

By Kenneth J. Cooper

# Anyone would think Clarence Jordan has had a pretty good life.

He has a bachelor's degree from Tennessee State University and a master's degree from the Naval Postgraduate School. In the Navy, he was a pilot with the rank of commander, the equivalent of an Army colonel. He survived a tour in Vietnam. After the military, Jordan landed a job in Atlanta with a telecommunications company. Within a few years, he was training the sales staff. Here was a college-educated black man, a veteran military officer, making it in corporate America.

Throughout much of his outwardly successful life, though, Jordan's inner world was in turmoil. He felt isolated, even from fellow officers in the structured environment of the military. In his relationships with one wife then another, he remembers being "very moody, very temperamental" and "verbally abusive." Both marriages ended in divorce. After 15 years, the Navy dismissed him from service.

His state worsened with the stress of readjusting to civilian life. In Atlanta, a "feeling of incompleteness, almost as if I was two persons" enveloped him. "I went to work. I went home," he recalls. "In my isolation, or in my deep despair, I sought relief, whatever form that relief could take. Alcohol was certainly a very accessible kind of relief to have, and that led to other kinds of drugs." Jordan grew suicidal. He returned to his hometown, Nashville, Tennessee, to get his bearings. Relocating didn't help at all. For nearly two years, he was in and out of jail on drug charges and probation violations, until a perceptive judge forced him to undergo an evaluation at a mental health clinic in 1999. The psychiatrist's conclusion astonished Jordan: Depression had almost done what the Viet Cong could not. "Never in my wildest estimation would I have associated those symptoms with a mental illness," he says. "Even after the diagnosis, there was this period of great denial. I mean, 'That can't be.'"

Jordan is now 58, married again and a manager at a health care firm in Nashville. He no longer uses drugs, and his depression has been successfully treated with therapy and medication. He is also a rare African-American man willing to talk about his depression.

## What the Numbers Don't Say

Although most studies find black men suffer from depression no more than white men, and definitely less than black women, African-American experts in mental health are skeptical. African Americans of both sexes, they note, are less likely to seek treatment and tend to accept having "the blues" as an embedded fact of life—not a mental illness. The experts add that most black men, in particular, have a self-image of being strong and persevering. Their depression is usually denied, hidden and



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undiagnosed. "I think a lot of black men are depressed, but it may not be reported to the doctor or anyone," says Alvin F. Poussaint, M.D., a black psychiatrist at Harvard Medical School.

John Head, a freelance journalist whose 2004 book on depression and black men, *Standing in the Shadows*, courageously chronicled his personal struggle, says: "We are at greater risk because we face more risk factors."

Those factors, Dr. Poussaint says, include discrimination, unemployment, incarceration, homelessness, "feeling left out" and "pressure to cope, no matter what." He places more weight on these environmental causes than chemical imbalances in the body, which can affect anyone. "Racial discrimination is always a bit of an assault on your self worth," he says. "That's going to be a constant, little rat-tat-tat on your psyche."

A recent study conducted found that 7 percent of African-American men experience serious depression in their lifetime, compared with 13 percent of African-American women, 16 percent of white men and almost 20 percent of white women. Other studies have found rates for black men as high as 20 percent. But depression in black men may be a monumental case of the standards for measuring the frequency of an illness not fitting African-American customs. Troubling statistics from the Centers for Disease Control and Prevention (CDC) point to what may be going undetected: The last few decades, black teenage boys have been committing suicide at an escalating rate.

Dr. Poussaint and journalist Amy Alexander grew so concerned about the fatal trend they wrote a book, *Lay My Burden Down: Unraveling Suicide and the Mental Health Crisis among African Americans*, published in 2000. The CDC's figures show the suicide rate for black male teenagers between 15 and 19 jumped 146 percent from 1980 to 1998, approaching the white rate for white teenage boys, which had always been much higher. Most but not all suicides are caused by mental illness. Dr. Poussaint says young black suicide victims often have expressed the sense of "hopelessness, feelings of isolation, feelings of worthlessness" of depressed people.

The official statistics don't capture what may be another form of suicide committed by black men who fulfill a semi-conscious death wish through self-destructive behavior, abusing drugs or alcohol, indulging in unprotected sex with multiple partners or provoking shootouts with street gangsters or with police officers in "suicide by cop."

Like Clarence Jordan, some depressed black men use drugs or alcohol "almost naturally," Dr. Poussaint says, "to self-medicate"—without finalizing their self-destruction. Smoking cigarettes and overeating can also provide a temporary lift. But these men crash after getting high or stuffing their face, and still feel bad. Black men may become withdrawn, as Jordan did.

### A Helping Hand

Another common symptom is less familiar. Some depressed men have a short temper, snapping at every word from their wives, girlfriends or children, as Jordan did with his first two wives. Many black women blame this behavior on the man be-

ing in a bad mood or "just being evil." Dr. Poussaint calls it "constant irritability," a symptom in the diagnostic manual for depression and a masculine way to express despair. "The irritability may make them feel like they're taking things on or they're fighting back," he says.

So what's a wife, live-in girlfriend or mother to do?

Black men with clinical depression can be treated with medication, therapy or a combination, standard practice for all sufferers. One obstacle can be a lack of health insurance, or a policy that doesn't cover mental illness. Public health clinics may also feel unwelcoming. But persuading a black man or teenager to get help can be tough. Jordan says his first wife suggested he talk to a minister. The second proposed marriage counseling. He rejected both appeals because he didn't think anything was wrong.

Dr. Poussaint and Head recommend black women take an indirect approach. "Instead of saying, 'You must be depressed,'" Dr. Poussaint advises, "you say, 'You may be feeling down' or 'You seem to be lacking energy. You seem to be having trouble sleeping. Is anything bothering you?'" Avoid inquiring about emotional problems, Head says. Males are more likely to listen if women "talk about the physical aspects of the illness." Suggest a visit to a doctor, who can make a referral to a mental health professional. "We'll take advice more from people we're paying than from someone we care about," he argues.

But women should take action on their own, Dr. Poussaint says, "if the depression gets really severe, if the person can't get out of bed and they stop eating. Then friends have to help get that man in treatment." As a precaution against suicide, especially in the case of a depressed teenager, who might act impulsively, guns should be removed from the house, Dr. Poussaint says. Once in treatment, he says, a black man's therapist needs the "cultural sensitivity" to grasp "what black people go through."

### Life After Depression

Head and Jordan are proof depressed black men can lead a good life after treatment. Head, 56, reunited with his family after a separation caused by his depression. Last year, they moved from Atlanta to Berkeley, California. He reports a more loving, joyful existence with his three sons and wife, Claire Broome, a doctor and retired researcher with the CDC. He still takes medication, but after almost 10 years his therapist concluded he no longer needed to see one. "As far as I'm concerned, I'm doing great," he says. He speaks publicly about black men and depression. Usually, black women looking for ways to help the men in their lives predominate in his audiences, even when he spoke at Morehouse College earlier this year.

In his job with Magellan Health Services, Jordan helps people like himself who are recovering from substance abuse and mental illness. He takes medication, but therapy ended five years ago. "Recovery is a beautiful thing," he says. "We all want a decent home, a good job and a fairly nice date on Friday night. Individuals with mental illness want no more, and deserve no less." ♦

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