So, look down at that list and tell me, no matter how faintly, what you're feeling right now?

"Ugh," Bill says, thinking hard. "A little nervous."

"Okay," I say.

"So, fear I guess," Bill tells me. "A little fear."

"Great," I say. "So, tell me if you can, what's the physical sensation, Bill, connected to that fear, that nervousness? Where is it in your body?"

"Well," he pauses, thinking. "It's in my chest."

"Like?" I prompt.

"I don't know. You know, fluttery-like, anxious. You know, butterflies in my chest," he informs me.

"Great. You're doing great, man. So, tell me, what's their message? If those butterflies in your chest could speak, Bill. If they had a voice. What do you think they'd be saying?"

"Jeez," Bill says, smiling. "I don't know. Like, 'I hope I don't fuck this up.' "

"This exercise?" I ask.

"Yeah," he answers. "Yeah, this."

"Good job," I say. "Okay. Anything more on this? No? Okay, then look down and tell me . . ."

And so, as I've done over the years with thousands of men, I slowly, rather painstakingly lead Bill through the drill of turning the satellite dish in, instead of out, to catch internal signals—or, in plain English, feelings. It's an exercise he's utterly unused to. To his own amazement, Bill identifies a half dozen feelings he experiences right there in the moment. He's sad, he's annoyed, he feels guilty at what he's put his wife through, relief to be talking, even a little joy. "Bill," I arrive at my punchline. "You're a passionate man! You told me you had no feelings but look at you. Your feelings never left you. They've been burbling along unnoticed for years. You left them." And so we begin. In moments like these I feel like a surgeon, reconnecting nerve endings long ago severed, waiting for the pulse of electricity, for life.

If the cure for covert depression in men is overt depression, the cure for overt depression is trauma work—realigning the pathways of sensation, feeling, and intimacy with others that "normal boyhood trauma" under patriarchy took aim at. Bringing the man back from the cold outer space of shame and grandiosity into the

healing warmth of company with his own feelings, with his true emotional needs and wants, with the people who want to love him. The US surgeon general Vivek Murthy named loneliness an American public health crisis and a major epidemic. Roughly six out of ten Americans surveyed in late 2021 allowed that loneliness was a powerful, destructive force in their lives. This is alarming because more and more research makes it emphatically clear that we are a species designed for intimacy and rich social connection. It's how we operate best. The lack of intimate connection, for example, was recently shown to affect the body as negatively as smoking fifteen cigarettes a day. Loneliness kills. And yet the traditional code of masculinity breeds, even enforces, loneliness. I have often claimed that leading people into true intimacy, with themselves, with one another, with the planet at large, is synonymous with leading them beyond the mores of patriarchy and traditional gender roles. As such, we must not only heal depressed men, but the cultural context that produces them. A depressed man who faces down his own patterns of self-medication or escape, who turns to face, and tolerate, his discomfort, who peels back the layers of trauma and enforced separation, who, in a word, restores connection, that man is more than a successful patient. To me, he is a pioneer and a hero.

In over four decades of doing this work, perhaps the statement I'm best known for is one that speaks most directly to readers of this book: "Family pathology rolls from generation to generation like a fire in the woods, taking down everything in its path, until one person in one generation has the courage to turn and face the flames. That person brings peace to their ancestors and spares the children that follow." This work is not for you alone.

What I haven't mentioned so far is that *I Don't Want to Talk About It* is largely autobiographical. In these pages, I speak of my own journey, my own struggles with depression, my own violent past. Depression dogged me throughout my life. Today, I am free of it. And if I can do it, so can you. I am the son of a depressed, angry father. He was the son of a depressed, angry father. I have two boys, thirty-three and thirty-six and neither

of them say that. And that, dear reader, is the greatest achievement of my life.

When you're a writer like I am, you hole up in your little study at odd hours, your family asleep, and try to put your disordered thoughts into a form some reasonable person might be able to follow. You send your brainchild out into the world and hope for the best. If you're lucky, once in a while you get a message back.

A few years ago I received a letter. I told my wife, Belinda, that when I die, if I find myself standing before Saint Pete, I intend to bring that letter with me. Maybe it could help.

Here's what the man told me. He'd been a rager and an unrepentant alcoholic for decades. He read this book, realized he'd been self-medicating a covert depression all these years, took himself to AA, got on some real medication, and turned his life around.

