



Big Boys Do Cry: Society's expectations make depression doubly difficult for men

Patrick Flanigan

Staff writer-Rochester, NY Democrat & Chronicle

(February 20, 2008) — By the fall of 1995, Eric Weaver had earned his own key to Club Macho.

He had the physique of a competitive bodybuilder and the bragging rights that accompanied his job as a sergeant on the Rochester Police Department's Emergency Task Force — what other departments call a SWAT team. When he walked into his patrol-section office, his colleagues greeted him with a hearty "Weeeave."

So when he sat his wife, Valerie, down in their living room one day and said he was thinking of killing himself, Weaver made her promise one thing — that she wouldn't tell anyone.

"I was a hero to some people," says Weaver. "I couldn't be depressed." The 44-year-old retired in 2005 after more than 20 years in law enforcement.

More than 6 million men are diagnosed with depression each year, about half as many as women. But according to the Mayo Clinic, the number of men who kill themselves each year is four times higher than women. Mental-health professionals increasingly acknowledge that men are less likely than women to recognize their depression or admit to feelings that could alert others to their condition.

"The diagnosis is just not made as often in men," says Dr. Yeates Conwell, a professor of psychiatry at University of Rochester Medical Center. "Men are less likely than women to endorse depressive feelings. Women are more socialized to discuss painful emotions with others."

Weaver summed up that observation with phrases common to many men in their developing years: "Big boys don't cry" and "Suck it up and be a man."

"You hear that and you learn to stuff your emotions down," he says. "That's why there's a stigma that keeps men from admitting to being depressed."

Depression is characterized by prolonged sadness, lost interest in activities or work, hopelessness or low self-worth. People with depression cannot will themselves into a better mood. Untreated, the disease can reduce a person's ability to function at work or in their family and can lead to self-destructive behavior and suicide.

Depressive states can happen once or can last a lifetime. They can be brought on by outside forces or be the result of physiological disorders, such as chemical imbalances in the brain. Depending on the severity of the depression, treatments can include meditation, psychotherapy, prescription drugs and electroconvulsive or electroshock therapy.

After six hospitalizations, drug regimens of up to 20 pills a day and several rounds of electroconvulsive therapy, Weaver understands depression. He says that his probably started in high school.

"I was depressed, but I just chalked it up to life," he says. "It wasn't until I talked about my suicidal thoughts with my wife that I came to terms with it."

The National Institute for Mental Health recognizes that men and women experience depression differently and encourages health care professionals to consider that when trying to diagnose it.

"Men are more likely to acknowledge having fatigue, irritability, loss of interest in once-pleasurable activities, and sleep disturbances, whereas women are more likely to admit to feelings of sadness, worthlessness and/or excessive guilt," according to the institute's Web site.

Men are also more likely to use alcohol or drugs when they're depressed, which Conwell says can further complicate the diagnosis as treatment providers try to determine whether the depression caused an addiction or whether it was the other way around.

"It gets difficult to tease these symptoms apart," he says.

Weaver says depressed men can turn to other habits, including pornography, gambling and extended hours at work.

"There are all sorts of ways to self-medicate," he says.

The self-described fat, short kid in high school, Weaver says he dealt with his self-esteem issues by lifting weights and competing in bodybuilding competitions. He joined the police force, he says, "because I knew it was a job where people would have to respect me."

For years, he was angry and aggressive. He would swing from yelling at his wife and children over trivial items to curling up in his closet and crying.

Weaver never tried to kill himself, but sometimes he would ask his wife to hide his service pistol.

At the height of his illness, Weaver says, thoughts of suicide were so common they became mundane. He would write his own funeral arrangements, make sure his life insurance policy covered suicide and once installed a new radio in the car he planned to bequeath to his daughter.

"My wife thought I was finally taking an interest in something, but I just said: 'Why wouldn't I put a new radio in my car? I want Erika to have a nice radio after I kill myself.'"

During his treatment, Weaver kept the truth of his illness secret to all but a few commanders in the department. He told his friends an old back injury was acting up.

Years later, he went public with his illness and became a spokesman for the issue of police-related depression, appearing in national publications and talking at police events.

In his final years on the force, he helped develop and commanded the Emotionally Disturbed Persons Response Team, a team of officers who are trained to recognize and address signs of mental illness and emotional distress among the people they encounter on patrol.

"It was the most rewarding thing I've done in my career," he says.

Weaver also credits his improved mental health to his newfound faith and now is an associate pastor at Crosswinds Wesleyan Church in Canandaigua.

He sometimes travels to other churches and organizations and offers a presentation on mental illness.

"I learned God gave us these emotions for a reason," he says.

PFLANIGA@DemocratandChronicle.com