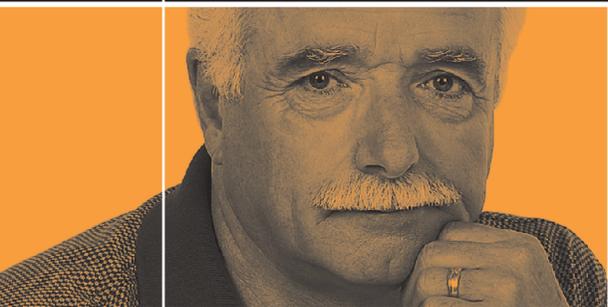


depression, anxiety and stress

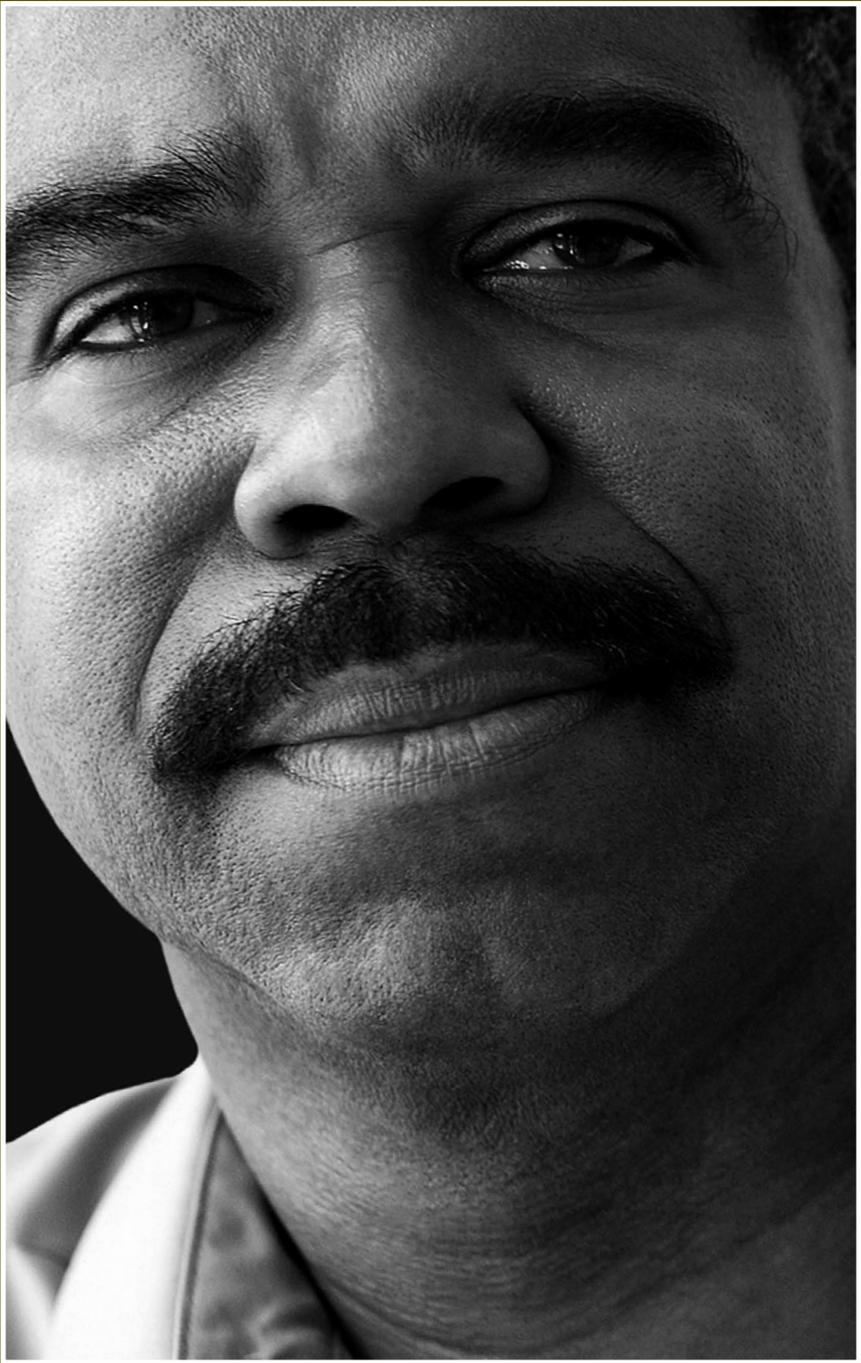


# your head:

**AN OWNER'S MANUAL**

Understanding and Overcoming Depression, Anxiety and Stress

*written by Armin Brott and the Advisory Board*



**NEED HELP RIGHT NOW?  
CALL THE 24-HOUR HOTLINE OF THE  
NATIONAL SUICIDE PREVENTION LIFELINE AT:  
1-800-273-TALK (1-800-273-8255)**

# YOUR head:

## AN OWNER'S MANUAL

Understanding and Overcoming Depression, Anxiety and Stress

written by Armin Brott and the Advisory Board

(A part of the **Blueprint for Men's Health** series of publications.)

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**MHN** Men's Health Network  
[www.menshealthnetwork.org](http://www.menshealthnetwork.org)

An informational and educational organization  
recognizing men's health as a specific social concern.

P.O. Box 75972, Washington, D.C. 20013  
202-543-MHN-1 | [info@menshealthnetwork.org](mailto:info@menshealthnetwork.org)

### PLEASE NOTE

Men's Health Network does not provide medical services. Rather, this information is provided to encourage you to begin a knowledgeable dialogue with your health care provider.

**Check with your health care provider about your need for specific health screenings.**

# foreword I

## FOREWORD I

### MENTAL HEALTH: THE NEXT FRONTIER IN MEN'S HEALTH

Health information designed for men is more available now than ever before and clinicians are beginning to incorporate approaches to care geared to men that encourage them to become more active participants in their health and medical management. One area that has not yet received enough attention is that of mental health and well-being. The strains of living, working and retiring in the early part of the 21<sup>st</sup> century on men are significant. Yet, the dominant views about how men should emotionally respond to challenges of life's stressors have not changed for hundreds of years. Phrases such as, "Take it like a man!", "Suck it up, son!" and "Don't be such a wimp!", still pervade our cultural lexicon. Men continue to be acculturated to the unhealthy notion that they should not recognize their emotional and mental stressors and deal with them realistically and openly.

Unfortunately, the healthcare community often fails to recognize or adequately support the needs of "Manly-men" in dealing with mental health issues in a non judgmental, open and non-stigmatizing way. An emerging area of particular concern is the emotional well-being of our military men (*and women*) returning from war zones. As a nation and health care community, we must pay particular attention to their needs and the needs of their families, as they transition back into society.

We are confident that this book, *Your Head: An Owner's Manual*, will provide men of all ages, and those who love them, with important and realistic perspectives about mental health along with realistic and practical approaches that can make a difference in their lives. Experts in the field of men's health and wellness provide insights and reflections on the emotional needs of men as well as how men can ask for help, with dignity, when needed for these devastating medical conditions. The book will highlight common signs and symptoms of trouble to help men and those who love them recognize the need for intervention.

#### DR. SALVATORE GIORGIANNI, PHARM.D.

Advisory Board, Men's Health Network  
Men's Health Network, Washington, DC

Assistant Professor  
Belmont University, School of Pharmacy, Nashville, TN

#### SCOTT T. WILLIAMS

Vice President, Professional Relations and Public Policy  
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# foreword II

## FOREWORD II

### U.S. MILITARY PERSONNEL AND VETERANS

There can be no doubt that combat takes a toll on the human psyche. In speaking to veterans, I commonly refer to how messed up I was (am?) after returning from Viet Nam. If we had sophisticated enough measurement instruments, we could demonstrate that every soldier is affected ... but ... it would be a quantum leap to “declare” the presence of post traumatic stress disorder in every single veteran of every conflict.

The U.S. Military and Department of Veterans Affairs (VA) are under an intense microscope when it comes to the delivery of mental health services. The suicide rates in the active duty and veteran populations are alarming. The estimated number of soldiers who could potentially seek mental health services is staggering. Additional avenues to care include “Military One Source” provided by the Department of Defense at no cost to active duty, Guard and Reserve (*regardless of activation status*) and their families.

New and improved treatment methods for post traumatic stress are vigorously being researched and implemented. Despite advances that might be made in this area, it is important that we support the men and women who serve their country, as a part of their transition back to civilian life.