But here's the kicker. He then sent this book, along with a letter, to his own father, who was also a raging, untreated alcoholic and who had been so for fifty-odd years. His father, who he'd not spoken to in decades, also read the book, got himself to AA and into treatment for his depression, sobered up, cleaned up, and made amends to his son. The two of them had a beautiful five years together before the father passed on.

It is never too late.

And so, dear reader, I end with this. If you are reading these words, for whatever it's worth, I hold you in my heart. And I have a prayer for you:

May today be the day that you decide—not alone but with help, and, Lord knows, not perfectly but doing your sincere best—that you will be that person. The person with the courage to face the flames and make change for those who follow.

I DON'T WANT TO TALK ABOUT IT

Prologue

> The son wishes to remember what the father wishes to forget.
>
> —Yiddish Proverb

In high school, my father saw two boys he knew drown. One kid got pulled out in an undertow off the New Jersey coast and his friend evidently dove out to save him. This tragedy became one of the central metaphors of his life. "A drowning person will grip you," my father told me, "if you get in too close. They'll pull you down with them. You should throw them something, a rope, a life preserver. But don't touch them, don't go in after them." He used to say this to my brother and me, from time to time, as if dispensing advice on driving or study habits, as if drowning were an ordinary occurrence. While I heard the advice, I did not learn the story of the two boys until much later, because my father never spoke about himself during my childhood, only about others.

It took me twenty years to get my father to talk about his own life. I remember the first day he did. I recall the prickly feel of our old yellow couch as we sat together. I was painfully aware of my father's great bulk beside me. He was a big man for his generation, six two and well over two hundred pounds, with broad arms, a barrel chest, and a great potbelly that thrust out before him like the bass drum of his booming voice, his laugh.

Most of my father's gestures, his expressions, were broad, coarse, larger than life, like his body, like the clay figures he sculpted in our garage—abstract, looming shapes with massive

limbs—or like his rage, which came as suddenly as a storm, with no particular intent or thought, like some dark animal, some bear.

My twin brother, Les, had the good sense to keep a low profile and stay close to the ground, but I was Dad's gifted child. I was the sensitive one. I was trouble. "You little brat. I'm going to beat you to within an inch of your life," my father used to say. And there were times he seemed bent on making good on his promise. His violence should have pushed me away from him, and consciously it did. But in some more primitive way it only drew me closer. As he raged, out of control, even as he beat me, I never lost touch with him. It was the vortex of *his* pathos, *his* insanity, *his* hurt that overwhelmed me, filling me, more than the physical pain, with black despair, with torpor. I couldn't wait for the ritual to end so that I could take to my bed, pull the covers up over me, and sleep.

Later, in adolescence, I began to find that same sweet release in drugs and in the thrill of risk taking. Things got worse. My life grew more dangerous. By late adolescence I started to wonder which one of us, my dad or me, was going to survive.

A skinny twenty-seven-year-old, I pull a thick afghan onto my lap and ask my father to tell me about his childhood. He begins with the usual maneuvers: he adopts surliness, then he jokes, evades. But this time I am armed with the fledgling skills of a young therapist. I have learned a few lessons in the craft of opening up a closed heart.

"You know, your mother and I deliberately made the decision to keep all this from you," he begins.

"I understand," I say.

"We didn't want to burden you kids."

"I appreciate that."

"But, I suppose you're certainly old enough now . . ." he falters.

I am quiet.

He pauses. "You'll never know what it was like back then," he tells me, "the Depression . . ." He lapses into silence for a while and then he begins. He wasn't more than six or seven when his mother

died of some lingering disease whose name he affects not to remember. He had only vague pictures of her in his head, hardly memories; he recalled her warmth, an infectious laugh.

After she died, things went downhill for my father's father, Abe, "a weak, passive man." Abe lost his job, bought a little mom-and-pop store; then he lost the store. Unable to support itself, the family broke up. My dad and his younger brother went to live with a cousin. "Aunt" Sylvie was mean. She was bitter before the Depression and taking in my father, Edgar, and his brother, young Phil, did nothing to slake the venom in her disposition. She was cruel in a daily, ordinary way.

"Like how, Dad?" I ask him .

"Oh, I don't know," he shrugs me off.

"Like how, Dad?" I repeat the question.