#### HARRY HOWITT, PHD, USAF COL. RET.

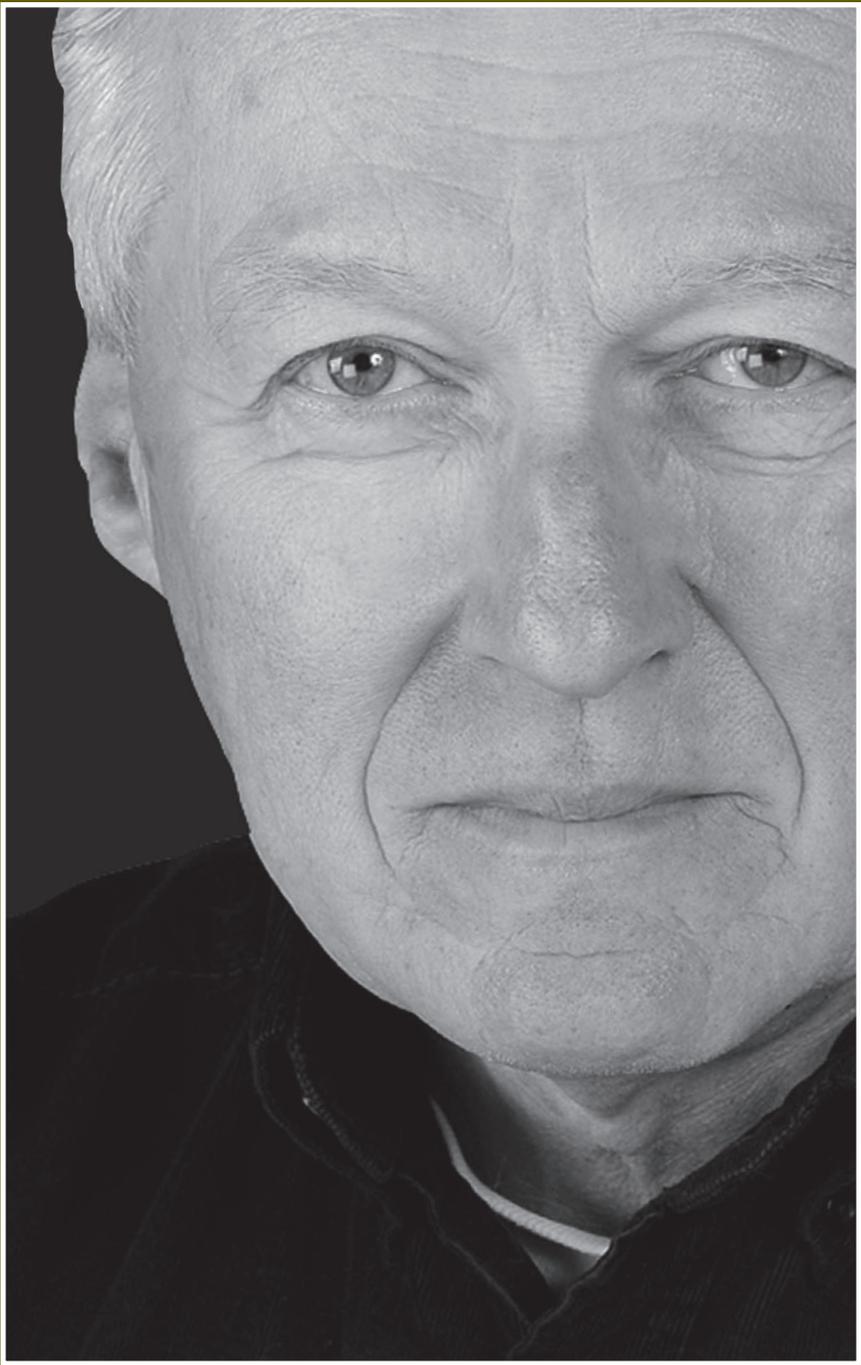
Past President, Air Force Society of Clinical Psychologists

### MILITARY ONE SOURCE

*A 24/7 toll free telephone number and website ([www.militaryonesource.com](http://www.militaryonesource.com)) for information and referral service for active duty soldiers, deployed civilians and their families.*

### FROM THE UNITED STATES CALLERS CAN DIAL 800-464-8107

*From outside the United States dial the appropriate access code to reach a U.S. number and then 800-464-81077 (all 11 digits must be dialed). Hearing-impaired callers should use 800-364-9188, and Spanish speakers can dial 888-732-9020.*



**MOST OF US WONDER AT LEAST ONE TIME IN  
OUR LIFE WHETHER WHAT WE'RE FEELING IS NORMAL,  
OR WHETHER WE NEED PROFESSIONAL HELP.**

# introduction

## INTRODUCTION

We've all heard the expression, "It's all in your head," and there's more than a grain of truth there. What goes on in your brain—your mental health—affects everything: your mood, your physical health, your behavior, how you sleep, your appetite, your relationships, your social life, your performance at work or school, and more.

When your mental health is good, you feel good—and most of us do, most of the time. Of course, we all have our ups and downs, and we all have moments when we feel sad, worried, angry, nervous, or afraid. Usually, though, those feelings go away within a day or two, and overall, we can handle what life throws at us pretty well.

But sometimes those negative feelings don't go away quickly. Instead, they linger for weeks, months, or even years. Small obstacles that wouldn't have bothered you before, become overwhelming. It's tough to get motivated or make decisions, everything seems harder to deal with, and life is less enjoyable.

If you've ever felt this way, the good news is that you're not alone. Mental health issues—which include depression, anxiety, stress, and mood disorders such as bipolar disorder—can strike anyone regardless of age, race, where you live, how much money or education you have, whether you're married or not, or what you do for a living. In fact, many experts estimate that as many as one in five Americans will experience at least one mental health problem in his or her lifetime. But as common as mental health issues are, too many people don't understand enough about them and how they can affect every aspect of our life.

## MENTAL HEALTH: IT'S A GUY THING

Overall, women are about twice as likely as men to be diagnosed with a mental health issue. But that statistic tells only a small part of the story. Here's why. To start with, men make about two-thirds as many doctor visits as women do. And even when we do see a doctor, we're often reluctant to talk about what's really bothering us, especially if it has anything to do with feelings or mood. Plus, most men don't realize that some of the physical symptoms we may experience—things like chronic pain and digestive problems—could actually be caused by a mental health issue such as depression, anxiety, or stress. And then there are the men who know (or at least strongly suspect) that they have a problem, but suffer in silence, afraid to admit they need help. Afraid others will find out their secret and they'll be perceived as weak or wimpy, or that they'll lose their job.

### DEALING WITH ANGER

*Anger is a normal human feeling, but it can be a tricky emotion for men. Psychologists call anger a secondary emotion, which means you simply don't get angry over nothing. Something has to hurt or frighten you first, and your anger is a reaction to your initial emotion.*

*Some psychologists call anger the "male emotional funnel system" because anger is one of the few emotions that society has permitted men to show openly. Men often convert other negative emotions (like fear, pain, loss, anxiety, or feeling vulnerable) into anger.*

***If you are having a problem with anger get help, but keep in mind that there may be other feelings hidden behind it.***

**Jean Bonhomme, MD, MPH**  
Men's Health Network  
National Black Men's Health Network

## WHAT AFFECTS YOUR MENTAL HEALTH?

***Your mental health can be influenced by a number of factors, including:***

- Your genes (some mental health issues run in families)
- Divorce, separation, or the breakup of a long-term relationship
- The death of a loved one
- Losing your job, or job changes
- Going through bankruptcy
- Moving to a new home
- Coping with a natural disaster
- Caring for an aging parent
- The birth of your child
- Being diagnosed and living with a serious illness, or suffering a major injury
- Serving in the military, especially in combat

***Mental health and your outlook on life can also change without any obvious cause. Sometimes lots of little things build up and the combination can be extremely harmful.***

## THE BIG QUESTION: AM I NORMAL?

As mentioned above, we all have our ups and downs. But most of us wonder at least one time in our life whether what we're feeling is normal, or whether we need professional help. Unfortunately, there's no single answer that's right for

everyone. However, here's a good rule of thumb: ***You need assistance if you've been having symptoms every day for more than two weeks, and if those symptoms keep you from enjoying life, performing at work, or maintaining relationships with friends, your partner, or your children.***

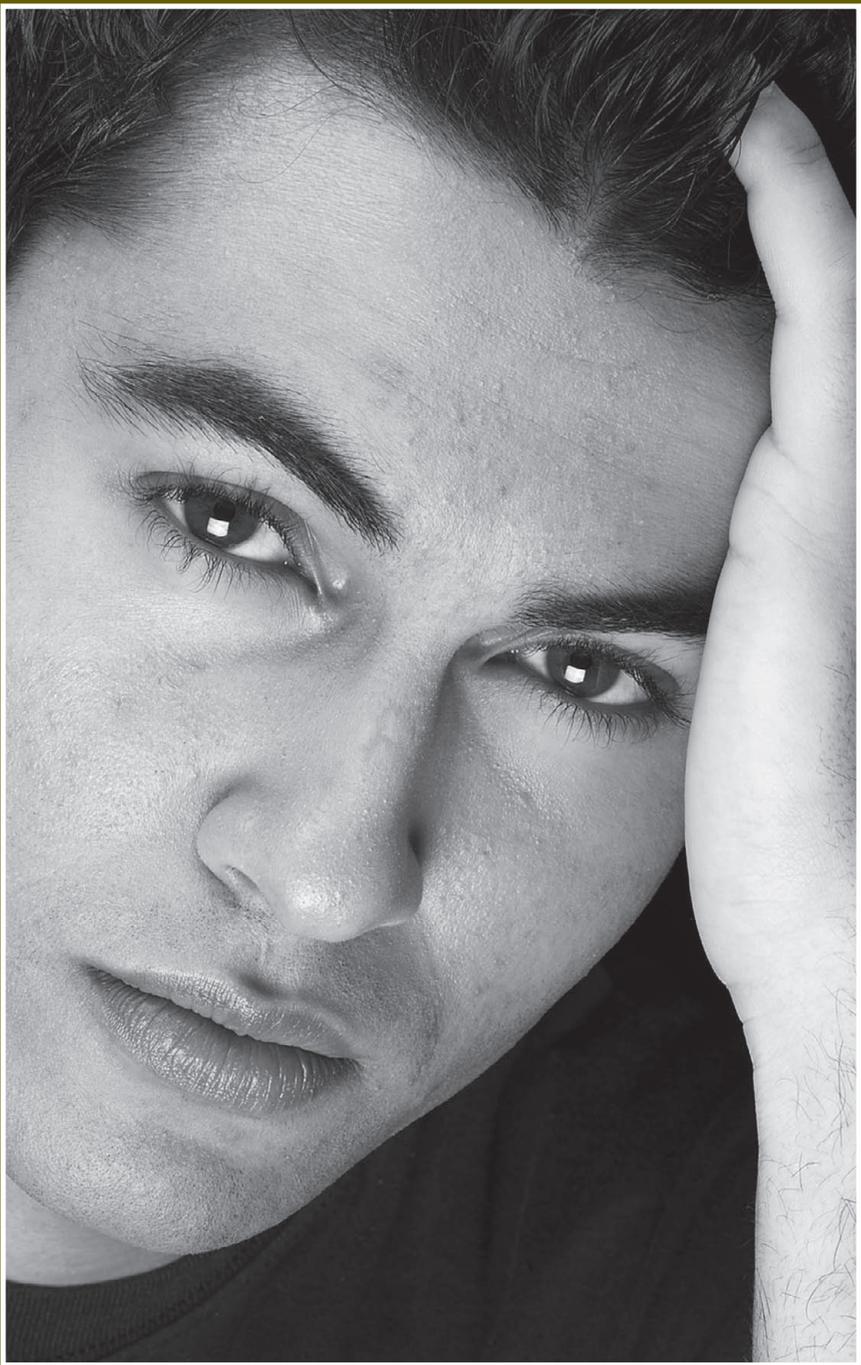
Untreated, mental health conditions can get worse and may have serious consequences. You might, for example, damage your physical health. Or you could increase your risk of doing something to harm yourself or others or of committing suicide. Fortunately, with the right diagnosis and the right treatment, most mental health problems are easily resolved, and you'll return to feeling content with life and be better able to cope with its challenges.

## **YOUR FIRST STEP ON THE ROAD TO GOOD MENTAL HEALTH**

In *Your Head: An Owner's Manual*, we'll talk about three broad categories of mental health problems: depression, anxiety, and stress. You'll learn to recognize the symptoms, some proven coping strategies you can do on your own that may relieve those symptoms, and if necessary, how to get the help you need from a mental health professional. In short, we'll give you the tools you need to take charge of your head and what's going on inside it. Because mental health issues can affect the individual's friends and family, we'll also talk about how to help and support someone close to you who is suffering from one or more mental health issues.

***As you read these pages, remember these two very important points:***

1. Monitoring your mental health isn't something you do once and it's over. As your life circumstances change (which they do every day), so may your mental health.
2. Having a mental health problem doesn't mean you're a bad person or that you're weak, not manly, or that you're losing your masculinity. In fact, quite the opposite is true. We believe that admitting to yourself (and others, if necessary) that you have a problem, and getting the help you need is a sign of great strength.



**WITH PROPER DIAGNOSIS AND TREATMENT,  
THE VAST MAJORITY OF MEN WITH DEPRESSION  
CAN BE HELPED, AND WILL GO ON  
TO LEAD NORMAL, HAPPY LIVES.**

# depression

## DEPRESSION

### WHAT IS DEPRESSION?

People tend to use the word “depressed” to mean feeling down in the dumps. But in reality, depression is a medical condition, and like any other medical condition—whether it’s diabetes, heart disease or cancer—it requires treatment. Being depressed is not simply having the blues for a few days. It’s not something you can just “snap out of.” It’s not a character flaw, and it’s not a sign of weakness.

***Generally speaking, there are three kinds of depressive disorders:***

- 1. Major depression.** If you’re suffering from major depression, just getting through the day is a constant, uphill battle. It can undermine your performance at work, damage or destroy your relationships with family and friends, leave you feeling overwhelmed, or cause you to do harm to yourself or someone else. Major depression could be triggered by a single event, such as a divorce, the death of a loved one, or a financial crisis. It’s also possible for major depression to appear for no clear reason.
- 2. Minor depression (also called dysthymia).** With minor depression, the symptoms are less severe, but they can last a lot longer and can leave you feeling less-than-good for months or years at a time. Having dysthymia also puts you at risk for major depression.

3. **Bipolar disorder (formerly called manic depression).** People suffering from bipolar disorder cycle between severe depression and extreme, unnatural excitement.

## ARE YOU DEPRESSED?

One of the most difficult and confusing aspects of depression is that the symptoms can crop up in so many areas, including mood, appetite, sleep patterns, sex drive, behavior, memory and concentration, and more. **As you read through each of the statements below, think about whether it applies to you.**

- I frequently feel tired or have low-energy
- I find myself getting angry, irritated, restless, or frustrated easily
- I think I've lost my sense of humor
- I find myself spending a lot of time at work as a way of avoiding doing other things
- I drink too much or abuse drugs or prescription medication
- I take unnecessary risks (such as driving too fast, extreme sports, or unprotected sex)
- I often feel ashamed
- I don't take good care of myself or go to the health care provider even when I know there's something wrong
- I lose my temper easily or have been verbally or physically abusive to someone close to me
- I get into a lot of arguments
- I have a history of broken relationships
- I can't seem to stay at a job more than a year
- I have lost interest in people and things I used to enjoy (such as work, activities, friendships, and sex)
- I have sleep problems (either falling asleep, getting up early and not being able to get back to sleep, or oversleeping)
- I feel isolated and avoid spending time with family and friends
- I often feel completely overwhelmed by life
- I often feel guilty, that no one cares about me, or that life is worthless
- I have lost a lot of weight recently without trying
- I am frequently late to work, school, or appointments
- I frequently feel sad, emotionally empty, or just can't bring myself to care about things
- I sometimes cry for no reason
- I think about death or killing myself
- I have trouble concentrating or remembering things
- I have trouble making decisions or choices
- People describe me as cold or aloof
- I have few or no close friends
- I'm a new father
- My children are afraid of me
- I have frequent headaches, chronic pain, or stomach trouble that doesn't seem to ever go away and doesn't respond to ordinary treatment.

If you answered Yes to more than three or four of the questions above, you may be suffering from depression—and you're far from alone. According to the National Institutes of Health, at any given time, an estimated six million men in the United States are suffering from one or more types of depression. In addition, somewhere between 10 percent and 25 percent of new fathers become depressed during that hectic first year of fatherhood. Overall, new dads are twice as likely as other men their age to have symptoms of depression.

Depression can strike at any age, from childhood into late life, and is responsible for a lot of unnecessary suffering. Depression is often the cause of

## ARE YOU DEPRESSED?

*Suppose you just don't feel down at all but are having problems with concentration, motivation, getting going in the morning, insomnia, or low energy. Could that still be depression?*

*The answer is yes, because let's face it, our society usually doesn't encourage men to express feelings like sadness. Men are taught to look outside themselves, to say "life is tough," not "I feel bad." Not being taught to look inside, many men sometimes have difficulty identifying their feelings.*

***Talk to a professional and let them help you sort out what the nature of the problem is.***

**Jean Bonhomme, MD, MPH**  
Men's Health Network  
National Black Men's Health Network

problems at work or at home, physical illnesses such as irritable bowels and migraines, and even suicide.

## DIAGNOSING DEPRESSION

With proper diagnosis and treatment, the vast majority of men with depression can be helped, and will go on to lead normal, happy lives. However, the condition is often misunderstood, and many men don't recognize, admit, or seek help for their depression. As a result, they don't get the treatment they need.

In addition, health care providers are less likely to suspect depression in men than in women, in part because men and women often have very different symptoms and ways of coping. In a sentence, women get sad and men get mad. For example, a woman who feels down, helpless, worthless, hopeless, or guilty will probably visit her health care provider. But a man who's feeling tired, irritable, angry, or discouraged, is having trouble sleeping, or has lost interest in his work or hobbies, **will usually do one of three things:**

- Deny to himself and everyone else that he might have a problem.
- Try to mask the problem by turning to drugs or alcohol, or throwing himself into his work in an attempt to avoid dealing with the issue.
- Act out by behaving hostilely or aggressively, or doing something dangerous or self-destructive.

Unfortunately, all of these behaviors make it harder for men to get diagnosed and treated, and can actually make the depression worse. Untreated, the symptoms of depression can last for years, getting progressively worse with time. This is especially true if you're a military veteran. Vets have a higher-than-average incidence of depression and other mental health problems. One study found that one in five soldiers who served in Iraq or Afghanistan has suffered from major depression or Post-Traumatic Stress Disorder (which we'll talk about later in this manual). Besides making everything in life less enjoyable and making you less fun to be around, your depression can reduce your productivity at work (which can threaten your job), hurt your relationships with friends and family, and increase your risk of getting divorced.

Depression can also severely damage your physical health and even shorten your life. To start with, many men turn to drugs or alcohol to cope with their depression. They may act out their depression by behaving recklessly, taking unnecessary risks, or committing crimes. According to the Mayo Clinic, men with depression are more than twice as likely as men without depression to die

of any cause. Men are four times more likely to commit suicide than women, and veterans are more than twice as likely as other men to commit suicide. And contrary to popular belief, older men—not teenagers or young men—have the highest suicide rate of all.