I eventually get my father to tell me about the humiliation of ragged hand-me-downs, about how Sylvie would dish out food to him with a line such as, "Here is a big piece of chicken for Steven, because he is my son. And here is a small piece of chicken for you, Edgar. Because you are not."

When he was eleven or twelve, the rage in my father, the missing of his mother, his father, filled him to the bursting point. His little brother was still young and sunny enough to adjust, but my dad began acting out. An "instigator" at school, a petty thief at home, he lasted through one or two "incidents" and then Aunt Sylvie summarily got rid of him. He found himself banished to the home of elderly grandparents in another part of town.

"What did you do?" I ask.

"What do you mean, what did I do? I went to school. I worked."

"Did you have friends?"

"I made friends."

"Did you see Phil and your father?"

Yes, he saw them. All that winter after school he would walk six miles through the snow to have dinner with them at Sylvie's house. He would linger over a cup of cocoa until Sylvie asked him to leave. Then he'd walk back again alone.

I look out of the window of our little seaside apartment, onto

bare November trees. I picture that twelve-year-old boy walking back in the snow.

"How was that for you?" I ask. "What did you feel?"

My father shrugs.

"What did you feel?" I insist.

"A little cold, I guess."

"Come on, goddamn it."

"I don't hold a grudge, Terry." My father's tone levels me. "They did what they had to. All right? These were rough times. Besides," his voice becomes still, "I understand in a way. I wasn't so easy to handle."

"You were a child," I tell him.

My father shakes his head. "Yeah, well, I was pretty hard-boiled. I could be quite a little son of a bitch."

"How much of a son of a bitch could you have been, Dad?" I say. "You were twelve years old!"

He turns away. "I don't know." He slumps.

"Look at me." I take his shoulders. "I don't give a shit what you did, do you understand? You were a kid. Your mother was dead; your father was gone. You didn't deserve it, okay? Don't you get it? *You didn't deserve it.*"

My father looks up at me, his blue eyes magnified by thick glasses. "Okay," he sighs. Then, as sudden as any rage, he reaches out his thick arms and pulls me toward him. Without a word he lays his head on my shoulder, as tender and guileless as a child. Holding him, I breathe in his familiar smell, coffee and cigarettes and a touch of Brylcreem. Feeling the weight of his great head, I am physically awkward, almost repelled, but when he pulls away, I instinctively tighten my hold on him. Gingerly, reluctantly, I stroke his back, his stiff hair.

"It's okay, Dad," I murmur.

I look out past him at the trees, and wonder what will become of us, my father and me. I still neither trusted nor forgave him, but something deep inside me began to uncoil.

That night was a first green tendril piercing through a stone wall. Others followed. In the years ahead, as our closeness devel-

oped, my life became more successful, and my father's life grew ever more desperate. I watched, helpless, as financial worry, social isolation, and finally, a horrible disease whittled him, sucked the marrow out of him, pulled him under. I stayed as close, I gave as much as I could.

I buried my father in September 1991. The night before, when I left his bedside, he gave me his blessing and I gave him mine. The next morning, I walked into the hospital room to find him dead. His head was thrown back, his eyes shut, his mouth open. It didn't look like my dad. It looked like my dad's body, a thing made of clay, like his statues. I touched his eyes and kissed him. His skin on my lips tasted bitter, earthen.

I have often thought about the high school boys my father saw drown and the advice he gave me: "Don't touch them. They'll drag you under." As in so many other instances, his advice on this matter was wrong. I did not go down into that dark vortex with my father. But neither did I let go of his embrace.

CHAPTER ONE

Men's Hidden Depression

In the middle of the journey of our lives,
I found myself upon a dark path.

—Dante

When I stand beside troubled fathers and sons I am often flooded with a sense of recognition. All men are sons and, whether they know it or not, most sons are loyal. To me, my father presented a confusing jumble of brutality and pathos. As a boy, I drank into my character a dark, jagged emptiness that haunted me for close to thirty years. As other fathers have done to their sons, my father—through the look in his eyes, the tone of his voice, the quality of his touch—passed the depression he did not know he had on to me just as surely as his father had passed it on to him—a chain of pain, linking parent to child across generations, a toxic legacy.

In hindsight, it is clear to me that, among other reasons, I became a therapist so I could cultivate the skills I needed to heal my own father—to heal him at least sufficiently to get him to talk to me. I needed to know about his life to help understand his brutality and lay my hatred of him to rest. At first I did this unconsciously, not out of any great love for him, but out of an instinct to save myself. I wanted the legacy to stop.