## WHAT CAUSES DEPRESSION?

***No one is 100 percent sure what causes depression. Most experts agree, however, that it's probably a combination of factors, including:***

- Genetics (depression often runs in families)
- An imbalance of certain brain chemicals (called neurotransmitters) which help brain cells communicate with each other
- A disorder of the part of the brain that regulates mood, sleep, appetite, behavior, and thinking
- Major life events, such as the death of a loved one, divorce, financial problems, or the birth of a child
- The build-up over time of many, smaller, negative life events

Depression can also be caused by any number of other personal issues, especially those having to do with your family and work lives. For example, you might become depressed if you're having ongoing conflicts with your partner about childrearing, or if she continually makes you feel that you aren't living up to her expectations. You could become depressed if you feel inadequate as a father, perhaps because your children get poor grades, are in trouble, you don't have enough money to send them to better schools, or simply because they're growing up and don't seem to need you as much as they used to. You might become depressed—even if you're wealthy—because you don't have as much as you feel you need, or because you're having trouble “keeping up with the Joneses.” Or you might feel depressed if you're worried that a second (or third) marriage or relationship might not work out, if you don't get along with her children from a previous relationship, or she doesn't get along with yours.

For a lot of men, our identity and masculinity are connected with our job performance and salary. You could easily become depressed if you're disappointed with where your career is at this point in your life, you hate your job or your boss, you aren't earning as much as you think you should, you're worried about your job security, you don't have enough control over your work environment, or because your boss or coworkers are making unreasonable demands.

For older men, retirement can be especially difficult. It's not easy to lose the self-esteem and pride that come from working and earning money, and it's tough to make the transition from top performer to mentor and guide. One thing is for sure, though: depression is not a “normal” or an inevitable part of aging. Most older men feel content with their lives.

## GETTING THE HELP YOU NEED

Let's go back to the quiz on page 6 for a minute. If you honestly feel that one or more of the symptoms you checked have lasted for more than a few weeks or are interfering with your life in any way, it's important to start making some changes right now.

***The simplest place to start is with your self. There are a number of things you can do on your own that have a good chance of improving your symptoms. For example:***

- **Get some exercise.** It doesn't really matter what you do, just as long as you do it for 20-30 minutes three or four times a week. (Of course if

you haven't exercised in a while or you have any physical limitations, check with your health care provider before you run that marathon.) In the short term, exercise can boost your mood immediately. In the long term, exercise can make you feel better about yourself, and several studies have found that exercise may be as effective as anti-depressant medications.

- **Spend time with other people.** Suffering alone won't help. In fact, it will make you feel even worse. It's important to find friends and family who you know will be supportive and encouraging. You may even want to seek out people who have some experience with depression. Those who haven't may not truly "get" it, and the last thing you need to hear right now is, "Snap out of it."
- **Do something you enjoy—even if you have to force yourself.** Doesn't matter whether it's seeing a movie, going to a ball game, taking a walk around the block, or having sex.
- **Don't make any major decisions now.** Wait until you're feeling better.
- **Prioritize.** Of all the things you need to do on any given day, which ones are the most important and which can wait? And honestly, what would happen if you didn't do a few of the tasks on your list at all?
- **Set realistic goals.** Setting the bar too high—and then not reaching it—will feed your depression and make you feel even less confident. Breaking tasks down into smaller pieces and celebrating your small achievements will make you feel much better about yourself.
- **Be patient with yourself.** Chances are your depression didn't happen overnight, and it's not going to go away overnight either—even with medication and therapy.

## YOU AND YOUR HEALTH CARE PROVIDER: TREATMENT OPTIONS

If you think you're depressed and you don't notice any improvement after trying the steps above, call your health care provider's office, tell them you're feeling depressed, and ask for an appointment within the next few days. If you'd prefer not to mention your depression over the phone, just say that you're feeling weak and tired; the appointment length for evaluating those symptoms is the same as it would be for depression.

Once you're in the office, talk frankly and honestly with your health care provider. He should be your safest ally—if he's not, start looking for a different

### LATINOS AND DEPRESSION

- *Lack of awareness about depression is a serious concern in the Latino community.*
- *According to the National Latino and Asian American study, 54 percent of Latino men with at least one episode of major depression in their lifetime do not recognize having a mental health problem.*
- *Latinos also report reluctance to getting treatment for depression. And, like U.S.-born white males, Latino men are afraid that seeking treatment will endanger their jobs.*
- *Men with depression, regardless of ethnic background, may be more likely to turn to alcohol or drugs, or to become frustrated, angry or irritable instead of acknowledging their feelings and asking for help.*

**Francisco Semião, MS, MPH**  
Vice-President, Marcelino Pan y Vino, Inc.

health care provider. You may feel uncomfortable talking about your mental health with your friends or co-workers, but no matter how ashamed you feel, you can always talk about these issues with your health care provider. He's definitely heard it all before, so don't feel shy or ashamed to tell him what's going on—or at least what you think is going on. He needs to know everything about what you're feeling, when your symptoms started, and your family's history of depression.

(If you live in a rural area or a small town, getting help may be especially difficult. There may not, for example, be a health care provider nearby. Or, if the person you'd turn to is a friend, a neighbor, or a member of your place of worship, you may worry about whether what you tell him will stay between the two of you. These are all common concerns. However, we strongly encourage you to keep looking until you find the right person. And rest assured, anything you say to a medical professional will remain completely confidential.)

You may simply have a hormone deficiency—something as basic as an underactive thyroid gland. In addition, many men over 50 have low testosterone levels, and replenishing that hormone may make you feel better. If you do have a medical condition, you and your health care provider will work together to come up with an action plan for how to deal with it.

If the medical tests come back negative, talk with your health care provider about getting a depression screening (which is usually a series of questions similar to the ones at the beginning of this chapter). Admitting that you need help takes a lot of courage. But you can't get better if you don't admit it.

***Once your diagnosis of depression has been confirmed, you'll have three basic treatment options:***

- 1. Psychotherapy**, either individual or group.
- 2. Antidepressant medication.**
- 3. A combination of therapy and prescription medication.** This option is usually more successful than either of the other options.

## STARTING YOUR TREATMENT

Just as every man's depression is unique, so is his treatment—there are dozens of different therapy and medication options out there—and it's essential that you take an active role in your own treatment. ***This means:***

- You may need to interview several different mental health professionals before you find the one whose personality and approach “click” with you. So make appointments with more than one, and don't feel that you have to go with the first person your health care provider recommends.
- You may need to try several different medications, doses, or combinations before finding the one that's best for you. Most drugs have minor side effects that generally disappear within a few weeks. These may include insomnia, tiredness, headaches, feeling jittery, and sometimes sexual problems (reaching orgasm, achieving an erection, or a decreased sex drive).
- Keep your health care provider in the loop. Once you start feeling better, it can be tempting to quit therapy or stop taking the medication. Do not do either without consulting your health care provider first.
- Never take anyone else's medication. What works for a friend may not work for you—and could potentially cause severe problems.
- Ask your health care provider to think outside the box. Meditation, relaxation, herbs, massage, and other alternative therapies have been shown to be effective in reducing symptoms of depression in some

cases. However, before starting any of these non-traditional approaches, be sure to discuss it fully with your health care provider.

- Keep your expectations realistic. Regardless of the method of treatment you and your health care provider decide on, it's important to understand that you're probably not going to see results overnight. So, talk with your health care provider about how long it might take before you start to feel better.

## A SPECIAL NOTE ON SUICIDE

Every year about 24,000 depressed men and boys (and about 6,000 females) take their own lives. Overall, suicide is the 8<sup>th</sup> leading cause of death for males. But for boys and young men ages 15-24, it's the 3<sup>rd</sup> leading cause of death.

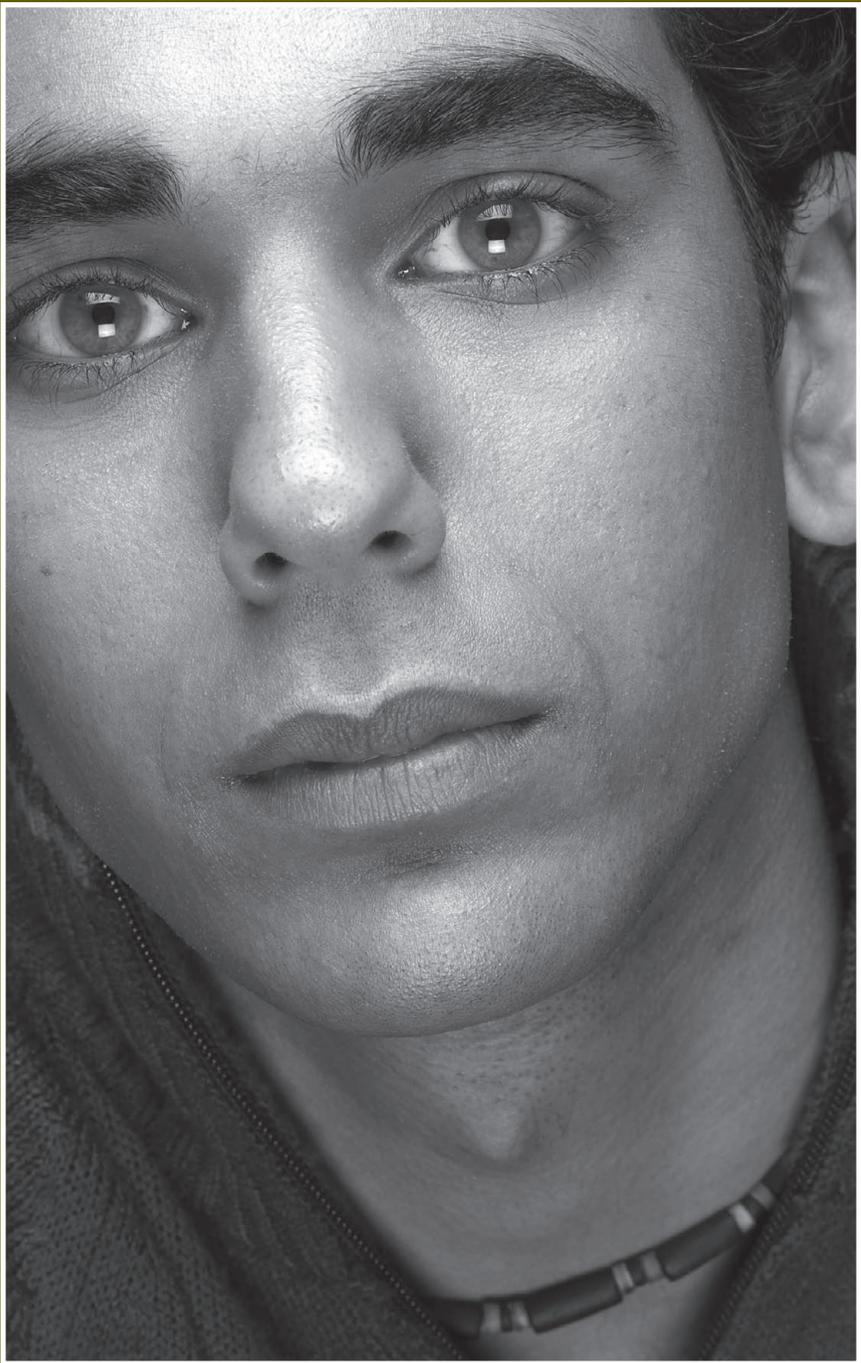
If you're feeling sad and hopeless, have been thinking about death, are afraid you might hurt yourself, or are contemplating suicide, please call your health care provider, a friend, or a suicide hotline right away. Talking to another person won't cure your depression, but it could be just enough to help you make it through the day, until you can get the help you need.

## FAMILY AND FRIENDS: HOW YOU CAN HELP

If someone close to you is experiencing more than two or three of the symptoms on page 6 and is not taking active steps to seek out treatment, your loved one needs you. The most important thing you can do is to be understanding and supportive. Talk with him about what he's feeling and remind him that depression is treatable and doesn't mean he's weak or flawed in any way. Encourage him to go out for a walk with you, or to participate in an activity that he used to enjoy. And remember, comments like, "*Snap out of it!*" are not helpful. One of the major symptoms of depression is lack of energy and motivation. Your support and gentle pushing could be enough to get the man in your life on the path toward recovery.

If you feel that he needs more help than you can provide, help him get what he needs. This may mean that you'll have to take the initiative and make medical appointments for him, and take him there if he's unwilling or unable to do it himself. Most important, be patient. Recovering from depression will take some time.

Finally, be sure to take care of yourself. Your man's depression can spill over into the lives of everyone around him. Caring for a depressed person requires love, commitment, and patience. And you can't possibly be an effective caregiver if you're slipping into depression yourself.



**THE KEY TO TELLING THE DIFFERENCE  
BETWEEN NORMAL BEHAVIOR AND SOMETHING  
THAT MIGHT REQUIRE PROFESSIONAL HELP  
IS THE IMPACT IT HAS ON YOUR LIFE.**

# anxiety

## ANXIETY DISORDERS

### WHAT ARE ANXIETY DISORDERS?

We all feel a little nervous or fearful now and then—perhaps speaking or performing in front of a large group of people, going out on a first date or for a job interview, and so on. In most cases, those feelings disappear as soon as the stressful event is over. In small doses, anxiety is a good thing—it keeps you aware and on your toes. But imagine what it would be like to feel nervous and on edge all the time, constantly worrying that something bad is just about to happen, unable to relax, avoiding any kind of social interactions with other people—even your closest friends. Well, that’s what life is like for the 40 million American adults who suffer from anxiety disorders.

*Anxiety disorders fall into several broad categories:*

- **Generalized Anxiety Disorder (GAD).** People with GAD are worried about something—money, health, their boss, their children—almost every waking moment. They know the situation isn’t as bad as they fear it is, but they can’t shake the feelings of impending doom. They often have trouble falling or staying asleep, and may suffer from a host of problems such as sweating, twitching, inability to concentrate, and/or irritability.
- **Obsessive Compulsive Disorder (OCD).** If you’re suffering from OCD, your day is marked by unwanted thoughts and behaviors that you

can't seem to control. For example, you might be so worried about germs that you'll spend hours and hours washing your hands over and over and over, and you might avoid touching anything or anyone for fear that you'll get contaminated. Or you might become consumed with worry that you've left your front door unlocked and you'll come back home dozens of times every day to check. Or you might get extremely upset if everything in your home or office isn't arranged perfectly symmetrically. In the short run, these rituals help ease the anxiety, but eventually they take over and make things worse.

- **Panic Attacks and Panic Disorder.** A panic attack is a sudden onset of overwhelming terror, which seems to come out of nowhere and for no particular reason. These attacks usually last less than 15 minutes and are often accompanied by sweating, nausea, rapid heart beat, chest pain, the sensation of being smothered, and an intense fear that you're going to lose control or die. Many people who have panic attacks have only one. For others, they happen repeatedly, but completely unpredictably—and that in itself makes the situation worse. If you had a panic attack in a grocery store or in your car once, you might do everything you can to avoid shopping or driving. About a third of those who have frequent panic attacks develop so many fears that they develop a condition called agoraphobia, leaving them terrified of leaving their own home. Fortunately, panic disorder is easily treatable, and symptoms can be controlled with medication or certain types of psychotherapy.
- **Social Anxiety or Social Phobia.** A phobia is an exaggerated fear of specific objects or situations, such as spiders, flying, or swimming. Many of us have experienced stage fright or worried about failing in front of others. That's normal. But sometimes those fears can last for weeks and can become so severe that they it's almost impossible to work, go to school, or have almost any encounters with other people. Besides the feelings of dread, people with social anxiety or phobias may have almost uncontrollable blushing, sweat profusely, have a rapid heart beat, and hardly be able to speak. People with severe, untreated social phobias also have an especially difficult time forming relationships with others, are less likely to get married, and are more likely to drop out of school.

## DO YOU HAVE AN ANXIETY DISORDER?

The key to telling the difference between normal behavior and something that might require professional help is the impact it has on your life. If you're doing well at work or school, have good friends, get over your nervousness and tension pretty quickly, and feel that you're functioning well, chances are you've got nothing to worry about. But if your worries or anxieties are interfering with your work or school life, make it hard for you to have friends or maintain relationships, and really affect your ability to enjoy life, you may have an anxiety disorder.

Following is a list of symptoms you may experience if you have one or more of the anxiety disorders we discussed above. If you have more than three or four on a regular basis, schedule an appointment with your primary care physician as soon as possible.

- Intense feelings of worry, fear, confusion, or nervousness that have lasted more than 2 months
- Frequent spells of apprehension, uneasiness, or dread

- Frequent feelings of self-consciousness or insecurity
- Fear that you are about to die, or that you are losing control or going crazy
- Fear that something terrible is going to happen
- Fear that you'll have a panic attack
- A frequent—and very strong—desire to escape
- Avoiding social situations, or fear of being embarrassed or humiliated in public
- Difficulty concentrating, either generally or only in specific situations
- Shortness of breath
- Palpitations or pounding heart
- Chest pain or discomfort
- Frequent headaches, muscle tension, pain, or upset stomach that doesn't respond to ordinary treatment
- Trembling, shaking, restlessness, jumpiness, twitches, or feeling on edge
- Dizziness, nausea, or queasiness
- Hot flashes or chills
- Irritability
- Cold and clammy hands
- Profuse sweating
- Fatigue
- Trouble falling or staying asleep

## DIAGNOSING ANXIETY DISORDERS

Men are less likely than women to be diagnosed with anxiety disorders but that's in part because men are less likely to report them. (Unfortunately, it's more acceptable in our society for a man to see a health care provider for a physical problem such as chest pain, than it is to admit being nervous or anxious, and we have a tendency to believe that those traits affect women, not men.) For that reason, if after going through the symptoms listed above, you think you have an anxiety disorder, it's essential that you contact your health care provider. One important reason for this is that anxiety symptoms can sometimes be caused by a physical condition such as heart problems, migraines, or epilepsy. Symptoms can also be caused by food (caffeine), medication (some decongestants, drugs for blood pressure and ADD, weight-loss pills), or illegal drugs (cocaine and others).

If your health care provider is able to rule out physical conditions, he may do some extensive screening to determine the type and severity of your anxiety. Although a team of researchers recently developed a blood test that may help diagnose anxiety disorders, it's years away from being widely available. So, health care providers have to do their diagnosing the old-fashioned way: by asking you a series of questions and/or having you take a number of written tests.