One might think that I would have brought to my work a particular sensitivity to issues of depression in men, but at first I did not. Despite my hard-won personal knowledge, years passed before I found the courage to invite my patients to embark upon the same

journey I had taken. I was not prepared, by training or experience, to reach so deep into a man's inner pain—to hold and confront him there. Faced with men's hidden fragility, I had been tacitly schooled, like most therapists—indeed, like most people in our culture—to protect them. I had also been taught that depression was predominantly a woman's disease, that the rate of depression was somewhere between two to four times higher for women than it was for men. When I first began my clinical practice, I had faith in the simplicity of such figures, but twenty years of work with men and their families has lead me to believe that the real story concerning this disorder is far more complex.

There is a terrible collusion in our society, a cultural cover-up about depression in men.

One of the ironies about men's depression is that the very forces that help create it keep us from seeing it. Men are not supposed to be vulnerable. Pain is something we are to rise above. He who has been brought down by it will most likely see himself as shameful, and so, too, may his family and friends, even the mental health profession. Yet I believe it is this secret pain that lies at the heart of many of the difficulties in men's lives. Hidden depression drives several of the problems we think of as typically male: physical illness, alcohol and drug abuse, domestic violence, failures in intimacy, self-sabotage in careers.

We tend not to recognize depression in men because the disorder itself is seen as unmanly. Depression carries, to many, a double stain—the stigma of mental illness and also the stigma of "feminine" emotionality. Those in a relationship with a depressed man are themselves often faced with a painful dilemma. They can either confront his condition—which may further shame him—or else collude with him in minimizing it, a course that offers no hope for relief. Depression in men—a condition experienced as both shame-filled and shameful—goes largely unacknowledged and unrecognized both by the men who suffer and by those who surround them. And yet, the impact of this hidden condition is enormous.

Eleven million people are estimated as struggling with depression each year. The combined effect of lost productivity and med-

ical expense due to depression costs the United States over 47 billion dollars per year—a toll on a par with heart disease. And yet the condition goes mostly undiagnosed. Somewhere between 60 and 80 percent of people with depression never get help. The silence about depression is all the more heartbreaking since its treatment has a high success rate. Current estimates are that, with a combination of psychotherapy and medication, between 80 and 90 percent of depressed patients can get relief—if they ask for it. My work with men and their families has taught me that, along with a reluctance to acknowledge depression, we also often fail to identify this disorder because *men tend to manifest depression differently than women.*

Few things about men and women seem more dissimilar than the way we tend to handle our feelings. Why should depression, a disorder of feeling—in psychiatric language, an *affective disorder*—be handled in the same way by both sexes when most other emotional issues are not? While many men are depressed in ways that are similar to women, there are even more men who express depression in less well-recognized ways, ways that are most often overlooked and misunderstood but nevertheless do great harm. What are these particularly male forms of depression? What are their causes? Is the etiology of the disorder the same for both sexes? I think not. Just as men and women often express depression differently, their pathways toward depression seem distinct as well.

Traditional gender socialization in our culture asks both boys and girls to "halve themselves." Girls are allowed to maintain emotional expressiveness and cultivate connection. But they are systematically discouraged from fully developing and exercising their public, assertive selves—their "voice," as it is often called. Boys, by contrast, are greatly encouraged to develop their public, assertive selves, but they are systematically pushed away from the full exercise of emotional expressiveness and the skills for making and appreciating deep connection. For decades, feminist researchers and scholars have detailed the degree of coercion brought to bear against girls' full development, and the sometimes devastating effects of the loss of their most complete, authentic selves. It is time

to understand the reciprocal process as it occurs in the lives of boys and men.