## WHAT CAUSES ANXIETY DISORDERS?

***As with depression, no one is completely sure what causes anxiety disorders. Most experts agree, however, that it's probably a combination of factors, including:***

- Genetics. Anxiety often runs in families.
- Your environment. Where you live, how much money you make, whether or not you're happy at work and in your personal relationships.
- Your personality. If, for example, you see yourself as a victim or as powerless to influence your own life, you're likely to see the world as a very dangerous place.

- A trauma or significant stress.
- A major physical problem or illness.
- The build-up over time of many small, negative, life events.

## DIAGNOSING ANXIETY DISORDERS

*Men are less likely than women to be diagnosed with anxiety disorders but that's in part because men are less likely to report them. (Unfortunately, it's more acceptable in our society for a man to see a health care provider for a physical problem such as chest pain, than it is to admit being nervous or anxious, and we have a tendency to believe that those traits affect women, not men.)*

*Anxiety symptoms can sometimes be caused by a physical condition such as heart problems, migraines, or epilepsy. If your health care provider is able to rule out physical conditions, he may do some extensive screening to determine the type and severity of your anxiety.*

***Talk to a professional and let them help you sort out what the nature of the problem is.***

## GETTING THE HELP YOU NEED

Once the correct diagnosis is made, anxiety disorders generally respond very well to treatment—and you should start that treatment as soon as possible. At the very least, it will improve your quality of life. In addition, long-term, untreated anxiety increases your risk of hardening of the arteries (atherosclerosis), headaches, asthma, irritable bowel syndrome, ulcers, high blood pressure, and suicide.

The specifics of your treatment will be based on your symptoms, how severe they are, how long they've lasted, what (if anything) triggered them, and any other conditions you may have, such as depression, diabetes, or alcoholism.

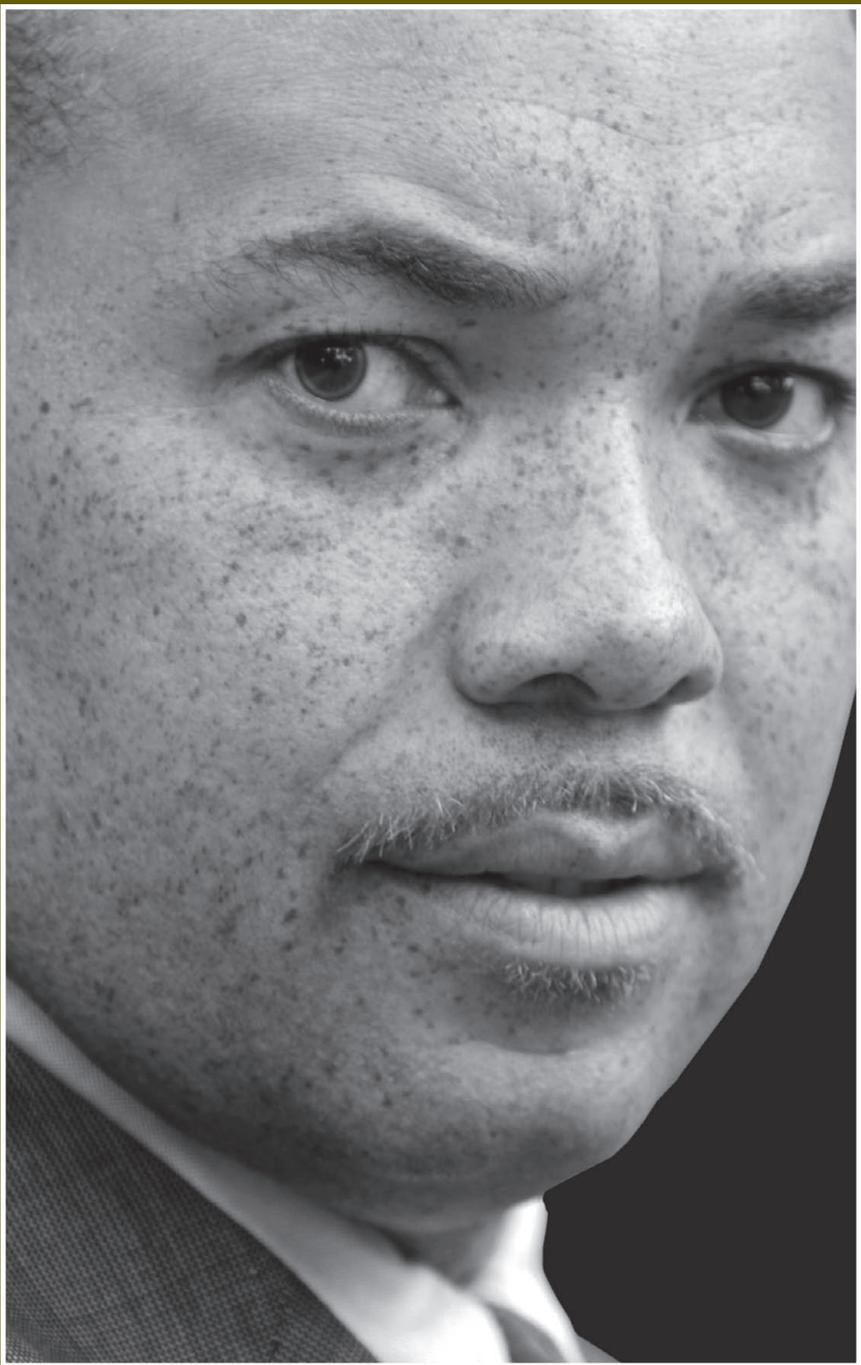
***Nevertheless, those treatments will fall into three categories:***

- **Medication.** The most common are specific anti-anxiety drugs. But antidepressants and some types of beta blockers (which help reduce performance jitters and anxiety), can also be helpful. Antidepressants often take a few weeks before they fully kick in, and can be taken on a long-term basis. Anti-anxiety drugs are usually given only for a limited time because it's possible to build up a tolerance, meaning you'd need more and more to get the same effect over time. Remember that sharing another person's medication is not a good idea. You may be taking the wrong thing for the wrong period of time.
- **Psychotherapy**, in particular cognitive behavioral therapy (CBT). Unlike traditional talk therapy, CBT is far more action oriented and focuses on changing your thinking patterns by changing your behavior. You'll learn what's keeping you from functioning the way you'd like to, and you'll learn new ways of dealing and coping by confronting your fears in a safe environment.
- **A combination of medication and psychotherapy.**

***In addition to these options, there are a number of non-medical steps you can take to reduce your anxiety. These include:***

- Getting plenty of exercise. Yoga, jogging, cycling, racquetball, basketball, or anything else that gets your heart rate up is good.
- Take a class in meditation or relaxation techniques.

- Spend time doing activities you really enjoy.
- Try to spend time with people you feel comfortable around.
- Join a support group. Knowing you're not alone is extremely helpful and reassuring. There are general groups for people with a variety of anxiety issues. In addition, there are many groups that focus on specific types of anxiety. For example, if you get petrified at the thought of having to speak in front of a group, you might consider joining Toastmasters.
- Get plenty of sleep.
- Eat well.



**ALTHOUGH MEN AND WOMEN BOTH SUFFER  
FROM STRESS, WE HAVE VERY DIFFERENT  
WAYS OF COPING WITH IT.**

# stress

## STRESS

### WHAT IS STRESS?

Stress is an unavoidable and—in small doses—a very important part of our lives. Without it, you'd never have been able to ask your high-school sweetheart out on that first date or pull an all-nighter before a final exam. You couldn't beat out an infield single, your heart wouldn't pound while watching a horror movie, and you wouldn't feel the slightest joy at the birth of your child or buying a car. In some cases, stress can actually save your life. For example, if you're in a dangerous situation or feeling afraid, your body gives you a jolt of adrenaline and goes into "fight or flight" mode. Your pulse races and blood rushes away from your face and body and out to your arms and legs so you can protect yourself or get away from whatever it is that's threatening you (that's why people who are frightened are often "white as a sheet").

In today's world, it's pretty unlikely that you'll ever come face to face with a lion or need to get out of path of an oncoming train. But you'll deal with lots of smaller stresses every day, like looming deadlines, some nut cutting you off in traffic, or an argument with a customer or your wife or child. Your body responds to these small stresses in pretty much the same way as it does to larger ones. Fortunately, in most cases—when the immediate excitement or danger has passed—your pulse slows down, your muscles relax, and you can get on with your day.

Sometimes, though, the pressures of daily life pile up and your “fight or flight” response never fully shuts off, causing your body to stay in stress mode longer than it should. When that happens, you may develop any number of physical or psychological symptoms, which we’ll discuss later in this chapter. For now, let’s talk about the four basic kinds of stress.

- **Acute stress** has to do with the way you respond to individual situations or events. For example, getting a call from your child’s school telling you he’s being expelled, hitting every red light on your way to work, finding out you’re going to be audited by the IRS, or a huge project that’s due at the end of the week. With acute stress, you almost always know exactly what the cause is. And because the situation is usually resolved within a day or two, there isn’t enough time to do any long term damage. Still, acute stress can cause headaches, irritability, anxiety, pain in the jaw, back, or neck, adult acne, and some short-term stomach problems such as irritable bowels, diarrhea, and heartburn.
- **Ongoing acute stress** is similar to acute stress, except that the situation or event that’s causing the stress doesn’t end. What we’re talking about here is that pile of work that you’re never quite able to dig your way out from under, always being in a hurry but never managing to get anywhere on time, your inability to say “No” to people and then getting angry that you didn’t stand up for yourself, or the feeling you can’t seem to shake that something terrible is about to happen. People who have ongoing acute stress can seem nervous, and are often perceived as rude, short-tempered, tense, or abrupt. Physically, they can suffer from an increase in blood pressure and pulse, sweatiness, dizziness, headaches, chest pain, and difficulty taking a full breath.
- **Chronic stress** is like ongoing acute stress except on an even larger scale. Chronic stress can be caused by poverty, being trapped in an unhappy marriage, a job you hate but can’t quit because your family needs the money, or a chronic illness. It’s pretty hard not to notice acute stress, but chronic stress can become so much a part of your day-to-day life that it’s easy to ignore it and resign yourself to never finding a way out of your current situation. But ignored or not, chronic stress wears you down every day of your life and may cause many serious long-term physical and emotional health problems, including heart attack, stroke, violence towards others, and even suicide.
- **Post-traumatic stress** is the fallout from a terrifying or catastrophic event in your life, usually something where you, or someone close to you, were in danger of being seriously hurt or killed. It could be a car crash, being a witness or the victim of a violent crime, serving in combat, or living through a natural disaster such as a hurricane or earthquake. Many people who experience traumas recover quickly and get back to their normal lives. But not everyone. Some develop Post-Traumatic Stress Disorder (PTSD). They may re-live the event over and over, in nightmares at night and scary thoughts during the day. They may go to extraordinary lengths to avoid any reminder (people, places, smells, etc.) of the event. They may also develop symptoms of any or all of the other types of stress discussed above. Those symptoms, if they occur, usually appear around three months after the event, although it could be as much as a year or longer.

## ARE YOU OVER-STRESSED?

Whether stress is good or bad depends on the situation and the people involved. For example, some of us love speaking in front of crowds, others cannot stand to do so. Some love the adrenaline rush that comes with riding in the front car of a roller coaster or jumping out of a plane, while for others, the mere thought of

either one of those activities is enough to send their pulse through the roof. For some guys, two weeks on the beaches in Hawaii would be wonderfully relaxing. But for someone who can't really afford to take the time off, or who's worried about how much work he'll find piled on his desk when he gets back to the office, every day of that "vacation" will be incredibly stressful.

***With that in mind, read through the following statements and take note of how many apply to you:***

- I recently got married, divorced, or separated
- I was recently injured or have been sick
- I'm having major financial problems, such as bankruptcy or a home being foreclosed
- I work more than 10 hours per day
- I was recently fired from my job
- I hate my job or some of the people I work with or for
- I haven't had a vacation in three years or longer
- My partner is pregnant
- I always seem to be coming down with a cold or other illness
- A close friend or relative is ill
- I've got a child who's leaving home for college
- My family recently moved to a new home
- I get less than six hours of sleep every night
- I've been getting into more and more arguments with my spouse, friends, or coworkers
- I hardly have any time to myself to read, exercise, or just relax
- It's been a long, long time since I did something just for fun
- I'm always in a hurry but never manage to get anywhere on time
- I drink more than three caffeinated drinks every day
- I have trouble falling asleep, staying asleep, or think I have insomnia
- I don't have any close friends or relatives I can turn to for emotional support
- I recently experienced or witnessed an event where I felt incredibly afraid or helpless
- At night I have nightmares about the event. During the day, memories keep popping into my head and I feel as though I'm reliving it over and over again
- I get very upset by anything that reminds me of what happened (my heart pounds, my muscles tense, I start to sweat or feel nauseated)
- I go to extreme lengths to avoid activities, places, or people who remind me of what happened
- I have a tough time trusting other people or allowing myself to feel close to anyone

***Chances are, at least five or six of the above statements are true for you. And that's no surprise. Stress is so widespread that many mental health professionals consider it to be America's biggest health problem. The American Institute for Stress estimates that 75-90 percent of all visits to primary care physicians are for stress-related issues.***

## DIAGNOSING STRESS

Stress can cause a huge variety of physical, emotional, and behavioral symptoms. When you're dealing with acute, ongoing acute stress, or the early stages of post-traumatic stress, ***you may experience one or more minor symptoms such as:***

- Headaches
- Stomach trouble, nausea, indigestion, constipation, or diarrhea

- Shortness of breath
- Sleep issues—either too little or too much

***But if you develop chronic stress or don't get treatment for your post-traumatic stress, the symptoms may get progressively worse. These may include:***

***Physical Symptoms:***

- Chest pain or tightness
- Unintended weight loss or gain
- Aches and pains that seem to have no particular cause
- Acne and other skin problems
- Hair loss
- Loss of interest in sex
- Excessive sweating
- High blood pressure
- Heart disease
- Stroke
- Ulcers
- Diabetes
- Reduced immunity, which can result in infections and can aggravate conditions such as herpes, AIDS, and HIV
- Over reaction of your immune system, which can lead to asthma and psoriasis, or auto-immune conditions like rheumatoid arthritis and lupus.

***Emotional Symptoms:***

- Mood swings
- Feelings of anxiety, depression, or extreme frustration
- Feelings of apathy
- Nervousness
- Feelings of guilt, shame, or of being helpless or out of control
- Poor self-esteem or a lack of confidence
- Feelings of failure
- Constantly second guessing yourself and questioning your own judgment
- Depression
- Anxiety or panic attacks
- Eating disorders

***Behavioral Symptoms:***

- Irritability or outbursts of anger
- Maladaptive behavior, such as drinking too much, smoking, eating unhealthy food, and not getting enough exercise
- Inability to concentrate
- Memory lapses, forgetfulness, or short-term memory loss
- Problems with relationships
- Poor performance at work
- Inability to manage time effectively
- Overreacting to minor irritants

***If you have PTSD, your long-term symptoms may also include:***

- **Anti social behavior.** You may feel that you can't trust other people, which could lead you to withdraw from friends or family, or cause relationship problems at home, school, or work.
- **Intrusive symptoms,** such as flashbacks and nightmares. These are often so vivid that it may feel like you're going through the trauma again. You may feel as scared as you were when it actually happened. Instead of (or in addition to) flashbacks and nightmares, you may suddenly feel a wave of fear, panic, anger, or crying that comes completely out of the blue.

- **Avoidance of activities and situations** that remind you of the event or that you worry might remind you or trigger a flashback. For example, if you served in combat, you would probably try to stay away from anyplace where there might be loud noises.
- **A constant agitated state**, which may include elevated blood pressure, muscle tension, difficulty falling or staying asleep, irritability, outbursts of anger, sweating, and being easily startled.
- **Emotional numbness**. In an attempt to avoid remembering or reliving the event, people with PTSD often shut down their emotions—the good ones as well as the bad ones.
- **High—and gradually increasing—risk of committing suicide**.
- **Having other mental health issues**. About 80 percent of people with PTSD also suffer from depression and/or anxiety.

## PTSD AND MINORITY MEN

*PTSD, or Post-Traumatic Stress Disorder, is a major issue among minority men, particularly African American men. These men may wish to seek out programs designed to help men who have experienced violence and trauma early in life that they have suppressed.*

**Alphonso Gibbs, MSW**

Although men and women both suffer from stress, we have very different ways of coping with it. Women generally do what mental health professionals call “tend and befriend,” meaning that they reach out to others around them, look for friends and family to lean on, and talk about what’s bothering them.

Men, on the other hand, have a tendency to cope with stress in pretty much the same way as we cope with other problems. We bottle it up and refuse to talk about it; we escape, either by trying to get away physically or by denying to ourselves and everyone else that there’s a problem at all; we try to cover it up, often with illegal drugs or alcohol; or we get angry and aggressive.

As you’ve probably guessed, none of those approaches is particularly effective. In fact, they almost guarantee that the physical and emotional symptoms will get worse. Unfortunately, when that happens, most guys don’t take the hint and get help. Instead, they keep on ignoring their symptoms until a crisis—like severe chest pains—happens, and they add “worrying about my health” to the list of things that cause stress.

## WHAT CAUSES STRESS?

Stress is basically your brain’s and body’s reaction to a situation you can’t (or don’t think you can) cope with. Acute or chronic stress can be caused by a lot of things, but we can divide them into three categories: at home, at work, and everywhere else. (Post-traumatic stress has other causes, which we’ll discuss below.) Let’s take a look at each group in detail.

### SOURCES OF STRESS AT HOME:

- Death of your spouse or life partner
- Death of a close relative or friend
- Divorce, separation, or breaking up a long-term relationship
- A tense, rocky, or hostile relationship with your spouse
- Frequent heated arguments with other family members or neighbors
- Injury or illness—yours or anyone else’s close to you
- Money trouble—due to the loss of a job, high debts, home foreclosure, not having enough to meet your monthly expenses, or simply not having enough money to do the things you want to do

- Marriage—yours or the marriage of a close relative
- Pregnancy or the birth of a new baby (while this is usually a time of great joy, the increased responsibilities and pressures that go along with being a dad can be very stressful)
- Your children’s behavior at school or at home—or their grades.
- Moving to a new home—even if it’s in the same city.
- The slow build-up over time of many negative life events.