Current research makes it clear that a vulnerability to depression is most probably an inherited biological condition. Any boy or girl, given the right mix of chromosomes, will have a susceptibility to this disease. But in the majority of cases, biological vulnerability alone is not enough to bring about the disorder. It is the collision of inherited vulnerability with psychological injury that produces depression. And it is here that issues of gender come into play. The traditional socialization of boys and girls hurts them both, each in particular, complementary ways. Girls, and later women, tend to internalize pain. They blame themselves and draw distress into themselves. Boys, and later men, tend to externalize pain; they are more likely to feel victimized by others and to discharge distress through action. Hospitalized male psychiatric patients far outnumber female patients in their rate of violent incidents; women outnumber men in self-mutilation. In mild and severe forms, externalizing in men and internalizing in women represent troubling tendencies in both sexes, inhibiting the capacity of each for true relatedness. A depressed woman's internalization of pain weakens her and hampers her capacity for direct communication. A depressed man's tendency to extrude pain often does more than simply impede his capacity for intimacy. It may render him psychologically dangerous. Too often, the wounded boy grows up to become a wounding man, inflicting upon those closest to him the very distress he refuses to acknowledge within himself. Depression in men, unless it is dealt with, tends to be passed along. That was the case with my father and me. And that was the situation facing David Ingles and his family when we first met.

"So, what do you get when you cross a lawyer, a dyslexic, and a virus?" David, himself a lawyer, eases into his accustomed chair in my office.

His wife, Elaine, also a lawyer in her mid-forties, and their seventeen-year-old son, Chad, show no signs of curiosity. Elaine levels

a gaze a few inches above her husband's left ear. Without looking at him, she says simply, "*No,* David." And we all sit for a while in ponderous, uncomfortable silence. David stares at me amiably, a tall man grown pudgy in middle age, with an open, dark face and thinning black hair. Sitting across from her husband, Elaine angles her small, muscular body as far from him as possible. Chad, a beanpole in baggy pants and a T-shirt, puts on a pair of wire-rimmed John Lennon sunglasses and rotates his chair toward the wall.

"Take off the glasses," David mutters to Chad, who ignores him.

While David glares at Chad, Elaine informs me, once again, that David is really quite a good father, involved, caring.

"Take them *off*!" David repeats.

Chad grunts and slumps further away.

I had been treating David and Elaine for close to six months. Elaine first wanted me to see the two of them, not for Chad's sake but for the sake of their marriage. After twenty years she had to admit that she felt—and had felt for some time now—miserably alone. David was good-natured, helpful, cooperative. The problem was that she felt like he just wasn't there. For a while, she had wondered if he was having an affair, but David seemed too *vague* to pull off an affair. More and more, he moved through his life savoring nothing, not her, not his son, not even his own success. For years he had been working too hard. Now he had also begun drinking too much and, on too many occasions, blowing up. Elaine worried about David's anger; she worried about his health. Although she had not yet said it out loud, Elaine already knew by the time she called me that she was on the verge of leaving her husband.

David had weathered his wife's complaints before. His strategy had always been to batten down the hatches and wait until it all blew over. "Sort of an extended PMS" was how he had described her dissatisfactions. As their therapist, I informed him that this time he might have to do some changing himself. But when David showed signs of responding, Chad began acting up, so I asked them to bring in their son, "as my consultant." I was interested to hear

what this boy—who was in the middle of their marriage from the day he had been born—would have to say about his parents. But Elaine had another agenda.

"David," Elaine says evenly. "You need to tell Terry about hitting Chad."

"I didn't hit him," David says sullenly.

"Whatever." Elaine shrugs this off. "It needs to be addressed."

David hovers for a moment between fighting and giving in. Then he sighs, leans back in his chair, and tells me the story.

"Chad was walking out the back door last night," he begins, "with the keys to the car in hand. Elaine and I were in the kitchen, and I asked him a few questions—Where was he going?—that sort of thing."

"Yeah *right*," snorts Chad.

His father's pointed finger shoots up at him. "Was I unreasonable?" David asks. "*Was I?*"

"All right," I calm David. "Tell me what happened."

"So, he doesn't answer. And Elaine and I follow him into the garage"—he glances reproachfully at his son,—"where he starts to give me a lot of back talk. Right?" he turns to Chad.

"Go on," I say softly.

"Well, I tell him, *'Fine. If you want to keep up the back talk, then I keep the car.'* You know, *'Hey, it's your choice, okay?'* And he throws the keys against the car . . ."

"On the *ground*," says Chad.

"Against the *car*," repeats his father, "and then I hear, 'Fuck you' under his breath." David falls silent.

I try catching his eye. "At which point you . . ." I prompt.

"I pushed him," he allows.

"You pushed him," I repeat.

"Yes. You know. I shoved him. Whatever. I pushed him." David stares intently at the spot of rug between his feet.

"Hard?" I ask.

David shrugs.