**SOURCES OF STRESS AT WORK:**

- Losing your job or having been unemployed for a long time
- A new job
- Your relationship with your coworkers
- Your relationship with your boss
- Trouble managing or training those under you
- The workplace atmosphere
- Whether you have a good friend at work
- The amount of pressure you’re under—deadlines, sales quotas, “making your numbers”
- How many hours you work—not enough or being forced to work overtime, weekends, or holidays
- Feeling unappreciated or not valued by your employer or boss
- Being passed over for a promotion or pay raise

**SOURCES OF STRESS EVERYWHERE ELSE:**

- Abusing drugs or alcohol
- Your overall environment—the size of your home or apartment, the neighborhood you live in, traffic, availability of public transportation, air or noise pollution, distance from parks and other recreation
- Fears about safety—your safety and the safety of those close to you
- Your mental health—depression and anxiety can cause and be caused by stress
- Feeling helpless
- Negative thinking—questioning your own judgment, feeling that you’re going crazy or are about to snap, considering yourself a failure, criticizing yourself for your perceived shortcomings
- Having unrealistic goals
- Loneliness or not feeling you’re important or a part of anything
- Trouble making friends or maintaining friendships
- A fight with a friend
- Worries about the political situation
- Poverty
- Feeling that you don’t have a support system, people to whom you can turn if you need help

**SOURCES OF POST-TRAUMATIC STRESS:**

***PTSD has more extreme causes, usually a very disturbing or frightening experience such as:***

- Surviving a serious accident—car or plane crash, boating accident, fire
- Surviving a natural disaster—hurricane, earthquake, tsunami
- Surviving a terrorist attack
- An event where you thought you were going to die
- Shooting or being shot at in combat
- Surviving a violent crime—mugging, assault, rape
- Sustaining a particularly sudden and devastating injury—an industrial accident, a severe shark bite, losing a limb

- Having seen any of the above happen to someone else
- Serving in a high-risk civilian occupation

## GETTING THE HELP YOU NEED

Eliminating stress from your life is not possible. What you can do, however, is pay close attention to the things that cause us stress and develop some healthy ways to cope. ***So take a minute and review the symptoms of stress on pages 21-23 and write your answers to the quiz on the blank page, at the end of this chapter, page 27.*** As with depression and anxiety, symptoms are only a problem when they affect you negatively or interfere with your enjoyment of life. If they do, do not ignore your symptoms. Untreated, your stress levels will get worse and worse and can endanger your physical and mental health and your relationships with family, friends, and others.

Below, you'll find a number of lifestyle steps you can take on your own to reducing the stress in your life. If you're suffering from acute or ongoing acute stress, these activities may reduce—or eliminate—your symptoms. If you believe that you have chronic stress or PTSD, these activities will help, but we strongly suggest that you also see your primary care physician. Chronic stress and PTSD are extremely difficult to manage without medical intervention.

- **Exercise.** While any kind of exercise is good, aerobic exercise—say 20-30 minutes three or four times per week—is especially good. Studies have shown that aerobic exercise can reduce your stress by as much as 50 percent.
- **Relax.** Try to get some downtime every day, even if it's only 10 or 15 minutes. Take walks, meditate, listen to music, or just sit and read. Biofeedback, massage, and acupuncture are also helpful.
- **Eat healthy and take your vitamins.** Getting good nutrition is key to managing your physical and mental health. In addition, some research shows that stress causes the body to use B and C vitamins too quickly. Taking supplements (with your health care provider's approval) may help you cope better.
- **Have some fun.** Play a game, go to a movie, or do anything else that's low on stress and high on enjoyment.
- **Breathe.** Sit or lie down in a comfortable place. Close your eyes and focus on your breathing, making your belly—not your chest—rise and fall. In, out, in, out. Inhale for five seconds, hold for one, exhale for five, hold for one, and so on.
- **Rest.** Try to get at least 6—and not more than 8—hours of sleep every night.
- **Watch the caffeine.** If you're drinking more than three cups of coffee, tea, or other caffeinated drinks (like Coke or Red Bull), cut back. But don't do it suddenly, otherwise you may get nasty caffeine withdrawal headaches.
- **Quit smoking.** Of course you already know that, but it's hard to do on your own—especially if you're depressed. If you're having trouble quitting by yourself, or if you've quit and gone back to smoking, talk to your health care provider about whether you could benefit from one of the prescription medicines that help people get and stay off cigarettes.
- **Don't self-medicate.** Abusing legal or prescription drugs, and having more than seven drinks of alcohol per week will do you far more harm than good by damaging your health and raising your stress levels.
- **Try not to worry about things you can't control.** Like the weather or someone else's driving habits. Spend less time looking backwards

at shoulda, woulda, coulda. What's past is past and there's nothing you can do about it now. Instead, spend time looking forward, at what you're going to do in the future to make life more enjoyable.

- **Talk.** Having an ally, someone who's got your back, is extremely important for your overall mental health and can greatly reduce your stress levels.
- **Don't compare yourself to others.** Different people can—and do—respond differently to the exact same circumstances. This is especially true with PTSD: what one person finds traumatic might not faze the guy standing right next to him. It's important to keep in mind that having PTSD or any other stress condition is not a reflection on your worth as a man. The real measure of your strength is whether you have the courage to ask for help when you need it.

## YOU AND YOUR HEALTH CARE PROVIDER: TREATMENT OPTIONS

If you're suffering from stress or PTSD, and the activities above aren't making you feel much better, or you're afraid you're going to snap or burn out, you must get help. The first thing your health care provider will do is try to rule out any of medical conditions that, as with depression and anxiety, can cause symptoms that look a lot like stress. ***Once he's ruled out a physical concern, your options will be the same as the ones found on page 9:***

- **Medication**
- **Psychotherapy**, either individual or group
- **A combination of therapy and drugs.**

## FAMILY AND FRIENDS: HOW YOU CAN HELP

If you think your loved one is suffering from severe stress or PTSD and isn't taking active steps to seek out treatment, he needs you. The most important thing you can do is to be understanding and supportive. Talk with him about what he's feeling and remind him that stress—even PTSD—is treatable and doesn't mean he's weak or flawed in any way. Encourage him to go out for a walk with you, or suggest low-stress, just-plain-fun activities. Helping him keep his expectations and goals reasonable can be a huge help.

If you feel that your loved one needs more than you can provide, help him get what he needs. This may mean that you'll have to take the initiative and make medical appointments for him, and take him there if he's unwilling or unable to do it himself. Most important, be patient. Recovering from stress will take some time. And when it comes to PTSD, there is no quick cure. But the condition can be effectively managed and symptoms greatly reduced.

Finally, be sure to take care of yourself. Your man's stress can spill over into the lives of everyone around him. Caring for another person requires love, commitment, and patience. And you can't possibly take care of someone else if doing so is stressing you out.

**NOTES**

*Use this blank page to write your responses to the quizzes found in the chapters.*

# resources

## RESOURCES

**FOR THE LATEST LIST OF AVAILABLE RESOURCES, GO TO:  
WWW.BLUEPRINTFORMENSHEALTH.COM**

### TELEPHONE NUMBERS AND HOTLINES

#### NATIONAL SUICIDE PREVENTION LIFELINE

*National Suicide Prevention Lifeline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis.*

**1-800-273-TALK (1-800-273-8255)**

*Para obtener asistencia en español durante las 24 horas, llame al:*

**1-888-628-9454**

#### MILITARY ONE SOURCE

*A 24/7 toll free telephone number and website ([www.militaryonesource.com](http://www.militaryonesource.com)) for information and referral service for active duty soldiers, deployed civilians and their families.*

*From the United States callers can dial: **800-464-8107***

*From outside the United States dial the appropriate access code to reach a U.S. number and then **800-464-81077** (all 11 digits must be dialed). Hearing-impaired callers should use 800-364-9188, and Spanish speakers can dial 888-732-9020.*

### ORGANIZATIONS AND WEB SITES

#### MEN'S HEALTH NETWORK

[www.menshealthnetwork.org](http://www.menshealthnetwork.org)

#### BLUEPRINT FOR MEN'S HEALTH

[www.blueprintformenshealth.com](http://www.blueprintformenshealth.com)

#### NATIONAL ALLIANCE ON MENTAL ILLNESS

[www.nami.org](http://www.nami.org)

#### NATIONAL INSTITUTE OF MENTAL HEALTH

[www.nimh.nih.gov](http://www.nimh.nih.gov)

#### MENTAL HEALTH AMERICA

[www.nmha.org](http://www.nmha.org)

#### MILITARY ONE SOURCE

[www.militaryonesource.com](http://www.militaryonesource.com)

#### SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION

[www.samhsa.gov](http://www.samhsa.gov)

#### NATIONAL MENTAL HEALTH INFORMATION CENTER AT THE SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION

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# board

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*A spokesman for the Men's Health Network, Armin has written about men's health issues for many national publications. He's also the best-selling author of seven books on fatherhood, which have helped millions of men around the world become the fathers they want to be and that their children need them to be.*

### ADVISORY BOARD

*"Your Head: An Owner's Manual" Advisory Board is a group of men and women — psychiatrists, physicians, psychologists, public health experts and advocates for men's health — working together toward the common goal of improving the health, longevity, and quality of life for men and their families from all walks of life.*

**MHN** Men's Health Network  
[www.menshealthnetwork.org](http://www.menshealthnetwork.org)

An informational and educational organization  
recognizing men's health as a specific social concern.

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